Bradford District and Craven
Health and Care Partnership

ACTasONE

Proud to be part of the West Yorkshire Health and Care Partnership

Listen in So what?

Insights and impacts from three years of listening

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Contents

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1. About this report

This paper brings together learning from the Listen in approach to listening with communities across Bradford District and Craven, with a particular focus on what we continue to hear from people and how that insight is being used alongside other evidence to shape decisions, priorities and action across the health and care system.

Listen in was established as a different way of listening. Rather than asking people to respond to predefined questions or proposals, the approach focuses on being present in communities, listening to what matters to people in their own words, and understanding how health and care is experienced in everyday life. This way of working continues to generate live insight as the system changes and new pressures emerge.

Some board members will be familiar with individual Listen in reports or cycles. This paper does not repeat those in full. Instead, it:

- summarises the themes that continue to come through consistently
- highlights how issues show up differently across communities and places
- sets out examples of how listening is translating into tangible change for people, as well as shaping system thinking and planning

Throughout the report there are quotes from colleagues across the system, reflecting on how Listen in has shaped their work.

Over the past three years, the Listen in approach has evolved while remaining grounded in the same core principles. The method has stayed consistent – meeting people where they are, listening without a predefined agenda, and valuing lived experience alongside other forms of evidence. What has shifted over time is the focus of the work. Early cycles built a place-based understanding across localities; this was followed by deeper exploration of access to care, particularly general practice; and more recently by a focus on communities of interest and system-wide issues such as financial decision-making.

Together, these phases show how sustained listening can move from understanding experience, to shaping priorities, to influencing how decisions are made.

2. What we consistently hear

Across localities, communities of interest and deliberative conversations, Listen in continues to surface a remarkably consistent set of themes about how people experience health and care.

Access remains the most persistent issue people raise. This is rarely described simply as a lack of appointments. Instead, people talk about access systems that do not fit around their lives, work patterns, caring responsibilities, health conditions or confidence navigating services. From this perspective, access problems are often experienced as design failures rather than a lack of effort or demand.

People consistently describe difficulty navigating a fragmented system. They are often unclear where to go, who to contact, or how different services fit together. Repeated retelling of their story, inconsistent information and unclear responsibility contribute to frustration and disengagement.

Relationships matter more than process. People value being listened to, believed and treated as individuals. This applies both to interactions with services and to how the system shows up in communities. Trust is fragile, but can be rebuilt through presence, honesty and continuity.

Workforce experience and public experience are closely linked. Staff are often members of the same communities they serve, and pressures on staff show up directly in people's experience of care. There is significant untapped potential in listening more systematically to the workforce as part of understanding population need.

People want to be involved earlier, not informed later. There is a strong appetite for genuine involvement in shaping solutions, particularly where issues affect daily life.

Alongside challenges, Listen in also continues to highlight strengths within communities. People rely heavily on informal networks, trusted voluntary and community organisations, faith groups and local spaces. These assets are often central to wellbeing, prevention and resilience, even when statutory services are under pressure.

> *"People are genuinely happy to see and talk to us – people would often express their gratitude for their voice been heard – especially that senior leaders and staff members were coming out to listen to them and that we had no set questions or agenda other than hearing about their experiences."*

3. Insights from across the Listen in approach

Locality cycles

The locality cycles provide an ongoing, place-based understanding of how health and care is experienced across a large and diverse geography, from rural communities in Craven to inner-city neighbourhoods in Bradford.

Looking across the Listen in locality cycles, the themes people raise are often consistent, but they are not experienced evenly across Bradford District and Craven. The table below shows where themes were most prominent across different localities, highlighting both shared system-wide challenges and important geographical differences.

Some issues, such as difficulty accessing services, navigating a fragmented system, and the importance of human relationships, appear strongly across almost all localities, reinforcing their significance at system level. Other themes show greater variation, shaped by factors such as transport, rurality, deprivation, local service configuration and the strength of voluntary and community sector infrastructure.

Read together, these patterns underline why place matters. They help explain why people's experiences of health and care differ across Bradford District and Craven, and why neighbourhood-based and locality-sensitive approaches are essential alongside system-wide improvement.

