

# Report of the Director of Adult and Community Services CBMDC and the Director of Collaboration NHS Airedale, Wharfedale and Craven, Bradford City and Bradford Districts CCGs to the meeting of the Health and Wellbeing Board to be held on 23<sup>rd</sup> January 2014.

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**Subject: Call to Action**

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## Summary statement:

The NHS Call to Action is a programme of engagement that aims to provide an opportunity for local people to contribute their views to the debate about health care provision in England. This report gives an update on how the programme is being implemented across Bradford District following the presentation in September 2013 by NHS England

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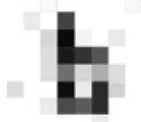
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## Portfolio:

**Adult Services and Health**

## Overview & Scrutiny Area:

**Health and Wellbeing**



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## 1. SUMMARY

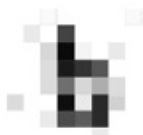
- 1.1 The NHS Call to Action is a programme of engagement that aims to provide an opportunity for local people to contribute their views to the debate about health care provision in England. This report gives an update on how the programme is being implemented across Bradford District following the presentation in September 2013 by NHS England

## 2. BACKGROUND

- 2.1 The NHS Call to Action was launched in July 2013, the year in which the NHS was 65. Over the decades since the inception of the NHS great improvements have been made in diagnosis and treatment however there are still variations in care across the country and persistent health inequalities.
- 2.2 The future viability of the NHS will not just depend on improving the health and care system. The NHS faces challenges with an ageing society and a rise in long term conditions combined with increasing costs and limited financial resources.
- 2.3 The NHS Call to Action aims to develop a shared understanding of the challenges the NHS faces and to provide an opportunity for local people to have their say about how these could best be addressed. It provides a chance for people to say what the key issues in their localities are. It is expected that the ideas gathered will inform the development of the Clinical Commissioning Groups (CCGs) five year plans and the national plans.

## 3. OTHER CONSIDERATIONS

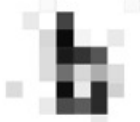
- 3.1 The main lead for the Call to Action programme in Bradford District has been the Clinical Commissioning groups (CCGs) with support from the Commissioning Support Unit (CSU), Bradford Council and HealthWatch. There have been two elements to the programme with a requirement to report findings nationally and also to use the findings to inform the development of services locally across the district.
- 3.2 The overall aim of the *Call to Action* engagement is to identify from patients, carers and service users their ideas and feedback in response to the following key questions:
- What priorities should the CCG be focusing on locally?
  - How can we improve the quality of NHS care?
  - How can we meet everyone's health care needs?
  - How can we maintain financial sustainability?
  - What must we do to build an excellent NHS now and for future generations?



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- 3.3 The CCGs in Airedale, Wharfedale and Craven, Bradford City and Bradford Districts are fully committed to engaging patients and the public in all aspects of their work and the *Call to Action* aims are synonymous with their vision to develop sustainable organisations. The Call to Action programme has been embedded within the existing engagement programme with an aim to use, develop and refine existing infrastructures – including patient groups, networks and partnerships – to engage with local people on an ongoing basis.
- 3.4 In Bradford City and Bradford Districts, a draft action plan was produced in August 2013 outlining their commitment to respond to the Call to Action by NHS England. They have since adapted an existing survey being used to collate feedback about their services and incorporated additional activity to their Communications, Engagement and Equalities action plan.
- 3.5 Responses on people's use of NHS services have been collected since August, though the main activity for Bradford *Call to Action* coverage was undertaken during mid October to end November 2013. The survey remained open until 10 January to allow for additional feedback. To ensure full representation all stakeholder groups were considered and targeted activity carried out to engage with under-represented and marginalised communities. These included disabled people, older people, people from Eastern European and south Asian backgrounds, women and users of maternity and mental health services.
- 3.6 The information gathered, as well as the proposed engagement initiatives with patients, carers and the third sector will be analysed by the CSU Engagement Team in February 2014, uploaded onto the CCGs public website and fed back to NHS England. This will include output from two joint events held by Bradford Metropolitan District Council and the three CCGs in December 2013.
- 3.7 NHS Airedale, Wharfedale and Craven have developed a similar action plan and have engaged with various groups throughout the localities. The information from these groups has been collated by the engagement team and included into the Grass Roots report.
- 3.8 The CCG has a patient feedback leaflet available in GP practices which supports the *Call to Action* principle but was developed earlier in 2013. This provides useful information on local services which feeds into the CCG's commissioning intentions. Following this, a specific call to action questionnaire has been produced and circulated via the voluntary and community sector.
- 3.9 Patient engagement events are scheduled across the district for January – as part of the ongoing engagement with local people, groups and communities, to ensure views can be incorporated into the three CCGs' strategy and commissioning plans.
- 3.10 Whilst there are national timescales aligned to a Call to Action, the CCGs are committed to the principles on an ongoing basis as part of their delivery of the duties required under the Health and Social Care Act 2012. Full details of all the



