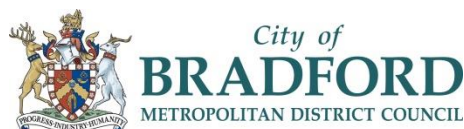




The Big Conversation #oursaycounts

Talking to local people about the future of health and care in
Bradford District and Craven

Engagement Report - November 2017



This report was written by Healthwatch Bradford and District as part of a project on behalf of health and care partners across the area.

For more information about this project, contact the Healthwatch Bradford and District team on 01535 665 258 or email info@healthwatchbradford.co.uk

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Throughout July and August 2017, Healthwatch Bradford and District worked on behalf of local partners to create a conversation with local people about the future of health and social care.

Bradford City & Districts and Airedale Wharfedale & Craven Clinical Commissioning Groups (CCGs) have worked with Healthwatch to develop our approach, and we asked all local health and care partners to support the engagement by attending the public events and promoting it through their communication channels.

This project was originally planned to take place earlier in the year, but was placed on hold after the general election was called due to purdah restrictions.

Project objectives

- To open up conversations with members of the public in the Bradford District and Craven (local Sustainability and Transformation Partnership footprint) about the place based plan
- To raise awareness of challenges facing the health and care system and the need for change
- To give the public a chance to contribute ideas and help shape future plans
- To understand what matters most to local people
- To explore boundaries and “red lines” in any system development: to understand what local people feel could be done differently, what is felt to be “untouchable” and what the “pay-offs” could be

Approach

A number of different engagement activities took place over a six week period.

Online survey

The online survey went live on 26th June, and was linked from the CCGs’ websites and the Healthwatch website. Links to the survey were distributed through email mailing lists, posted on social media accounts and promoted via Facebook and twitter.

Public events

Three events took place in early July, where local people were given a brief overview of the case for change in health and social care, and took part in facilitated, deliberative discussions. Senior management and clinicians from the CCGs, alongside colleagues from local authority and the Voluntary and Community Sector (VCS), answered questions and listened to the discussions.

BACKGROUND

Face-to-face survey outreach sessions

Healthwatch staff and volunteers carried out direct conversations with individuals at outreach sessions in public locations e.g. transport hubs, asking people to complete our survey.

Focus groups with protected characteristic community groups

Healthwatch staff planned and conducted five group discussion sessions by visiting existing VCS groups, determined by CCG identified equality and diversity priorities:

- Carers
- Older people
- BME communities
- Young people
- LGBT groups

To reach other protected characteristic groups, we did survey outreach sessions in focused community locations and promoted the engagement via VCS partners.

Further details about our method and approach are given at the end of this report.



Acknowledgements

Healthwatch Bradford and District and local health and care partners would like to thank everyone who supported this project. A full list of organisations we asked to promote the survey is in the appendices.

Airedale NHS Foundation Trust	Jamia Tul Madinah
Baildon Community Link	Keighley bus station
Baildon Library	Keighley Healthy Living
Beales, Keighley	Keighley Library
Booths, Settle	Keighley Town Hall
Bradford Big Screen	Light of the World
Bradford Interchange	Ling House Medical Centre
Bradford Kirkgate shopping centre	Ling House pharmacy
Bradford Teaching Hospital Foundation Trust	Marie Curie Hospice
Cancer Support Yorkshire	Mercure Hotel
Carlisle Business Centre	Morrisons, Keighley
Central Hall, Keighley	Moving Forward Group
Chapel Street Studios	NHS Airedale, Wharfedale and Craven CCG
City of Bradford Metropolitan District Council	NHS Bradford City and Districts CCGs People's Board
Cliffe Avenue Surgery	NHS Bradford City CCG
Dales Radio	NHS Bradford Districts CCG
Dyneley House Surgery	Pupils from Notre Dame College
Equity Partnership	Pupils from St Bede's and St Joseph's Catholic College
Gateway	Roshni Gar
Girlington Community Centre	Santander, Keighley
Guru Gobind Singh Gurdwara day centre	SHINE
Healthwatch Leeds	Skipton bus station
Healthwatch North Yorkshire	Step 2
Healthy Lifestyle Bradford	The Gateway Centre
Henry House	The Good Shepherd Centre
Hive	W H Smith, Keighley
Imagineer	

BACKGROUND

Thanks to everyone who shared our messages on social media and promoted our online survey.

We'd also like to thank Healthwatch volunteers who gave their time and spent many hours (in the unpredictable weather of a Yorkshire summer) at bus stations, supermarkets and community locations talking to local people to ensure they were able to have their say.

Most importantly, thank you to everyone who shared their views, ideas and experiences with Healthwatch and took part in this important conversation.

We hope you'll keep talking to us about what matters to you in local health and care services.

SUMMARY

Who did we reach?

- 112 people took part in focus group discussions
- 123 people attended our three public events
- 330 people had face-to-face conversations to complete the survey
- 355 people completed the survey online

In addition, our posts on social media reached a wider audience, raising awareness of the case for change and the involvement of local people in making plans for the future of health & wellbeing - using the hashtag #oursaycounts. On Facebook, posts reached almost 40k people. On Twitter, our posts had 113k impressions.

Videos showing local people talking about what matters to them, and raising awareness of the challenges and need for change in health and care, were shared on social media and broadcast on the Big Screen at City Park, Bradford.

Our activities covered the whole of Bradford City, Bradford Districts, and Airedale, Wharfedale and Craven CCG areas. We ran outreach sessions, events or discussion groups in Bradford city centre, Manningham, Girdlington, West Bowling, Bingley, Keighley, Steeton, Settle and Skipton.



What did people think?

Most people were positive about the opportunity to share their views and have their say on the future of health and care. The level of participation in this project shows that local people are willing to share ideas and take part in an honest conversation about the future of health and care.

In thinking about health and care services, people were not only thinking of their own needs but often considered wider issues and needs of the whole population.

People often raised concerns about the funding of health and care, and fears about central government approach to the NHS and local authorities. There was some cynicism about how much the local and regional system could do in the face of these challenges. To a lesser extent, there was also cynicism about the value of engagement and how we would make sure local people's views were heard.

It's important that this project is built upon, and further conversations will be needed as plans are developed. People are keen to be involved and informed.

Local people care about their local services, and want to see them protected. But if there are sound clinical reasons for delivering care in specialist centres, they can support this. People want to see that services are designed for the best outcomes and that they take into account the experience of patients, carers, or service users, so that practical issues like journey time and parking are addressed.

People talked about GP practices more often than any other aspect of health and care, particularly about access to GP appointments.

The majority of people who took part in the engagement were willing to take responsibility for their own health and wellbeing and understood their responsibilities to use services appropriately. Some people told us they needed more support to do this and clearer messages about what's available.

People want to see an effective and efficient health and care system, where services are set up in the right place so that people can access them at the right time and get the best possible outcomes.

Some specific and important issues and needs were raised during the group discussions with carers, people identifying as LGBT, people with South Asian background, men accessing mental health services, older people and younger people. We have also fed through these comments to the CCGs through their Grass Roots feedback system.

SUMMARY

In our engagement, people's views were grouped under four broad headings:

PROTECT: what are the services that matter most to you? What's 'too good to lose'? Where are our 'red lines' for change?

GROW: what is working well that we could do more of?

CREATE: what are the new ways of working, or new services that would meet local needs for health and wellbeing?

REDUCE: what can we stop doing, or do less of? What can we compromise on in order to protect/grow/create the things that matter most?

PROTECT

- Many people listed several services in their survey responses, and felt that all of health and care should be protected
- Two thirds of people mentioned GP practices in their response
- People wanted to protect local A&E departments and emergency care
- Mental health services were high up on people's priorities
- Social care support for older people and those with disabilities was also a priority for local people
- Many people expressed concerns about the impact of funding cuts on voluntary sector groups

REDUCE

- People found it very challenging to think about reducing any services
- Many felt that by creating a focus on wellbeing or prevention, the system would reduce demand elsewhere
- People felt strongly that waste and duplication in health and care needs to be addressed
- People want consistency and to end the 'postcode lottery'
- Conversations highlighted changing public expectations
- People worried about funding, and felt privatisation was a threat
- People were open to changing the way they access services - e.g. using technology

GROW

- People wanted to see better sharing of good practice across the area, especially on access to GP practices
- A clear theme emerged of people wanting to see more prevention and early intervention
- People told us 'more is needed' when it comes to mental health
- Care homes and home care needs to be developed to increase capacity and improve quality
- People felt that more staff were needed across the system in a range of roles
- Technology should be used more, both for communication and in the delivery of care and treatment

CREATE

- People had lots of ideas and wanted to help create solutions
- Health and care working together - people felt integration was talked about but needs to happen in practice at every level (from sharing records to pooling budgets)
- Improving access and experience in GP practices was a key theme, with new approaches to technology and a wider range of roles in primary care
- People expressed a strong desire for local community-based services to be set up
- People want Bradford District & Craven to be a healthier place. They had ideas for schemes to improve mental and physical wellbeing

OUR FINDINGS



At the public events, and at focus group discussions, people were asked to think about the future of health in social care in terms of four headings - Protect, Grow, Create and Reduce. Our online and face-to-face surveys also included questions that fit into these themes. This report will bring together the responses from the survey along with themes from discussion groups and events, grouped into these four areas.

The surveys also asked additional questions: what people are willing to do in terms of their own health and their use of services; what matters most to people; and what factors influence their willingness to support change in health and care.

A copy of all survey questions is included in the appendices.

Throughout this report, quotes are given to illustrate the responses received; quotes in blue are taken from open-text responses to our survey, quotes in purple are taken from our notes of discussions at focus groups or public events.

What do people in Bradford District and Craven want to protect?

Where are their red lines in terms of future service change?

427 people answered our open survey question that asked ‘which health and care services could you not do without?’ This table shows the top ten themes that came up in answers.

GP services	258	60%
Dental care	90	21%
Emergency care/ A&E	82	19%
Need everything	61	14%
Pharmacies	56	13%
Hospital services (general)	56	13%
Mental health services	54	13%
Social care	53	12%
Specific service for my health condition	37	9%
Community-based health care	30	7%

“Good GP practices. Dental services on NHS. Essential to have cohesive services from home to inpatient to back into community/home. Can’t steal from Peter to pay Paul ‘cos both end up bankrupt and in opposition rather than working together for good of client and community.”

“Local access to emergency services. Excellent basic hospital services in partnership with specialist excellence at a reasonable geographical distance. Excellent primary care. Supportive social care in partnership with voluntary and community services.”

“Effective hospitals, especially A&E. good GPs who are aware of how to intervene in communities to improve health outcomes e.g. promote good diet, alcohol use, expertise. Care for long term sick and elderly.”

“GP’s and A&E - it’s comforting to know these services are there. We might have to wait or join the queue; willing to accept this to protect these services.”
(Discussion at Bingley Event)

Protect everything

Most people listed several services in their response, and many people felt that all services were important. When answering this question, people seemed to be thinking not just of their own needs but often about the needs of the wider community:

“None. All are necessary to someone.”

“They are all important. At some point in our lives, all of us could need any of these services.”

“This is impossible to answer just because I may not need a specific service others may rely on it. Also how can I possibly predict what services I may need in the future?”

“This is hard because you don’t realise that something’s not there until you need it.” (Discussion at Keighley Event)

Primary care services

60% of people mentioned primary care services in their response to our survey.

And at every event and focus group, the importance that people place on their GP practices was emphasised - access to good quality primary care services was clearly seen as something people could not do without.

These responses were not limited to ‘GP appointments’ but including access to a range of services provided at GP practices, including practice nurse appointments.

