



# BNSSG Health Equality Partnerships Programme (HEPP), 2020-2021

## Full Report



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### Note about hyperlinks

To assist with screen readers embedded hyperlinks in this document have been given an endnote and the full list of hyperlinks is available in Appendix H.

## Glossary

The glossary outlines the terms and organisations mentioned in this report.

**[Bristol North Somerset and South Gloucestershire Clinical Commissioning Group \(BNSSG CCG\)](#)**<sup>i</sup> - the NHS organisation responsible for planning healthcare services for the Bristol, North Somerset and South Gloucestershire population (over 1 million people). The statutory element of Integrated Care Systems will replace CCGs in England in July 2022 (assuming the Health and Care Bill is passed).

**[Community engagement](#)**<sup>ii</sup> - process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes

**Community groups** - we have used this term to cover the local voluntary groups, charities, or social enterprises who we engaged through the BNSSG HEPP.

**[Health inequalities](#)**<sup>iii</sup> - Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. There are many kinds of health inequality, and many ways in which the term is used.

**[Healthier Together](#)**<sup>iv</sup> - Healthier Together is the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System (formerly known as a Sustainability and Transformation Partnership). 10 local health and care organisations sit on the Healthier Together board.

**[Integrated Care Systems \(ICS\)](#)**<sup>v</sup> - are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, co-ordinate and commission health and care services. ICSs have been developing for several years – the Health and Care Bill 2021 will put them on a statutory footing from July 2022.

**[NHS England and NHS Improvement \(NHSEI\)](#)**<sup>vi</sup> - have worked together as a single organisation since April 2019. It is a non-governmental statutory body that leads the National Health Service (NHS) in England.

**[The Care Forum](#)**<sup>vii</sup> - an independent voluntary and community sector organisation. They work across the South West of England and have numerous contracts across Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire and Swindon with partners that include national charities, community groups, funding organisations, local authorities and regional CCG's.

The terms **Ethnic minority groups or communities, Black Asian and Minority Ethnic Communities (BAME), and Black and Minority Ethnic** have been used at various points through this report to encompass the ethnic groups we know experience health inequalities in the UK. We know this language has limitations and we welcome discussion about language used in the BNSSG Integrated Care System going forward. See the recent **[NHS Race & Health Observatory Terminology Consultation Report](#)**<sup>viii</sup> (2021) for recent consultation on the topic.

## 1. Executive summary

In 2020 BNSSG Healthier Together received £65k from the NHS England and NHS Improvement (NHSEI) Health Equality Partnerships Programme (HEPP), along with 40 other Integrated Care Systems (ICS) across the UK.

The initial aims of the BNSSG HEPP were to:

- a) Agree a way of working with BNSSG population groups with poorer access to services and poorer health outcomes, in order to design services that address their needs.
- b) Build trust with people who are being poorly served by the health and care services

To achieve these aims The Care Forum was commissioned to lead the work. Between January-December 2021, including during the second Covid-19 pandemic lockdown. The Care Forum engaged with [11 community groups \(hyperlink to section 4.3\)](#), conducted podcasts with 5 of these groups, and in collaboration with those groups surveyed 212 individuals.

The groups were targeted based on their links with communities and members who experience poorer access to services and poorer health outcomes, including people from ethnic minority groups, LGBTQ+ people, people with disabilities or long-term health conditions, and those who experience poverty or socio-economic deprivation.

The BNSSG HEPP, and more recent projects like the [Reducing Health Inequalities grants programme<sup>ix</sup>](#), can be seen as **phase one** of achieving the two aims of the HEPP in the BNSSG ICS.

### 1.1 Key findings

Key findings from podcasts with community groups and the survey with individuals, included:

- 1.1. 42% of survey respondents have been asked to help improve health services in the past. However, there was a lack of consistent CCG contact with the community groups.** Feedback on the outcome of previous community engagement activities was also lacking and highlighted as important for future ICS engagement work.
- 1.2. People who experience poorer access to services and poorer health outcomes are both willing and able to engage to help design services that address their needs.** In some instances, individuals may need support or training so they can better contribute.
- 1.3. Peoples' motivation to engage** is driven by:
  - Wanting to **make a difference** and see positive change in services
  - Wanting to have their **voices heard** and representing others
  - Individual **financial compensation** was seen as important for around 40% of the individuals surveyed.
- 1.4. Inclusion/exclusion & accessibility** in both engagement activities and service delivery is of huge importance. In particular:
  - **Verbal communication is especially important** for people experiencing language barriers, digital exclusion, or who are unable to read or write.

- **Improved health and care staff understanding of the needs and lived experiences** of these population groups. For example, the experiences of different ethnic minority communities, understanding of LGBTQ+ issues, and more trauma informed practice and social models of care were highlighted.
  - **Engaging people in settings that are accessible and convenient for them.**
- 1.5. Easy access to information** was highlighted by community groups and individuals as vital, ideally in one place. The information should include:
- Services available to people
  - How services are planned and by whom
  - How services are funded
- 1.6. Community groups build trust and have an important intermediary role between their members and the health system**, and there should be regular contact between the ICS and community groups. Community groups add value by:
- Improving communication
  - Encouraging involvement of members
  - Drawing out positive feedback (as well as negative or constructive feedback)
  - Advising services and the system on inclusion and accessibility
- 1.7. Financial compensation for community groups** was thought to be an important incentive for involvement, but not the primary motivator and the amount is affected by the size and context in which the organisation or group is working.
- 1.8. Be specific about the purpose** of any engagement or feedback activities and try to target people with experience of the issues being addressed. Although ongoing dialogue with community groups was highlighted as important (see 1.6).

## 1.1 Next steps and recommendations

For phase 2 of the HEPP work the CCG will do the following:

- Share key findings from this report with, the individuals and community groups involved with the HEPP, ICS executives and staff, relevant boards etc.
- Share current engagement and funding opportunities with the community groups involved in the HEPP and look at how to make this more consistent.
- Share and embed the use of Top Tips for Co-designing health services and tools from the HEPP Leadership Learning sets with CCG and ICS staff.
- Feed HEPP learnings into strategy development nationally and locally around working with people and communities and encourage further investment. For example, the BNSSG Integrated Care Board People and Communities Strategy and Action Plan which is being developed in 2022.
- Work with The Care Forum and other VCSE organisations to ensure the findings from the HEPP and wider recommendations around working with people with poorer access to services and poorer health outcomes inform ICS development. Example recommendations include: developing system principles around working with these communities, creating an Equality, Diversity, Inclusion and Belonging (EDIB) network and resources webpage, system wide inclusion and belonging training and trauma informed practice, further develop systems to communicate services on offer like [Wellaware<sup>x</sup>](#).

## 2. Background

*The insights and diverse thinking of people and communities are essential to enabling ICSs to tackle health inequalities and the other challenges faced by health and care systems. (2021, NHSEI)*

In 2020 NHS England and NHS Improvement (NHSEI) established the [Health Equality Partnerships Programme<sup>xi</sup>](#) to provide £65k grants (totalling £2.7million) for projects in 41 Integrated Care Systems (ICSs) to identify and target at risk groups. The funding aimed to encourage systems to think creatively about their local communities and choose priorities which will make the biggest difference to their area and have most impact the health of their communities. As part of the programme there was an opportunity of ICS representatives to participate in ‘Leadership Learning Sets’ a national programme of learning around health inequalities (see Appendix A).

In September 2020 following initial discussions through the BNSSG Healthier Together Population Health and Inequalities Steering Group, colleagues from Healthier Together and The Care Forum, submitted a successful application for a BNSSG HEPP.

The initial aims of the BNSSG HEPP were to:

- a) Agree a way of working with BNSSG population groups with poorer access to services and poorer health outcomes, in order to design services that address their needs.
- b) Build trust with people who are being poorly served by the health and care services

Findings from the project would inform recommendations for best practice for statutory organisations collaborating with communities and help create conditions for change and reductions in health inequalities in the BNSSG ICS.

## 3. BNSSG Context

BNSSG Healthier Together, covers a diverse geography and population of over 1 million people. BNSSG covers 3 areas, Bristol, North Somerset and South Gloucestershire and is split into [six localities<sup>xii</sup>](#):

- Inner City and East (ICE) Bristol
- North and West Bristol
- South Bristol
- North Somerset – Weston, Worle and Villages (WWV)
- North Somerset – Woodspring
- South Gloucestershire

The BNSSG population includes people with varying characteristics as outlined in Table 1 and 2 below.

Table 1. BNSSG population demographics data from [Patients Registered at a GP Practice - NHS Digital May 2022<sup>xiii</sup>](#).

	All BNSSG	Bristol	N. Somerset	S. Gloucestershire
<b>No. of people</b>	1,060,584	555,255	226,571	278,758
<b>Male</b>	50.2%	50.8%	49.3%	49.9%
<b>Female</b>	49.8%	49.2%	50.7%	50.1%
<b>Age 15-44 years</b>	44.1%	51.3%	33.8%	38.2%

Table 2. BNSSG population demographics data from ONS 2011 and Index of Multiple Deprivation (IMD) 2015. 2021 census data will start being released in 2022 and provide a more up to date picture.

