



Listen in

October 2022 Report: Craven

Qa Research
Merchant House,
11a Piccadilly, York, YO1 9WB
01904 632039 www.qaresearch.co.uk

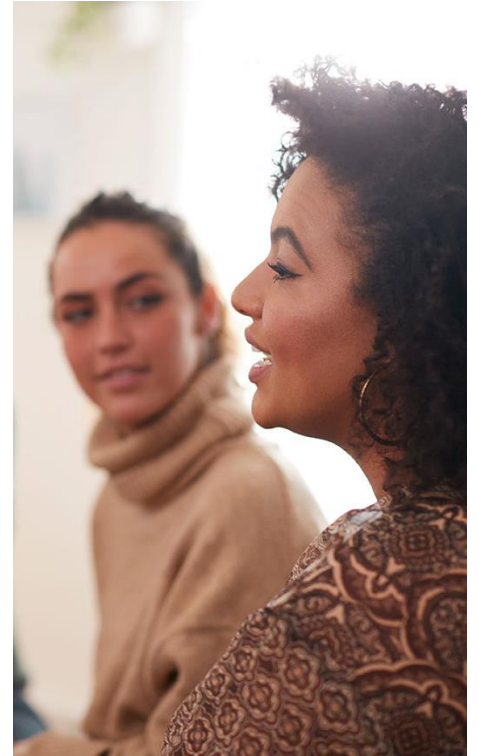


Bradford District and Craven
Health and Care Partnership



Contents

- 1 Background & aims
- 2 Methodology
- 3 Findings: General themes
- 4 Findings: Priority areas
- 5 Questions for next cycle



Background & aims

- Background:
 - Bradford District and Craven Health and Care Partnership (BDCHCP) are conducting the 'Listen in' programme, which is a continuous 'always listening' approach rather than closed assurance groups.
 - The first of 6 cycles took place in October 2022 in Craven.
 - Qa Research were commissioned to advise on method and practicalities, as well as analyse and report on the data collected from communities.
 - BDCHCP are taking a 'test and learn' approach to continually develop, evaluate and improve methodology for the 'Listen in' programme.
- 'Listen In' aims to introduce the Partnership's five big priority areas and uncover insights about:
 - How people experience the challenges the Partnership aims to address.
 - Local people's expectations of what they would experience if the partnership were getting it right in each priority area.
 - Assets in local communities that could be unlocked to address each priority area—connect people and groups to community partnerships.



The five priority areas

1. Healthy
Communities

2. Access
To Care

3. Mental
Health, Learning
Difficulties and
Neurodiversity

4. Workforce
Development

5. Children and
Young People

Methodology

1. In September 2022, Qa Research developed method and research tools with Bradford District and Craven Health and Care Partnership.
 - Qa designed a discussion guide and briefed the Bradford team on moderation techniques.
2. October 10th – 14th 2022: 'Listen in' activity took place in Craven
 - 23 colleagues from BDCHCP had community conversations
 - 18 visits to local community groups and public spaces
3. BDCHCP colleagues attended two workshops moderated by Qa, where they shared and reflected upon findings.
4. Notes from conversations were also shared with Qa for analysis.
5. Qa conducted Qualitative analysis and wrote a summary report.

Notes on sampling and data sources

- The findings in this report represent views from the Listen in Craven conversations only.
- The method of attending community groups and spaces is naturally biased toward those attending the groups, who are already involved in their communities.
- Some conversations were more open e.g. stands at Settle Market and 'street team' sessions, but naturally these conversations were also less rich.
- Currently findings do not capture views of the 'invisible' population who are not engaged with their community or leave the house regularly. This will be a consideration for the next cycle.
- For context, the demography of Craven (Census 2011):
 - 26% are older than 60,
 - 97% are white,
 - 27% are social grade AB, 19% are DE.
- Limited equalities monitoring means we cannot know if the sample is representative.
- Additional existing insight – 3 reports of past engagement in Craven provided as context
 - Transport barriers to accessing health and care in Craven (2022 discovery event)
 - Feedback from stalls at events in Craven 2022
 - Access to care – existing insight in Craven (2022 survey)



Equality Monitoring

- Equality monitoring information was not collected at all locations, visits, or with any consistency.
- The equality monitoring information that was collected is shown below.