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mechanisms used to publicise Call to Action and gain people's views on local health services are included as appendix one.

3.11 Feedback is still being collated and analysed by the CCGs' engagement teams however there are emerging themes of peoples concerns

Bradford City CCG	Bradford Districts CCG	Airedale, Wharfedale and Craven CCG
Mental health, heart disease and diabetes. Loneliness (young people's isolation). Dementia. Patient experience.	Heart disease and stroke. Mental health. Patient experience. Loneliness (old age). Weight management and bariatric surgery.	More coordinated and joined up services. Listening and communication skills from clinicians. More focus given to healthy living/self care – included in this are health risks for younger people. Isolation and loneliness both for older people and in rural communities. Mental health services and dementia

3.12 Key areas for improvement across Bradford CCGs were: GP experience; protecting the NHS; prevention – community based and early intervention; greater collaboration and partnership working; specialist services – including easier and quicker access; prioritising services for young people; and communication and engagement.

3.13 Health survey results for Bradford City CCG and Bradford Districts CCG are attached at Appendix two. The information is being used to support the development of the CCGs' 5 year strategy, two year plans and commissioning intentions.

3.14 The CCGs will continue to engage with local people, groups and communities on an ongoing basis in order to inform commissioning decisions, ensure commissioned services are appropriate for the health needs for the local population and deliver safe, high quality and effective care. We will continue to report back on the feedback we are given and we will provide regular updates to NHS England to ensure information is shared for use in the direct commissioning plans.

3.15 The Council will continue to work to gain an understanding of peoples health needs and to use this to better inform the planning of services and strategies including the Community Strategy.

3.16 HealthWatch are pleased that here in Bradford the Call to Action engagement was



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used to ask people what they think of local services and how the local NHS needs to change. It is positive that the CCGs and Council will use the information to help plan local health services. HealthWatch are pleased to work with the Council and the CCGs to reach the public and to share the information gathered to inform service improvement. It is important to consider the feedback from the Call to Action engagement and how this corresponds to what HealthWatch hears from people working together to ensure that local people's voices are heard in how the NHS needs to continue to improve.

#### **4. OPTIONS**

- 4.1 To note the actions taken to support NHS England's Call to Action  
To take account of the emerging themes from the engagement activities in developing health and social care strategy and plans

#### **5. FINANCIAL & RESOURCE APPRAISAL**

- 5.1 N/A.

#### **6. RISK MANAGEMENT AND GOVERNANCE ISSUES**

- 6.1 N/A

#### **7. LEGAL APPRAISAL**

- 7.1 N/A

#### **8. OTHER IMPLICATIONS**

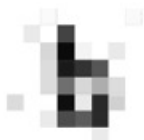
##### **8.1 EQUALITY & DIVERSITY**

The Call to Action engagement supports equality and diversity as it seeks to give all people the opportunity to understand the challenges facing the NHS and to contribute their views. This is supported by targeted work to gather the views of all people across the district with particular consideration to marginalised groups

##### **8.2 COMMUNITY SAFETY IMPLICATIONS**

N/A.

##### **8.3 HUMAN RIGHTS ACT**



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N/A

#### **8.4 TRADE UNION**

N/A

#### **8.5 WARD IMPLICATIONS**

There are no ward implications as all wards are covered by the three CCGs and the aim of the Call to Action engagement is to provide an opportunity for all people to have a greater understanding of the challenges facing the NHS and be able to contribute their views to how these can be addressed

#### **9. NOT FOR PUBLICATION DOCUMENTS**

None.