Each detailed locality report is published online Listen in | Engage Bradford District & Craven

What are we hearing from communities?	Shipley	Bradford East	Bradford West	Keighley	Bradford South	Craven
Healthy communities						
Getting GP appointments is a significant challenge	✓	✓	✓	✓	✓	✓
Positive impact of community support & VCSE	✓	✓		✓	✓	✓
Cost of living crisis impacting wellbeing		✓	✓	✓	✓	✓
Improve access to care						
Once people are 'in the system' care is generally good	✓			✓		✓
Poor communication about delays or changes	✓		✓		✓	✓
Primary care is a 'blocked gateway' in the system		✓	✓	✓	✓	✓
Travel and transport is a challenge	✓	✓			✓	✓
Healthy Minds						
Long waits for mental health support leads to crisis		✓	✓	✓	✓	✓
Improve consistency of care and sharing information	✓		✓	✓		✓
Mainstream services don't meet needs		✓		✓		✓
Workforce						
Information and support needed on entry-level roles		✓		✓	✓	
Concern about staff shortages	✓				✓	✓
Negative experience of working in health or care		✓	✓	✓		
Healthy children and families						
Health visitor support is lacking	✓			✓		
Not enough mental health support for teenagers	✓	✓	✓	✓	✓	✓
Impact of C-19 on children & young people	✓			✓	✓	✓

Ticks indicate themes that were prominent in each Listen in cycle; darker ticks are stronger themes; absence of a tick does not mean the issue was not present.

Thinking together about access to general practice

Across the first six locality cycles, access to general practice emerged as the most dominant and shared issue affecting people's experience of care. Rather than moving straight to service redesign, the programme deliberately paused to create space for a large-scale deliberative conversation focused on GP access.

The event brought together around 120 people, including local residents, frontline staff and senior leaders from across the partnership. Participants worked together as equals, with a conscious effort to set aside organisational roles and job titles. People were recruited through a mix of community groups met during Listen in visits, an external recruitment agency, and the local workforce, ensuring a broad mix of lived experience and perspectives.

The structure of the day was designed to move beyond complaint or consultation. Participants spent time understanding the pressures facing general practice, sharing lived experience, working together on the challenges, and developing and prioritising ideas for change. Importantly, the focus was not on asking people to endorse predetermined solutions, but on thinking together about what might make the biggest difference.

Feedback from the event showed strong experiential impact. Participants consistently reported that the process helped them understand the issue differently, moving away from blame and frustration towards shared problem-solving.

> *Before attending the event, 47% of people said they felt hopeful about the future of general practice: after the event, 72% said they felt hopeful.*

Communities of interest

Following the locality cycles, the Listen in approach shifted to focus on communities of interest. This reflected a concern that returning to the same places without visible change risked undermining trust, and that some voices were still less likely to be heard through place-based work alone.

Across all communities of interest, people described many of the same system challenges identified through the locality cycles, particularly around access, navigation, trust and continuity. However, listening in this way made visible how these issues show up differently in people's lives, and how identity, stigma and experience shape whether and how people engage with services.

Children and young people

Children and young people spoke most strongly about **mental health and emotional wellbeing**, with many describing long waits for support and a sense that services often respond too late, once difficulties have escalated. School was frequently described as both a source of support and pressure.

Young people also talked about **not being taken seriously**, particularly when concerns were dismissed as "just a phase" or when transitions between services felt abrupt and poorly explained. Digital access was often seen as positive, but only when it felt responsive and human rather than transactional.

Alongside challenges, young people highlighted the importance of **trusted adults, peer support and safe spaces**. Where relationships were strong, engagement and confidence were noticeably higher.

Inclusion health groups

People within inclusion health groups, particularly those with experience of the criminal justice system, described facing **multiple, overlapping barriers** to accessing health and care. Challenges included difficulty navigating fragmented services, inconsistent support during transitions (such as release from prison), and experiences of stigma or judgement when seeking help. Mental health needs were frequently intertwined with substance use, trauma, and unstable housing, with delays in access often leading to crisis-point use of services such as A&E. Trusting relationships, **trauma-informed practice**, and continuity of support were consistently highlighted as critical enablers of engagement, alongside the vital role of peer support, navigator services, and community-based organisations in helping people to access and stay connected to care.

Disabled people

Disabled people described a system that often feels **fragmented and exhausting to navigate**, with repeated assessments, inconsistent adjustments and a lack of coordination between services. Many spoke about having to continually explain their needs and advocate for themselves, which was emotionally and practically draining.