	All BNSSG	Bristol	N. Somerset	S. Glos
<b>% living in 20% most deprived areas nationally (IMD)</b>	17%	29%	10%	0.5%
<b>Black or minority ethnic</b> (excludes White Irish, Other White, Gypsy, Traveller, Irish Traveller groups)	10%	16.0%	2.7%	5.2%
<b>Sexual Orientation: LBG</b>	national estimate 6%	-	-	-
<b>Transgender or non-binary</b>	national estimate 1%	-	-	-
<b>Disability</b>	12%	-	-	-
<b>Religion &amp; belief (largest 3 by %)</b>				
- Christian	53.8%	46.8%	61.0%	59.6%
- Other religion or belief	4.7%	7.7%	1.5%	2.3%
- No religion or belief/ Atheism	33.7%	37.4%	30%	30.7%
- Unknown	7.8%	8.1%	7.5%	7.4%
<b>Carers</b>	10.1%	-	-	-

Peoples' socio-economic circumstances are a key determinant of health status in all communities and the most common summary measure of these circumstances across a population is deprivation ([IMD, 2019<sup>xiv</sup>](#)). National evidence shows that people living in areas of deprivation experience poorer access to services, poorer health outcomes, and shorter life expectancy ([Marmot, 2020<sup>xv</sup>](#)) and BNSSG is no exception ([Case for Change, 2017<sup>xvi</sup>](#)). While Inner City and East Bristol and South Bristol have high levels of deprivation, there are significant pockets of deprivation in North and West Bristol, South Gloucestershire, and Weston Worle and Villages. These small pockets are important because they are often over-looked when looking at high level measures of deprivation across geographies (see table 2 above).

It has also been well described that people from ethnic minority groups in the UK experience poorer health outcomes and access in some services ([Raleigh and Holmes, 2021<sup>xvii</sup>](#)). Many people in BNSSG from these ethnic minority groups also experience deprivation. The Covid-19 pandemic has had a disproportionate impact on deprived and ethnic minority groups, including unequal vaccine uptake. The [BNSSG Mass Vaccination programme<sup>xviii</sup>](#) has worked with the community to respond to this challenge, and there has been a recently launched [Reducing Inequalities Grants<sup>xix</sup>](#) to address health inequalities in BNSSG, including but not limited to vaccine uptake.

However, there is still a risk of health inequalities staying the same or worsening through Covid recovery unless we shift the ICS' approach to community engagement as a whole.

## 4. What did we do?

Through the HEPP we wanted to explore a sustainable way for the ICS to collaborate and engage with communities. It was agreed that The Care Forum as a network of organisations would be well placed to link up with community groups in BNSSG.

Due to launching the HEPP during the Covid-19 pandemic there were significant challenges around working with community groups such as face to face engagement, staffing, and the capacity of groups to engage in the initial 6 month timeframes presented. As a result the HEPP was delivered over 12 months.

Below is a summary of the key activities delivered from Jan-Dec 2021.

### 4.1 Being evidence based

- Mapped BNSSG community groups and organisations providing voice and influence routes for the people we wanted to engage in the HEPP.
- Delivered two rapid evidence reviews of research evidence and more local evidence to ascertain what is already known about what enables 'good practice' in the co-design of health services with BAME and/or deprived communities (see Appendix B). These reviews helped to inform the HEPP approach but will also be shared alongside findings from the HEPP.
- Created a 'Top tips' paper to promote good practice based on the rapid evidence reviews (see Appendix C).

### 4.2 Supporting system leadership

Recruited 'BNSSG 10 leaders' from 7 organisations to participate in the HEPP leadership learning sets delivered by The Leadership Centre and NHS England and NHS Improvement System Transformation Team (see Appendix A). The purpose of the leadership sets was to bring together colleagues working on health inequalities projects to learn together and apply new ideas and ways of thinking directly to their projects. A national evaluation of this work will be shared in 2022.



### 4.3 Collaborating with communities

The Care Forum worked with the 11 community groups below that chose to engage with the HEPP. Groups were targeted based on their links with communities and members who experience poorer access to services and poorer health outcomes, including people from ethnic minority groups, LGBTQ+ people, people with disabilities or long-term health conditions, and those who experience deprivation or poverty.

1. Southern Brooks
2. BS3
3. Bangladeshi Bristol Women's Group
4. St Werburghs Community Centre
5. Wellspring
6. Khaas
7. Pakistani Welfare Organisation
8. Vision
9. North Somerset LBGT+ Forum
10. Chinese Wellbeing Community Society
11. The Morning After Theatre Group

The Care Forum worked with these groups by:

- a) Providing £1000 funding to help support their work and facilitate learning.
- b) Interviewing 1-2 staff/volunteers from 5 of these community groups for HEPP video podcasts (see Appendix E for podcast links).
- c) Collaborating with them to collect 212 survey responses from their members and communities. Survey respondents were given a £10 voucher (see survey questions Appendix F).

The 11 community groups we worked with provide a range of services and activities tailored to the needs of their target communities. During the first year of Covid some of these groups were a key lifeline of support for their members.

Their services and activities aim to have a direct or indirect positive impact on improving peoples' health and wellbeing or prevent problems developing or worsening. These include, but are not limited to:

- Financial and benefits advice
- Education support and liaising with schools
- Educational activities e.g. arts and culture, drama courses etc.
- Employment and training support
- Social groups and befriending, and trips
- Parental and childcare support, including specialist support for children with disabilities
- Health and wellbeing e.g., healthy living and cooking, weight watchers, exercise classes, presentations from nurses and health professionals on topics like mental health, menopause, AA and NA
- Volunteering opportunities
- Signposting services by other organisations
- Delivering training to other organisations
- Representing their members

## 5. Findings: Podcasts – Community groups

The video podcasts (see Appendix E) were conducted by The Care Forum with representatives from five of the eleven community groups we worked with (see Appendix G for the questions asked). These groups were:

- BS3
- Bangladeshi Bristol Women's Group
- Khaas
- Southern Brooks
- St Werburghs Community Centre

Thematic analyses of the podcasts were conducted, and the themes outlined in the following sections were identified.

### 5.1 Past engagement with the CCG

Most of the organisations highlighted they have not had much engagement with the CCG other than sharing information, posters or surveys. One group had been involved in a consultation but did not receive follow up information on the result of their members' engagement.

*"Historically not as much as we would have liked to be honest with you...not at the grassroots level we've been building it up with them"*

*"We have had funding in the past to organise workshops and discussions on health and wellbeing, they've actually come in and spoken to our carers about the hubs they want to create, they took a lot of feedback and said it was very positive and they were going to write up a report, but the disappointing thing is we never received that report and the outcome of what was going to happen"*

### 5.2 HEPP engagement and survey

Community groups involved in the HEPP delivered the survey (see Appendix F) through tailored engagement with their members and communities. During interviews with The Care Forum they reflected on their experience of delivering the survey and the following themes emerged:

**Hearing the outcome of engagement** - was highlighted by all organisations as very important, with examples of disappointment when this hasn't happened in the past. For one organisation that was the key change they would like to see coming out of this HEPP.

*"Feedback on feedback is what is required, decisions are made changes happen and they don't see that."*

**Inclusion/exclusion** – it was seen as vital to tailor communication to people and make it as easy as possible for people to engage. Organisations touched on barriers around culture, literacy, language and accessibility due to health conditions or disabilities.

*“We did it in the food club and it seemed to work really well because it was just 5 minutes and they were already in that environment and I’m sure there are other settings we could do it in”*

*“Some of them can’t write in English so we have to help them fill in form. We provide tea, coffee, snacks and explain it to them”*

**Motivation for engaging** – their perception was that peoples’ main motivation for participating in the HEPP survey and other engagement activity was to **make a difference to their community, see change, and making their voices heard**, although the voucher was positively received and flagged by one organisation as important for people on low incomes.

*“Based on the situation we’ve had this year...people feeling obviously not heard...a lot things were out of peoples control. The recent one [HEPP survey] people said do you know what it’s really nice to be asked my opinion on something else other than covid...they wanted to put their voice across and see it can be beneficial by giving this feedback...rewards [voucher] can entice people to fill it out ”*

**Community groups play an intermediary role** – through the HEPP and other engagement work community groups provide an important intermediary role with their members and communities in the following ways :

- Provide tailored **communication** such as explaining unclear survey questions
- Providing **encouragement** and explaining the value of their involvement
- **Draw out positive feedback** as well as areas for improvement
- Because members and **communities trust them** they think people are more like to get involved and accept information
- **Advise services** when engagement activity (or the services themselves) are not accessible and step in to provide support e.g. provide translation in particular dialects or verbal communication to members.

*“We talk to residents all the time, especially older residents a lot of their life is filled with their health needs and their health care. So if we are informed as a charity about what is going in our local community in terms of health services we can then pass that information on...Wellaware website is something I use all the time to check and it’s really really helpful”*

### 5.3 Future engagement

**Be specific about purpose** – any engagement activity needs to be quite specific (especially in the planning of services), making it clear what the purpose for their involvement is and what will happen as a result. The activity should generally try to reach people with experience around the specific issue for discussion, otherwise



people may not see its relevance or it's too abstract for people to feel able to contribute.

*“People are good at giving their own experiences instead of having to try and think about ok well what kind of mental health services does your local area need, they're quite challenging questions”*

**Regular dialogue with community groups** – groups have regular contact with their members and the communities, so it would be good for the CCG/ICS to speak to groups more regularly to understand current needs (and what is changing), what their group does, and what the groups think are best in terms of service provision. Improved links with health centres and communications with local people directly was also flagged as important.

*“We're talking to residents all the time, anything they want us to feedback on or ask, or share and the best way to do it”*

**Verbal communication and a variety of communications channels** – verbal and face to face communication was flagged as very important, particularly for people who may have a language barrier, those that cannot read or write, and those who are digital excluded. However there was also consensus that everyone is different and that different channels of communication are needed. The idea of a regular newsletter wasn't seen as particularly valuable given language barriers, and that people are unlikely to read something just about health, so any newsletter would need to be broader in focus:

*“Combination of so many things...so we have a WhatsApp group. We know that not everyone can read and write, we send messages verbally, we've got leaflets, Facebook, email, phone, word of mouth. We know our families now and how to reach each family...with the WhatsApp group the greatest thing is you can send a recorded message in lots of different languages...”*

**Access to information and advice from one place** - organisations (and individuals) also want more joined up communication about what services are available and highlighted the value of a single point of access.