#### **10. RECOMMENDATIONS**

That the Health and Wellbeing Board is kept advised of the findings of the Call to Action engagement and provides guidance on how these can best be incorporated into the planning of health and social care services.

#### **11. APPENDICES**

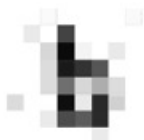
Appendix one: Mechanisms used to publicise a Call to Action and gain peoples views on local health services

Appendix two: Bradford CCG Health Survey 2013

#### **12. BACKGROUND DOCUMENTS**

The NHS Belongs to the People - A Call to Action published by NHS England in July in 2013 available at

<http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs-belongs.pdf>

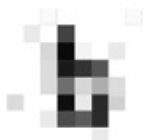


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## **Appendix One: Mechanisms used to publicise a Call to Action and gain peoples views on local health services**

- Online questionnaire
- Paper based questionnaire
- Social media including Facebook, Twitter and Google +
- Website
- Local media
- Staff engagement sessions
- Inclusion in ongoing engagement mechanisms – events, public meetings, focus groups and one to one interviews – with a wide range of groups and organisations including strategic disability network, homeless people, Eastern European communities, Bradford Older People’s events
- Internal governance processes
- Newsletters and staff communications
- Patient groups and networks
- Health and Wellbeing hubs
- Third sector forum
- Communications and engagement reference groups in Bradford and Patient and Public Engagement Reference Group in AWC, involving local health and social care partners, and HealthWatch
- Practice newsletters



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## **Appendix two: Bradford CCG Health Survey 2013**

### ***Introduction***

The two NHS Clinical Commissioning Groups (CCG) in Bradford - Bradford City (BC CCG) and Bradford Districts (BD CCG) are committed to ensuring that public views and experiences of the local health services are heard and used to inform the work of the CCGs.

Patients and the public are involved in the work of the CCG through a range of engagement activities ranging from individual patient stories to patient networks (see infrastructure report). As part of our drive to collect insight and feedback from people who have used our services, we created a local CCG Health Survey. The aim of this survey was to hear about their experiences of the local NHS services and ideas they may have on how we might improve them in the future.

The survey helps us to meet specific objectives set out in the the Communications, Engagement and Equality strategies for each CCG:

**BC CCG:** We will build continuous and meaningful two-way engagement with the public, patients, carers and other stakeholders to influence the shape of services and improve the health of people in Bradford City, thus ensuring that patients and the public are at the heart of the commissioning process.

**BD CCG:** We will engage with and involve patients, the public and other stakeholders in a meaningful and ongoing way.

To ensure we can provide tailored information to the two CCGs in Bradford we are asking people to let us know which GP practice they're registered to and the first part of their postcode. We are also collecting equality data to further aid analysis of the responses.

### ***Delivery of survey***

The survey consisted of 19 questions including:

1. When was the last time you used/accessed a local NHS service?
2. What do you think about the quality of the health services you have used?
3. What do you think about the location of the services you have used?
4. Have you used Accident & Emergency (A&E) or out of hours services?
5. Have you experienced any barriers in accessing health services?
6. Have you used any community based health services?
7. What are your health priorities for your local area?
8. Do you have any further ideas/suggestions as to how we might improve local NHS services in the future?



9. If you were given the budget to cover the health needs of people living in Bradford, what things would you prioritise?  
10. What is the one area of health where you would like to see a change?

Questions 11 – 19 consisted of demographic and involvement information. A full copy of the survey can be accessed at [https://www.surveymonkey.com/s/CCG\\_Health\\_Survey](https://www.surveymonkey.com/s/CCG_Health_Survey)

We have been collecting responses on people's use of our NHS services since August 2013. These have been collected from patients, carers and the public at:

- Events (patient events, community events, CCG events, Council events etc)
- Focus groups (diabetes, maternity, urgent care, youth services, mental health)
- Meetings (Hub meetings, ward meetings)
- Community groups
- Networks
- Third Sector organisations
- Online survey

The reporting period of this survey is August – December 2013, however the survey will remain open online and we will continue to collect responses and feed in new results to our ongoing *Grass Roots* insight reports.