Access issues were not limited to physical environments, but included communication, appointment systems and assumptions about capability. People described the impact of services being designed around “average” users, rather than a range of needs.

At the same time, disabled people emphasised their **expertise in their own lives** and the value of being listened to early, rather than only when things go wrong. Trusted relationships with individual staff or organisations made a significant difference to experience.

LGBTQ+ communities

LGBTQ+ participants spoke about **fear of judgement and discrimination** shaping how and when they seek help. Many described actively weighing up whether it felt safe to disclose aspects of their identity, and the emotional labour involved in explaining themselves repeatedly.

Mental health support was a recurring theme, alongside frustration at services that felt fragmented or poorly equipped to understand LGBTQ+ experiences. Participants also described gaps in knowledge and confidence among professionals, which could undermine trust even when intentions were positive.

Community organisations and peer networks were consistently identified as **critical sources of support**, often providing safety, understanding and continuity that statutory services struggled to offer.

Women (women’s health movement insight)

Listening through the women’s health movement highlighted gaps across the life course, particularly in **perinatal, reproductive and menopause support**. Many women described not knowing what support was available, or only accessing help once difficulties had become severe.

Loneliness, isolation and cost of living pressures featured strongly, especially for new mothers and carers. Language, literacy and cultural barriers further shaped access for some women, compounding existing inequalities.

Alongside challenges, women spoke about the strength of **informal networks, community spaces and peer support**. Where services worked with these assets, engagement and trust were noticeably stronger.

Racially minoritised communities

Participants from racially minoritised communities described **structural and cultural barriers** to accessing care, including language barriers, lack of culturally appropriate support and experiences of not being listened to or believed.

Stigma around certain conditions, particularly mental health, influenced help-seeking behaviour. People often relied on family or community networks first, approaching services only when issues had escalated.

Trust was shaped by both individual interactions and wider system behaviour. Where relationships with community organisations were strong, these acted as vital bridges between people and services.

White British working-class men

White British working-class men often described **disengagement from services until crisis point**, with help-seeking framed as a last resort. Many spoke about services not feeling relevant, welcoming or designed with them in mind.

Traditional masculine norms influenced how health concerns were managed, particularly around mental health. Informal settings, such as workplaces, community venues or social spaces, were often seen as more comfortable places to talk.

Participants valued being approached **without an agenda**, and many commented on the novelty of being listened to in this way. This cycle highlighted the risk of missing significant need when engagement relies on the same groups and settings repeatedly.

Common challenges, shaped by identity

Across all communities of interest, people described many of the same underlying challenges: difficulty accessing services that fit around their lives, navigating a fragmented system, and feeling unheard or judged. What differed most sharply was how these challenges were experienced, shaped by identity, stigma, life circumstances and trust in services.

Listening in this way made visible needs and barriers that are less apparent through place-based work alone, reinforcing why a single approach cannot reach everyone and why different forms of listening are essential to understanding population experience.

Each detailed community of interest report is published online Listen in | Engage Bradford District & Craven

What are we hearing from …?	Children & young people	Inclusion health groups	Disabled people	LGBTQ+ people	Women	Racially minoritised people	White British working-class men
Healthcare access– systems not designed around people	✓	✓	✓	✓	✓	✓	✓
Cost and difficulty of transport as barrier to healthcare	✓	✓	✓		✓	✓	✓
Challenges of navigating a fragmented system		✓		✓	✓	✓	
Mental health and emotional wellbeing	✓	✓	✓	✓		✓	✓
Stigma shapes health-seeking behaviour		✓		✓	✓	✓	✓
Not feeling heard or taken seriously	✓	✓			✓		✓
Fear of judgement or discrimination	✓	✓		✓		✓	
Late presentation or crisis-point access		✓		✓		✓	✓
Disengagement or distrust of statutory services	✓	✓				✓	✓
Importance of human relationships in healthcare	✓	✓	✓	✓	✓	✓	✓
Reliance on informal sources of support		✓		✓		✓	✓
Gendered or identity-based expectations	✓			✓	✓		✓
Community strengths and peer support		✓	✓			✓	

Ticks indicate themes that were prominent in each Listen In cycle; darker ticks are stronger themes; absence of a tick does not mean the issue was not present.

