NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Trust Strategy
Insight Summary Report

January 2024 V0.4

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Version Control

Version	Name	Title	Status
V0.1	Heather McKnight	Equality and Involvement manager	Initial draft
V0.2	Heather McKnight	Equality and Involvement manager	Additions made: 6.4, 8.3, 11.8. Full analysis of insight
V0.3	Dawn Pearson	Associate Director Communication, Equality, Involvement, and Inclusion	Review and formatting
V0.4	Heather McKnight	Equality and Involvement manager	Sample of supporting quotes added to all areas.

1. Purpose of the Report

The purpose of this report is to present the findings from all the engagement which has taken place on the revision of the Trust's Strategy. The findings will then go on to inform the clinical strategy development, digital strategy refresh, and equality, involvement, communication, and membership strategy refresh.

The report presents the findings from all the conversations, events, focus groups and surveys which took place during January and March 2024, as well as pre-existing data held within the Trust spanning an 18-month period, or longer where insight has felt to be still relevant.

The report describes in more detail the activity, including the approach, feedback, and themes. The report also sets out the legal obligations for engagement and equality as well as the Trust vision and values.

2. Background

We are taking some time to refresh our Trust strategy. Our strategy is our medium to long term plan that describes what we are going to do in the next five years. This includes how we can improve things for our workforce, our services, and the support we give to families and carers. It is very important to us that we understand and hear from the diverse communities that make up our Trust footprint and workforce to look at what we could be doing better and how we can develop our organisation in the future.

3. Legislation

All NHS organisations need to work within the legal obligations set out below. Some of the duties described are delegated directly to commissioners but the Trust will be required to work within this legislation under any contract agreement.

We will also be expected to build on the work the place based Integrated Care Boards has delivered to ensure the legal obligations continue to be delivered. In addition, there may need to be joint arrangements in place to support any significant service change to ensure the Integrated Care Boards can assure the work. The Equality Act and NHS constitution applies directly to all NHS organisations.

3.1 Health and Social Care Act (2022)

In its responsibilities for public involvement and consultation under section 13Q of the National Health Service Act 2006, NHS England, and Integrated Care Boards (ICB) has a duty to consult individuals to whom services are being or may be provided, in the planning and development of commissioning arrangements for those services. The Act extends this to include “carers and representatives” of people receiving a service or who may do so. The extension of this duty is replicated in an equivalent duty on integrated care boards.

3.2 The Equality Act (2010)

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion, and belief, sex, and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance ‘Equality of Opportunity’, and c) foster good relations. All public authorities have this duty so partners will need to be assured that “due regard” has been paid through the delivery of consultation activity, and in the review.

3.3 The NHS Constitution (2010)

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains several patient rights, which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

4. Approach to involvement.

The engagement aim was to ensure the strategy refresh adequately reflected the views and experiences of our staff, service users, carers, and families. The views of which are critical

in driving forward the agenda as their in-depth knowledge from their day-to-day encounters are paramount to designing fit for purpose and robust digital solutions. Our approach also requires close alignment nationally, and locally at Integrated Care System (ICS) and place-levels to ensure our aims and objectives are fit for purpose and deliverable, accounting for increasing demands on finite resources, especially as the needs of the general population evolve.

Before starting our approach, we identified existing insight from a range of internal and external sources to identify some of the key themes we needed to consider supporting people who use our services and any specific issues for any protected groups. In parallel the Trust was already in the process of gathering views from service users, carers, and families on their experience of services. The findings of which will inform the strategy.

An engagement plan was put in place with this existing insight in mind and to support any gaps in intelligence rather than repeating conversations this plan was developed in conjunction with the Equality and Engagement Team. The plan included a hybrid approach of both digital and face to face conversations. We utilised online survey platforms, worked with our voluntary and community sector organisations, along with our community assets, and hosted in person discussions to gather the views of our diverse communities who are already using our services, or may use our services in the future, along with our workforce.

As part of the engagement approach, it was essential to involve and engage colleagues to ensure that the strategy revision takes account of and aligns with other organisational strategies such as:

- Integrated Care Boards
- Local Authority
- NHS England
- Primary Care
- Healthwatch
- Providers of NHS funded healthcare
- Voluntary and community sector
- Academic Institutions

5. What did we already know: our communities: Trust wide.

The intelligence set out below summarises any pre-existing insight that the Trust holds and provides a baseline of insight which will be used to further inform the engagement approach and strategy development.

5.1 Healthwatch Insight Report (August 2022)

A stakeholder event took place to engage with the public on the West Yorkshire Integrated Care Board 5-year strategy. Over 1800 people told Healthwatch about their views and experiences of health and care services across Leeds, Bradford district and Craven, Kirklees, Calderdale, Wakefield, and North Yorkshire. The report can be found on the West Yorkshire Partnership website under Healthwatch Insight Report:

https://www.wypartnership.co.uk/application/files/1716/6185/6470/Healthwatch_Insight_Report_WY_Strategy_Refresh_August_2022.pdf.

A summary of the content is set out below:

- **Access** – there should be clear and simple systems in place with less reliance on digital, and the availability of and length of appointments should reflect individual needs.
- **Communication** - Information should be provided in clear simple language and in a variety of formats and communication should be person centred.
- **Involvement** – people and their family / carers should be kept fully informed at all stages of their journey and have active roles in decision making.
- **Inequalities** – Implement specific measures that address the additional barriers faced by people and communities with the greatest health inequalities.
- **Partnership working** – services and communities should work more closely together to develop full wrap around support.