Age	
Under 18	2
18-29	1
30-49	11
50-69	8
70+	2

Ethnicity	
White	27

Gender	
Male	11
Female	15

Carer	
Yes	5
No	10

Disability	
Yes	11
No	10
Prefer not to say	1

Low income	
Yes	11
No	7

Findings: General themes



Key themes: experiences of Craven communities

- **Cost of living crisis:** Financial worries were a clear undercurrent in the conversations, as the cost of living crisis continues to impact households across the country, Craven being no exception. This has wide implications for health and care, including access to safe housing and keeping warm in winter; unpaid carers and volunteers needing to return to work; paying for care and equipment; stress and anxiety about money; paying for transport, food and activities (both social and exercise).
- **Travel and transport:** Availability of travel and transport in Craven is a significant factor in experiences of health and care in the area. Access to a car is a huge factor, as public transport can be limited in rural areas, with many residents relying on family or volunteers to drive to appointments. Transport is important beyond medical appointments, as it can limit the extent to which people can participate in their communities. Some even remained in unsuitable accommodation purely because it had good transport access.
- **Rural postcode lottery:** Some residents commented on how access, funding and availability of services was highly variable across Craven, and over local boundaries for example into Lancaster. This disparity relates to NHS medical and dental, Council and community services and is likely exacerbated by lack of transport links. Some areas appeared to offer better opportunities for health and care, and ultimately a better quality of life for residents, while other areas had noticeably reduced access.
- **Voluntary sector:** There was a strong and well-used Voluntary Community and Social Enterprise (VCSE) presence in some Craven communities. In particular, volunteer-run transport and support groups were filling gaps in provision. However this dependence on volunteers may cause challenges as there were examples of not having enough volunteers to run groups, which may worsen as the cost of living crisis pushes volunteers into paid employment. It is important to note that most conversations took place within volunteer-run activities, and that previous research has indicated a much lower level of awareness of VCSE organisations more broadly within Craven.
- **Language of self-care:** There appeared to be a well-developed understanding of self-care among Craven residents, and interestingly this related to mental health more so than physical health, even if the activities themselves were physical e.g. walking groups. Residents talked confidently how they chose activities and behaviours for their mental wellbeing, and having strong social links was a key aspect of this. It is possible that mental self-care may be practiced in response to lack of readily available mental health services.

Key themes: experiences of Craven health and care system

- **Consistent care:** In all aspects of health and care, consistency is valued. For Craven residents, they would like to have consistent access to services and similar waiting times no matter where they live. For residents with additional needs, consistency is even more important, for example being seen by the same health professional and appointments being in familiar locations.
- **Holistic care:** Additional needs are often met when Craven residents attend specialist services, however they do not cease to have additional needs when in other 'mainstream' services, which are less equipped to meet these needs. If the system was getting it right, the patient would be viewed more holistically, as a 'person not a diagnosis'. Allowing a space (e.g. in SystmOne) for patients to give context about themselves, may help services can offer practical support and understanding. Services also need training e.g. on learning difficulties, LGBTQ+ issues, and resources to offer additional help e.g. quiet zones on wards or autism-friendly cervical screening.
- **Bureaucracy barriers:** Various examples were offered by Craven residents illustrating where process and bureaucracy was getting in the way of timely and quality health and care provision. Certain pathways require assessments or sign-off from particular services (e.g. CAMHS) or roles (e.g. GP), and when these are stretched this 'bottle-neck' can delay treatment and conditions can worsen.
- **Challenges with Primary Care:** Difficulties accessing GP appointments are well-known and documented in other research. Craven residents expressed their frustration and distress. There is a mixed experience; a few local practices seem easier to access, in contrast with those where patients struggle to make contact, access online services, or book appointments. GPs are often seen as the first point of care, so difficult access to GP can feel like patients are being prevented from accessing any support at all.
- **Choices in access methods:** It is clear that there is no 'one size fits all' method of both making appointments or attending services. Face-to-face, telephone, online, post, home visits – all can be seen as excellent or terrible depending on the person, their needs and their circumstances. Other research has illustrated this in detail with examples, but the message is clear – options are essential.
- **One side of the coin:** 'Listen In' engaged with a wide array of Craven communities, but naturally disproportionately represents views of those who are engaged with community groups, and leave the house regularly. The positive health and care support they receive, illustrated in this report, throws into sharp relief the invisible community of non-engaged individuals for whom such support is absent.