## Results

<b>Reporting period:</b>	<b>August 2013 – December 2013</b>
<b>Number of responses (total):</b>	<b>576</b>
Number of responses (BC):	179
Number of responses (BD):	397

**63% of respondents were female.**



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<b>Age range of respondents</b>	<b>%</b>
16 - 25	10.4%
26 - 35	12.5%
36 - 45	16.7%
46 - 55	25.0%
56 - 65	22.9%
66 - 75	12.5%

<b>Ethnicity of respondents</b>	<b>%</b>
Asian or Asian British	18.8%
Black African/Caribbean or Black British	3.0%
Mixed/multiple ethnic groups	2.1%
White British/European/Other	69.8%
Prefer not to say	0.0%
Other (please specify)	6.3%

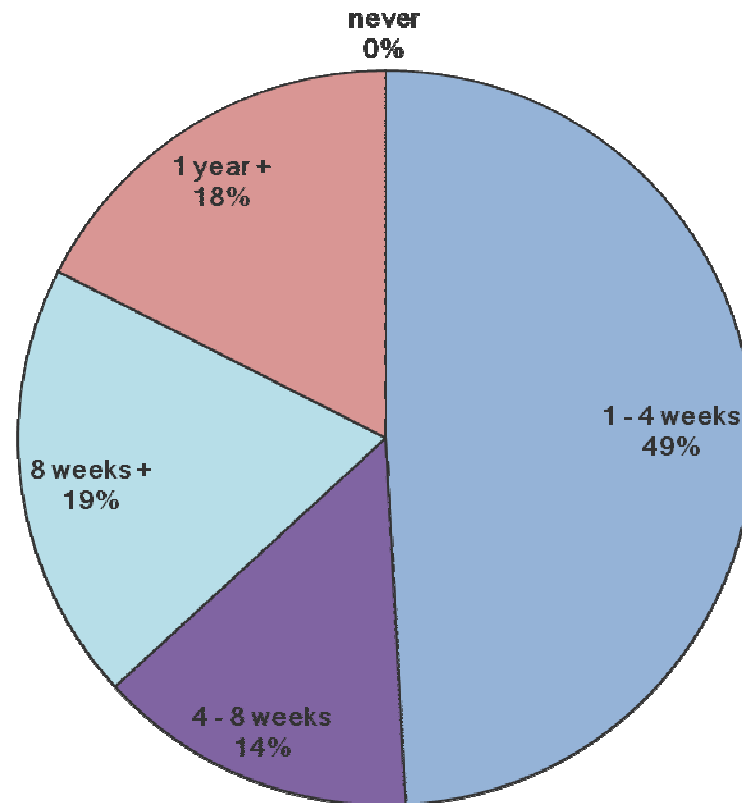
**17.8% identified themselves as having a disability. 22% of respondents were a member of their patient participation group.**



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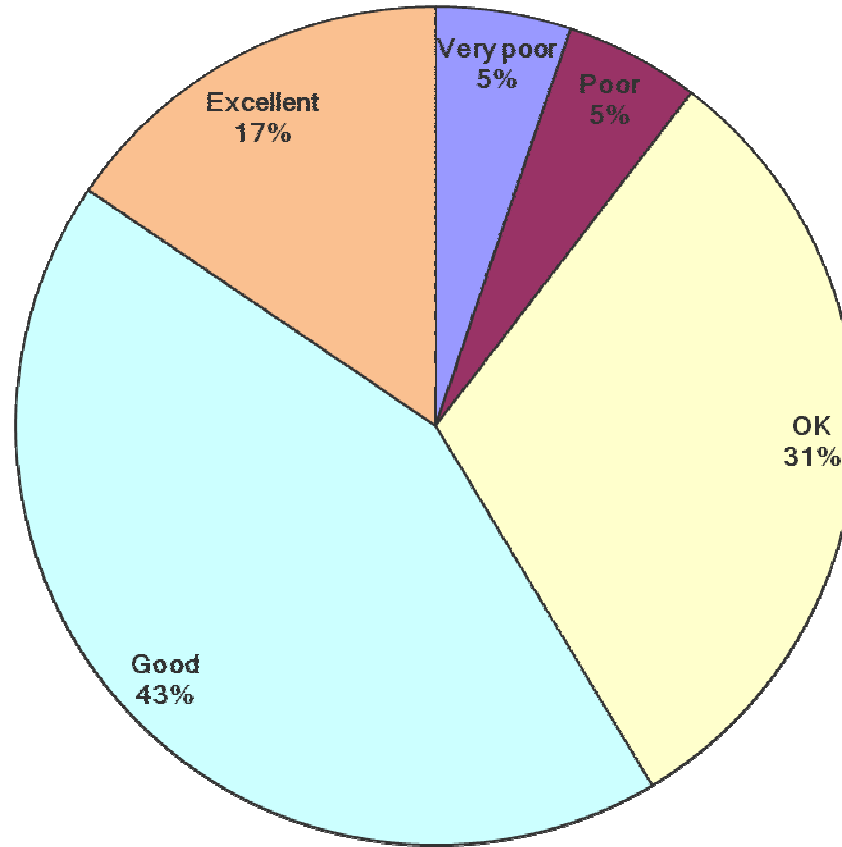
**Question 1: When was the last time you used/accessed a local NHS service?**  
For example, GP services, dentists, hospital, a specific clinic (ante-natal, pharmacy etc.)