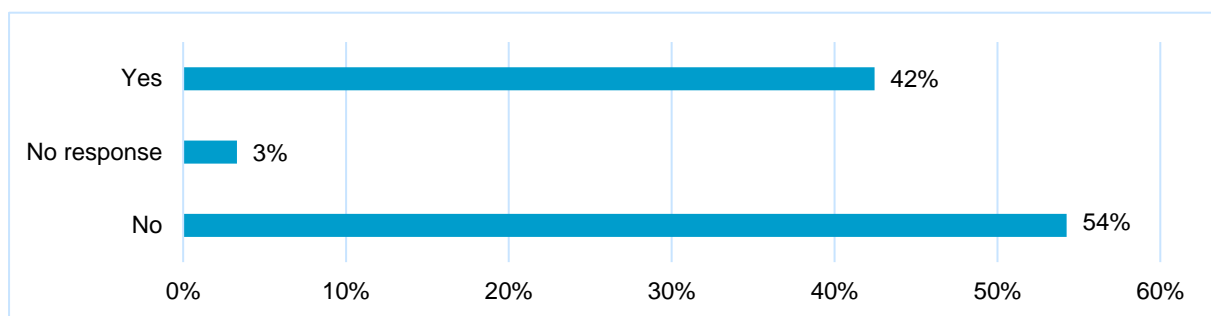
*“Being able to access information and advice at an early stage, from one access point. Not being pushed from pillar to post, ask this department, that department...accessing everything from there or being signposting maybe”*

## 6. Findings: Survey - Individuals

This section presents survey results from the 212 individuals, mainly reached by community groups involved in the HEPP, but also through the Care Forum's wider communications channels. Findings are divided into two sections past engagement and future engagement with each question numbered. **All graphs below include the 212 survey responses unless stated otherwise**, and any gaps in the data are labelled as 'no response'.

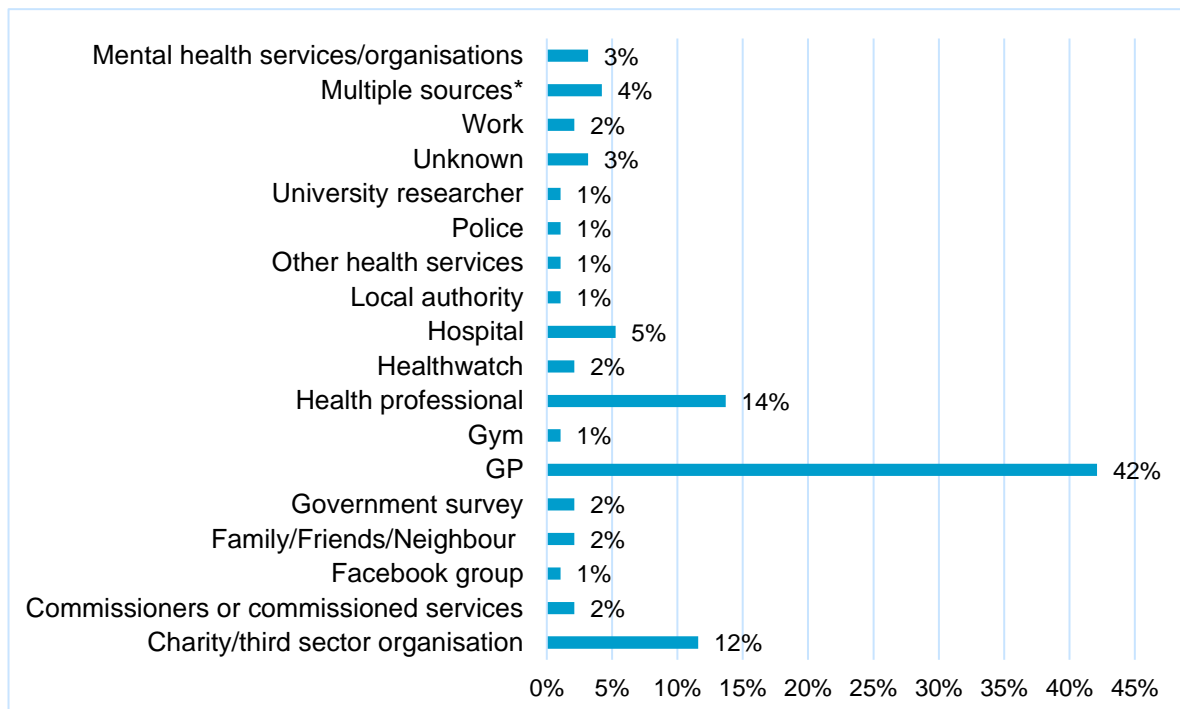
### 6.1 Past engagement

#### 6.1.1 Have you ever been asked to help improve health services based on your views and experiences in the past?



#### 6.1.2 Who asked you? For example GP or health professional (free text response)

95 people responded to this question. For the 4% of people who said they were asked by \*Multiple sources these sources include: DHI, community group, GP, Sirona, BRI, Healthwatch, Health professional, academic researcher, health visiting team, bereavement midwives, and charitable organisations.



### 6.1.3 What made you take part or decide not to take part? (free text response)

108 people responded to this question. Answers fell into five themes:

- **Representation** and giving voice to their experiences and those of people with similar experiences
- Their involvement will contribute to **change** and improve health services (or not)
- Making a difference to the **community**
- People had an **interest** in being involved (or not) and wanted to learn
- **Accessibility** of their involvement

Some participants also referred to the importance of financial incentives, community groups arranging their involvement, and a general sense of wanting to help, but these were less prominent themes.

#### **Representation**

*“As a member of a grossly underrepresented minority in Drug & Alcohol services who has been both service user & service volunteer I felt my experience could help remove barriers to my community”*

*“less information on south Asian women, it’s important that we capture our voices”*

#### **Change**

*“To be a voice for my daughter for change and improvements to her health and care and for myself as her mum. Its so important to help and participate where ever we can...everyone as we all have a unique experience to share.”*

*“Did not participate as I have no/little faith in the process - face saving exercise taking place in bad faith - i.e. decisions had already been made!!”*

#### **Community**

*“Helping and benefitting the local LGBT+ Community and making a difference for others who may have felt like me.”*

*“We need to improve health services for the asian community”*

#### **Interest**

*“thought it would be interesting”*

*“To share my experience and perhaps learn something”*

#### **Accessibility**

*“Language barrier prevented”*

*“... I recall not getting involved in the feedback process purely because I was a bit overwhelmed after having [a big operation and the pandemic hitting]. I just didn't get around to it....(a few years ago), I did complete a survey about my treatment but because it was via text, it was easy to do immediately once I received the message.”*

### 6.1.4 What was your experience? (free text response)

133 people responded to this question. Around half of respondents stated the question was not relevant or seemed to have misunderstood the question answering it in relation to their **health or health service experience** more generally.

The remaining half of respondents who seemed to understand the question as intended (in relation to previous engagements) fell into several key themes: experiences of **exclusion**, perceptions of **making a difference**, some **positive experiences**, most were general comments, but quite a few mentioned feeling listened to and engagement being accessible.

#### **Health or health service experiences**

*"I am mentally suffering with my housing situation. Overcrowding making my mental health issues."*

*"I am an openly gay man who has experience alcoholism & drug addiction, who has faced discrimination whilst accessing services alongside being marginalised to a point where sometimes the solution is to ostracise rather than to included. There are some organisations that are great at having safe spaces separate for LGBT+ people, but they should also make their mixed spaces safe and inclusive."*

#### **Exclusion**

*"I would like to take part but because of language, I can't."*

*"Slightly disjointed as some of the terminology used was excluding."*

*"On the whole mainly positive but there was an element of 'professionals' know best. In some instances it was definitely a tick box effort."*

#### **Making a difference**

*"Nothing changes"*

*"Feel that I have been able to make some difference"*

*"Extremely negative and cynical of the motives and do not believe this was a genuine attempt to engage constructively. This remains my perception of how the NHS operates in general"*

#### **Positive experiences**

*"Good"*

*"My views were listened to"*

*"It was online and straight forward"*

### 6.1.5 What happened as a result of your input? Did you hear anything afterwards? (free text response)

93 people responded to this question. Of these 93 people 66% stated that they had not heard anything back following their involvement in a health improvement activity.

Of the 25% who had received feedback, the majority of this was regarding service changes being implemented. Only 2 people stated they had been involved in presenting on or shaping the output following their involvement. The remaining 10% either couldn't remember if they heard back or provided another response.

*"No, need to keep pushing to be heard."*

*"Just acknowledged I had taken part. There wasn't an outcome needed."*

*"I received feedback once, I would have preferred ongoing feedback as things developed"*

## 6.2 Future Engagement

### 6.2.1 How much do you know about how healthcare services are planned? Is there anything you would like to know more about? (free text response)

163 people responded to this question. Around 56% stated that they knew nothing/next to nothing about how healthcare services are planned, 33% did not directly answer the question, 8% said a little or a fair bit, and 2% knew a lot.

Of the 163 respondents around 50% did not state anything they wanted to know more about, or there was nothing specific. Around 20% said they were interested to know more, but did not specify a topic. For the remaining 30% the following key themes emerged in relation to what people wanted to know more about:

- How and by whom **services are planned**
- What **services are available** in the area and for who (access)
- How budgets and **funding is spent**
- How to **increase involvement** of service users and experience from the grassroots
- Information on care, pathways and planning for **specific primary and secondary care services** e.g. my GP, eye hospital restructure etc.