Findings: Priority areas



1. Healthy communities

- **How do people in Craven engage with their communities?**
 - Social connections are seen as vitally important, a lifeline even to some. This may be friends, family or community groups. People generally expressed that a strong community can support good health, particularly mental health.
 - Craven community groups didn't just offer social support and physical activity, but also practical advice. For example, carers or parents shared tips on navigating health and care systems, signposted resources, or offered emotional support. In more extreme examples, community workers even took people to A&E or advocated on behalf of patients in distress.
- **What are the current experiences of community support in Craven?**
 - Positive community support: Age UK groups and transport, SEND groups highly praised, some mental health groups
 - Missing support or gaps: sudden bereavement support, more new parent social support, addiction and mental health
- **What are the challenges to resilient communities in Craven?**
 - Travel and transport is a huge challenge in a rural area like Craven and is a barrier to engaging with community activities and support mechanisms. Previous research revealed transport is a significant barrier in this area. Some people acknowledged they were living in unsuitable accommodation in town centres but felt it would be worse to move away and face loneliness.
 - Community groups and support rely heavily on volunteers, their time and availability may be at risk due to the cost of living.
 - The positive impact of community support highlights the other side of the coin – the isolated individuals who are not engaging and therefore missing out. Future cycles may further investigate drivers and barriers to engaging with community.
 - Some residents were worried about receiving 'too much' support from community groups and losing out on other support, for example taken off a specialist service or losing out on benefits.
 - 'Postcode lottery' – some communities are seen as resilient and having a positive impact on residents' wellbeing e.g., hubs of Settle and Skipton, while others not so much. The ability for a community to be resilient relates to deprivation, range of activities and groups available, transport links, availability of NHS services (e.g., waiting times, NHS dentists).

1. Healthy communities – getting it right

- Overcome transport barriers to communities
 - Well-funded and advertised volunteer and community transport
 - Rural community groups must consider transport inclusivity and offer pick-up service (using local funding)
 - Better public transport links including physically accessible transport
 - More age-accessible housing near towns or transport hubs
- Wide range of groups available to support the diverse communities and address different issues
 - Look into sustainability of volunteer-led groups and services, offer practical and financial support where needed
 - Deliver support in remote and rural areas
- Individuals want reassurance that community support is there to supplement, not replace NHS or government support
- People feel confident and able to engage with their communities
 - Investigate the drivers and barriers to attending community groups and activities
 - Consider how to reach the 'invisible' population – those who do not engage at all