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### Question 2: What do you think about the quality of the health services you have used?



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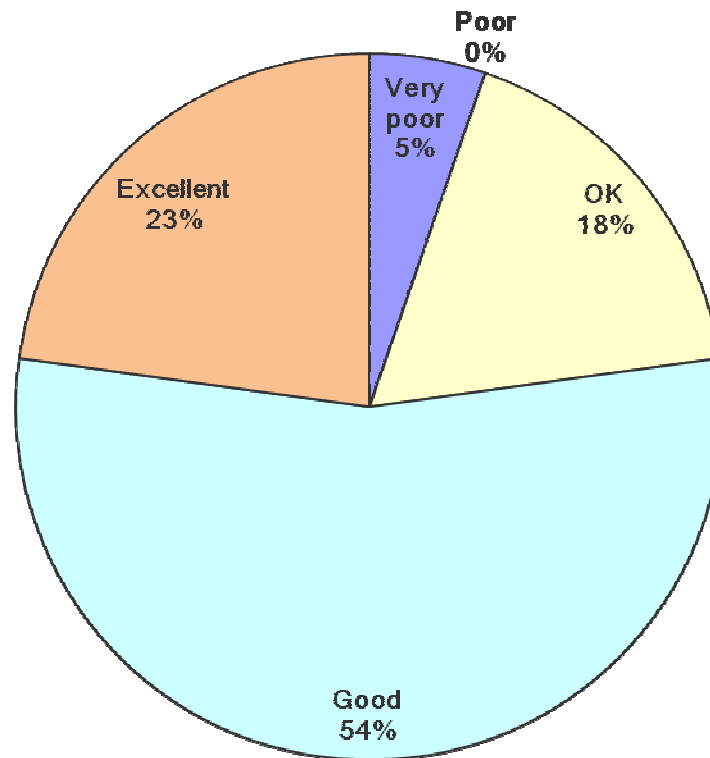


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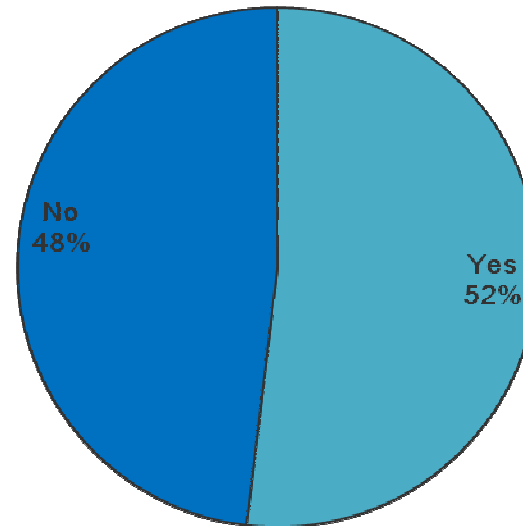
### Question 3: What do you think about the location of the services you have used?



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#### Question 4: Have you used Accident & Emergency (A&E) or out of hours services?



#### Comments made about A&E services:

- Waiting times (too long regardless of seriousness of issue though some people reporting short wait times)
- Attitude and behaviour of staff
- Excellent service
- Easier to access than primary care
- Clear information about service and location
- Environment of waiting area (hygiene and cleanliness, unwelcoming)
- Variation in experience – both positive and negative.