“Primary Care”

“My local doctors surgery”

“My GP surgery as a whole.”

“General Practitioners/nurses at the surgery.”

“GPs and the services attached” (Equity Partnership focus group)

“Wider GP practice services e.g. practice nurses and other health professionals.” (Discussion at Bingley Event)

The majority of people who mentioned primary care services in their answers included other services too - 14% listed GP practices alone.

Dental care also tended to be included as one of many services in people’s responses to our survey.

“GP. Dentist. Optician. Access to other physical/mental health specialist care.”

Urgent & emergency care

Around a fifth of people included emergency care in their survey responses, including ambulance services and A&E departments.

“Keeping enough staff in A&E”

“Access to emergency services”

Urgent and emergency care was discussed in more detail at our events and at several focus groups. People felt that local, accessible emergency departments were vital - but there were also discussions about how things could be changed to make sure people get the right care, in the right place.

Mental health

The importance of mental health services to people is illustrated both from our survey responses, and from the discussions at events and focus groups.

“There are a variety of services need to be available particularly mental health, counselling, community care - the list is a lengthy one.”

“Mental health services and immediate access to first response. Good mental health care makes it easier for people to care for their own physical health.”
(Discussion with group of working adults)

“Mental health provision across the board.” (Discussion at Bingley Event)

“Community Psychiatric Nurse - absolutely couldn't do without - prevents crisis and more expensive admissions.” (Discussion at Bradford Event)

“Mental health services - both frontline and other mental health services as the link between the two is not strong. It is difficult for someone with a mental health problem to get the right information.” (Discussion at Keighley Event)

Social care

12% of our survey responses identified social care as an area that needs to be protected - particularly residential care homes and care to support older people in their own homes. Many people during discussions at focus groups and events also expressed concern that the need for social care was growing due to an ageing population, and were worried about the system's ability to meet demand.

“Adult social care - services for older people. Already cut and what's left needs to be protected.”

“People who need support to live independently should not have to pay for this, as they are saving the system money by being at home and not in an institution.”
(Discussion at Bradford Event)”

“Keep people out of hospital by helping them at home; more supported living options; affordable/free respite for carers; keep services local, visible and

accessible where possible; don't dump all caring responsibilities on to families - this family is on the point of implosion due to no respite from caring for physical and learning disabled member - not having a holiday free from the limitations is a critical issue - independence shouldn't be shorthand for dependence on the family."

📍 Specific needs of individuals or groups

Some answers focused on people's own current and specific health needs - 9% of responses were classified in this way, where people mentioned a specific, often specialist, service that they depend on.

"Physio, hydrotherapy, psychology, mental health services, audiology, ENT, maxillofacial surgery, neurologist, rheumatology, geneticist and urologist is the services I use most! I couldn't do without any of them!"

In our discussions with specific groups, we found that while sharing many of the general ideas there were particular issues that were put forward that related to the needs of particular communities of interest/experience - such as the need to protect Gender Identity services or Sexual Health services for young people.

📍 Voluntary sector support

Often people talked about support services that were provided by voluntary sector groups, and which individuals found invaluable.

"Support from Bradford Cancer Support - specifically for carers - helps people keep caring and is a life saver and we need more of it." (Discussion with carers' group)

"These support groups are as important to me as any medical service; it's a lifeline to many of us." (Discussion with mental health service users)

"Couldn't do without befriending service, it has made so much difference to my life, enabling me to live a better quality of life."



What do local people see that is good and should grow in the future?

At our events and focus groups we asked people in Bradford District and Craven to tell us about what they think is working well that they'd like to see grow and develop.

In our survey question we asked people to tell us 'What works well in health, care and support services?' People told us about a wide range of specific services that they had experiences of, with over 80 different types of services identified in answers from 251 people.

● GP services

Again, GP services were by far the most commonly mentioned service, with 39% of responses relating to things which were working well in some GP services. Around a third of these were examples of where systems for getting an appointment were working well - including many people who talked about effective triage systems.

"Triage system at the GP surgery means that you can at least speak to a Dr and then they can determine whether they need to see you in person or not. Reassurance or signposting over the phone might be all you need to alleviate concerns about a medical issue."

"Our local GP service is very good. Although we don't regularly use services at our local surgery, it has always been possible to speak to a GP on the same day and to be seen if it's urgent. The new system for making appointments and requesting prescriptions is helpful and we look forward to additional online services including 'access to patient information' becoming available."

"My GP has a telephone service which is fab, however our sister practice can have access to booking an appointment on the day as opposed to the telephone service, sometimes I feel the telephone service can be a barrier to getting to see a doctor."

Other services frequently highlighted in the survey question were pharmacy (7%), dental care (7%) and self-referral to services (4%).

During discussions at events and focus groups, primary care also heavily featured. Many people talked about pockets of good practice in primary care that they wanted to see being opened up and rolled out across the whole area. Around the tables we often had one or two people talking about systems that worked well in their own practice, and the rest of the group frustrated that they didn't have the same experience.

"The new Wellbeing centre at Bevan House is a really good model which could be rolled out in other areas, so that people have easy access to a range of health services including prevention/education. " (Discussion at Bradford Event)

“All GPs and dentists should have online appointment booking, medical records and repeat prescriptions. Need to effectively communicate that these are available.”
(Discussion at Bingley Event)

“Sharing of good practice. It feels like each GP surgery has to forge its own way - not resourceful.” (Discussion at Bingley Event)

“Shift the funding from those GP surgeries which are not performing well according to CQC and put more money into those who have good practice and expand those practices.” (Discussion with group of older South Asian men)

Our discussion group with working age adults particularly highlighted the importance of evening and weekend access for appointments in primary care. They were also positive about developing more use of telephone and video appointments.

Asking people to think about what works well and could be developed or learnt from across the area generated a very detailed and diverse range of ideas in our discussion groups.

“I think that Wharfedale hospital is a good example of well-working: Minor injuries units for simple breaks/stiches etc.; breast screening; bloods etc. The unit is easy to get to, easy and quick parking and is taking pressure off main hospital.”



Prevention, prevention, prevention

At every event and in many of our focus groups, a clear theme emerged around people wanting to see more done to prevent ill health through better education and encouragement of healthy lifestyles.

“More information in Community Centres about self-care and self-help - people attend Community Centres for socialising and learning - Voluntary Sector should be involved more as this is more beneficial and would ultimately avoid reliance on GPs.” (Discussion at South Asian Women’s focus group)

“Prevention and health education are important, e.g. ‘eat well for less’ groups at practices and walking groups led by health champions- more of this please, and better learning from good practice.” (Discussion at Bradford Event)

People talked about the importance of screening programmes and early detection of disease. Some people described good practice examples of mobile services providing health checks and other services in the community and wanted to see this approached developed to reach into communities who might be less likely to engage with traditional services, and to be more easily accessible for those who work or are in education.

“Taking services out into the community as a good way to reach people who would not come into hospital for an appointment.” (Discussion at Bradford Event)

“Involve more clinicians through the voluntary sector community centres - health days where people can have health checks or be referred to a GP if there are concerns.” (Discussion at South Asian Women’s focus group)

“Do more local campaigns focused on promoting how people can access cancer screen and bowel screening tests.”

“Encourage men to have a full health check and fine them if they do not attend as they are reluctant to visiting doctors for screening.” (Discussion with group of young people)

Mental health

People at several different discussions or events talked about things that were working well in Mental Health services and which could be developed and increased to reach more people.

Recognising that there is often a delay in accessing mental health treatment, people suggested that putting people in touch with voluntary organisations or peer support ‘while they wait’ might help prevent people reaching crisis point.

At our focus group with mental health service users, everyone agreed about the importance of peer-led support and the need to grow these services that meet a vital need. They felt that peers can develop a trusted relationship and get to know people better, so could be more likely to pick up on someone ‘having a dip’ and could act to put additional support in place.

“People with lived experience can often be better placed to help than medical professionals learning from a book. Horton Housing provide support workers to help those who are most in need - this should be provided to more people who are struggling and rolled out as an example of good practice. Long term help like this reduces the ‘revolving door’ of being discharged from hospital, getting short term support, deteriorating and being readmitted.” (Discussion at mental health service user group)

An overall theme across events and groups was that ‘more is needed’ when it comes to mental health.

“More staff -staffing levels have decreased in inpatient care particularly at Lynfield Mount Hospital.” (Discussion at mental health service user group)

“Grow mental health services including more help for depression.” (Discussion at South Asian women’s group)

Social care

At one event in particular (although echoed in other groups) there was a lot of discussion about the importance of care workers - people wanted to see this being valued more in order to attract people to work in the sector. They felt that we should grow the numbers of people working in social care, and establish a career pathway equivalent to working in health. More training should be required in order to ensure a better quality of care for those who rely on social care.

“It should be seen as an important career and there should be clear progression and better pay & working conditions.” (Discussion at Bradford Event)

Older people at our focus group in Craven felt that care at home services needed to be increased and made more easily available so that people can stay at home longer and avoid unnecessary hospital admissions.

Some people felt that access to social care support needed to increase, and that more awareness should be developed so that social care isn't seen as just about older people.

“As a younger person with a disability I found it difficult to get referrals for things like home adaptations and home visits, as the H&SC [health and social care] system seems to think only elderly people have these needs, so there are misconceptions amongst health professionals that you have to be elderly to be frail and in need of help.”

🕒 **Better information and communication about good practice**

People talked positively about Bradford Beating Diabetes and Bradford's Healthy Hearts initiatives and wanted to see these being developed and promoted more. They felt that more should be done to let people know about the 'success stories' across the district and to make more people aware of the services that were available to them.

🕒 **Navigating the health and care system**

People talked about the challenges that can be faced in navigating the health and care system, while others highlighted tools and services that already exist which could be developed more - for example the 'Community Health Maps' online tool, or other signposting services provided by the VCS. More should be done to empower people to understand the services they can access, and better coordination of services would prevent people falling between the gaps or ending up in acute/crisis services unnecessarily.

“There should be a designated person to navigate types of treatment needed if patient has complex needs. This is already in place and works well for children. It's like a 'one stop shop' with one professional co-ordinating the care, so relatives don't have to work through the minefield. This approach can be used for adult's services too.” (Discussion with group of working adults)

“Develop systems to fully integrate Primary Care support services - VCS presence at GP surgeries.” (Discussion at Bingley Event)

🕒 **NHS 111**

People reported mixed experiences of the NHS 111 service, but felt that if it was improved and was working efficiently it would help ensure that people got the right care in the right place, when they needed it.

“More informed, qualified staff operating 111, who know about local services. I was sent to closed walk in centre and ambulances called when not needed. If 111 worked it would save money.” (Discussion at Bingley Event)

Developing use of technology

The use of technology came up in many discussions, generally people felt the NHS needs to keep a pace with technology and be imaginative with its uses.

“Virtual technology - eg pacemaker can be checked at home through a box, and the signal is sent straight to the hospital, saves having appointment with cardiologist. Hospital system will flag up if there is a problem” (Discussion with group of working adults)

“There’s the technology for me to manage my warfarin myself but I’m not being offered it.” (Discussion at Keighley Event)

“We need to catch up with technology and use it to make things easier. I would happily talk to my GP on line rather than take up time in surgery.”

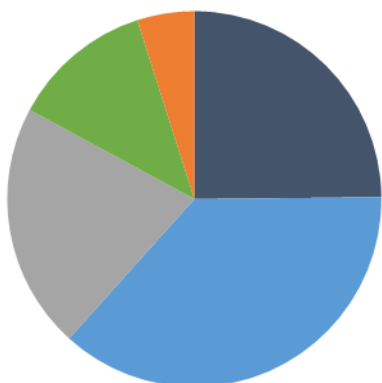
“Use of Facetime/ Skype for triage and appointments - though this will exclude some vulnerable groups.”