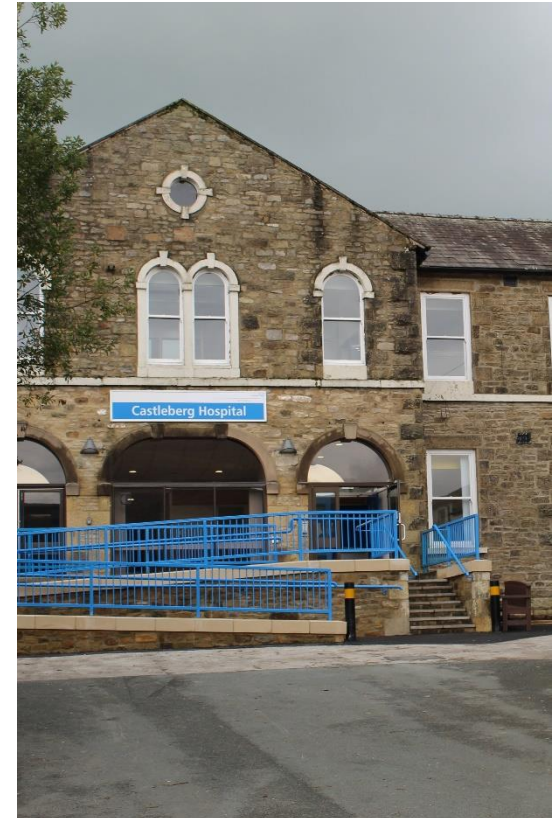


2. Access to care

- **Where do people in Craven access care?**
 - Many residents talked confidently about self-care, mostly regarding mental health but also keeping physically active.
 - Generally, the first port of call for health and care is a GP, or a specialist service if registered. A few reported accessing good advice from pharmacists, but past research suggests that experience of pharmacies across Craven is not consistent.
 - A&E was largely seen as a last resort but visited when Primary Care or mental health help was not available quickly enough.
- **What are the current experiences with accessing care in Craven?**
 - Accessing appointments, mainly for GP, remains a consistent challenge. This varies practice to practice, but generally residents struggle with phone waiting times, poor attitude and triage process, lack of in person appointments, waiting weeks for appointments.
 - Accessing specialist services can be smooth, quick and positive (e.g., cancer), but others reported long waiting lists and feeling blocked by bureaucracy, such as waiting for an assessment from a specific (unavailable) person, which delayed care (e.g., CAMHS).
 - Covid has impacted access to some care, such as default virtual appointments, less health visiting and backlog in planned care.
 - In some cases, unpaid carers found it particularly hard to access the right support for their loved one and themselves.
 - Some patients have positive experiences of access due to being on a priority list for a particular condition e.g., Down's Syndrome.
- **What are the barriers to accessing care in Craven?**
 - Transport – hard to attend without a car especially early morning. Sometimes easier to travel to Lancaster which can cause issues.
 - Awareness of services – sometimes the naming or structure of services is unclear, and residents struggle to know where to go.
 - Money – the cost of accessing care can be prohibitive, for example on travel, equipment, paid carers or childcare.
 - Rigid methods of access – preferences are mixed, as some people appreciate the convenience of online or get less anxious, while some are digitally excluded or simply prefer telephone. Patients need a range of methods for both booking and appointment.
 - Additional needs – mainstream services need to be sensitive to different needs, for example childcare so new parents can access mental health support, or sensory/quiet areas for children and adults with learning difficulties can feel calm and safe in hospitals.

2. Access to care – getting it right

- Unpaid carers getting wraparound support and access help
 - Good triangle of communication between healthcare, patient and carer
 - Carer's own health and wellbeing prioritised and checked up on
 - Respite care available before unpaid carers get to 'breaking point'
 - Consider expanding schemes such as the carer's card at Airedale hospital which gives unpaid carers access to refreshments
- Overcome transport barriers to health and care
 - Deliveries or closer to home visits including telephone / online
 - Volunteer transport – sustainable funding and awareness raising
 - Mobile and satellite clinics
 - Better communication over boundaries – so people can go to the closest hospital
 - Pharmacies could be greater utilised, but need to ensure minimum level of standard across Craven and promote awareness
- Accessing appointments
 - Review into GP appointments, develop some form of standard approach
 - Range of booking and appointment methods available – telephone, online, face-to-face, e-consult etc. There is no 'one size fits all'



3. Mental health

- **Where do people in Craven access mental health support?**
 - Self-care was a prominent feature of conversations on mental health, there was surprisingly good literacy and awareness of how to promote positive wellbeing (although biased to those attending groups). Public discourse around mental health has increased in recent years, particularly over Covid. Mental health services are also known to be stretched with long waiting lists. Both of these factors may have contributed to the rise in self-care over mental health.
 - Community groups are sources of support, and when they work are a lifeline, but availability is not consistent across Craven.
 - Most do not expect timely or comprehensive support from NHS mental health services, due to these being very stretched.
- **What are current experiences with mental health support in Craven?**
 - Positive examples – Waddiloves, GP-based psychiatrists, Settle Community Hub, art and creative therapies
 - Negative – first response & CAMHS (waiting time), addiction services (cuts = combined alcohol/drug & probation/self-referred)
- **What are the challenges for mental health support in Craven?**
 - Availability and waiting times – this is the main comment on mental health services, that the waiting times are too long, staff are very stretched, services reduced or condensed which overall compromises on quality of care when they do access it.
 - Isolation – having groups and mental health resources available is vitally important to combat loneliness in rural areas.
 - First response – mental health crisis support is seen as particularly difficult to access, people appeared unclear on pathways for crisis support. There is evidence of being turned away or 'bounced' between First Response and A&E over a number of hours, which can be highly distressing and does not give the patient the support they need in that moment.
 - Bureaucracy blocking workarounds – e.g., GP offering youth counselling, but cannot prescribe medication without CAMHS
 - Attitude of some staff and services – some people told stories of being treated without the kindness and compassion they needed at a time of mental distress. Sometimes this is a particular individual or a service turning them away or not taking mental health needs seriously. It is important to note there were also examples of highly compassionate care.