The below provides a breakdown of 8 key themes:

Theme 1: Cost of living

- Barriers to accessing services because of financial pressures; travel costs, digital poverty.
- Affordability of physical health offers to aid recovery and wellbeing.
- People living with serious illness, addition, stroke survivors, and carers are being largely impacted.
- Workforce are impacted by travel costs.

Theme 2: Access to help when needed.

- People falling in between services when they are “too ill” for one service but do not fulfil the criteria for another service.
- Need for a varied range of services and community-based mental health support.
- Importance of support being tailored to people’s needs and their carers to feel involved in care.
- Need for more preventative and awareness raising work around mental health.

Theme 3: Delays in treatment

- Severe deterioration in physical, mental, and emotional health
- High levels of anxiety and worry.
- Financial impact of not being able to work.
- Impact on family members
- Lack of communication around waiting times and signposting support.
- People feel “forgotten about”.

Theme 4: Young People’s Mental health

- Lack of support for young people with their mental health
- Increased challenges around getting support when it is needed.
- Lack of support for children with autism and long waits for assessments for autism

Theme 5: Crisis Support

- Long waits and not getting the support they need when they need it.
- Some people report that crisis services are not working effectively for them.

Theme 6: Digital Inclusion

- Concerns from those who do not have access to digital technology.
- People felt it was not a suitable option for certain health and care appointments.
- Larger impact on people and communities who face additional barriers E.G older people, people with a learning disability, and / or people who do not speak English.

Theme 7: Health Inequalities

- The first experience when they enter a health and care setting is important; people want to feel welcomed, and to experience a person-centred approach which is sensitive to the needs of different groups and communities.
- Additional barriers to access can be formed through a lack of awareness around language and interpreters.
- Information needs to adhere to the accessible information standard.
- The need for a joined up working approach and working with trusted communities is instrumental to health and care.
- Awareness of the disproportionate impact poverty has on people.
- Less reliance on digital
- Importance of an inclusive workforce
- Gaps in provision for certain groups and communities resulting in support not being appropriate and leading to poorer outcomes.
- Involve people in decision making.

Theme 8: Hospital Discharge

- People reported feeling discharged too early and not feeling prepared.
- Communication identified as an issue meaning discharge felt rushed and carers weren't as supported to continue ongoing care.
- Service users and carers not feeling involved in the process.
- People reported more of a satisfaction when discharged into community care or other residential settings, report due to more follow up support.
- Discharge without necessary support in place.

5.2 Hygiene Poverty: Barnsley (December 2023)

Healthwatch Barnsley wanted to look at the cost-of-living crisis and what impact it was having on Barnsley residents in relation to their general health and wellbeing. They spoke to 139 residents of which 34 were male and 97 were female the remaining 8 preferred not to say.51% of the people we spoke to (75) told us that they had a disability and 63% (87 people) told us they had a long-term condition.

From this survey they discovered that 36% of residents had gone without hygiene or sanitary products in the past due to financial pressures, this figure increased to 55% when just looking at the Dearne. A full report can be found on Healthwatch Barnsley's website: HWB00008 - Hygiene Poverty Update - December 2023.pdf (healthwatchbarnsley.org.uk)

- 45% of people answered they had previously gone without essential hygiene or sanitary products, an increase of over 10% from the previous survey.
- The majority of people said they do not have enough money or had just enough money for basic necessities and little else.
- There appears to be a reduction in the number of people using foodbanks.
- People are now reporting a decline in their mental health and wellbeing as a result of the cost-of-living crisis.
- Over 60% of people said they did not have access to basic cleaning products which could have a detrimental effect on their health.

Quotes

"I have children and it's difficult to choose between food, hygiene products and bills."
"I am glad my prescriptions are free due to my age, or I would never be able to afford my medication."
"I have 2 children with special needs, and I can only use certain products which has got expensive and hard to get for them."
"I think that I smell all the time if I can't get a shower often."
"I am struggling as my baby has sensitive skin and these products cost so much more.

5.3 Let's hear it for women's health and wellbeing (February 2024)

During October and November 2023, Kirklees and Calderdale Healthwatch heard from 665 women aged 16+, from all walks of life and ethnic backgrounds, and from every postcode area in Kirklees and Calderdale to better understand what women in our community are currently doing to look after their health and wellbeing. For the full report go to Healthwatch Kirklees and Calderdale's website: women's health and wellbeing (whitebearplatform.com)

Theme 1: Access to quality services

- 40% said improved access to services would help them manage their health and wellbeing.
- Barriers included long waiting lists, being discharged from services, and feeling "fobbed off".
- Some women said they felt judged by clinicians who perceived their condition as self-inflicted meaning they were reluctant to seek help.
- Women who have struggled with addiction experienced judgement from clinicians who repeatedly inquire about their drug use, even after years of abstinence.
- Several women expressed frustration with their GP focusing excessively on their weight during appointments. They felt they were not listened to and that their health concern was dismissed based on weight.
- 19% prefer self-care solutions like yoga, mindfulness, acupuncture, or herbal remedies.
- 13% user the internet to search for health information or exchange opinions in chatrooms.
- 20% of women would look for over the counter medicines.
- Only 8% of women mentioned that medical care is an option they use to take care of their health.
- 68% of women felt confident in finding trustworthy information when they try alternative treatments.