### **Question 5: Have you experienced any barriers?**

78% of respondents claimed to experience barriers in accessing or using health services – these ranged from:

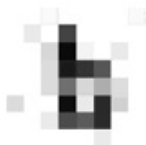
- issues with primary care (access – making, waiting for appointments, phone systems, prescriptions, availability of opening times, language barriers, interpretation, continuity of GP care),
- lack of flexibility in the system,
- referrals to secondary care,
- attitude and behaviour of staff,
- understanding and communication
- language barriers, interpretation,
- discrimination,
- expertise of consultants
- continuity of care (same doctor, service, worker)
- mental health (lack of inpatient access to beds, range and choice of services, support services, fragmented services)
- dentists (appointments, access, care)

#### **The top three barriers mentioned for BC CCG were:**

1. Primary care access
2. Mental health support
3. Language barriers and interpretation

#### **The top three barriers mentioned BD CCG were:**

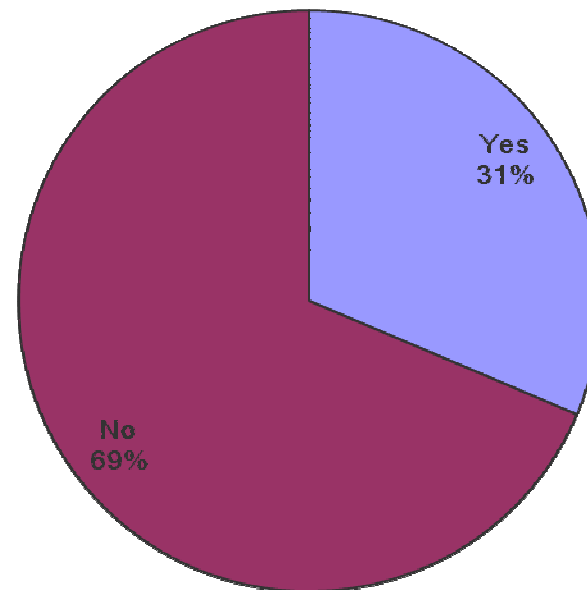
1. Primary care
2. Mental health support
3. Attitude and behaviour of staff



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**Question 6: Have you used any community based health services? (e.g. health projects, community groups, day centres, third sector organisations, etc)**



The vast majority of services people accessed were for mental health support with positive comments. There were several comments about the poor support and services for nutrition and weight management (e.g. lack of cook and eat, BEEP service inadequate, lack of support to engage with weight management and exercise regimes, developing new behaviours etc). Services commissioned by the CCG received positive comments about facilitating access, having staff with good communication, understanding and attitudes.