“Create systems to support patients accessing GP services through FaceTime and Skype.” (Discussion with group of working adults)

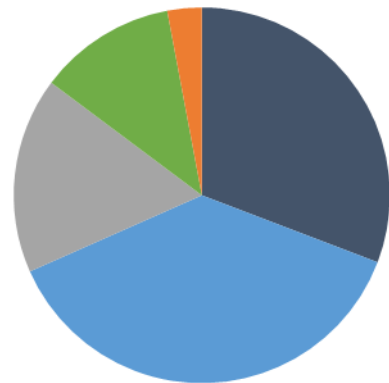
People wanted health and care services to have a common sense approach to growing the use of technology - recognising that it wouldn’t suit everyone.

In our online and face to face surveys, we asked specific questions about people’s views on the use of technology in health and care. Over two thirds of respondents agreed or strongly agreed that technology could be used more to help people access services and information and the majority of people also thought that technology could be used more in delivery of treatment and care.

I think technology could be used more in delivery of treatment and care



I think technology could be used more to help people access services and information



- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

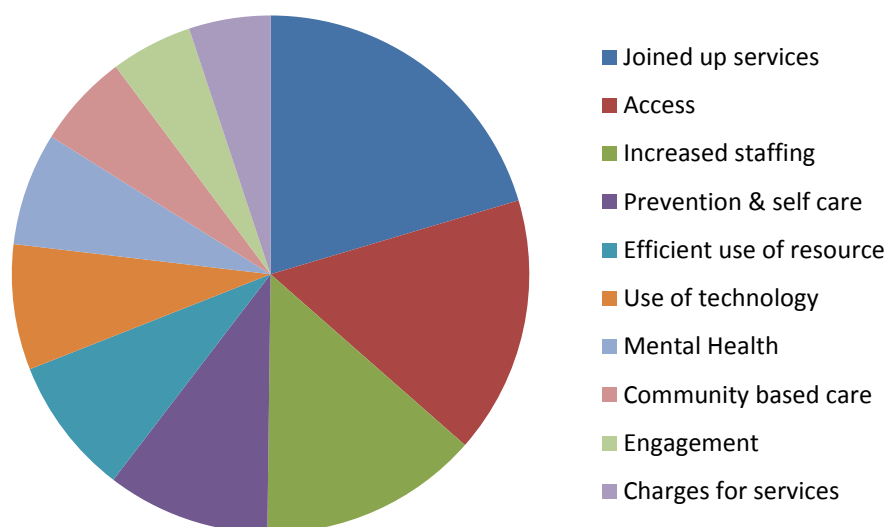
What are the new services or approaches that we need to create for the future?

At events and discussion groups we had conversations with people about their ideas and suggestions for the future of health and care. What new ways of working, or new services could be created to meet our local needs?

People came forward with lots of ideas; these were often lively, engaged discussions with people keen to help create solutions. Many ideas were about improving the way existing services are run, funded or accessed, and included practical suggestions. Other people put forward high-level ideas about creating a different culture in health and care.

In our online and face-to-face surveys, we asked people ‘What could be done differently in health and social care? Do you have any ideas?’

A lot of suggestions from our surveys were for improvements, with common themes emerging around joined-up services, access to care (particularly in primary care), and staffing. The top answers are shown below.



“Link with education to recruit and train more doctors. Improve working conditions for hospital based clinicians.”

“I think more staff are needed in Care Homes and I feel that the staff should be paid considerably more when thinking about the tasks they have to perform and should not have to work 12 hour shifts.”

👉 Joined-up and coordinated services

There appeared to be a clear consensus from people taking part in our discussions that there needed to be better integration across health and social care. This was also a very common theme in people's survey responses.

“Finally join it up, it still isn't!”

People wanted to create more joined-up working and good communication between services. For many people this meant better two-way communication between hospital departments, and between secondary and primary care services. Some people suggested that a single system for care records needed to be created to ensure sharing of information across services.

“Joined up (how many times do you have to tell the one story?!) And people within health communicate better with each other as well.”

“Systems are disjointed and need to be linked. Medical notes should be instantly updated wherever treatment is received.” (Discussion with group of working adults)

They also called for more joined-up thinking in the planning, funding, and delivery of services.

“We keep saying "joined up" but it's not really happening yet. Pooling budgets is on the agenda but not achieved.”

“I think there needs to be better pooling of resources between the NHS and Local Authorities, in particular when providing care across boundaries. [...] More flexibility in funding streams and a change in culture could be making more of a difference in the provision of quality care at home or in the local community. There should be much more co-working with carers and experts by experience who often are more knowledgeable than the professionals involved.”

“Better integrated working between health and social care, employers recognising a duty of care with staff wellbeing. More funding to support this collaboration and investment in short term health improvement initiatives that will pay long term.”

People also talked about integration needing to go beyond health and social care, in order to address the wider issues that impact on people's wellbeing.

“All services could be joined up not just health and social care but to include schools/education etc. rather than moving for instance into adult social services once leaving school from children services.”

“More working with organisations outside of health and social care e.g. transport infrastructure, businesses, planning.” (Discussion at Keighley event)

📍 New approaches in primary care practices

At our events and focus groups, people continued to centre much of the discussion on improving access and experience in GP practices, coming up with different ways of working that they felt would both improve patient experience and relieve some of the pressure in the system.

People talked about developing new routes for people to receive medical advice by using technology. People wanted to be able to email or text their practices, and where appropriate use video or phone appointments with clinicians - this could also be used in hospitals for outpatient appointments.

“I often need to speak to a doctor but that's not the same as needing an appointment - a tweak of medication more technical than a pharmacy but doesn't need a 10 minute appointment - I could FaceTime ask the questions and if the doctor wants to see me then we can arrange it there and then.”

People wanted to see GP practices providing a wider range of services and support. Some were keen to see GP practices working together more.

“Have a psychologist or specialist in mental health in every GP surgery so that people can ring up and see someone quickly, rather than the long waiting times. This would reduce the impact on individuals and their families and be a more reactive approach, seeing people when they need help.” (Discussion with group of working adults)

“Could use peer mentors in GP surgeries.” (Discussion with mental health service users)

“GPs could merge together to form ‘super practices’ although would need to solve problems of car parking.”

“BRI's new unit has private food outlets generating revenue for the hospital, can we do this in GP surgeries to fund additional community based services?” (Discussion at Bingley Event)

People thought the NHS could create different roles in primary care, so that patients don't always need to see a doctor but could talk to a nurse or pharmacist. People also wanted to be able to refer themselves directly to other health professionals such as physiotherapists, rather than wasting time with GP appointments and referrals.

“Change the perception through education that primary care shouldn't just mean GP but pharmacist, nurse, physio, etc. too” (Discussion at Keighley event)

“Provide patients with access to Advanced Practitioners to free up General Practitioners to spend more time in providing appointments to those with more serious problems/ multiple issues.”

“Shift the balance in numbers of nurses and GPs at a surgery so that more people are seeing nurses when appropriate.” (Discussion with group of working adults)

People particularly wanted to see mental health support and services to address people’s wider wellbeing being embedded into primary care.

“Confidentiality rooms in GP practices to help meet unmet social needs and triage non-urgent medical needs - have a specialist worker in each GP surgery.”

“My surgery is very difficult to get an appointment at unless you queue outside for an hour before opening, which is not ideal when you are ill. It could be near impossible to access for a lot of people with mental (e.g. anxiety) and physical health issues.”

Local community-based services

One of the strongest themes emerging from our discussions with people, and from survey responses, was a desire for services to be created that could meet the needs of people within local communities, close to where they live or work.

“Have local health and social care hubs run by health and social care professionals, so that people can be seen locally. More outreach services based in these hubs. This will allow more people to attend, reduce travel time, distance and costs. People living in rural areas can access local hubs easier than travelling to other areas. Equally people on low incomes would find it easier to go to services closer to their place of residence.”

People talked about the need for more intermediate care to look after people who couldn’t be at home, but didn’t need to be in an acute hospital. They talked about empty buildings in the district which could be brought back into use for this purpose. They felt that these facilities should be set up in neighbourhoods across the district, so that people could stay close to their families and friends - which would have a positive impact on their wellbeing.

“More intermediate care/where local people are in the same community near friends, family.” (Discussion at Bradford event)

“Community hospitals in my local area to avoid going to Airedale, BRI or St Lukes. Re-open community services at Eccleshill site.”

“Create a halfway house/ non-medical accommodation for people leaving hospital, especially the elderly who need a low level of care and would be isolated at home. Would be efficient as fewer home visits from District Nursing, physio etc - would

get people ready to be at home and less likely to ‘bounce back’ into hospital.”
(Discussion at Bingley event)

“Reduce beds in hospitals to invest in community based health services.”

Other people suggested that patients need a choice about where they receive care, including the option to move out of area for treatment or support so they can be close to a support network that would aid their recovery.

“Want to be able to receive care out of own area, e.g. near to my family so they can support during my convalescence.” (Discussion at Bingley Event)

Setting up more local walk-in centres was suggested, so that people could receive treatment in the right place at the right time and reduce unnecessary trips to hospital (especially A&E).

“Create drop in services for health instead of people going straight to A&E - another possible use of empty buildings.” (Discussion at Bradford event)

“An older friend is receiving the virtual ward service which seems a brilliant idea for independent older people who really want to stay at home - I'm guessing recovery is quicker and unblocks a bed. I think more could be done in community centres/churches to combat isolation which can lead to mental health issues - but funding is needed for that. I think exercise/swimming on prescription is a good idea but people also need support and encouragement to do that.”

In our surveys, we asked people to indicate how much they agreed with the statement: ‘I think some care should be delivered in communities and homes instead of in hospitals’.

Over 4/5 of people answering the survey question agreed or strongly agreed that some care should be delivered in communities and homes rather than hospitals. This backed up conversations we had at events and in focus groups when people talked not just about the location of care, but using strengths and skills of people in the community too.

🕒 Creating a healthier place to live

Building on the themes from our discussions in the ‘Grow’ section of our conversations, people generated lots of ideas about how to make Bradford District and Craven a healthier place to be. People wanted to see initiatives that helped people live healthier lives and therefore prevented ill health and subsequently would reduce the demands on health services.

Included in these discussions was a strong theme about the need to look at individual’s health holistically, taken into account their whole lives - social, emotional, and cultural wellbeing alongside physical health.

“A holistic approach should be taken rather than looking at just the presenting issue - often there are underlying and related issues that need resolution and this could save time and money by preventing future problems. Lifestyle should always be taken into account and support given to make any necessary changes.”

“Shift of focus to wellness as well as illness and use the VCS to support this. Trust people in their ability to self-care.”

Young people in particular felt that we need to create different ways to provide children and young people with support for their mental health - many of their suggestions involved working with education services and providing better support for the whole family.

“Provide educational sessions on mental health for children from primary school age upwards and parents.” (Discussion with young people)

“Create a campaign for parents to help them spot the signs of mental health difficulties and know what to do.”

People in many of our discussion groups recognised the importance of physical activity, both for improving wellbeing and for preventing ill health in the future. They suggested that physical activity needed to be built into schools and workplaces, so that it was easier for people to develop healthy habits. People also felt that barriers to taking part in sport/exercise should be broken down by creating free access to leisure facilities and setting up local initiatives using outdoor spaces.