Theme 2: Family, work, and other commitments

- Caring responsibilities, pressures at home and professional pressures resulted in their needs taking a backseat.
- 12% of women said that that meeting their family's needs made it more challenging for them to look after themselves.
- 33% of women with a caring responsibility considered that this negatively affected their mental health.

Theme 3: Mental Health

- 26% of the women Healthwatch spoke to said that engaging in de-stressing activities played a significant role in maintaining their health.
- 19% highlighted the importance of support from friends and family, while 18% attributed their wellbeing to achieving better physical health.
- Only 9% indicated a willingness to seek professional help or therapy, suggesting a potential gap in access or confidence in existing healthcare services.
- Women told us that stress or mental ill health caused them to have further mental health problems, which then led to negative consequences – impacting their motivation and their diet.
- 12% of women mentioned that stress also triggers physical health issues.

Theme 4: What would help women look after their health and wellbeing:

- Access to quality health services without waiting times or judgement.
- Affordable and accessible childcare services
- Affordable or free dietary advice that is constructive and supporting of weight management.
- Affordable community-based exercise options
- Female-only services with female practitioners or specialists in women's health
- Support and ideas to help manage home, work, and wellbeing.
- Free access to occupational, grief and/or wellbeing counselling options. Anxiety, stress, and depression therapy.
- More reliable and trustworthy information on the internet regarding symptoms and services. More communication on how to book services online.
- Knowing where to find information about support available.

5.4 Let's hear it for men's health and wellbeing (December 2023)

From June to August 2023, Kirklees and Calderdale Healthwatch spoke to 318 men from all walks of life, and ethnic backgrounds, age 18 to over 80, and from every postcode in Kirklees and Calderdale about their health and wellbeing. For the full report go to Kirklees and Calderdale Healthwatch's website: Men's health inequalities in Kirklees and Calderdale (healthwatchkirklees.co.uk) Men's mental health in Kirklees and Calderdale (healthwatchkirklees.co.uk)

Theme1: Managing stress.

- 18% of men look after their mental health with support from friends and family.
- 18% relied on de-stressing activities to look after their mental health.

- 15% relied on their hobbies for relieving stress.
- 14% managed their mental health via exercise.
- To improve their mental health men said they would like more access to a variety of community groups specifically for men, and access from community mental health teams to help men eat healthily.
- Being able to access the adult autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) pathway in a timelier manner was also highlighted as an area men would benefit from

Theme 2: Disability

- Men with a disability or a long-term condition experienced some of the most challenging barriers when trying to look after their own health and wellbeing.
- Better access to information is an important current need for disabled men.
- Men with a learning disability or difficulty said they struggle to get the information they need to manage their own health and are reliant on family or professionals which takes away from their independence.
- Disabled men said that they would like more opportunities to access gym or exercise facilities and wanted more peer support.

Other impacts

- None of the men who faced financial difficulty rated heir health as good or reasonably good.
- 75% of unemployed males rated their health as fair/poor.
- 54% of working males rated their health as very good/good.
- Having time to look after their own health is a common issue among male carers.

5.5 Reset and Recovery: Service Users (February 2022)

255 people completed a Trust survey for reset and recovery. Approximately 60% were people who had used our services, with the remaining 40% being a career, family member or friend of someone who has accessed our services. There was an equitable split of representation from across our Trust footprint, with 55% of people saying they had been accessing our services for over 18 months.

Theme 1: Health and care

We asked people how easy it was to arrange an appointment/their visit, 38% said it was easy or very easy, however 43% said it was difficult/very difficult. The remaining were impartial and said, “neither easy nor difficult”.25% of people said that contact decreased during the pandemic, 14% said it increased, and 25% said it stayed the same. The rest responded not applicable. 48% of people reported that they didn’t feel able or supported to speak up when they thought something was not right about their care and treatment. We asked people what was good about the service. The themes of responses were:

- caring staff, listening and compassionate professionals
- service local to home.
- being seen regularly
- helpful information during the pandemic and good signposting
- still supported me despite challenges.
- flexible appointments
- being treated as an individual

- group work.

We then asked people what could have been better. Themes included:

- access to therapy.
- more group supports.
- improvements in communication
- not being listened to and more regular contact
- support for carers.
- seeing the same person – consistency and staffing levels
- aftercare following discharge.
- more face-to-face contact

Theme 2: Estates

52% of people said that the estates and builders they used/visited were good/very good, with 25% saying not applicable, 13% saying neither good nor poor, and 10% saying poor/very poor. 86% said that the buildings were clean and comfortable/very clean and comfortable. 66% of people said they would travel to our services via car, 23% said they would rely on public transport, the rest would walk or get a taxi. From those who drove 60% said parking was not very easy, and for those relying on public transport 43% said it was not very easy to get to our services. We asked people what would improve our estates and buildings. The main themes were:

- better parking – cheaper
- service local to home in local buildings.
- make environments more comfortable – not like waiting areas.
- making best use of buildings
- disabled access and parking
- having nice greenery
- interiors with artwork/paintings – bright and welcoming

Theme3: Digital

When asked do you have access to a data plan so you can use a digital device, 41% said yes, 17% said they sometimes did, 8% said not very often, and the remaining 34% said reported that they did not have access to a data plan.