*"I don't know anything, I would like to know more about how services are planned and what factors are taken into account."*

*"I believe funding is issued from 'Government' and then local services allocate the money according to what is needed in our area. BUT I have no idea how they decide on splitting the funds."*



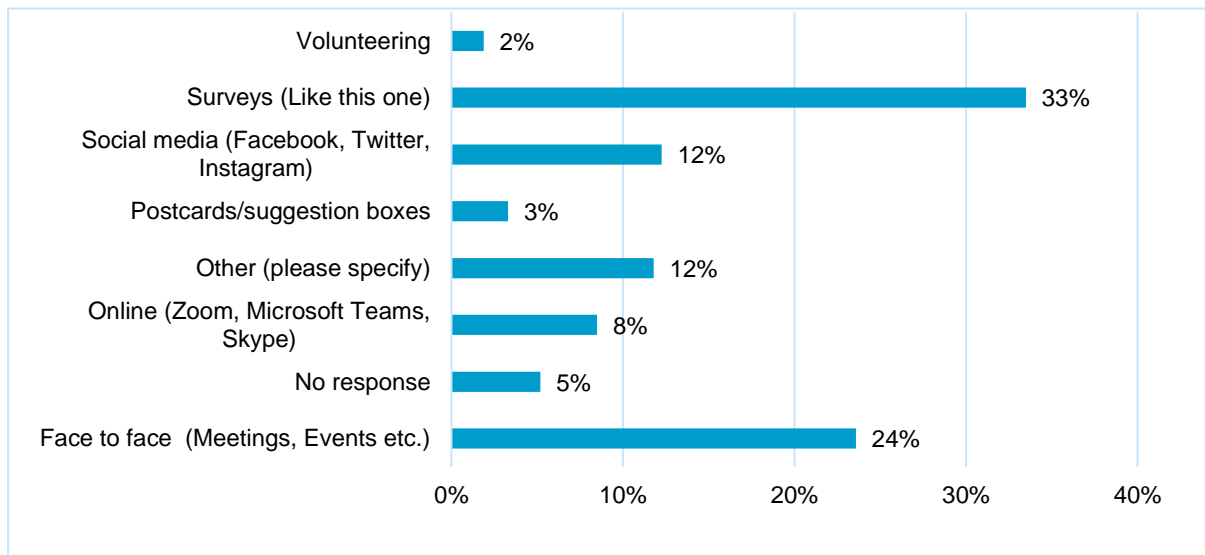
*“I feel that after being involved in service user involvement, most of the changes are made at an operational level where service users struggle to get any input. i.e we are told what the options are and then input is gathered.”*

*“I feel we're only ever engaged with as an afterthought”*

*“...How does the Gp is run. Why does it take so long for a diagnosis? Why do the GP brush you off when you go with an issue.”*

### 6.2.2 What channel would be most accessible and easiest to communicate?

Over half of respondents seemed to prefer face to face engagement including ‘surveys (like this one)’ that were mostly delivered in person by community groups. For the 12% who answered ‘Other’ nearly half mentioned several or all of the above channels and the rest mentioned by letter, SMS, email, website, or commented on communications being digitally accessible with screen readers and listening to people’s experiences.



### 6.2.3 How would you like to be able to tell health services how they can improve? (free text response)

174 people responded to this question. Over 75% of the responses focused on the **method** of involvement or communication, similar to the options in question 6.2.2, in particular surveys, face to face meetings, and workshops or events were mentioned.

There were also some less prominent themes around involvement being **inclusive and equal**. Some respondents also provided **specific feedback** on some health service improvements that could be made.

### Method

*“come and meet the individuals receiving the support, meet the voluntary charities and organisations providing the support, come and volunteer your time to see first hand what is happening in our communities and then take this back and report to those who make the decisions, but don't hide behind offices and desks looking at figures, come and gather the data yourself to make an informed decision.”*

*“Through open forums that allow a broader range of responses (rather than tick-box options), as these capture better vignettes of people's experiences rather than shoehorned into a limited number of options.”*

*“surveys like this are a good way to contribute to suggesting things”*

### Inclusive and equal

*“My experiences should be seen as what can happen. I have much to offer and should be listened to”*

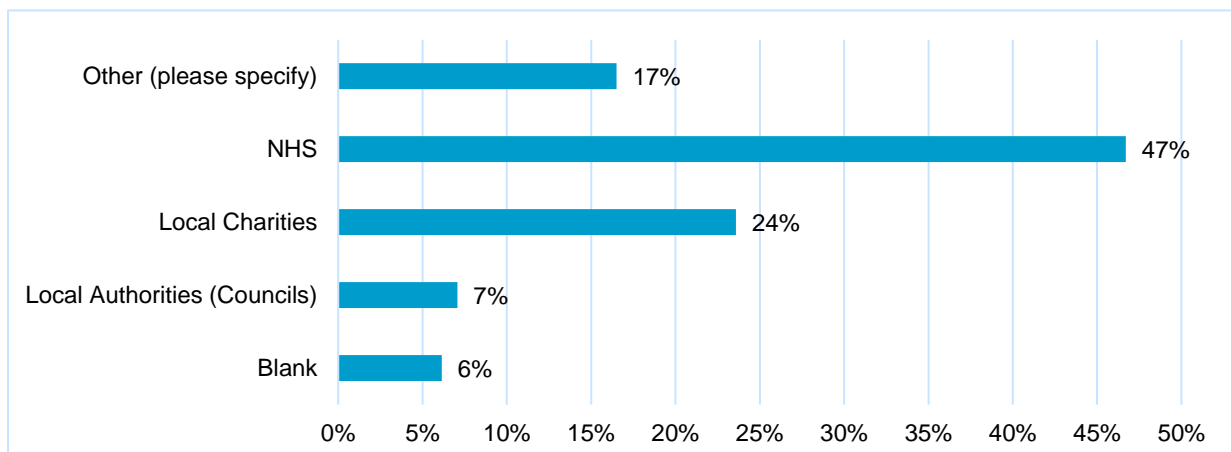
*“So that care can be improved, recognising patients as individuals rather than similar groups. I prefer surveys and phone/ video calls. I do not want large groups face to face due to COVID. “*

### Specific feedback

*“Help new immigrants to familiar with the healthcare system in the UK.”*

*“Not many change, but it's more difficult to make an appointment, especially difficult for those have language barrier, need to call the phone and wait for 20mins.”*

## 6.2.4 Which people or organisations would you trust to take your feedback?



The question structure allowed people to select one option. Of those people who answered 'Other', around half stated all or two of the above options, with the rest stating charities, community groups or community representatives in general or by name.

## 6.2.5 What follow up would you like to get? For example an email or letter updating you on future changes (free text response)



192 people responded to this question. Over 75% were happy with feedback in either letter or email format. Around 13% also mentioned the need to understand outcome of their involvement. Several people emphasised the importance of ongoing feedback and feedback being more accessible e.g. large print letters, use of translators, working through trusted community groups.

*"I'd like ongoing discussions rather than random bits of information"*

*"Updates on progress and some idea of what else came up (ie, 'we had a lot of responses that mentioned xyz')"*

*"I want to hear EVIDENCE that they have taken on board the message given. I don't mind whether I get that electronically or in print but I would most prefer to hear face to face, so I can ask any clarifying questions related to it."*

### **6.2.6 What compensation would you want for your time? (free text response)**

182 people responded to this question. Around 30% highlighted financial compensation, mainly in the form of cash or vouchers, specific amounts mentioned were mainly between £10-£25 and a small number mentioned expenses. Around 40% of respondents said no compensation was required.

The remaining 30% of responses highlighted different types of compensation. In particular changes or improvements in health services as a result of their involvement is compensation in itself and some said the compensation depends on the nature of their involvement.

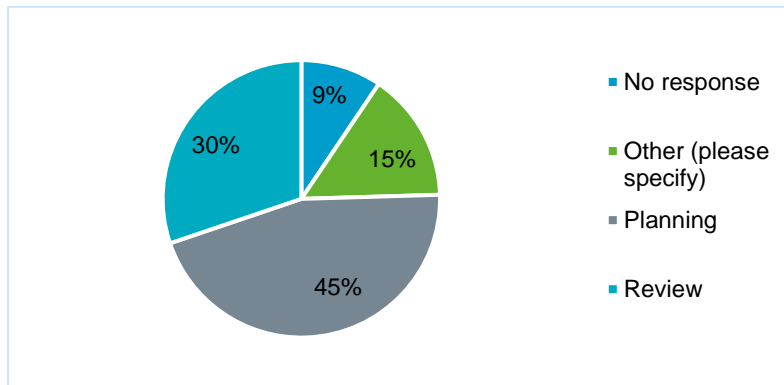
*"I believe that service user involvement should be paid."*

*"no compensation just good information about what is available"*

*"I'm not sure I would require compensation for my time, however compensating any travel is also a bonus (plus coffee) but the compensation that would be best received is actual change based on the information gathered and more representation."*

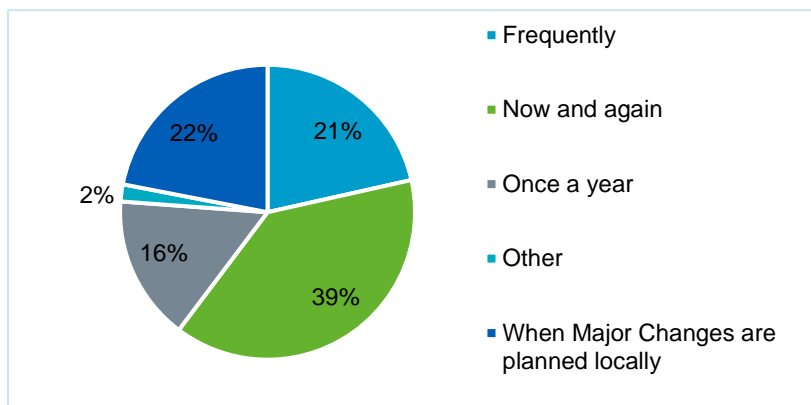
*"It depends on the scale and depth of the feedback process. I wouldn't expect any compensation for something light touch like an email/text or social media survey but for something like face to face interviews/meetings online then perhaps something like travel costs to be covered or a small voucher of some kind"*

### 6.2.7 At what stage of consultation on health services would you like to be involved?



The question structure allowed people to select one option. Of those people who answered 'Other' nearly 75% said they would like to be involved in both the review and planning stages or 'all stages' of the consultation process, and only 4 people explicitly said they would not want to be consulted.