“Use outdoor spaces for physical activity e.g. parkrun - create more models like this that enable and encourage people from all backgrounds to participate.” (Discussion at Bradford Event)

“More physical activity in schools/more free events such as cycle in the park” (Discussion at Bingley event)

“More free leisure facilities without any administration charge so there’s no need for facilitators/ administrators who cost providers more money than they bring in and can become a barrier.” (Discussion with group of working adults)

CREATE

“Signpost people who are at risk or suffering from health issues to physical activities.” (Discussion with group of working adults)

“Promote free exercise activities and classes more effectively so people are aware of the services that are available to help aid weight loss.”

Alongside physical activity, people wanted to see the system taking action on healthy food.

“Promote healthy living initiatives. Facilities for exercise and monitor food outlets.”

“Bradford Council should stop giving licenses to fast food takeaways near schools and should not allow them to open during schools time.” (Discussion with group of working adults)

“Reduce fast food takeaways/eateries in deprived areas/areas which suffer greatly from these and related health issues like obesity.” (Discussion at Bradford event)



🕒 Working with the voluntary sector

At all three events, people talked about the important role of voluntary sector organisations and community groups, and many people suggested ideas for how the VCS could create solutions to improve health and wellbeing.

“Set up a neighbourhood based voluntary action service - encouraging people to get involved in things that benefit self & others - focus on encouraging & supporting those with long term conditions or disabilities to do roles in their own communities, wellbeing benefit to them of being valued as well as benefit to others.” (Discussion at Bradford Event)

“Create a pot of money for communities to apply for to set up their own health-related projects.” (Discussion at Bradford Event)

“Create services in conjunction with community centres where people are already going to help them learn about health and self-care.” (Discussion with group of South Asian men)

🕒 Creating more support for our mental wellbeing

A strong theme emerged from our conversations about creating a system that’s easier to navigate for people who need mental health support, and which ensures mental wellbeing is as important as physical health.

“Need to create a more responsive system for accessing mental health support at the right time. After long waits, therapy can come at the wrong time, when people might be too low to access it or manage appointments.” (Discussion with group of mental health service users)

“Parents should be educated and trained in spotting the signs and triggers of mental health issues. Mental health should be seen equally as important as physical health.” (Discussion with group of young people)

“Mental health counsellors for secondary schools and colleges, make it mandatory that the students have to see them for an initial introduction - so everyone gets access to support without stigma.” (Discussion with group of young people)

“Allow people with mental health problems to have, like, a text service.”

“More access to mental health counselling for the elderly.”

“Provide mental health support at an early age through schools where there is an increasing number of young people self-harming.” (Discussion with group of working adults)

🗣️ Charging for services or missed appointments

In a few discussion groups, and in several survey responses, people put forward the idea of charging for some services or fining people who misuse services e.g. missed appointments or inappropriate A&E attendances.

“Consequence for missed appointments or misuse of A&E/999, e.g. fines - difficult to enforce. Create an education program to address this.” (Discussion with group of older people in Craven)

“Charge people for missed appointments and using services inappropriately.” (Discussion with group of young people)

“Something needs to be done about the DNAs [did not attend] appointments. Reminders for dentist appointments work well, should be same for GPs. Systems to cancel appointments need to be failsafe though.” (Discussion with working adults)

“They could charge people who miss GP appointments. I know that one surgery asks for a deposit of £10, which you get back if you don’t miss the next one. But maybe people with mental health issues should be exempt, since sometimes it’s impossible for them to get in contact.” (Discussion with group of mental health service users)

However other people were concerned that fines or charges would affect the most vulnerable in society and could put people off from seeking help when it was needed.



REDUCE

What can we stop doing, or do less of? Where can we compromise in order to protect/grow/create the things that matter most?

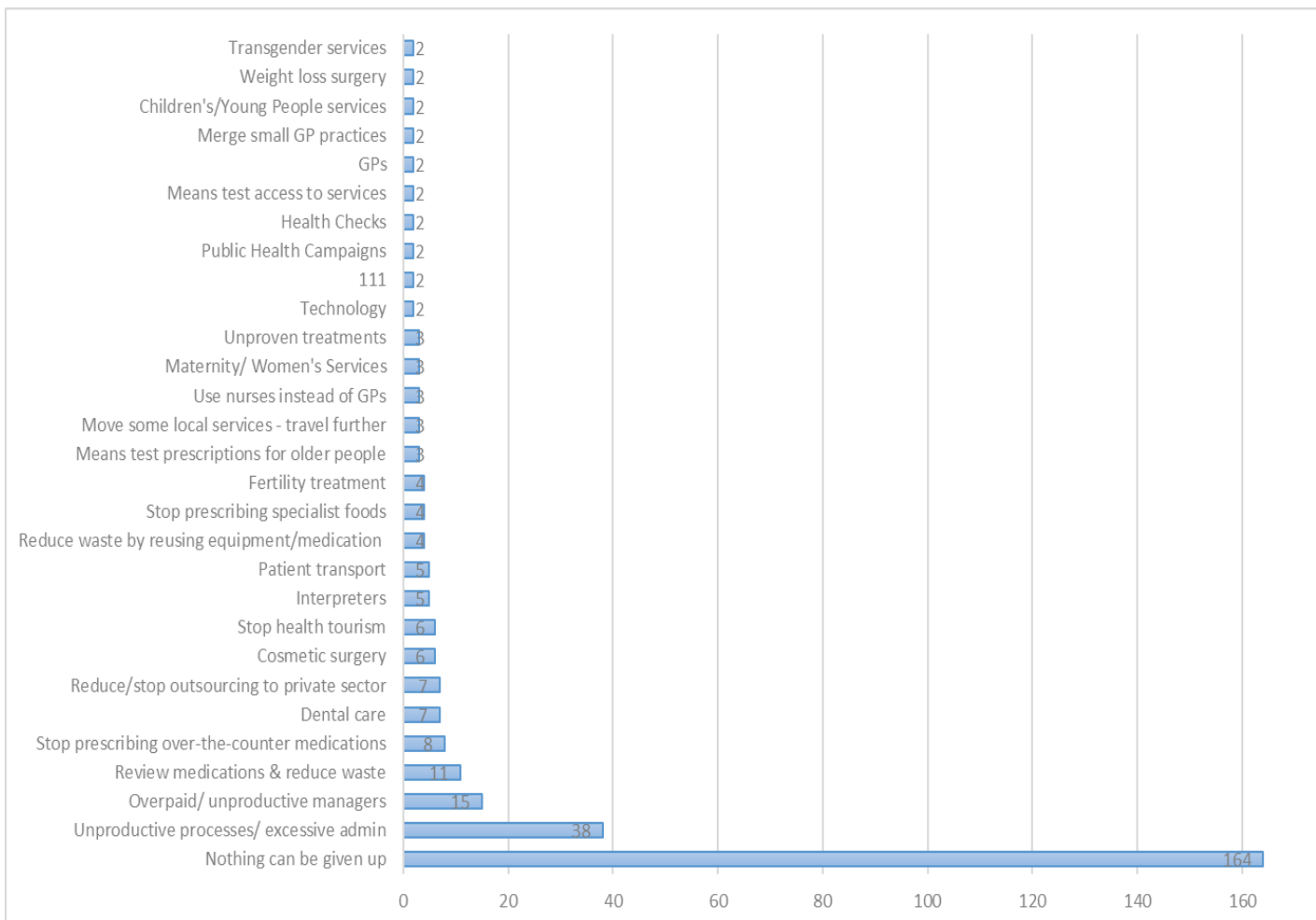
Overall, during our conversations with the public, people found it difficult to think of services that could be reduced or when compromises are possible.

“I don’t think you can make cuts anywhere. It’s like taking food from John to feed Jane.” (Discussion with group of mental health service users)

“To reduce something is to add/invest in somewhere else, but that you reap the benefits of a more efficient system long term.” (Discussion at Keighley Event)

Many people felt that by growing/creating services that empowered local communities and improved wellbeing, a reduction in demand would follow.

In our survey we asked ‘Is there anything that could be given up?’ 284 people answered this question and 58% (164 people) said that there was nothing that could be given up.



The most common themes emerging from our analysis of survey responses centred on reducing inefficiency and admin/management costs within health and care, and reviewing prescriptions.

This was echoed in our conversations at events and focus groups, where people talked about some of the messages that were coming out through the 'It's your NHS, don't waste it' campaign locally and put forward ideas for what further changes could be made.

Reduce waste and duplication

People shared examples of where they saw the health and care system being inefficient, either wasting or duplicating resources. This included people receiving multiple appointments or visits from different NHS teams who each provided only one element of treatment, and home care visits not being coordinated efficiently across an area. People want a health and care system that is effective and efficient.

“When I was caring for my father during the day, I noticed that a 'nursing service' would come to me, then someone else to a patient across the street and then a different one up the street - all in the same couple of hours. Revert back to area control.”

“A single blood test could be done to check for everything rather than lots of different tests and appointment that people keep having to go back for.”
(Discussion with a group of carers)

In several discussions, people expressed concern about the volume of prescribed medication that is wasted. They were broadly in favour of work to reduce over-prescribing of medication, and although they understand some of the difficulties, many people felt that there must be a way to re-use unopened medication.

“Money could be saved by reducing over-prescribing of drugs - routine reviews of patient medications need to be done more frequently.” (Discussion at Bingley Event)

“Recycle unopened bandages and medicines.” (Discussion with group of carers)

“Prescription of medication needs a massive overhaul - what about something simple like giving a week's worth of product and then it's the patient's role to ask for more - not giving huge quantities in the first instance - what if the medication doesn't agree with someone? Then the whole batch is wasted.”

Changes to prescriptions

Some people told us that they thought the rules around free prescriptions should be reviewed, particularly for older people or others who are automatically entitled to exemption from charges.

“I get free prescriptions because I'm over 60 but I work - that should be for people on low incomes only.”

“Could reduce prescriptions a lot of people who can afford them get them for free. Need a better system to means test.” (Discussion at Keighley Event)

“Means test the elderly when providing medication. Review medication and encourage patients to purchase certain medication over the counter. (Discussion at Bingley Event)

During our conversations we heard several people agreeing with recent decisions to stop prescribing gluten free foods, and initiatives to reduce medicines waste.

“Stop prescriptions that can be purchased over the counter.” (Discussion with LGBT group at Equity)

People wanted to see a consistent approach to these decisions, so that wherever you lived (in our area or nationally) you could have the same expectations.

In online and face-to-face surveys, we asked specific questions around medication - over three quarters of people report that they already buy their own medicines, and over half already ask for medication reviews.

	I already do this		I am willing to do this		I am not willing to do this		I don't know		Total number answered
Buy my own medicines that are available over the counter	344	76%	61	13%	37	8%	9	2%	451
Ask for a review of the medication I'm prescribed	228	51%	165	37%	6	1%	46	10%	445

Public expectations

Several conversations centred on the public's expectations of the health and care system, with people feeling that these expectations were changing or needed to change.

“Something has got to give both ways to improve things.” (Discussion at Keighley Event)

Many people talked about the balance of rights and responsibilities when it came to health care - suggesting that in order to be entitled to care and support when we need it, the public have to accept more responsibility for keeping themselves healthy.

“We all have rights re access to healthcare. Time to take responsibility re our behaviour & lifestyle. Having said that, if someone is following bad advice e.g. re low fat diet & as a result inadvertently eating lots more sugars such as high fructose corn syrup then it's the fault of the healthcare practitioners [who gave the advice].”

“Opening the debate about what people actually know about their health and how to manage and a reality check on what it costs and what we as a society are willing to pay for.”

“Take more responsibility for self-care.” (Discussion at Keighley Event)

“Use NHS website to inform selves about minor ailments rather than going straight to GP, and accept that illness happens.” (Discussion with group of working adults)

Some people felt that the public needed to lower their expectations, and understand that illness happens and there may not be a ‘quick fix’.