The majority of people reported that they had access to a mobile phone/telephone, 75% said they had the ability to attend a face-to-face appointment, and just over half said they had access to video (WhatsApp, Zoom, Accurx, Microsoft Teams).

Only 49% of people always had a private/confidential space they could use to talk to us, with 12% of people said that they didn't have a private confidential space they could use, 7% said not very often, and 32% said they sometimes had access. When asked what digital help they would need people responded:

- training for people in video calls
- planned appointments and being contacted on time.
- giving people access to technology.
- recognising that technology won't work for everyone.
- consider privacy and noise.
- more options than Teams or Zoom

5.6 Bretton Centre involvement (2022)

The Local Authority planning team asked for any comments to be formally taken into consideration as part of the planning application process. In addition, SWYPFT has been working with local MPs and neighbours who live in the surrounding area to inform about the plans and identify any issues. The people engaged have been:

- Service users and carers.
- Trust staff
- Neighbours who live in the surrounding area

From the involvement that has taken place so far, people have told us:

- For patients they told staff the type of environment they would expect to see, including décor and facilities.
- Stakeholders appreciated that we had taken the time to share information and provide feedback at an early stage in the process.
- All stakeholders understood the reason for improving estates and agreed that the facilities needed to be improved.
- Stakeholders asked that the Trust work with considerate contractors, due to the sensitive nature of services and those who will consider access and distribution during the build and that the area is kept clean and tidy.
- Stakeholders want developments with minimum disruption.
- Neighbours raised issues about premises and their existing view which is heavily screened by a mature tree line.
- Neighbours also had concerns about noise/vibration/dust during the build and they requested that there was no noise during certain hours or at weekends.
- Neighbours wanted clarification on the roof uplift dimension.
- Neighbours wonder what happens over the big fence and people did fear that the Trust would bring bedrooms closer to their houses.

5.7 Equality and Involvement Insight Report (June 2022-March 2024)

The Trust receives insight from various sources which include Governors, stakeholder feedback, involvement activity both internal and external and Healthwatch. A quarterly report is then published using the findings.

Theme 1: Access

- Long waits for appointments within Child Adolescent Mental Health Services (CAMHS)
- Lack of support while people are on the waiting list, e.g. signposting support.
- Long waiting lists and referral delays within Community Mental Health Teams (CMHT)
- No telephone appointments offered.
- Appointments cancelled and / or changed at short notice.
- Unable to access support when in crisis over the weekend.
- Access to crisis support not available after 17:00
- Language barriers at appointments
- Systems are hard to navigate.

Theme 2: Disability

- Long wait times for assessments for Autism and ADHD diagnosis
- Lack of choice / no choice for where assessments are completed for adults.
- Continued reports of little or no follow up care following ADHD / Autism diagnosis.
- Poor communication and unclear timescales for Autism / ADHD assessment
- Issues with approach for reviewing medication.
- People paying for private diagnosis and still unable to access support.

Theme 3: Communication and information

- Issues with communication with family / carers when moving people to another service.
- Lack of awareness about how to self-refer to support.
- Lack of awareness about role of CAMHS from family / carers

Theme 4: Discharge

- Discharged without notice or support.
- Little / no support or signposting to community support.

Theme 5: Age

- Issues with transition from young people to adult services
- Increased referrals around support following bereavement within children and young people services.
- Requirement of more face-to-face sessions for children and young people accessing mental health support
- Gap between diagnosis and follow up support for older people.
- Forensics CAMHS referral not followed up.

Theme 6: Gender reassignment

- Lack of mental health support
- Issues with changing gender on medical notes
- Lack of awareness around Trans healthcare
- Unclear guidance around changing gender on children and young people's records.
- Incorrect information being provided.

5.8 Choose Well (2022)

The Trust launched and created a new guide and campaign to help people in Barnsley, Calderdale, Kirklees, and Wakefield to 'choose well' when looking after their mental health and wellbeing. The guide was produced collaboratively with a broad range of stakeholders including:

- People with a lived experience of mental health
- Families and carers
- Trust staff including clinicians.
- Partner organisations including, voluntary and community sector, local authority, acute hospitals, emergency services and clinical commissioning groups.
- MPs

People told us:

- That the guide needed to be a one stop guide to support
- The guide needed to be visual, clear, and easy to understand.
    - Plain language needed to be used.
    - That the information needed to be in different formats
    - That service explanations needed to describe entry points.
    - People needed to know what they could expect from each service.
    - The information needed to fit with the regional, national, and local picture.

5.9 Discovery Interviews (2022)

Several discovery interviews were delivered by the Trust to capture views of:

- In-Patients currently receiving care and treatment on our medium and low secure wards (Newton Lodge/Bretton Centre)
- In-Patients currently receiving care and treatment on our learning disabilities ward (Newhaven)
- A carers perspective of a loved one who was an in-patient who had received care and treatment at our mental health ward in Barnsley (Kendray Hospital)

From the interviews which took place those interviewed told us that:

- The assessment process can be daunting – can this be broken into sections, especially for patients who have Autistic Spectrum Disorder (ASD)/Autism
- A welcome/induction pack shared on admission should be referred back to during the stay as there was too much information to take in when unwell at admission point.
- Clear explanation of restrictions that can be put in place is needed.
- Clear explanation of different types of leave requests and how they are granted.
- The need to understand range of activities on offer and where service users can influence new activities.
- More support to tackle ‘bullying’ on wards
- Exposure to other mental health conditions and behaviours did have an impact.
- Medications side effects and impact on patients could be better explained (e.g. increased appetite, weight gain, sedation, drooling, speech affected)
- Staffing: not enough staff to support physical needs of service users
- Staffing: concern about lack of regular staff for support and relationships
- Staffing: lack of staff has impact on supporting leave entitlements
- When medications were stopped in community, service users reported becoming unwell with behaviour escalated, some led to criminal activity and arrests by the police.