### 6.2.8 How often would you like to give your views?



### 6.2.9 Would you need any training or support to be able to get involved more? (free text response)

184 people responded to this question. Around 48% stated they did not need any training or support to be able to get involved and around 9% said they might, or it depends on what the involvement activity is, 7% didn't know or added personal comments on their involvement.

Around 36% said they did need training or support with around a quarter of these people mentioning the kind of support or training required. Key themes included language support and providing information or context setting around health care services and planning in order to contribute better.

*"Yes - would need to be brought up to date of what is happening generally to understand other people's problems (E.g I know more about sight loss than other conditions.) It's also important to get the information in an accessible format for me."*

*“I feel I could benefit from having a better understanding of how my views can help so I can tailor my responses for the best outcome.”*

*“Support with the knowledge I need to do it”*

#### **6.2.10 What is the one thing you would most like to change as a result of participating in this project? (free text response)**

181 people responded to this question. Around 24% of respondents focused on **better health outcomes, services, or access for patients** with particular comments around:

- Access, or access to information in general
- Better health services and planning including waiting times and speed of services
- Equality in peoples’ health and health services, including access to health services
- Better health or health outcomes, including mention of people from an ethnic minority and LGBTQ+ people.

Around 28% referred to improving **culture and patient engagement in healthcare services** so professionals have a better understanding of patients. Responses particularly focused on on people being listened to and this translating into action or change, and the creation of better links between communities or service users, and healthcare organisations.

Around 20% made **general comments** such as seeing positive change, improved communication, accountability and transparency, and effective spending.

The remaining 20% made more **specific comments** about changes they would like to see. With nearly half of these people mentioning easier appointment booking and shorter waiting times, and nearly a third of people mentioning GP specific changes such as improved wait times and more Bristol GP services. Respondents also mentioned improvements in understanding LGBTQ+ issues in health services, better language interpretation services, and improvements in specific services or pathways around autism, cancer, brain damage, or dentistry.

13% of respondents stated nothing, N/A, or they were unsure what to answer.

#### ***Better health outcomes, services or access for patients***

*“Better healthcare for Gay men and women and trans community”*

*“better outcomes for all communities especially ethnic minorities who are under represented”*

*“for information to be clear and transparent to the public about what is available and how to access it”*

*“Accessibility to local services for vulnerable communities and remote and rural areas. Better provision of venues available to support individuals through groups and gatherings supported by local authorities, to also enable communities to support themselves.”*

### **Culture and engagement**

*“I would like people to take notice of people like me who have a large amount of life experience but have never been asked their opinion”*

*“Raising awareness of individual needs and a better understanding of minorities. There is no place of ignorance in healthcare.”*

*“I would like all people working in Health Services at ALL levels to be adequately trained on LGBT+ issues and correct language to use. “*

*“A bigger shift from medical model to social model. Less pathologising of mental health and organisational restructures in all services towards trauma informed models where people are at the centre of their treatment”*

### **General changes**

*“To see change”*

*“Communication between public and NHS services. “*

*“to be reassured that money is not being wasted unnecessarily”*

### **Specific changes**

*“Easier to book appointments for GP consultation No need to wait so long for GP appointments”*

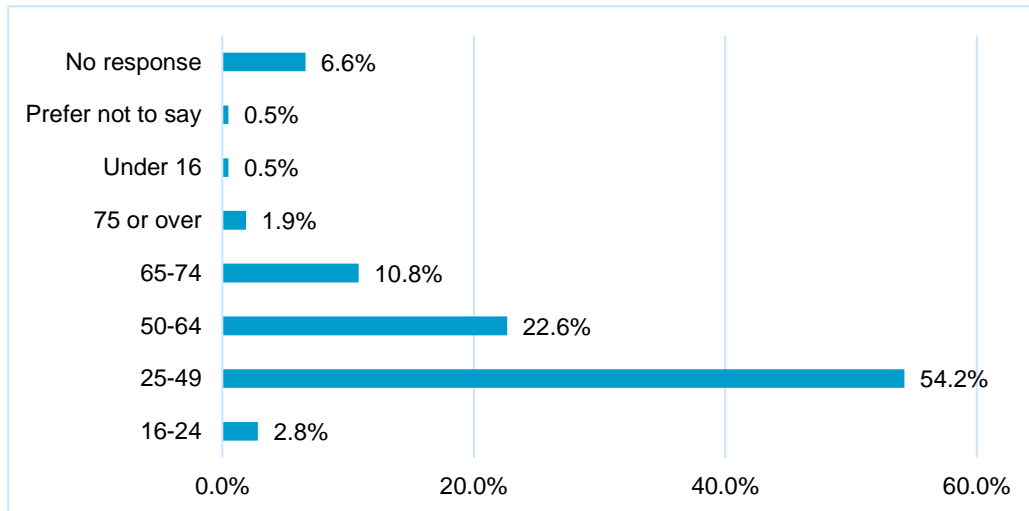
*“More investment needed for GP services in inner city areas according to population.”*

*“easy to book an appointment with interpreters”*

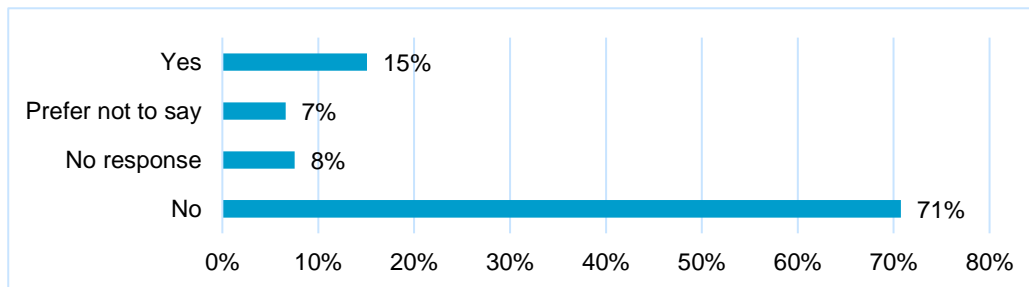
*“Free Dentistry”*

## 6.3 Demographics

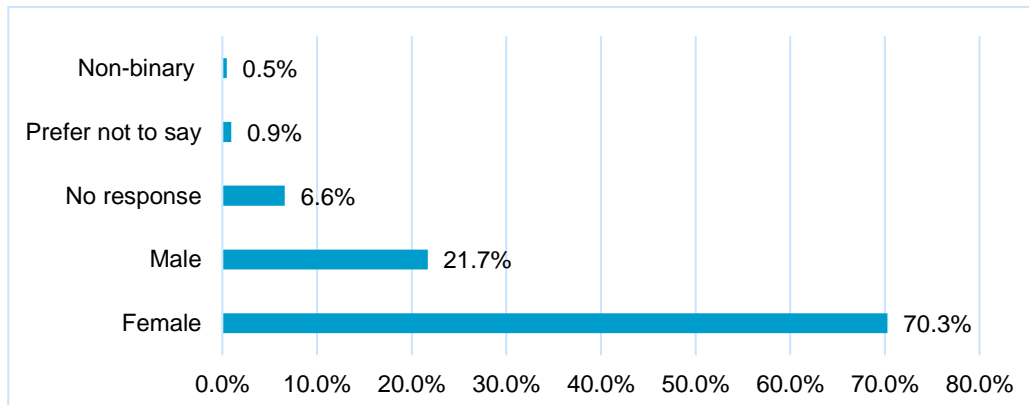
### 6.3.1 What is your age?



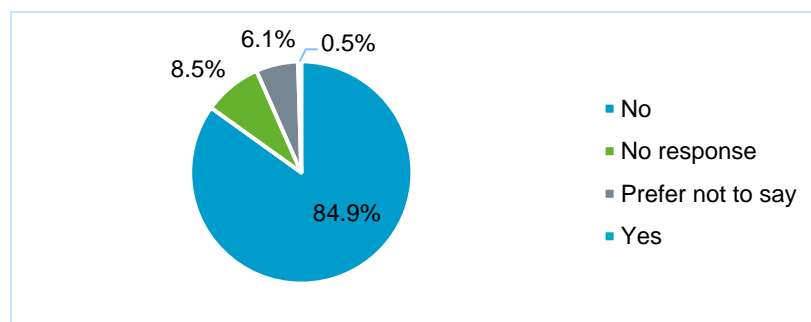
### 6.3.2 Do you consider yourself a disabled person?