3. Learning difficulties and neurodiversity

- **Where do people in Craven access support with learning difficulties and neurodiversity?**
 - Support groups are highly valued at providing support to all aspects of learning difficulties and neurodiversity. From social and practical skills, advice on navigating services, respite for carers, independence building, and generally contribute to wellbeing. However, this relies on access (e.g., travel, respite care, referral) and availability (e.g., funding, staff, volunteers, facilities).
 - Once in a specialist service, this was also a key source of help, and it was important to have a named contact or support worker.
- **What are current experiences with learning difficulties and neurodiversity support in Craven?**
 - Community groups such as SELFA, Happy Mondays or Exclusively Inclusive are praised for the positive impact they have.
 - Mainstream services are not as well equipped, and often appear to be unable to meet the needs of patients who have learning difficulties or are neurodiverse. For example, standard procedures such as cervical screening may need adapting, and as a result fewer people with additional needs may receive these tests.
- **What are the challenges for learning difficulties and neurodiversity in Craven?**
 - While it is understood that the NHS has strict protocols for a reason, some people shared that a rigid approach to care means services are unable to meet differing needs of patients with learning difficulties, valuing a more flexible 'common sense' approach.
 - As noted, provision in mainstream services do not always fit these needs, meaning people either do not attend or become upset.
 - Getting to appointments is not simple with a disability or learning difficulty. The process of preparing mentally and/or physically to attend, travelling (often to an unfamiliar location), being around new people – all this can be time consuming and challenging for the patient and carers, and may not be the most effective or appropriate way of accessing care.
 - Diagnosis of one or multiple conditions is usually needed to access support, and this process can be lengthy and hard to navigate, both for children and adults (although adult diagnoses are seen as more difficult to obtain). However, it's also important to note that sometimes people felt as though they were treated 'as a diagnosis rather than a person', and that not all conditions present in the same way. Experiences of 'person-centred care' were seen as a better way of approaching things.

3. Mental health, learning difficulties & neurodiversity – getting it right

- Timely support and available services
 - Ultimately services should be able to offer support within a relatively short time frame, with minimal waiting lists especially for referrals (without which no help can be accessed)
 - Services able to offer wraparound care rather than one-off or limited sessions
- Clear routes to support
 - Ensure consistency in the routes to mental health and learning difficulties support, eliminating overlap and communicating clearly where to go for different types of help
- Consistency and reliability of care
 - For mental health, this is important so people do not have to relive traumatic experiences
 - For learning difficulties, routine and familiarity is extremely important
 - Consistent access to clinical systems across services would mean that people don't have to repeat themselves repeatedly
- Kindness and compassion and flexibility and common sense – in all services, think of whole person, don't label, and they might need a different approach. Consider offering a space in records or SystemOne to share their story and needs.
- Adjustments and support for additional needs e.g. safe and quiet zones in wards or A&E, give option to leave A&E and come back, childcare, chaperones, training on mental health or learning difficulties/neurodiversity and how to ask about needs.
- Community groups supported to be sustainable and well-resourced



4. Workforce development

- **What are the current experiences regarding the health and care workforce?**
 - Conversations with the general public picked up a strong sense of gratitude, respect and understanding of challenges faced by health and care workers, in particular NHS workers.
 - However, there were a few cases of poor attitude or mistakes made, sometimes these were managed well, but not always. Some issues were contextualised by services being under pressure due to Covid and staffing issues.
 - The social care sector in particular showed profound challenges regarding workforce, which mirrors nationwide issues. Care workers and patients noted that many care services are understaffed and feel the job of a care worker is under-respected and under-paid.
 - There were reports that it is sometime hard to fill care packages and meet needs due to lack of qualified staff, which can lead to disjointed care, which is not the best outcome for care clients or staff.
- **What are the challenges faced by the health and care workforce in Craven?**
 - Bureaucracy and process—some areas of the system seem illogical to both the workforce and patients, which slows down care. Examples include: repeat prescriptions process not simple, ordering equipment, not being able to trust a diagnosis from a different area of health and care, having to make requests in writing.
 - Relationships in the partnership are slow to build trust but highly effective when they talk about the best interests of the patient and the simplest way to do something, rather than get frustrated with why each organisation does certain things.
 - Care sector—some felt that patients were being discharged too soon and carers weren't able to fully meet their needs.
 - Care sector—not only are there too few staff (related to the above issues about the appeal of being a care worker), but it is hard to find quality staff who reflect the necessary values of a care worker.
 - Third sector—lack of awareness of careers, mostly 'fallen' into suggesting more awareness could attract talented people.