5.10 Equality Delivery System: EDS2 (2022)

Two digital involvement workshops with Trust service users, carers, staff, and external stakeholders including Healthwatch for each “place” were run in January 2022. These had been delayed due to Covid and should have taken place prior to April 2021 to support the forthcoming year. The theme for 2021/2022 EDS2 was the ‘The provision and restoration

of mental health services during the pandemic'. Panel members were recruited for the workshops from:

- People who use our services including carers, friends, and families
- Members and governors
- Trust volunteers
- Third sector organisations– using our community mapping of over 200+
- Recovery colleges, Spirit in Mind and Creative Mind
- Healthwatch

The feedback from those people who use services and stakeholders is set out below:

Goal 1: From those responding we asked people to tell us how well they thought we had done to achieve better health outcomes during the pandemic.

77% of those who attended the two workshops graded the Trust on this question as Excelling/Achieving. Comments made in feedback:

- *"Lots of pieces of good work have been undertaken during the pandemic for staff, service users/carers and partners. Well, done!"*
- *"The work that has been done has been somewhat successful but there is still room to improve."*
- *"I think you are doing lots to involve different cohorts".*
- *"From the evidence shown it is clear that the NHS are doing this very well and in such difficult times. However, there is always more than can be done."*

Goal 2: The Trust then asked how well people think we did to improve patient experience of services during the pandemic.

67% of those who attended the workshop graded the Trust at Excelling and Achieving grade. Comments made in feedback:

- *"Some protected groups may have found accessing information and technology more difficult - further training could be accessed in this area. Feedback has shown that not everyone finds it easy to access things such as a complaints procedure*."

- *"Keeping service users informed, involved and heard is imperative for wellbeing and staying well."*
- *"Managed the pandemic well, used new methods of communication with clients when face to face appointments were not possible for all clients."*
- *"Some communities have greater access to NHS services than others. However, it is clear to see that work is being done to try and improve that."*
- *"Making the quick decision EIA sounds like a great idea that meant lots of decisions were considered through this lens and ensured people are considered in the approach".*

The Trust then asked people to provide an overall grade for both Goals 1 and 2 overall.

From all those attending 80% stated the Trust were Achieving/Excelling. Comments made in feedback:

- *"Providing the best patient centred care possible, covering people from all groups".*
- *"I think overall the trust is doing great, a good level of consideration is given and events such as this show a strong desire to do well for each person."*

- *"Considering the difficultly we have experienced due to covid restrictions etc I believe the trust is excelling at data collection, patient involvement and analysis etc with the EIAs".*
- *"Mechanisms are in place to identify how different groups fare, which currently suggest there is still some disparity".*
- *"Great work -keep up the good work!"*

5.11 Pastoral and Spiritual Care: inpatient services involvement (2022)

The service spoke to a range of patients, staff, and carers to identify solutions. This included reaching patients via ward community meetings and through a range of focus groups. The involvement explored the opportunity to:

- Develop the concept of a virtual chaplain.
- Set up a pastoral care talk line.
- Provide access to virtual meditation sessions.
- Produce the 'Mountain Hare' publication for those of faith/non-faith.

The engagement ensured that each of the four initiatives could be delivered in the inpatient setting. Each initiative was co-developed in a timely manner as an immediate response to COVID-19 restrictions from Pastoral and Spiritual Care. This then ensured a continuation of pastoral and spiritual care. By identifying and co-designing new solutions the service was best able to continue to provide a source of support for those who stated they had become isolated or felt anxious due to the pandemic.

In addition, 'The Mountain Hare' was co-created from feedback that suggested a light-hearted magazine containing individual stories, spiritual extracts, seasonal information, humour, and the contact details of Chaplaincy services would be helpful. The intention of the Mountain Hare was to maintain a link with those who told us they did not have internet access or stated they felt uncomfortable holding a conversation by telephone or video. The magazine was distributed monthly across the Trust.

Access for patients to Chaplains were via the Trust wide initiative to put in place tablets on each ward. These tablets were co-designed with patients following a successful pilot which captured feedback on the benefits. The rebranded name of 'CHATPad', meant that each tablet could be used for digital telephone/video calls using Zoom. This meant people's religious, spiritual, and pastoral care needs were met throughout the pandemic, which was a key part of the feedback received by people in services.

The Pastoral care team talk line has also since become an integrated part of the teams working offer. Offering a direct contact line when face to face was no longer an option. Virtual meditation sessions were also instated and continue to be delivered over a weekly basis and are now open to both staff and patients. All of these were based on the feedback from both staff and patients.