There was some discussion about ‘rationing’ of services (which people had heard about in other areas) for example refusing elective surgery for people who smoke or people who are obese. Many people felt that this would affect the poorest hardest. Others wanted to see a consistent approach so that there could be no ‘postcode lottery’ in access.

“All communities should have equal access; it should not be a postcode lottery as it currently is.”

☛ Nature of funding and worries about private sector

Our conversations about compromises and trade-offs in health and care generated lots of discussion about the future of the NHS and social care. Many people expressed deep concerns that the system was seriously under-resourced, and that there was a government agenda to privatise health care.

Alongside these political concerns, there were practical and local examples given of where they see outsourcing to the private sector causing problems or be inefficient.

“Reduce outsourcing e.g. catering and laundry outsourced at Airedale Hospital.” (Discussion at Keighley Event)

“Too much profit made in the home care market. Private companies are charging too much and home carers not doing what they should. (Discussion at Bradford Event)

“The inadequate funding of our NHS and waste of our money in constant reorganisation, buying in financial etc. consultants and paying profits to provider firms. This deliberate choice by the government is leading to fewer services and longer journeys to access them. We are heading for 2 tier service, insurance driven - a for-profit health business copying the US.

“Reduce profit, power and influence of pharmaceutical lobby.” (Discussion at Keighley Event)

People also discussed problems with funding in social care, feeling that the financial burden for individuals and families is too high and should be reduced.

“Paying for home care - people who need support to live independently should not have to pay for this, as they are saving the system money by being at home and not in an institution.” (Discussion at Bradford Event)

☛ Urgent and emergency care

People expressed a clear view that in order to protect services, the system needed set up in a way that reduced inappropriate use of services such as A&E.

“Reduce minor A&E cases eg. headaches/bumped heads. Signpost them somewhere else - staff at front door of A&E should be able to get people in to GP appointments, or offer social prescribing.” (Discussion at Bradford Event)

“Reduce inappropriate use of A&E to stop this being a first port of call.” (Discussion with older people in Craven)

In our survey, we asked people about how they use services and what they would be willing to do - an overwhelming majority of people who took part in our engagement reported that they only use A&E in an emergency (see page 59).

Compromises in primary care

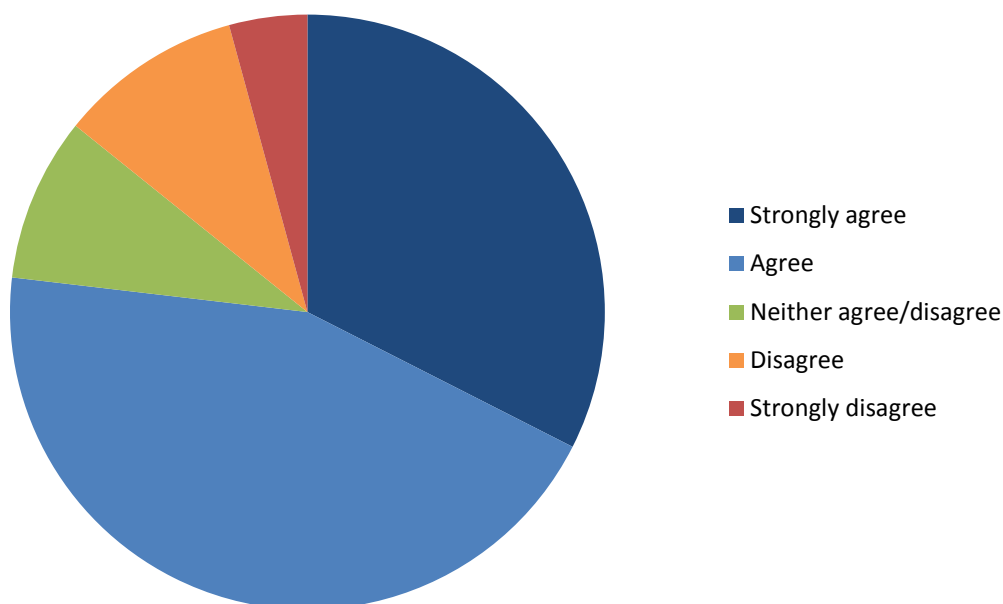
During our conversations, people suggested some compromises that they would be willing to make in primary care - including seeing nurses rather than doctors, or accessing appointments by phone or video.

“Would be happy to buy something cheap to treat minor ailment if told exactly what needed by someone with clinical training whether that’s a pharmacist/nurse/GP.” (Discussion with group of working adults)

“Would see a nurse more often rather than a GP.”

“Access services through technology e.g. skype appointments with GPs, though sometimes it’s important to see someone face-to-face for both clinician and patient.” (Discussion with group of working adults)

We included a specific question in our surveys, asking how much people agreed with the statement ‘I would be happy to see a nurse sometimes instead of my GP’.



Over three quarters of people answering the survey question agreed or strongly agreed that they would be happy to see a nurse sometimes instead of their GP.

WHAT ARE PEOPLE WILLING TO DO?

Staying healthy

We asked people in our surveys which of the following they and their family already do to stay healthy, what they would be willing to do - with or without support - and what they aren't willing to do.

The majority responded that they already:

- Eat healthily
- Exercise regularly
- Don't smoke tobacco/cigarettes
- Limit alcohol intake according to recommended guidelines
- Try to get a good night's sleep

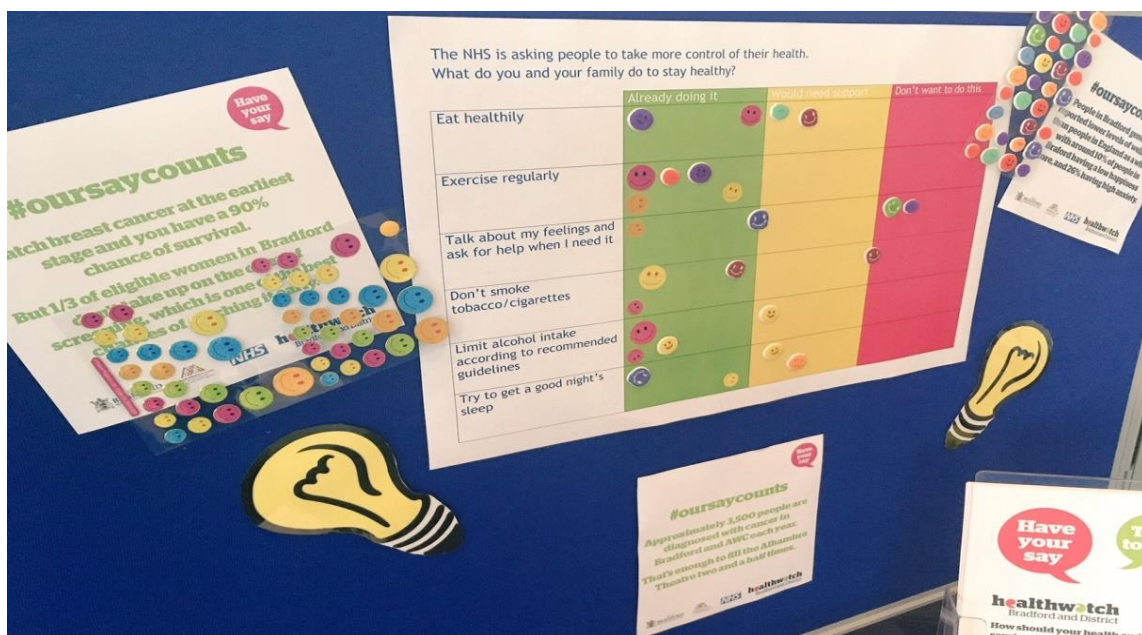
These ranged from 86% of people not smoking to 61% exercising regularly.

Of those who do not already do them, the majority said they are willing to do them. Out of those wanting support, a greater percentage wanted support to eat healthily, stop smoking and get a good night's sleep. We recommend further engagement to find out what people think support should look like.

4% of people were unwilling to give up smoking and 6% limit alcohol intake.

There was a different pattern of responses for talking about feelings and asking for help when needed. Only half said it's something they already do, suggesting that looking after mental wellbeing is viewed differently to other forms of self-care. 28% of people said that they would be willing to talk about their feelings and ask for help when needed, and another 13% would do so with support.

We asked this question to young people at the local #selfcareeverywhere event for young people, and saw a similar pattern of responses.



Using services

We asked people in our survey how they use services - what do they already do, what they are willing to do and what are they not willing to do.

An overwhelming majority said that they already cancel health appointments that can no longer be attended and go to A&E when it's an emergency. Virtually all the rest are willing to do them.

The majority of people reported that they already: speak to a pharmacist about health problems when necessary; use online NHS resources for information and advice; buy medicines that are available over the counter.

Many of the rest said that they would be willing to do these, such as the 20% who don't already speak to their pharmacist but would. Out of all statements we asked people to consider, using online resources had the highest figure for those not willing, reflecting that technology is not suitable for a minority.

Only half said that asking for a review of medication is something they already do. The remainder was mostly people who were willing to ask and a significant number of people who answered that they didn't know. This suggests that more work can be done in raising awareness of medication reviews and who can carry them out.

Travelling for care

In our conversations, many people talked about the importance of local hospitals and other health services, and concerns about having to travel for care. However, they also acknowledge that people are already travelling for some specialist care and that there can be better outcomes.

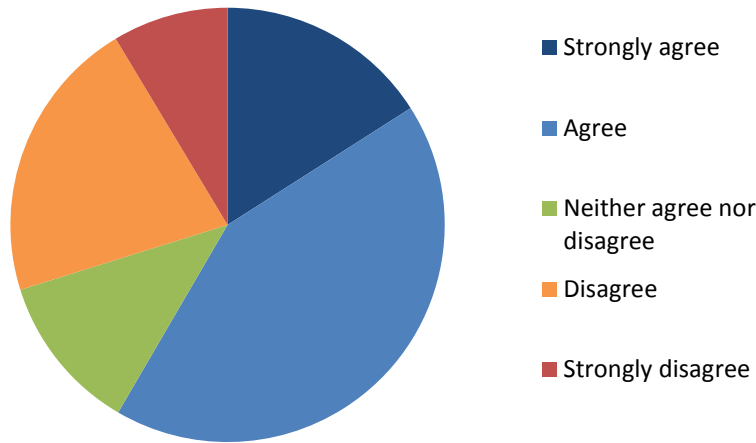
“We already expect to travel for specialist care e.g. 7 day stroke care service in Bradford replaced a 3 day one at Airedale. But the problems of travel must be answered - a stroke patient in Foxup should get the same service as one in Keighley. How can the service given be equally good for all when geography is factored in?”

“Whilst it is recognised that specialist services need to be centralised to gain the critical mass needed, access to those services could be distributed using outreach services and local clinics.”

“Centralising services so more doctors in one place and would be prepared to travel further for this.” (Discussion with group of older South Asian men)

WHAT ARE PEOPLE WILLING TO DO?

When we asked people in our survey whether they would be willing to travel further for specialist treatments, almost twice as many agreed or strongly agreed than disagreed or strongly disagreed. (476 responded, 58% agree/strongly agree, 30% disagree/strongly disagree)



People told us practical steps need to be taken to ensure that the need to travel doesn't become a barrier to receiving the best care and support. Many people in the Airedale, Wharfedale and Craven area told us how difficult they find it to get to appointments at Bradford hospitals. People from across all areas expressed frustration at the lack of parking at local hospitals.