4. Workforce development – getting it right

- The bureaucratic process in part may be improved by bettering communication channels e.g., allowing telephone ordering, giving social care access to SystemOne.
- Well-staffed workforce
 - Keep and attract more care staff by improving their working conditions and employing values-led recruitment
 - Greater awareness of the role community and third sector organisations play and the routes into these
- Improve communications inside the health and care partnership
 - Good relationships can make a big difference, encourage building of open and positive communication between different parts of the system



5. Children and young people

- **Where do children and young people access support in Craven?**
 - Health visiting for infants and young children is seen as very important and a great source of information and support, when it happens. Some report this has reduced due to Covid, in particular visits to groups and drop-ins.
 - Community groups for parents of young children, and youth/teenage groups are valuable when they are available, however face the usual access challenges of rural transport, having enough volunteers and being referred to attend.
- **What are current experiences with children and young people's support in Craven?**
 - Community groups for young people appear to have a positive impact on mental health when they are used. Young people can find enjoyment and purpose leading projects on their interests and passions e.g., gender neutral toilets, climate change.
 - Transitioning off of child services does not happen consistently or smoothly.
 - There is a huge demand for mental health support in young people. The waiting list for CAMHS is very long and it is hard to get support they need in a timely manner. People are 'making do' as best they can but the underlying mental health need is not met within that waiting time and can often worsen.
 - Early years development has become a concern for some parents, who have noticed the impact of Covid on their child's development including language skills. Some noted there are long waiting lists for Speech and Language Therapy.
- **What are the challenges for children and young people in Craven?**
 - While many youth groups are inclusive to all types of young people, many need a referral based on certain qualifying criteria. This can be a barrier to access as it relies on that need being identified and the referral given, and often referrals are a 'bottle neck'.
 - The impact of Covid on young people is still emerging, but findings suggest a lack of standard schooling and social interaction are likely to impact the health and wellbeing of children and young people.

5. Children and young people – getting it right

- Transition into adult care needs streamlining
 - Transitioning into adult services needs continuity including a key contact/worker
 - Transition could be done at a set age (currently different for NHS and council)
 - Those in waiting lists for care should not drop to the bottom of the list when turning 18
- Timely access to care
 - Waiting lists for key child and young person services e.g. CAMHS and SLT should be reduced where possible.
- Consider whether referrals are always needed or if a quicker process is possible
 - Can a child or young person receive interim support while on a service waiting list?
 - Can there be flexibility in what type of health professional offers referrals or diagnoses?



Next cycle



Why 'Listen in'?

- The process helps build trust and form bonds between health and care organisations and communities, dependent on changes coming out of it afterward. This trust is an important factor for improving health outcomes and addressing inequalities, for example by making it more likely that people will follow advice from healthcare professionals or pay attention to public health messaging.
- Informal chats, such as these, are valuable in getting authentic unprompted opinions and stories from the public rather than structured surveys.
- It can be also a chance for the health and care teams to answer questions that the public have in an accessible way.
- The process can be enjoyable and uplifting to the team, hearing people's stories and getting positive feedback.
- Having a sense of what matters to communities can be helpful in ensuring day-to-day work reflects these priorities.
- Sessions were described by those who took part as 'powerful', 'impactful', 'interesting', 'really helpful'.

Possible questions for next cycle

- What are the drivers and barriers to attending community groups – beyond transport? How can more people be encouraged to gain their benefits?
- How sustainable are volunteer-led services, including transport?
- What drives people to work in third sector support services and how can these be more widely known about?
- Where can parts of the health and care partnership work better together to work around slow, blocked or illogical bureaucratic processes?
- Mental health self-care – why and how has this become so prominent?
- What is the impact of being on a lengthy waiting list?
- How might we listen to people who are not actively participating in community groups - to better understand how their views differ and what barriers they experience?



**Qa Research
Merchant House
11a Piccadilly
York
YO1 9WB**

**01904 632039
info@qaresearch.co.uk**

Qa Research is a trading name of QA Research Ltd,
UK registered, company registration number 3186539,
address in York as above.

Project code: HEALT01-9151

File name: 9151_ListenIn_October_Report_V2F

Date: 31st October 2022

Approved by: Richard Bryan

Authors: Georgina Culliford, Michael Astakhov

Comments to: Georgina.Culliford@qaresearch.co.uk

Images: Pexel & Unsplash (copyright free) & Bradford
Health and Care Partnership



This research was carried out in compliance with
ISO 20252, (the International Standard for Market
& Social research), The Market Research Society's
Code of Conduct & UK Data Protection law.



QaResearch