5.12 South Yorkshire ICB Start with People Involvement Report DRAFT (2024)

Over the last 18 months, work has taken place across a variety of partner organisations across South Yorkshire ICB. It should be noted that this represents hundreds of individual contacts and contributions. Key themes emerging from pre-existing work:

Theme 1: Relationships and trust are important in all the work considered.

- Building trusted relationships is vital to solid involvement work. This needs to determine the nature of the work, where ongoing conversations with familiar trusted partners are seen as far more positive than one-off calls for involvement, and far more likely to elicit a response.
- Communities and organisations want – and need – to work with familiar people who understand the community issues.
- We (statutory organisations must work with honesty and openness, and be able to build shared values, aims and priorities with the communities we work with.

Theme 2: Accessibility and process

- A lot of comments from different organisations centred around how we can ensure that we meet a variety of different, and sometimes conflicting accessibility needs. It is clear that there is no 'one size to fit all', no one format, venue or time that works for everyone.
- It's important that we go to people where they are, and where they are comfortable, and safe, but without forcing or intruding on communities, people, and organisations. Each community or organisation will have different preferences, and ideally organisers would work with the target community to plan sessions where, when and in the format preferred – or could potentially devolve that action to the relevant community lead.
- Most bodies referred to language, the use and avoidance of jargon and large amounts of text; accessible language should be used whenever possible and explained if necessary. We need to check with communities if translators are needed, and resource this.
- People liked and valued interesting, interactive, and creative ways to involve people, and using a variety of different methods, no one method is right for everyone.
- We need to involve people and communities as early as possible in pieces of work, not bring things nearly complete to be 'signed off'. As part of this, we need to offer appropriate support and training, and resource this where needed, building capacity, knowledge, and skills as we develop this approach. Decision makers need to be part of the involvement process, ideally in the room, showing that they are really listening to people.
- Importantly there needs to be enough time given to make sure that involvement is real and meaningful, both in terms of the time communities and organisations need to plan, build, and prepare and in enough time in any meetings or events, acknowledging that informal communities' meetings and activities can take longer than formal 'business' meetings.

Theme 3: Principles and Values

- There was a strong message that having your voice heard is a right, not a favour; this needs to be reflected generally in how we ask people for their time and involvement. This is a right that applies to all, we need to ensure an equal voice to all, not just the loudest, most resourced, and confident voices. In addition, we need to avoid duplication, sharing outputs and insight where we can. Our activity should not be seen as taking out of communities, but putting in and adding value, building knowledge, skills, and resources, as well as services that meet people's needs.
- Equally important was the acknowledgement that people want to be involved in improving the services that impact their lives directly; people want to be a part in shaping the things that are important to them, however these may not be our priorities. Linking into this, it is important that we work with people and communities with clear and shared aims within involvement work and projects.
- We need to demonstrate clearly how we value and use people's lived experience, and the value we place on involvement. This could be in several ways, though allocating resources to VCS bodies, through attractive events, through offering training, vouchers, or payment. A key part is also demonstrating the importance of participation and involvement by having the decision makers in the room, or a clear pathway to the decision makers, and providing timely and solid feedback on decisions and actions.

5.13 South Yorkshire Voluntary & Community Sector (VCS)Co-design Event (2024)

The South Yorkshire VCS event pulled a number of key themes:

Theme 1: Trust and strong relationships

- Commitment to ongoing dialogue (as opposed to one-off asks), partnership working, co-ordinating our asks of the VCS, and increased visibility of reports, outcomes, data and a simple 'you said, we did' feedback mechanism may be the former.
- Ensuring we have systems to enable the key decisions makers in 'the same room' as the VCS/community members, building a network of community leaders in this field, and that co-design and co-creation are embedded at every level may be an aim that will take longer.
- Better understanding of structures and systems on both sides would be beneficial, however on both sides, commitment, and resources – and time – to enable this will be needed, just when they are in short supply.
- All this will help us build to a place of shared aims and priorities. It needs to be underpinned by honesty, and a commitment from statutory bodies to work from a perspective based on community aims and priorities, not set by the organisation (NHS etc).
- Shared language, shared priorities and principles, and better understanding of each other's and mutual challenges are fundamental to moving forward.

Theme 2: Investment, finance, and capacity

- Finance is a contentious issue, in a number of ways. Integral to issues around finance are the dynamics of power; power and finance are difficult to separate.

- The challenges currently faced by the third sector must be acknowledges; with many organisations struggling and competing for funding, meaning there is less capacity to engage with statutory bodies on their issues and priorities.
- Short term funding also means many challenges in planning, capacity and retaining staff and volunteers. However, it is also important for statutory bodies to share openly the barriers they face, with short timescales, and tight parameters on activity and spend.
- Capacity on both sides is extremely limited currently; 'must-dos are often linked to tight timescales, and in addition can be muddied with multiple asks from different bodies, forward planning, longer term capacity built in, joint asks and better sharing of information and outputs would all be helpful.

Theme 3: Practical points

- Low key events, friendly atmosphere and round table based were seen as positive. The right time, place, and accessibility were vital; however, it was noted that the 'right' time and place can be different for different groups and communities.
- Quick and simple issues and questions was vital, as was a subject that engaged hearts and minds – something that is important to people, and they understand.
- In addition, we do need to consider how we show that we value people's time, while acknowledging the challenges around payment for both sides (cost and benefit implications)

5.13 Shaping our People and Communities Strategy (May 2022)

This report was produced to inform the first South Yorkshire ICB engagement strategy, as part of the transition, setting out how the new ICB will work with patients and the public to make sure that the decisions it makes and services it delivers reflect local needs between 25 March and 6 May 2022 people and organisations were invited to have their say.