“Car parking should be easier, transport links better if you're going to travel further. Shouldn't have to pay to park on arrival.” (Discussion with group of older South Asian men)

“More working with organisations outside of health and social care e.g. transport infrastructure. I would be happy to travel to Leeds for treatment because it's easy to get there by public transport but it's a lot harder to get to Bradford.” (Discussion at Keighley Event)

“Could have specialists in regional centres of excellence, but should provide accommodation for people travelling there.” (Discussion with group of working adults)

“Stop the reduction of services at local level - transferring them to one hospital further away as a 'centre of excellence' may suit health authorities but it causes untold difficulties/worries for people trying to access them and their families - trying to get time off work to transport family members, travelling great distances, very stressful finding your way round completely unknown places at such times; it's very expensive for individuals.”

WHAT MATTERS MOST?

In our surveys we asked people ‘Thinking about the whole of health and care, what matters most to you?’ 324 people responded to this question.

People approached this question in different ways, and often gave multiple responses. Around a fifth of responses talked about broad concepts or values such as compassion. A quarter included wider aspects of the health and care system, such as funding or equality. Over three quarters of people talked about the design of specific services that they come into contact with, such as getting a GP appointment quickly.

“Being listened to and taken seriously, compassion and dignity and respect and excellent timely care.”

“Sustaining our NHS. Eliminating waste and changing the culture of unrealistic expectations. Promoting self care and taking responsibility.”

“Managing any unrealistic expectations of the public. Fairly remunerating all health colleagues, training them and reducing their stressful workloads. Investment in our beloved NHS.”

“Ensuring long term, sustainable solutions are found for how we fund integrated health and social care for our ageing population. High quality dementia care and carer support. Timely and appropriate services are available to meet the needs of people with autism and mental health conditions.”

“Having linked care. I get infuriated by repeating my story continuously.”

“I have multiple long term conditions and I think all health professionals should be better at taking them into account. Also being treated respectfully and compassionately, and being taken seriously, as this isn't always how I'm treated. I should also be able to make my own decisions (with evidence-based info and support from the professionals).”

“Letters in Easy Read, seeing doctors when I need to, doctors to explain things clearly (no jargon).”

“Easy and speedy access to GP/Nurse for me and for my daughter. Local A&E services and healthy happy medical professionals.”

“That people are supported to be in a position to retain their independence for as long as they are able. I am fortunate in that I am in good health and currently have the need to access services infrequently however I know in time this will change. I also expect to take on more of a carer role in the next few years so support for carers is important to me.”

“Good equitable services. Good responsive care. Being seen as a person. Not being seen as a problem to be 'fixed'. Making my own choices.”

“People across the whole district being sure they receive the same care no matter what their background”

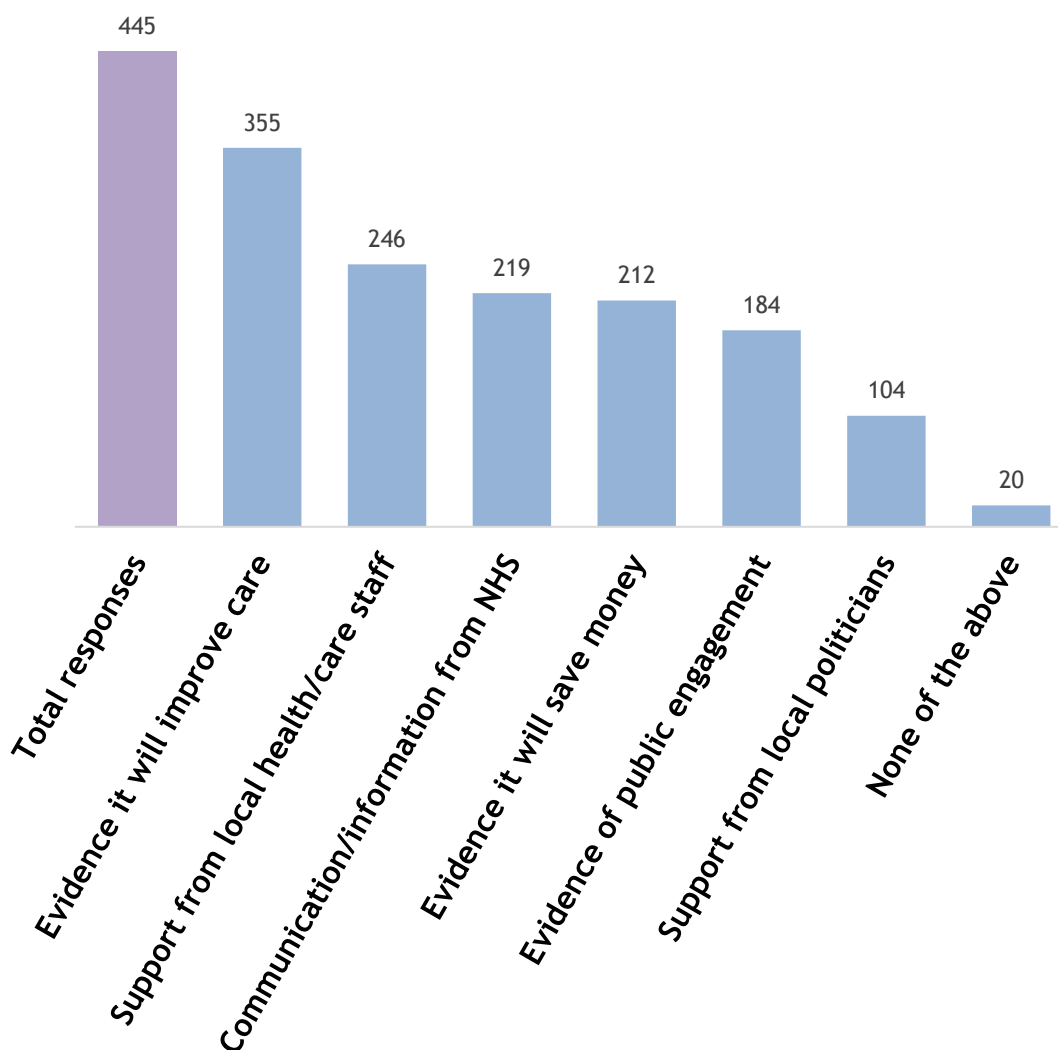
● Making a case for change

In our survey we asked, ‘what would persuade you to support changes in your health and social care services?’

This gives a sense of what’s important to local people when communicating change, and could inform future engagement activities.

People were asked to tick as many options as they agreed with. The chart below shows that people really want to know that changes are being made to improve care, with 4 out of 5 people selecting this option.

What would persuade you to support changes to health and care services?



Variation by area

Overall there was a strong theme about the importance of place, with people strongly valuing local services and wanting to see the needs of their local community being prioritised above regional or national agendas. People want procurement to be kept local in order to enable investment in local communities.

We compared responses to a couple of survey questions by postcode. For ‘What services could you not do without?’ the responses were remarkably similar across the three geographical areas covered by the CCGs.

Themes in responses to the survey question ‘What would you do to improve services?’ varied slightly by postcode. Across all CCG areas, improved access to GP services was the top answer. Having local services and more staff were more important to people in Airedale, Wharfedale & Craven than City and Districts, where shorter waiting lists and better continuity of care featured more highly.

This echoes the feeling of the conversations our team and volunteers had when talking to people at outreach sessions in the AWC area. People we spoke to told us how the transport and technological infrastructure could limit access to services in rural locations.



NEXT STEPS

Throughout this project it's been very clear from our local health and care leaders that lots more conversation will follow and reassurances have been given that no changes will be made without further engagement and consultation.

As future plans are developed, it will be important to let the public see how options are being developed and decisions are being made.

The level of engagement and interest in this first 'big conversation' shows how willing local people are to contribute their ideas, insight and energy - not just into the design of services, but into the creation of a healthier place to live and work.

To keep the momentum from this project, we hope that local health and care leaders will look at how their current plans need to be adapted to reflect what local people are saying.

Although people care more broadly about the future of the system as a whole, they also need to know what any changes might look like and how that might impact the way they use health and care services. Openness and transparency about what possibilities are being discussed, and the weight of different factors in the decision making, will help to develop trust.

Areas for further engagement

Survey response rates were lower for people living in Bradford City, young people, men, and people from BME communities. We engaged with these groups through the focus group discussions but would encourage further engagement for greater representation and generation of ideas.

As access to primary care was a consistent theme in conversations and survey responses, further engagement around what's working well and how good practice can be shared would be valuable.

Willingness to travel could be explored in more detail - how far are people willing to go for different services and what needs to be in place for them to be able to do this.

Throughout the engagement, there were people of all ages who told us that they want to remain as independent as possible. They suggested a greater focus on wellbeing and on prevention, uptake of technology to self-manage conditions and receiving more care in the community as some of the ways to achieve this.

Engagement to explore what's already working well and how these could be built on would be beneficial.

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Appendix 1: Method

Engagement ran from 26 June until end August. Outreach sessions and focus groups were run by Healthwatch staff and supported by volunteers. Events were supported by CCG and HALE staff.

Based on the CCG aims and our own scoping exercises, Healthwatch devised a twelve question survey for the engagement. People could complete it online through surveymonkey, face-to-face during outreach, or over the phone.

The full survey was split into two halves for outreach sessions, as feedback from piloting the survey was that it took a long time to complete face-to-face. We approached people at outreach locations and told them about the opportunity to have their say on the future of health and care. We reassured them that their answers would be anonymous and answered any of their own questions. The full survey can be found in appendix 2.

Locations for outreach were chosen to get good coverage across Bradford district and Craven.

Healthwatch staff and volunteers completed 330 surveys with people face-to-face, while 355 individuals completed the survey online.

Communications messages were developed and used to promote the survey and the events online, through posters and flyers, and on radio. To incentivise people to complete the survey online, we offered the chance to enter a draw to win a £50 shopping voucher.

Chapel Street Studios ran a paid social media campaign on behalf of Healthwatch. We also asked our partners and contacts to promote our engagement through their own communications channels. A full list of those we contacted follows.

APPENDICES

Age UK	Jamia Tul Madinah
Autism First	Keighley & Airedale Cancers Support
AWARE group	Keighley Beales
Baildon Community Link	Keighley Bus Station
Baildon Library	Keighley Healthy Living
BAMHAG	Keighley Library
BDCFT Staff Network	Keighley Morrisons
Black Health Forum	Keighley People First
Born in Bradford	Keighley Santander
Bradford Hate Crime Alliance	Keighley Town Hall
Bradford Nightstop	Kirkgate Centre, Bradford
Bradford People First	Light of the World
Bradford Student Union	Ling House General Practice
Bradford U3A	Ling House Pharmacy
Bradford University	Marie Curie Hospice
Bradford Women's Aid	Mind in Bradford
CAB&D	Navigation officer for Fisher Medical & Dyneley Surgery
Cancer Support	Parents Forum
Carers Resource	Patient Participation Groups
City of Bradford Metropolitan District Council	Peacemaker
Clarke Foley Centre	People's Board
Cliffe Avenue Surgery	Queensbury support centre for elderly
Cliffe Surgery	Roshni Ghar
CNet	Sedbergh Community Centre
Craven Mental Health Forum	Shine
Creative Arts Stroke Support Group	Sparkle group
Disability Partnership	Specialist Autism Services
Enable2	St Anne's (with Good Shepard Centre)
Equality Together	Step 2
Equity Partnership	The Cellar Project
Family Action	The Equity Partnership
Girlington Community Centre	The Gateway
Grange Interlink	The Parenting and Family Outreach Team
Healthy Lifestyles	The Patchwork Group, Skipton
Henry House	Thornbury Centre
Hive	Together Women Project
Hive Project	W H Smith, Keighley
Isis Project	

To complement the survey a discussion tool was created (see Appendix 3) with the headings PROTECT, GROW, CREATE and REDUCE. We used these headings to structure deliberative discussions at events and at VCS groups.