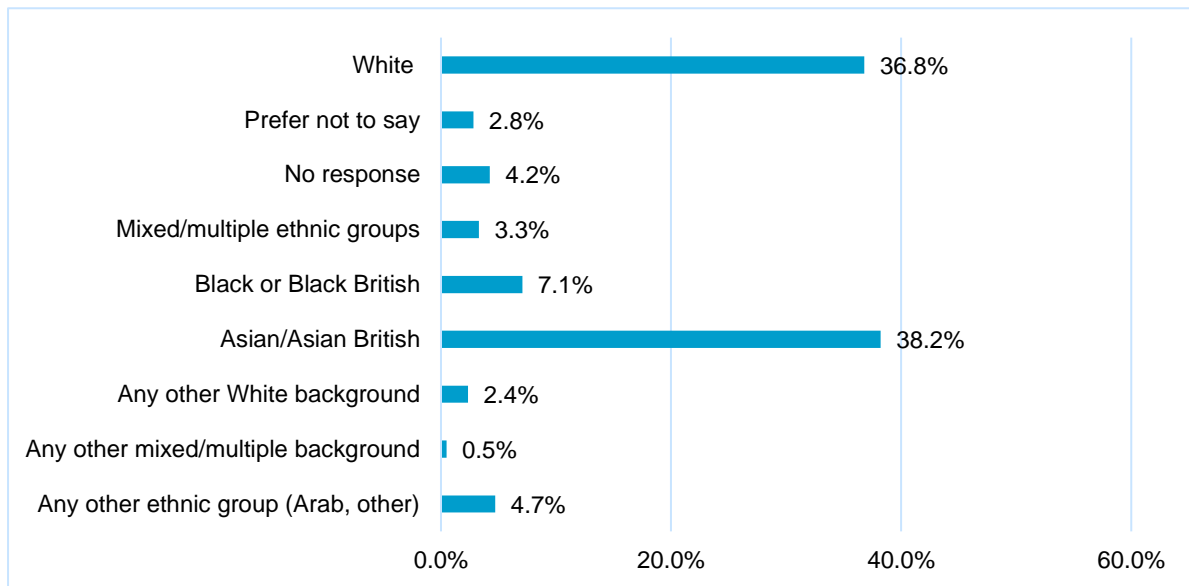
### 6.3.3 What is your gender?



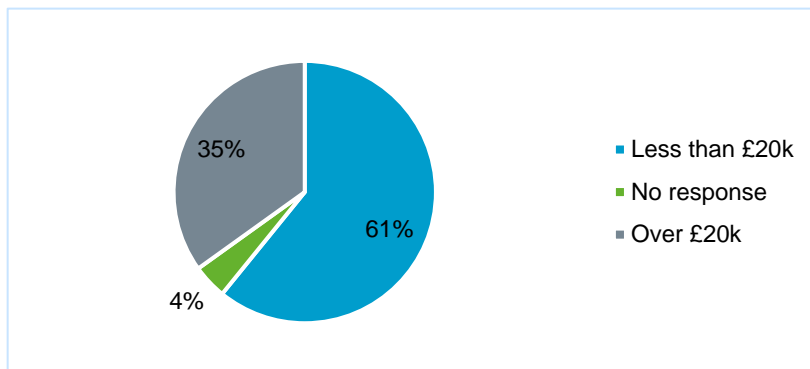
### 6.3.4 Do you identify as Transgender?



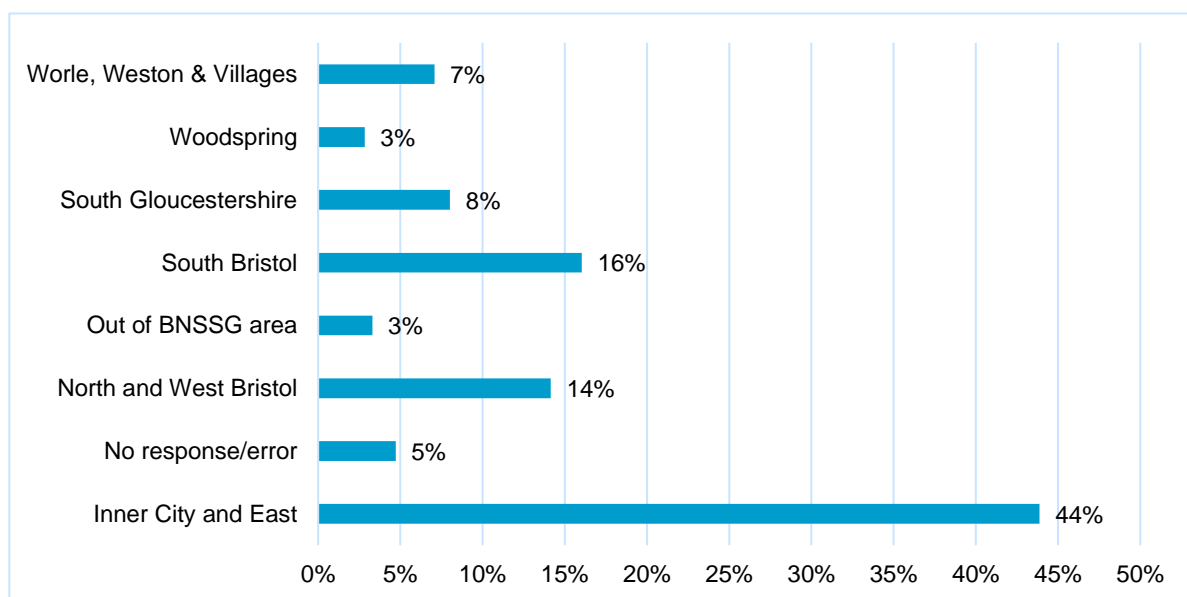
### 6.3.5 What is your ethnic group?



### 6.3.6 What is your total household income?

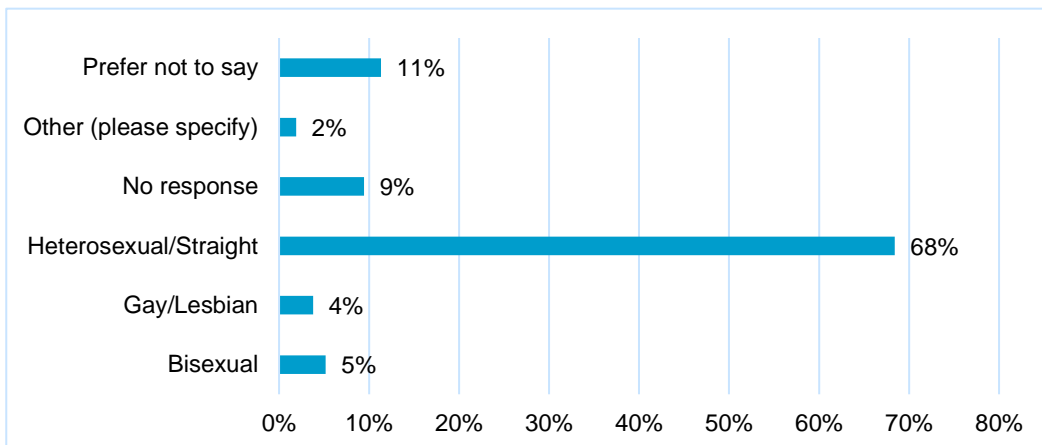


### 6.3.7 What is your postcode? (reported here by BNSSG locality area)

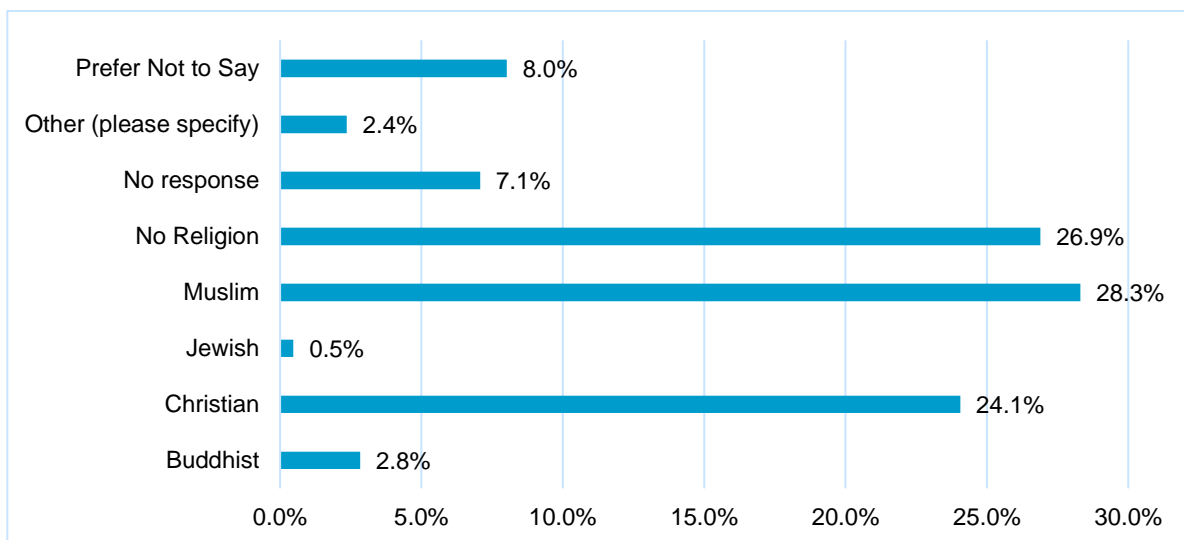




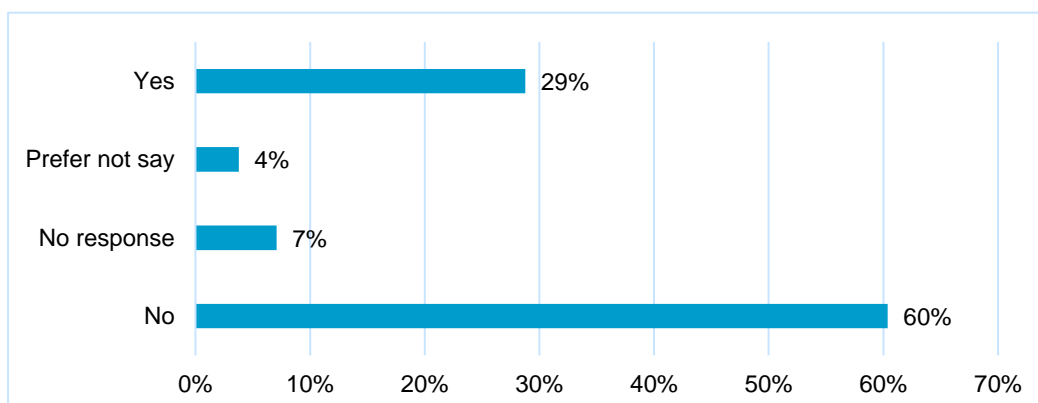
### 6.3.8 What is your Sexual Orientation?