The report sets out the findings from the feedback received by the ICS during this period on both elements of the engagement: 'good patient and public involvement' and the draft principles. Over 120 responses were received.

- 83 people completed an online survey hosted by South Yorkshire & Bassetlaw ICS
- 12 individuals submitted responses via e-mail / conversations.
- Notes from 4 stakeholder meetings/groups were received. These where from meetings were from Rotherham Patient Participation Group Network; Sheffield CCG Strategic Public, Involvement, Experience and Equality Committee (SPIEEC); Barnsley Mental Health Delivery group and VCSE Leaders group.
- 24 completed SYCF's online survey
- 10 organisations also responded.

Main themes

There was a feeling that the new ICB should see this as an opportunity to overcome some of the previous involvement and engagement challenges and to set high standards from the start. The feedback suggests that good patient and public involvement can be summarised in the following ways:

- It has to be meaningful.
- It should be inclusive.
- It needs to be valued.

- It needs to be transparent.
- It should allow people to have a say on every aspect of their care journey.
- It should be proactive.
- It should be joined up across the health and social care system.
- It has to have a clear pathway to and from decision-makers so that people know who is responsible and accountable.
- It needs to be embedded both culturally and structurally within the NHS system so that a “patient-first” approach exists at all levels.
- It should involve the right people in the right way at the right time.
- Feedback on the draft principles suggest that there is broad consensus for them although some areas could be strengthened particularly around co-production.

5.14 Engagement and Feedback: misc. (March 2024)

Below is feedback received by Healthwatch Barnsley on other SWYFT services (those not related to mental health):

- No interpreter booked for appointment despite being told there would be one.
- Speech and language therapy waiting list is too long.
- Lack of home appointments
- Physicals restrain is not appropriate for Autistic children.
- Lack of shared decision making for neurodiverse service users
- Poor communication from services

5.15 Inpatient Patient Experience Survey Report (2023/2024)

	Qtr. 3 22/23	Qtr. 4 22/23	Qtr. 1 23/24	Qtr. 2 23/24	Qtr. 3 23/24	+/-
11) Did you receive information such as how to take your medication, the possible side effects and how to access your prescription?	76%	56%	75%	60%	98%	+38%
10) If you were detained under the mental health act, were you informed of your right to access an independent mental health advocate (IMHA)?	86%	42%	55%	64%	94%	+30%
16) How would you rate the activities available on the ward?	84%	80%	88%	65%	85%	+20%
3) Do you feel that you were provided with all appropriate information that you required when you were admitted to the ward?	94%	85%	89%	75%	88%	+13%
18) Do you know how to raise concerns regarding your care and treatment?	94%	78%	82%	86%	94%	+8%
9) Do you feel that your family/carer's have been involved in your care and treatment?	93%	78%	94%	78%	86%	+8%
5) Have staff made you feel safe whilst on the ward?	98%	93%	100%	92%	96%	+4%
12) Did you have the opportunity to discuss your medication with a member of the pharmacy team during your admission?	80%	56%	63%	77%	80%	+3%
7) Have staff listened to what you have to say?	98%	90%	100%	92%	94%	+2%
19) Do you feel that you have been treated with dignity and respect whilst in hospital?	98%	92%	100%	98%	100%	+2%
13) How would you rate the cleanliness of the ward and the patient areas?	92%	90%	94%	95%	92%	-3%
8) Have you been involved as much as you wanted to be in decisions about your care and treatment?	90%	73%	94%	98%	92%	-6%
21) Friends and Family Test	96%	76%	94%	90%	84%	-6%
14) How would you rate the quality of the food on the ward?	82%	71%	82%	77%	63%	-14%

Within Q3 there has been an increase in the following areas:

- taking medication, possible side effects and accessing prescription
- the number of people being informed about their right to access an IMHA.
- activities

- being provided with appropriate information on admission
- knowing how to raise concerns about their care and treatment.
- Involved in care and treatment.
- Safe
- the opportunity to discuss medication with pharmacy staff.
- Listened
- Treated with dignity and respect.

In quarter 3 there had been a decline in the following areas:

- quality of food
- being involved in care and treatment
- cleanliness of the ward

Comments received from free text survey questions were themed as follows:

Theme 1: Information:

- I would like to have been explained about my treatment and smoking break's.
- Leaflet
- More information about food
- It Was the Middle of The Night
- Nobody told me why I was transferred.

Theme 2: Safety:

- Large people are here.
- There are people in my head.

Theme 3: Food:

- Absolute rubbish
- Did not enjoy food.
- It's processed.
- It gives me a bad stomach.
- Taste
- More choice like pizza
- Hit and miss options. I want to do my own cooking.
- No halal options.
- Doesn't taste nice.

Theme 4: Activities:

- Not many available

5.16 Patient experience annual report (2022/2023)

Feedback from service users, carers and staff is collected in a number of ways across the Trust with one key source being into our customer services team. Feedback is also received through the friends and family test (FFT), insight information provided to Healthwatch, Trust governors and partners. Staff are able to provide feedback in a number of ways and through the freedom to speak up guardians.