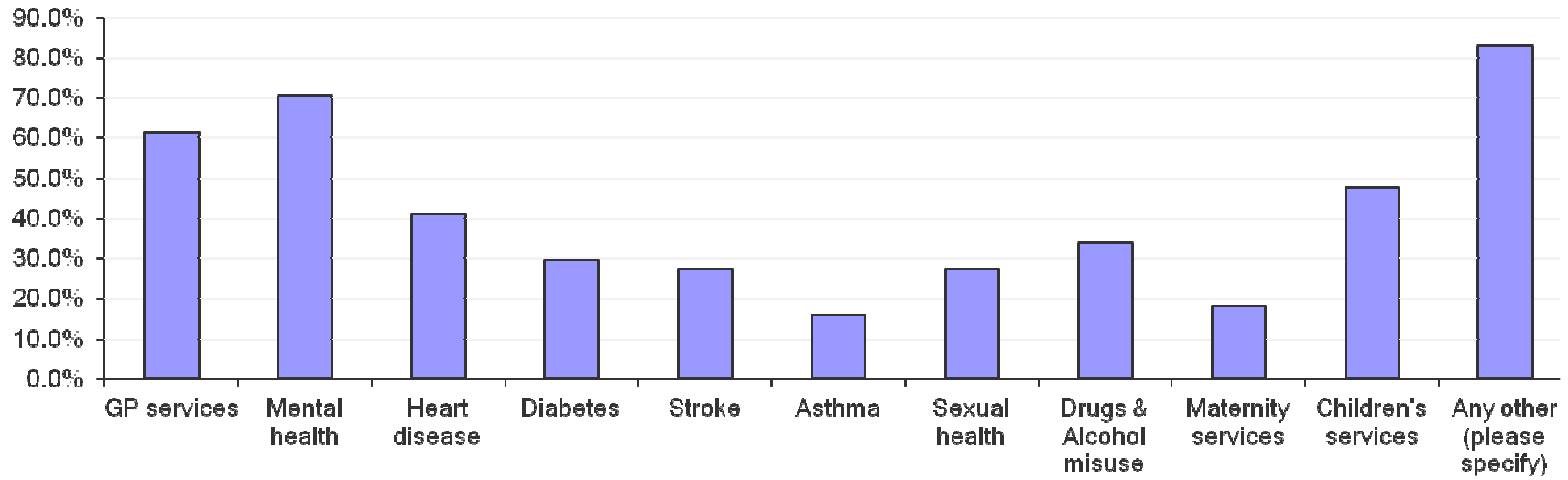


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### Question 7: What are your health priorities for your local area?



#### The top 5 priorities are:

1. CVD (heart disease, diabetes, stroke combined)
2. Mental health
3. GP services
4. Children's services
5. Other – this included:
  - i. dementia
  - ii. loneliness (old age loneliness and young people's isolation),



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- iii. weight management, bariatric surgery,
- iv. Patient experience (better services overall, better information, choices, communication, language and interpretation)
- v. genetic awareness,
- vi. suicide prevention
- vii. oral health and dentistry,
- viii. self-help.

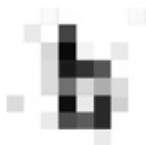
**Question 7 continued: Priorities per CCG**

**Top 5 priorities for BC CCG:**

- 1. Mental health
- 2. Heart disease and diabetes
- 3. Loneliness (young people's isolation)
- 4. Dementia
- 5. Patient experience

**Top 5 priorities for BD CCG:**

- 1. Heart disease and stroke
- 2. Mental health
- 3. Patient experience
- 4. Loneliness (old age)
- 5. Weight management and bariatric surgery



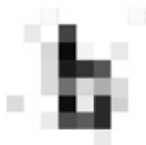
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**Question 8: Do you have any further ideas/suggestions as to how we might improve local NHS services in the future?**

Top 7 suggestions:

1. **GP experience** (more GPs, continuity of care from same GP, family GP services, access to GP services, access to other services within GP practices, language support)
2. **Protecting the NHS** (keeping the NHS constitution, public service, limit political involvement and major restructures)
3. **Prevention** (community based services, early intervention services)
4. **Greater collaboration and partnership working** between different services, including better integration
5. **Specialist services** (more consultant specialists, easier quicker access to specialist services)
6. **Prioritise services for young people**
7. **Communication and engagement** (better information, factual information, enable wider choice, language support)



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**Question 9: If you were given the budget to cover the health needs of people living in Bradford, what things would you prioritise?**

Top 10 priorities:

1. Increased personal budgets and access to budgets
2. Patient education, peer support and self-help
3. Mental health services
4. Community based care for long term conditions
5. Access to GPs to be improved and increased
6. Increase capacity of A&E
7. Public health services (weight, smoking, sexual health, drug and alcohol services)
8. Increase patient facing services – front line services
9. Improve services for young people and children's wellbeing.
10. Specialist services access

**Top 5 for BC CCG**

1. Mental health
2. GP services improvements
3. Young people's wellbeing
4. Patient education and peer support
5. Community based care

**Top 5 for BD CCG**

1. Community based care for long term conditions
2. Increase capacity at A&E
3. GP services improvements
4. Mental health
5. Increase in patient facing services



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**Question 10: What is the one area of health where you would like to see a change? Please give some details.**

**Top 7 areas:**

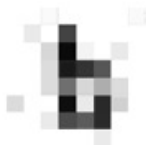
1. Infant mortality
2. GP services booking and availability
3. Joined up working/partnerships/integration
4. Social isolation
5. Mental health services
6. NHS restructure/changes/political interference
7. Public health services

**Top 3 for BC CCG**

1. Infant mortality
2. GP services improvements
3. Social isolation

**Top 3 for BD CCG**

1. GP services improvements
2. Mental health
3. Integration



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## **Next steps**

- Review questions
- Continue survey and report quarterly within the Grass Roots insight report
- Include results as part of the NHS Call to Action reporting
- Ensure that representation of different groups are included (through Communications, Engagement and Equality reference group)

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