### 6.3.9 Your Religion



### 6.3.10 Are you a Carer?



## 7. Reflections – The Care Forum

The Care Forum colleagues led the engagement with community groups in the HEPP. Two follow up informal interviews with Care Forum staff were conducted by the CCG project lead in December 2021 to gather their reflections on being involved in the HEPP, including key challenges and learning for the future. The Care Forum and CCG colleagues also contributed to a national evaluation of the HEPP conducted by NHSEI which we're awaiting the results of. See below key themes and quotes from their interviews which will aid learning for future engagement work in the ICS.

**Covid pandemic and scarcity** - the HEPP was focused on how the ICS will collaborate better with communities in the future. However the urgency of current need in the community and a lack of sustainable funding following many years of austerity, is far more salient for these community groups. Positioning of the project in this context was important.

*“there was a genuine sense that that people [from community groups] were just trying to get through it. People are just trying to get through and not get sick as this started pre vaccination.”*

*“Larger organisations who we had hoped would be involved with the project couldn't be because their commitment was elsewhere.”*

**Handing over power to community groups** - colleagues flagged that the HEPP approach to working with community groups is very valuable for developing better services. A shift in power towards communities and community groups will be vital in the ICS.

*“I think that you need people who are skilled at understanding the real needs that people are facing and trying to think creatively about support”*

*“I think when we're speaking to people they need to know they have agency and that this isn't just another tick box process to say look what we've done”*

**Trusted relationships through existing VCSE networks (like The Care Forum)** - colleagues reflected on the role they played in the HEPP and supporting the engagement of community groups and the importance of building trust.

*“You know that we didn't have to go through that process of achieving trust again, so engaging with and listening to people was straight forward”*

*“It's a constant feedback loop...[we say] remember last time we were here we were talking about this...How do you think that [this new activity] would work?”*

**Financial incentives** - larger organisations were less interested in the project funding as it was a small amount (£1000), whereas it was seen as more of an incentive for smaller organisations.

*“All of those groups were reimbursed for their time...I think some groups said that that wasn't necessary. My gut feeling is that...I think actually it does. It holds a bit of a carrot up and it shows that we can work differently around our expectations of the third sector...especially if we think about the hyper local groups where it might represent a quarter of their funding for 12 months”*

**Working with the CCG** - it was clear there was value in the collaboration between the CCG and The Care Forum. However the HEPP did take more resource than had initially been expected especially around survey analysis and delivery of the leadership learning sets, so this should be considered in future work.

*“It's like anything... there are people behind their role titles, and I think if you invest time in working with people rather than worry about the organisation/role they might represent, then it's pretty straightforward; we all work in health and care because we want the best for the people around us.”*

**ICS taking forward previous learning** - there was a sense from colleagues that there have been many successful cases of community engagement in BNSSG and plenty of guidance on how to do this that hasn't been taken up consistently by statutory health and care organisations and should be reflected on through the development of the ICS.

*“The purpose of this whole project was to embed different systems of engagement with our population...we know that speaking to people who are less represented is likely to improve their health. Phase two is a continuation of a conversation. It's about building trust where it hasn't existed. It isn't anything innovative or different... now we've built these relationships with these groups how do we keep those individuals, those groups, as a core part of our thinking?...how do we [work with people] regardless of what locality they're in?...inequality is not a locality thing... those people were there and they've said not only are we interested in having a discussion, we want you to talk to us all the time. And so that is phase two... let's build upon our ambition to put people at the centre of the conversation and continue to speak to them on the terms they want, not in a way that the system would desire.”*



## 8. Limitations

This BNSSG HEPP work was conducted as a pragmatic piece of engagement work during the Covid-19 pandemic. There were challenges around the capacity of community groups to engage, which meant the focus was on facilitating online conversations with staff/volunteers from available community groups at a time that suited them. The Care Forum also experienced challenges around staffing and capacity during this period which limited the number of podcasts that could be conducted.

The survey with individuals was completed both online and delivered in person by community groups. However we cannot easily distinguish between responses capture through these two different methods in the analysis. Under different circumstances we likely would have been able to get more insight from individuals through face to face engagement and feedback.

It is also clear from the survey analysis that many of the respondents misunderstood question 6.1.4 and it is possible they may have misunderstood some of the other questions early in the survey. In addition, some of the questions limited responses to one option when participants felt they wanted to answer multiple, such as question 6.2.4 around 'Which people or organisations would you trust to take your feedback?'. Learning from this should be taken into future surveys design by The Care Forum and CCG. It also emphasises the importance of developing very clear survey questions and formats in collaboration with communities, testing surveys, and utilising staff/volunteers from community groups to support their members to understand and fill in surveys fully.

As outlined earlier in the report the HEPP work targeted community groups with existing relationships with communities that experience poorer access to services and poorer health outcomes for a variety of reasons. For pragmatic reasons the HEPP work also focused on adults and the community groups who were able to engage at the time. Future work of this nature should consider capturing feedback from a wider range of ages including children and young people. It would also bring deeper insight if it were possible to engage with a wider range of community groups that reach people poorly served by the health and care services across the BNSSG area.

## 9. Appendices

### Appendix A – National Leadership Learning Sets

The national HEPP System Leadership Development and learning sets was led by a team from [The Leadership Centre<sup>xx</sup>](#) led by Debbie Sorkin, National Director of Systems Leadership, and Systems Enablers Tim Whitworth and John Wilderspin. They worked with Roger Davidson, Jo Stringer, Mark Hill and colleagues from the NHS England and NHS Improvement System Transformation Team.

'BNSSG 10' selected to be involved in attending the learning sets included representatives from:

- Second Step
- Voscur
- Bristol City Council
- The Care Forum
- Bristol, North Somerset & South Glos CCG
- Sirona care & health
- Bristol and Avon Chinese Women's Group

The Leadership Learning sets covered a range of topics including:

- Fundamentals of system leadership around health inequalities
- NHS contribution to social determinants of health
- The role of the NHS as an anchor organisation
- Tools and approaches for making practical change, including quality conversations

The CCG will be share resources and learning from the HEPP leadership learning sets through the ICS. If you want more information about these resources email [bnssq.clinical.effectiveness@nhs.net](mailto:bnssq.clinical.effectiveness@nhs.net).

### Appendix B – Rapid Evidence Reviews

The following rapid evidence reviews were completed as part of the HEPP by the Clinical Effectiveness team in BNSSG CCG.

- Co-designing local health services with BAME and/or deprived communities: A look at local-level evidence: Evidence Summaries Supplement
- Co-designing local health services with BAME and/or deprived communities: A look at local-level evidence

Copies of the reports can be accessed via joining the [West of England AHSN Evidence Repository<sup>xxi</sup>](#) on Future NHS platform or by emailing [bnssq.clinical.effectiveness@nhs.net](mailto:bnssq.clinical.effectiveness@nhs.net).

## Appendix C - Top Tips for Co-designing health services paper

A 'Top tips' paper was created to summarise and promote good practice from the evidence reviews in Appendix B. Copies of the reports can be accessed via joining the [West of England AHSN Evidence Repository<sup>xxii</sup>](#) on Future NHS platform or by emailing [bnssg.clinical.effectiveness@nhs.net](mailto:bnssg.clinical.effectiveness@nhs.net).

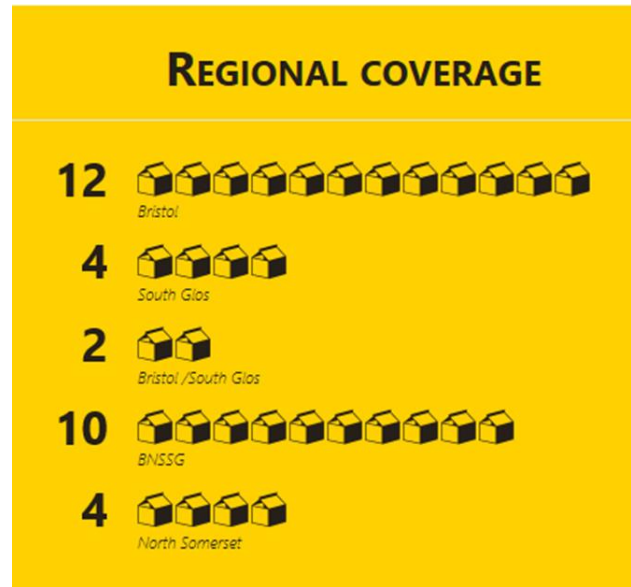
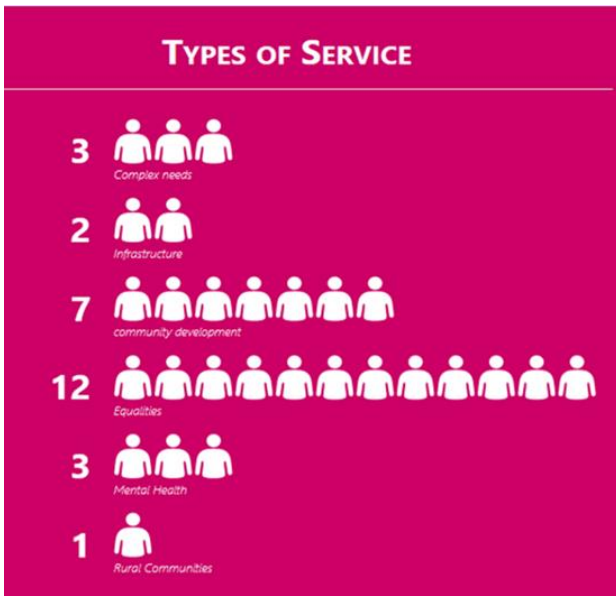
## Appendix D – Mapping Community groups in BNSSG

During planning for the HEPP the Care Forum and BNSSG CCG completed a mapping of community groups across BNSSG that it would be good to work with.