Closing the Gap: difficult financial decisions

Alongside the Listen in cycles, the partnership has used deliberative approaches through the Closing the Gap work to support open and honest conversations with residents and the workforce about the scale of financial challenge facing the local health and care system and the difficult decisions this creates.

This work shows that when people are trusted with complexity and uncertainty, they are willing to engage constructively with questions about prioritisation, sustainability and trade-offs. Participants consistently emphasised the importance of transparency, clear principles and protecting core services, while also recognising the need for prevention, early intervention and care closer to home.

The use of Listen in personas within these conversations helped anchor abstract financial discussions in real lives, reinforcing the importance of keeping people's lived experience visible when making system-level choices.

Bringing data to life

Bringing together qualitative insight with population health data has supported a more rounded and timely understanding of need across Bradford District and Craven through the development of population personas, which draw directly on what people have told us through Listen in. The personas are now used across the system to test thinking and support decision-making.

> *"The personas have resonated strongly with people. They keep 'real' people at the front of our minds."*

Our personas are published on our partnership website alongside our strategy: Our strategy - Bradford District and Craven Health and Care Partnership

4. How listening is translating into change

Listen in is designed to support action as well as understanding. Our published report 'How we Act on What We Hear' from 2024 set out detailed examples of impact: Listen in | Engage Bradford District & Craven

The recent examples below illustrate how listening is continuing to inform tangible changes for people, alongside shaping system thinking and planning.

These examples do not imply that changes were made solely because of Listen in. In most cases, insight reinforced existing concerns, added confidence to decisions, or helped shape how issues were framed and addressed.

Focus on people's experience of accessing GP services
Across locality cycles and deliberative work, Listen in continues to surface access to general practice as a central issue. This insight informed the decision to align the Innovation Hub programme with primary care, creating space to test practical changes that respond to what people have said matters most.

The Innovation Hub programme has been independently evaluated by University of Bradford, and its report cites the importance of the evidence base generated through Listen in as a key success factor.

> "Listen in identified a clear system priority […] the Innovation Hub selected this as an area in which to innovate […] Engagement in the Hub initiatives was high and the view of those participating was that it was of value and would improve experiences for staff and patients longer term. The interventions chosen for innovation were addressing live and direct challenges and issues for staff, and so they could see the benefit of taking action to try and improve things. This was an important outcome for progress, sustainability and spread."

As well as supporting specific interventions, the Innovation Hub's focus on primary care led to the creation of a community of practice for 'primary care through a community lens'. This is a collaborative space where professionals learn and connect to make improvements in their practices and PCNs. Insights and learnings from Listen in have continued to feed in directly to the community of practice, providing ongoing opportunities for teams to reflect and test ideas:

> "Many spoke of how it led them to look at things differently and even to change practice:
>
> *'I won't speak for anyone else, but I'm a doctor. There's a tendency to think that you're doing it the right way and to be quite kind of married to that view. And I think this sort of work opens up possibilities that there is another way that may also be right or may be best. May even be better.'*

> *'As a GP, you know, […] it's so hard. And actually being in a group like that and being connected to the outside world, that perspective is incredible. And you'll hear stories about patients. Well, I've never had that.'*

Read more in blogs from the Community of Practice: Primary Care through a community lens Archives - Bradford District and Craven Health and Care Partnership

Testing and improving access in primary care (Five Parks PCN)
Five Parks PCN were active partners in the Innovation Hub programme, with the team getting alongside practices to develop and test three interventions to respond directly to the issues surfaced through the Listen in deliberative work:

- joint GP and social prescriber appointments
- work to improve flow and navigation at the point of contact
- support to move towards a total triage model.

As assumptions were tested, approaches were adapted in response to observation and feedback, leading to clearer routes to care, reduced confusion for patients and better use of the wider practice team.

Cancer screening and diagnostics closer to home
Listening reinforced what people told us about practical barriers such as travel, cost and accessibility. This insight is reflected in mobile lung health check provision, relocation of breast screening services, reasonable adjustments for people with learning disabilities and autism, and pilots addressing transport and screening processes.

> *"Knowing we needed to reduce travel barriers made us revisit what we could deliver locally."*

Shaping the Airedale New Hospital Programme
Listen in insight is actively informing the Securing the Future programme and planning for the new Airedale hospital. Reviewing Listen in themes alongside the programme's own engagement helped test assumptions and ensured planning reflects the needs of a diverse population.