We ran five focus group discussions with groups identified by CCG equality and diversity priorities. We ran additional discussions with groups who wanted to be involved, such as The People's Board. The full list of groups is below.

- The People's Board
- Staff from the three CCGs
- LGBT group at Equity Partnership
- Carers through Cancer Support Yorkshire
- Young people from Notre Dame College and St Bede's and St Joseph's Catholic College
- South Asian men and women's groups at Gillington Community Centre
- Men's mental health peer support group
- Older people at Dyneley House Surgery

We also ran a pilot focus group at Carlisle Business Centre, and filmed participants to create videos to promote the engagement.

Events ran on 10, 12 and 14 July in Keighley, Bradford and Bingley. 123 people attended across the three events and there were 11 deliberative group discussions. A Healthwatch staff member facilitated discussions and another staff member or supporting staff member from the CCGs took notes. Graphic facilitators from Imagineer listened to discussions and came up with visual representations of what people were saying at the events.

Discussions at focus groups and events were recorded with permission from all involved. These were used to add extra detail to notes in the office and then deleted.

Attendees at events and focus groups were asked to complete a demographic data form. We collected completed forms from most people but not from everyone. The sign in sheets gave us accurate numbers for people attending. Group demographic data was collected at groups with limited English.

Demographic data for the survey respondents and attendees of focus groups and events can be found in Appendix 7 (PDF) on our website.

People were asked when they completed the survey, or signed in at groups and events, whether they would like to be kept in touch about the engagement and future Healthwatch news. These people were added to our mailing list and informed when the engagement summary and final report was published on our website.

Appendix 2: Copy of full survey

This survey will take just 5 minutes, but what you say will help shape the future of your health, care and support services for a lifetime.

Your NHS and council in Bradford District and Craven are working together to plan the future of health, care and support services. They are looking at how resources can be used better, how waste can be reduced and at the same time improve the health and wellbeing of local people. These plans form part of the 'Sustainability and Transformation Partnership' which every area of the country has been asked to produce.

Before more detailed plans are made about how future services will work, the NHS and council want to hear from local people about what matters most to you. And they've asked Healthwatch to help.

Start the survey and give your views now.

1. Thinking about your health and social care needs, which of the following are important to you now? Please select all that apply.

- Support in my role as a carer
- Support to take part in community activities or groups
- Residential care or support to live independently
- Support after I leave hospital Patient transport services
- End of life care
- GP or nurse appointments when I need routine care
- Being seen quickly in an emergency
- Support for a long term condition
- Access to specialist care
- Care and support from maternity services
- Access to care and support for my mental health
- Access to dental care
- Advice from my local pharmacist
- Having technology to manage my health, find information or speak to a professional
- Receiving care that meets my communication needs
- Other (please specify)

2. Which do you think might be important to you in the future? Please select all that apply.

- Support in my role as a carer
- Support to take part in community activities or groups
- Residential care or support to live independently
- Support after I leave hospital Patient transport services

- End of life care
 - GP or nurse appointments when I need routine care
 - Being seen quickly in an emergency
 - Support for a long term condition
 - Access to specialist care
 - Care and support from maternity services
 - Access to care and support for my mental health
 - Access to dental care
 - Advice from my local pharmacist
 - Having technology to manage my health, find information or speak to a professional
 - Receiving care that meets my communication needs
 - Other (please specify)
3. Thinking about the whole of health and social care, what matters most to you?
4. What works well in the health, care and support services you use? If talking about specific services, please tell us which services your comments relate to.
5. What would you do to improve the health, care and support services you use? If talking about specific services, please tell us which services your comments relate to.
6. Which healthcare, social care and support services could you not do without?
7. Is there anything that could be given up?
8. How far do you agree with the following statements? [Strongly agree/agree/neither agree nor disagree/disagree/strongly disagree]
- I would be willing to travel further for specialist treatments
 - I think technology could be used more to help people access services and information
 - I think technology could be used more in delivery of treatment and care
 - I think some care should be delivered in communities and homes instead of in hospital
 - I would be happy to see a nurse sometimes instead of my GP
 - I think that people's health should be considered by organisations outside of health and social care

9. What do you think could be done differently in health and social care?

10. The local NHS is asking people to take more control of their health and change the way they use some NHS services. The following two questions are about what you and your family do and are willing to do.

What do you and your family do to stay healthy? [I already do this/I am willing to do this/I am willing to do this with support/I am not willing to do this/I don't know]

- Eat healthily
- Exercise regularly
- Talk about my feelings and ask for help when I need it
- Don't smoke tobacco/cigarettes
- Limit alcohol intake according to recommended guidelines
- Try to get a good night's sleep

11. How do you and your family use services? [I already do this/I am willing to do this/I am not willing to do this/I don't know]

- Cancel health appointments that I can no longer attend
- Go to A&E only when it's an emergency
- Speak to my pharmacist about health problems when necessary
- Use online NHS resources for information and advice
- Buy my own medicines that are available over the counter
- Ask for a review of the medication I'm prescribed

12. If anything, what would persuade you to support changes in your health and social care services? Please select all that apply.

- Support from local health/care staff
- Evidence it will improve care
- Evidence it will save money Communication/information from the NHS
- Evidence of public engagement
- Support from local politicians
- None of the above

About you.

13. What's the first part of your postcode?

14. What age group do you belong to?

- 17 and under
- 18-24
- 25-49
- 50-64
- 65-79
- 80+
- Prefer not to say

15. What sex are you?

- Male
- Female
- Prefer not to say

16. Is your gender identity the same you were assumed to be at birth?

- Yes
- No
- Prefer not to say

17. What is your sexual orientation?

- Bisexual (both sexes)
- Gay (same sex)
- Heterosexual/straight (opposite sex)
- Lesbian (same sex)
- Prefer not to say
- Other (please specify)

18. How would you describe your ethnic group?

- White: English/Welsh/Scottish/Northern Irish/British
- White: Gypsy or Irish Traveller
- White: Irish
- Other white background (please specify)
- Mixed/multiple ethnic groups: White & Black Caribbean
- Mixed/multiple ethnic groups: White & Black African
- Mixed/multiple ethnic groups: White & Asian
- Mixed/multiple ethnic groups: other mixed background
- Asian/Asian British: Indian
- Asian/Asian British: Pakistani
- Asian/Asian British: Chinese
- Asian/Asian British: Bangladeshi

- Asian/Asian British: Chinese
- Other Asian background
- Black/African/Caribbean/Black British: African
- Black/African/Caribbean/Black British: Caribbean
- Other black background
- Arab
- Other ethnic group (please specify)

19. Do you belong to any religion?

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Sikhism
- No religion
- Other (please specify)

20. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

21. Are you a carer?

- Yes
- No
- Prefer not to say

Appendix 3: Copy of group discussion tool

Ground rules for discussion

To allow our discussion freely I would like to go over some suggested ground rules:

1. Let's respect each other and talk one at a time and avoid any side conversations.
2. If there is something you would like to add to the discussion while someone is speaking please write this down on the post - it notes provided
3. Everyone doesn't have to answer every single question but it would be great to hear from everyone here as we go through the day
4. This is an open discussion, and there are no right or wrong answers just different opinions. Say what is true for you even if you are the only one who feels that way.
5. What we hear stays in this group and we respect each other's experiences

Quick introductions, tell us your name and tell us what matters most to you about health and social care.

We want to hear from you today about how you think health and care services might need to look in the future.

We will organise your ideas into four sections.

We'll talk through these one at a time, but I'll let you know what they are so that you know what's coming.

If you have an idea while we're talking you can note it down on post it.

Describe four boxes - PROTECT, REDUCE, GROW, CREATE

1. Which healthcare, social care and support services could you not do without? What services are too important to lose? **PROTECT**
2. Is there anything that could be given up? Where could we compromise in order to make improvements elsewhere? **REDUCE**
3. What would you do to improve the health, care and support services you use? What's working well and should be developed more? **GROW**
4. What do you think could be done differently in health and social care? What new ways of working or new services could we come up with? **CREATE**

Appendix 4: Raw data for closed questions

The following tables contain the survey responses to these closed questions:

Q8 How far do you agree with the following statements?

Q10 The local NHS is asking people to take more control of their health and change the way they use some NHS services.

The following two questions are about what you and your family do and are willing to do.

What do you and your family do to stay healthy?

Q11 How do you and your family use services?

Q12 If anything, what would persuade you to support changes in your health and social care services? Please select all that apply.

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Q8 How far do you agree with the following statements?

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly disagree		Total number who answered	
I would be willing to travel further for specialist treatments	76	16.0%	202	42.4%	56	11.8%	101	21.2%	41	8.6%	476	100%
I think technology could be used more to help people access services and information	146	30.8%	178	37.6%	80	16.9%	56	11.8%	14	3.0%	474	100%
I think technology could be used more in delivery of treatment and care	116	24.8%	172	36.8%	99	21.2%	57	12.2%	23	4.9%	467	100%
I think some care should be delivered in communities and homes instead of in hospital	202	42.8%	191	40.5%	51	10.8%	19	4.0%	9	1.9%	472	100%
I would be happy to see a nurse sometimes instead of my GP	153	32.8%	209	44.8%	42	9.0%	47	10.1%	20	4.3%	466	100%
I think that people's health should be considered by organisations outside of health and social care	124	26.9%	132	28.6%	89	19.3%	59	12.8%	57	12.4%	461	100%

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Q10 What do you and your family do to stay healthy?

	I already do this		I am willing to do this		I am willing to do this with support		I am not willing to do this		I don't know		Total number who answered	
Eat healthily	351	76.1%	68	14.8%	49	10.6%	3	0.7%	0	0.0%	461	100%
Exercise regularly	280	61.4%	101	22.1%	62	13.6%	9	2.0%	4	0.9%	456	100%
Talk about my feelings and ask for help when I need it	226	49.1%	128	27.8%	62	13.5%	25	5.4%	19	4.1%	460	100%
Don't smoke tobacco/cigarettes	395	85.9%	11	2.4%	20	4.3%	19	4.1%	15	3.3%	460	100%
Limit alcohol intake according to recommended guidelines	347	75.8%	56	12.2%	19	4.1%	27	5.9%	9	2.0%	458	100%
Try to get a good night's sleep	303	66.4%	93	20.4%	51	11.2%	6	1.3%	3	0.7%	456	100%

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Q11 How do you and your family use services?

	I already do this		I am willing to do this		I am not willing to do this		I don't know		Total number who answered	
Cancel health appointments that I can no longer attend	421	92.3%	29	6.4%	3	0.7%	3	0.7%	456	100%
Go to A&E only when it's an emergency	433	95%	20	4.4%	0	0%	3	0.7%	456	100%
Speak to my pharmacist about health problems when necessary	312	68.9%	90	19.9%	37	8.2%	14	3.1%	453	100%
Use online NHS resources for information and advice	298	66.7%	71	15.9%	58	13%	18	4.0%	447	100%
Buy my own medicines that are available over the counter	344	76.3%	61	13.5%	37	8.2%	9	2.0%	451	100%
Ask for a review of the medication I'm prescribed	228	51.2%	165	37.1%	6	1.3%	46	10.3%	445	100%

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Q12 If anything, what would persuade you to support changes in your health and social care services? Please select all that apply.