Data and infographics below are extracted from Excel Planning document for HEPP completed by the Care Forum and BNSSG CCG.

### Core data (phase 1):

Service	Locality	Community Served
<b>BDP</b>	BC	Intersectional
<b>DHI</b>	BC/SG	Intersectional
<b>St Mungos</b>	BC/SG	Intersectional
<b>Wecil</b>	BNSSG	Disabled
<b>Vans</b>	NS	Intersectional
<b>Sari</b>	BNSSG	BME
<b>BOPF</b>	BC	Older people
<b>Southern Brooks</b>	SG	Intersectional
<b>Ammerdown</b>	BNSSG	Multifaith
<b>BSWN</b>	BNSSG	BME
<b>Changes</b>	BC	Intersectional
<b>Second Step</b>	BNSSG	Intersectional
<b>Pakistani Welfare Organisation</b>	BNSSG	BME
<b>Off the Record</b>	BNSSG	Intersectional
<b>Babbasa</b>	BC	BME
<b>North Somerset People First</b>	NS	Disabled
<b>North Somerset BME network</b>	NS	BME
<b>Vision</b>	NS	Sight Loss
<b>Hawkspring</b>	BC	Area of deprivation
<b>Southmead Development Trust</b>	BC	Area of deprivation
<b>BS3</b>	BC	Area of deprivation
<b>Wern</b>	BNSSG	Intersectional
<b>Wesport</b>	BNSSG	Intersectional
<b>Ambition Lawrence Weston</b>	BC	Area of deprivation
<b>Bangladeshi Bristol Women's Group</b>	BC	BME
<b>Local Friends</b>	BC	Area of deprivation
<b>Equality North Somerset</b>	NS	BME
<b>Voscur</b>	BC	Intersectional
<b>Disability Equality Network</b>	SG	Disabled
<b>Nilaari</b>	BC	BME
<b>CVS</b>	SG	Intersectional



Phase 2 - further organisations contacted through The Care Forum's network

Ujima Radio
BCFM Radio
Bristol Refugee Rights
Imayla CIC
Imayla
Bristol West Indian Parents & Friends
Vision BME
Bristol Somali Resource Centre
SARI

<b>Bristol Black Carers</b>
<b>Friends of Caswell Thompson</b>
<b>Gypsy, Roma Traveller Interagency team</b>
<b>Gypsy, Roma Traveller Site Manager &amp; community Liaison</b>
<b>Dhek Bhal</b>
<b>KHASS</b>
<b>Refugee Women of Bristol</b>
<b>Bristol Muslim Multicultural Society</b>
<b>Asian Day Centre</b>
<b>Changing Your Mindset</b>
<b>Play Wooden Games</b>
<b>Borderlands</b>
<b>Bristol's Got Talent</b>
<b>Golden Key Bristol</b>
<b>Vocalise Magazine</b>
<b>Traveller Movement</b>
<b>Heroes Womens Group</b>
<b>Talo Community Group</b>
<b>Sadaqa Group</b>
<b>Humanitarian Bristol</b>
<b>St Werburghs Community Centre</b>
<b>Cognitive Paths</b>
<b>Bangaldeshi Association Bristol, Bath &amp; West</b>
<b>KIKI Bristol</b>
<b>North Somerset LBGT+ Forum</b>

### Appendix E – Community groups podcast hyperlinks

- [HEP Podcast Episode 1 - BS3 on Vimeo<sup>xxiii</sup>](#)
- [HEP Podcast Episode 2 - BBWG.mp4 on Vimeo<sup>xxiv</sup>](#)
- [HEP Podcast Episode 3 - KHAAS on Vimeo<sup>xxv</sup>](#)
- [HEP Podcast Episode 4 - Southern Brooks & Conniston Community Centre on Vimeo<sup>xxvi</sup>](#)
- [HEP Podcast Episode 5 - St Werburghs Community Centre.mp4 on Vimeo<sup>xxvii</sup>](#)



## Appendix F - Survey Questions

Health Equality Partnerships Survey

Your views and experiences are Important

**There is good evidence that people from certain demographic groups are heavily underrepresented in health services. This project aims to explore and challenge this inequality.**

**With your participation in this survey we can better understand why this is and inform local leaders to influence how services could be delivered in the future.**

1. Have you ever been asked to help improve health services based on your views and experiences in the past?

Yes

No

2. Who asked you? For Example GP or health professional

3. What made you take part or decide not to take part?

4. What was your experience?

5. What happened as a result of your input? Did you hear anything afterwards?

6. How much do you know about how healthcare services are planned? Is there anything you would like to know more about?

7. What channel would be most accessible and easiest to communicate?

Surveys (Like this one)

Face to face (Meetings, Events etc.)

Social media (Facebook, Twitter, Instagram)

Online (Zoom, Microsoft Teams, Skype)

Volunteering

Postcards/suggestion boxes

Other (please specify)

8. How would you like to be able to tell health services how they can improve?

9. Which people or organisations would you trust to take your feedback?

NHS

Local Charities

Local Authorities (Councils)

Other (please specify)

10. What follow up would you like to get? For example an email or letter updating you on future changes

11. What compensation would you want for your time?

12. At what stage of consultation on health services would you like to be involved?

Planning

Review

Other (please specify)

13. How often would you like to give your views?

Frequently

Now and again

Once a year

When Major Changes are planned locally (Recommissioning of services, Frenchay Hospital move to Southmead)

Other (please specify)

14. Would you need any training or support to be able to get involved more?

15. What is the one thing you would most like to change as a result of participating in this project?

Questions about you

**We would like to know about you so we know what demographics of people are participating in our project.**

16. What is your age?

Under 16

16-24

25-49

50-64

65-74

75 or over

Prefer not to say

17. Do you consider yourself to be a disabled person?

Yes

No

Prefer not to say

18. What is your gender?

Male

Female

Prefer not to say

Other (please specify)

19. Do you identify as Transgender?

Yes

No

Prefer not to say

\* 20. What is your ethnic group?

Asian / Asian British - Bangladeshi

Asian / Asian British - Chinese

Asian / Asian British - Indian

Asian / Asian British - Pakistani

Asian / Asian British - Any other Asian background

Black or Black British - African

Black or Black British - Caribbean

Black or Black British - Somali

Black or Black British - Any other Black background

Any Other Ethnic Groups - Arabic

Any Other Ethnic Groups - Iranian

Any Other Ethnic Groups - Iraqi

Any Other Ethnic Groups - Kurdish

Any Other Ethnic Groups - Turkish

Any Other Ethnic Groups - Any other ethnic background

Mixed/multiple ethnic groups - White and Asian

Mixed/multiple ethnic groups - White and Black African  
Mixed/multiple ethnic groups - White and Black Caribbean  
Any other mixed/multiple background  
White - British  
White - Eastern European  
White - Gypsy  
White - Irish  
White - Irish or Scottish Traveller  
White - Roma  
Any Other White Background  
Prefer not to say  
Any other ethnic group (please specify)

\* 21. What is your total household income?

Less than £20,000

Over £20,000

\* 22. What is your postcode?

23. What is your Sexual Orientation?

Bisexual

Gay/Lesbian

Heterosexual/Straight

Prefer not to say

Other (please specify)

24. Your Religion

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

No Religion

Prefer Not to Say

Other (please specify)

25. Are you a carer?

Yes

No

Prefer not say

Keeping in touch

**We would like to keep in touch with you for further updates on this project to demonstrate how your input has been valuable.**

**The fields below are all optional.**

26. Name

27. Surname

28. Email Address

29. Telephone Number

30. Full Address

## Appendix G – Interview questions

1. Tell us about your organisation and the work you do?
2. Historically in the past has your organisation got any experience in working with the CCG (Clinical Commissioning Group) in the past?
3. How did you find the conversations you had with people in regard how they were engaged in the past?
4. What do you think made people decide to share their thoughts and experiences with you ?
5. What sort of things did the people you spoke to say?
6. How much do the communities you work with know about how healthcare services are planned? Do you think there is something that could help their knowledge like a newsletter or publication?
7. What do you think is the best way for the people you work with to feed back to health services? What would work best for them?
8. Do you think the communities you work with would prefer to be involved early on in planning and consultation or toward the end when there is more concrete information?
9. If you as an organisation could change one thing as a result of being part of this project what would it be?

## Appendix H – Hyperlinks embedded in report

- i <https://bnssgccg.nhs.uk/>
- ii <https://www.who.int/publications/i/item/9789240010529>
- iii <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>
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