> *"There are so many real examples of where Listen in insight has helped shape thinking, decisions or action. […] It got to the voices we often exclude. […] It's hard and time-consuming to do this properly."*

Concrete impacts include decisions about extended outpatient and diagnostic hours, planning of a Keighley hub to reduce travel barriers, increased use of mobile delivery models, inclusive digital design with alternatives for those who are digitally excluded, and hospital environments designed with accessibility and sensory needs in mind. Insight about hospital-to-home transitions, mental health crisis support and staff wellbeing is also shaping both hospital design and out-of-hospital pathways, with some improvements expected to be felt before the new hospital opens.

Using Listen in insight at Bradford Teaching Hospitals

Bradford Teaching Hospitals is using Listen in insight to strengthen both strategic planning and the early development of capital proposals. Rather than repeating engagement or asking communities the same questions in different ways, the Trust has drawn on existing Listen in learning to inform its thinking.

For example, in the early exploration of a potential *Health on the High Street* facility in Bradford, Listen in feedback was used to understand what services people would value in a high street location, and how a city-centre offer might help address some of the access barriers people have described.

Listen in reports – particularly the summary of what people have told us they want from acute care – are also informing the Trust's five-year Integrated Delivery Plan, supporting planning that reflects lived experience alongside other evidence.

Perinatal support through Maternity Circles
Listen in events with new parents highlighted loneliness, cost of living pressures, maternal mental health and barriers to accessing support. In response, Maternity Circles were developed in accessible community locations, targeted using both lived experience and data, and delivered with voluntary and community sector partners. This translated listening into practical support that reduces isolation and improves access for families least likely to engage with traditional services.

Inclusion health and criminal justice experience
Listen in cycles with inclusion groups, including people with experience of the criminal justice system, informed the district's inclusion health needs assessment. Listening confirmed gaps in engagement, stigma-related non-disclosure and the wider impact on families. This insight is reflected throughout the needs assessment, strengthening understanding of how services can better reach people who are often missed.

> *"There was very little to no engagement with this group before. These needs don't systematically get flagged or disclosed due to fear or stigma. Listen in helped us see the wider picture, including the impact on families."*

Shaping strategy and decision-making culture
Across the system, Listen in insight continues to be used alongside quantitative data to shape strategic planning. Personas developed through Listen in are now used routinely to test strategy, inform scrutiny discussions and support transformation planning, helping shift conversations from abstract service debates towards the lived experience of people and communities.

> *"When writing our plan I am careful to always come back to our population and our people. This was aided by all the Listen in reports and the development of the personas. It was commented on by the WY ICB Chair how focused on people it was."*

5. Listen in – what next?

Over three years, Listen in has shown the value of investing in a sustained listening programme, building understanding, trust and insight across the system. Its strength lies not only in what has been heard, but in how the listening has been done – through time, presence and skilled facilitation. As the system reflects on the next phase of this work, there is an opportunity both to recognise what has been achieved and to consider what is needed to maintain the depth and quality of listening that has made the approach effective.

Listen in consistently reaches people who are least likely to engage through formal consultations or standing forums and brings senior leaders into direct contact with lived experience.

As the system enters a period of significant organisational and financial change, there is a choice to be made about whether this way of listening continues to be resourced, adapts to new partnership arrangements, or is allowed to fall away.

As integrated neighbourhood teams and the place provider partnership take shape, the system will require significant organisational and workforce development. New ways of working will depend not only on structures and plans, but on trust, shared purpose and the everyday experience of staff across organisations.

To date, Listen in has focused primarily on hearing from our population. The partnership has previously expressed interest in a Listen in cycle focused on hearing directly from our workforce. While organisational change and capacity constraints have limited the ability to take this forward, the case for listening in this way is becoming stronger rather than weaker.

There is an opportunity to consider how the principles and methods of Listen in could support the organisational and workforce development needed in the next phase of system change – creating space to listen to teams, understand pressures and opportunities on the ground, and support change that feels owned, credible and sustainable. Investing in listening to our workforce, alongside continued listening to our communities, may be an important enabler of the culture, relationships and ways of working that future models of care will depend on.