Evidence it will improve care	355
Support from local health/care staff	246
Communication/information from NHS	219
Evidence it will save money	212
Evidence of public engagement	184
Support from local politicians	104
None of the above	20
Total number who answered	445

Appendix 5: Q&A document

During our conversations with local people, we heard some really interesting questions. We collected some of the most common and asked leaders in health and social care to help us answer them. The following document was published on our website during the engagement.

1. What does STP mean? I've read in the media about 'secret plans' and even heard it 'Slash Trash and Privatise'. People make jokes about 'Sticky Toffee Pudding' - what on earth does Sustainability & Transformation actually mean for local people?

STPs were the name given to five year plans for health and care services. It now stands for Sustainability and Transformation Partnerships rather than Plans. In Bradford district and Craven we have a local plan which forms part of the West Yorkshire and Harrogate plan.

Our area is the West Yorkshire and Harrogate STP. This is made up from six local area place-based plans; Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield.

In Bradford District and Craven we have a local health and wellbeing plan which sets out why we need to change. At this stage, it does not detail what will need to change or how it will change. This detail will be informed by our discussions with stakeholders, patients and the public.

It is no secret that the NHS and social care are under pressure but this is not about privatising our NHS. Our local health and wellbeing plan is all about planning how we manage rising demand without a corresponding increase in resources.

To make sure that we can continue to meet the needs of local people for the future we need to review how our services work. We will be open and transparent about our plans and they will involve making some difficult choices. But we will do this with your input so we know what is really important to you and where you could compromise. Changes will not be made without asking local people first.

We will make sure that local services are built around your needs within the constraints we have (for example if we cannot recruit a certain type of specialist staff we might need to work with others in the West Yorkshire area to make sure people can still have services as local as possible).

2. Why weren't you already doing this stuff?

We were already doing a lot of this stuff.

For example, we were looking to ways to improve urgent care as we are seeing a rise in people attending A&E departments. In 2014, the Bradford CCGs developed a primary care strategy to plan for the increasing workload and reduction in workforce facing GPs. As far back as 2011 the district was setting out its integrated care plans for older adults, this work continues today.

More recently, since April 2016, health, social care and voluntary and community services in Airedale, Wharfedale and Craven have been working together to provide care to people with complex needs.

The local health and wellbeing plan has brought this existing work together into one plan. This will better integrate health and social care and make sure your care is more joined up.

3. Will this mean cuts to services?

It depends what you view as a 'cut' - there will be changes to services and if this directly impacts on you it may feel like you have lost something. For example, the changes made to the prescription of gluten-free items mean that some people have to buy things from a supermarket rather than get them on prescription.

NHS funding has continued to increase so unlike council services there has not been a 'cut' in terms of funding. But, the funding and resources need to go further as we have higher demand on services.

One way of making our resources go further is to compromise - so that funding is allocated to the things that matter the most to you. That might mean that resources are stopped for one thing and put into something else.

We are committed to transforming services so they are slicker, more effective, reduce waste and provide people with the right care, first time. If we can do this well, and through engagement with patients and the public get a really good understanding of what is most important to you, we will make the right changes for local people that do not feel like 'cuts' in services.

No big changes will be made to services without asking for the views of our local population first.

4. Are you planning to close or downgrade hospitals?

Our plan says that hospitals will work more closely together, providing physical and mental healthcare to a consistently high standard by organisations sharing knowledge, skills, expertise and care records, where appropriate.

There are no plans to close or downgrade our major hospitals in Bradford District and Craven's plans. But there is more collaboration between our two main hospitals. This is one of the first steps in making sure that services are protected and safeguarded within our major hospitals. The reason many services become unsustainable is because there are workforce shortages (not enough trained staff to go round).

We have a number of community hospitals in Bradford and these hospitals form part of our new care models for services provided in the community. At this stage our analysis says that we need this number of beds but we are thinking about how we use them differently.

Over time, if our services delivered to people at home increase we might be able to reduce the number of community beds so that care is provided closer to home or in the community, however this is not being considered at the moment.

5. Will I have to travel further for some care and treatment?

It is possible that to get the best care and treatment you might have to travel further for it. Some people already travel for specialist services, for example to Leeds for cardiac care and Wakefield for burns. People living in Airedale, Wharfedale and Craven who need critical care following a stroke are cared for at Bradford Royal Infirmary.

Some people elsewhere in West Yorkshire might also find themselves travelling to Bradford, for example, if that's the best place for the care they need.

If we look at developing some of the services on offer in our area at the moment, this may mean that they are provided in different locations to where they are at the moment. However, before any decisions are made, we will make sure we ask for the views of our local population first.

No decisions have been made at a West Yorkshire and Harrogate level to change any services. No changes would be made without public engagement and appropriate consultation if and when needed.

6. What's the point of asking us what we think, when you've probably already made up your minds?

We have not made up our minds. That's why we are asking for your views about what really matters to you. What you tell us will make a big difference to any decisions that we make, both within the Bradford District and Craven plans and more widely across West Yorkshire and Harrogate.

If we consider making a change to a service, we will carry out the appropriate engagement or a formal consultation to get the views of local people and inform any decision making.

We want to continue developing a strong relationship with local communities, so we can co-produce services, and involve the public at the right time. This will be shaped through community assets and the large numbers of thriving voluntary and community sector (VCS) organisations across our area. This will also consider the big contribution made by carers.

We have also set up a regional lay member assurance group and Healthwatch have contributed to work on peoples experiences of stroke services, hospital outpatient appointments, ambulance services and cancer services. We are committed to working in this way as the partnership develops.

A review took place of all relevant engagement and consultation work across West Yorkshire and Harrogate between April 2012 and February 2017 - this has been highlighted nationally as good practice and we will continue to build on this. We are committed to making sure we have open and honest conversation with local people, it is an important area of our work.

We will also build on existing engagement using all the channels available to us and use this feedback to shape proposals for consultations. This will include actively seeking wider partner involvement from the voluntary and community sector (VCS) and the public. It also involves continuing to work with local councillors through Health and Wellbeing Boards, Overview and Scrutiny Committees etc.

7. What does social care mean?

Social care is a wide range of services which are provided by Bradford Council. These services include help at home, residential care homes and community support and activities.

The King's Fund have some good explanations and videos to help you understand more about social care and how it works:

<https://www.kingsfund.org.uk/topics/social-care/what-is-social-care>

8. How can Health and Social care systems work together if their IT systems are not aligned so records can be shared?

In our area, the social care team have access to the same IT system as GP practices and community services. This means that, with your consent, your patient record can be shared between services to help coordinate and integrate the care you receive.

Although the capability for sharing of health records locally, booking appointments online and electronic prescriptions have been around for a while, we want to grasp other opportunities and implement these widely where it make sense to do so.

Alongside these opportunities to use IT better, it is important that we get the basic infrastructure right. This includes resilient systems in terms of preventing future cyber-attacks, consistent record keeping and effective data sharing.

9. How have the local councillors been engaged and involved in the STP?

Some councillors have been briefed where there has been opportunity to do so as part of other meetings. However, not all councillors will have had the opportunity to attend these or to have chance to ask questions. As part of the Healthwatch conversations invitations will be sent to all councillors to invite them to be involved in events/opportunities for feedback and comments. Our local health and wellbeing plan is being developed with the close support and input of clinicians, staff and wider partners including local councils. We cannot transform health and social care without the active engagement of clinicians and frontline staff who actually deliver care, nor can we develop integrated care services, such as care closer to home, without understanding what local people want.

10. Are organisations in this partnership going to put their money together to make joined-up services actually happen?

In Bradford District and Craven, the CCGs and the council do pool some budgets under something known as the Better Care Fund. What we have discussed at our Health and Wellbeing Board and Integration and Change Board (two groups where we make commitments to working in partnership) is that first we must align our strategies and our decision making. Pooling our money can be very complex if we haven't agreed what we want to spend it on or have some shared objectives to help make those decisions

In the interim we are trying to align our funding across the system to make sure we get the best value for the Bradford District and Craven pound.

At a West Yorkshire and Harrogate level they are developing a financial strategy over summer 2017 which will focus on how to best invest the resources available.

11. There is a focus on education and prevention, but there are many teams and services being cut so how will be this achieved?

One example of the key aims of our plan is to support local people to self-care and prevent the onset of conditions such as Type 2 diabetes. The assets we already have in the community are a big part of this focus on education and prevention and can support individuals and our workforce to empower our local population to better manage their health and wellbeing.

To make the most out of the resources available, we are trying to change how the money currently pays for care and move some of it to pay for prevention. This is quite hard when we know the prevalence of diabetes (for example) is increasing. But we know that prevention is better, and more cost effective, than the cure for the long term.

We started looking at Type 2 diabetes prevention in Bradford because we could easily track how money (and resources?) is wasted on managing poorly controlled diabetes. We therefore looked at how we empower our population in making quick, simple changes that would make a big difference to the numbers who are diagnosed.

Other examples include in Bradford Districts CCG where the Bradford Healthy Hearts programme has saved 1.2m and 221 cardiac events by investing directly in prevention. Again, this involves empowering our population to make small lifestyle changes which make a big difference to the number of people at risk of heart disease.

In Airedale, Wharfedale and Craven personal support navigators, are working with people with complex care needs to provide additional mental wellbeing and social support which helps them connect with activities in their community. This helps people maintain their independence and improve their health and wellbeing.

12. How does Brexit affect the NHS?

The NHS European Office is playing a key role in analysing the implications of the UK's vote to leave the EU on the NHS. This will enable NHS organisations and senior decision-makers to make informed decisions about next steps. More information, including FAQs, about the impact of Brexit on the NHS is available

on the NHS Confederation website: <http://www.nhsconfed.org/regions-and-eu/nhs-european-office/brexit/faqs>

Our EU staff are a valued and appreciated part of the NHS workforce. Locally, we have been working with partners on how we can strengthen our workforce and attract and retain staff for the future.

13. Will there be job losses during the reconfiguration of services?

In the NHS we are hearing all the time that we haven't enough staff and so it seems unlikely that we will see job losses. However it maybe that with new models of care, there will be a need for staff to adopt new skills and experiences. This may result in changes to the way staff work rather than job losses.

Frontline staff have been involved in the development of our plan and will be a crucial voice that will be heard and listened to if service reconfiguration is required. The NHS and social care workforce is a valuable part of making sure we achieve the aims of our local health and wellbeing plan and we always support staff to develop their skills in order to provide the best quality of care for local people.

14. To what extent are the local authority involved? Education, leisure, housing, etc all play a big part in health too - what are they doing to address the issues?

The Bradford District and Craven local health and wellbeing plan has been developed in partnership with the local authorities, Bradford Council and North Yorkshire County Council. Education, leisure and housing play an intrinsic part of social care and can affect the health and wellbeing of local communities.

The local health and wellbeing plan is valuable because it ensures that health and social care organisations work together to give local people joined up, better coordinated and sustainable services. The NHS shared planning guidance, published in December 2015, explained that the success of local plans will depend on having an open, engaging process that harnesses the energies of clinicians, patients, carers, local people, and community partners including the independent and voluntary sectors, and local government through Health and Wellbeing Boards.

Health and Wellbeing Boards also have a crucial role to play in this. Since 2012 they have been developing local health and wellbeing strategies based on the needs of local people. They bring together the NHS, public health, adult social

care and children's services, including councillors and local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health. They provide a way of ensuring that local people have a strong voice.

Health and Wellbeing Boards have a crucial role to play in this. Since 2012 they have been developing local health and wellbeing strategies based on the needs of local people. They bring together the NHS, public health, adult social care and children's services, including councillors and local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health. They provide a way of ensuring that local people have a strong voice.

Appendix 6: Graphics from events

The posters have been laminated and are hanging in in CCG offices.

Keighley



Bradford



Bingley