This report provides data and information about feedback gathered through the above routes. During 2022/23 the customer services team received and responded to 756 items

of feedback in the form of complaints, concerns, comments (excluding compliments). This is a 3% decrease compared to the previous year (2021/22) when 777 items of feedback were received.

Of these 756 items, 86 (11%) were formal complaints which compares with 119 during the previous year. Of the 756 items of feedback received 435 were comments/concerns. This is a small increase of 2% from 2021/22 where 426 comments/concerns were received. In addition the Trust received 324 compliments during 2022/23. This is a small increase of 6% compared to 307 in 2021/22.

53 concerns were raised with the freedom to speak up guardian during 2022/23 with a consistent increase from quarter 1 to quarter 4. These were from all disciplines and all services across the Trust.

The friends and family test has seen an increase in responses over the previous 12 months and an increase in the number of people who rate our services as 'good' or 'very good'.

6. What did we already know: our communities: Mental health

6.1 The Big conversation: Wakefield

Through encouragement of more meaningful conversation with trained conversationalists the report looks to better understand what it is like to live, work and grow in the Wakefield District. For the full report go to West Yorkshire Partnership website:
Equality_Diversity_and_Inclusion_Annual_Report_2023.pdf

The key themes that came from the report were:

- Access to **green space** and **connected communities**
- Better access to **mental health support for young people**
- Improved **partnership working,** particularly reducing the gap between seeing a GP and getting access to mental health support.
- Increased **awareness** of mental health issues
- People wanted **easier access** to services including more face-to-face appointments.

6.2 A summary of people's experience of mental health support (August 2023)

The data comes from a range of sources including previous engagement work and research carried out in local areas by Healthwatch and third sector and statutory partners, enquiries received by Healthwatch, feedback shared with West Yorkshire Voice and reports produced in local places and at a West Yorkshire level. For the full report go to Healthwatch Leeds' website:
Guidance (healthwatchleeds.co.uk)

Based on people's experience of mental health support across West Yorkshire over the last few years the following have been highlighted as key themes:

- **Person-Centred Care** – Care should be centred around the needs of each individual.
- **Communication** – Communication needs to be simple, clear, and provided in a format that meets the person's needs.
- **Information** – There should be clear accessible information about what support is available and how to access that support.
- **Access** – People should have timely access to mental health support when they need it and in a way that works for them. People's care should not be restricted by referral criteria or them 'falling through the gaps' because they do not fit the criteria.
- **Coordinated Support** – Services should talk to each other and work together to offer quality support that meets each person's needs.
- **Kindness and compassion** – People should be treated with kindness and compassion and in a respectful way.
- **Health Inequalities** – The additional challenges faced by those with the greatest health inequalities and their needs and preferences should be recognised and supported by all services.

6.3 Engagement and Feedback: Adult Mental Health (March 2024)

This report gives detail on some of the engagement and feedback received on mental health services in Barnsley. Along with this information, there are some general comments that we have received whilst involving people in the NHS South Yorkshire Joint Forward Plan. Also included is all feedback we have received regarding services provided by SWYFT, including those which are not connected to mental health.

There were elements of adult mental health services mentioned in our other Community Conversations with groups in Barnsley, including Age UK Barnsley, Safeguarding Adults Forum by Experience, Humankind/Thrive, Goldthorpe Foodbank and three open sessions held at Barnsley Library @Lightbox.

People told us they valued being able to socialise with family and friends and having access to outdoor spaces helped with their wellbeing. Below are some suggestions of what they feel would improve health care services in Barnsley:

- More mental health support (not Kendray)
- More mental health support in the community
- More things to do in wintertime, that doesn't cost a fortune for people on Universal Credit or other low income to help get them out of the house for mental health reasons.
- Waiting times, needing more support groups, mental health, money, lifestyle, healthy living, drug help, domestic violence, children's mental health

7. What did we already know: our communities: Dementia

7.1 Reviewing the dementia pathway in Wakefield (July-October 2022)

1119 people contributed to the project to obtain a baseline view of current service provision from people with dementia, their carers, and professionals living and working in Wakefield and the Five Towns.

This included: Identifying how a diagnosis was reached and whether there were any barriers experienced, determining how services are accessed and whether linkages between existing providers need to be improved to help signpost people to the most appropriate service for their needs, and mapping support that was available for service users. For the full report go to: Equality_Diversity_and_Inclusion_Annual_Report_2023.pdf (wypartnership.co.uk).

In the report people reported positively that:

- Group services increased socialisation.
- Good Peer support
- A general sense of satisfaction with memory services
- A strong will from professionals to work better together to achieve better outcomes for people affected by dementia.
- A readiness to engage and understand the local pathway as evidenced by attendance of local providers at the roadshows.

However:

- Only 55% of the public knew where to go for help if they were concerned about dementia symptoms.
- 17 of 30 professionals felt that the diagnosis process needs changing.
- 4 of 6 carers thought that the time taken to get the dementia diagnosis was acceptable.
- 11 of 17 professionals reported not knowing enough about other organisations across Wakefield.
- 5 of 8 carers felt that the professional they first spoke to understand their concerns.
- 7 of 12 carers were not given information and/or support to record future care wishes.
- 6 of 8 carers did not receive any support or information.

8. What did we already know: our communities: Children and Young People

8.1 Kirklees Keep in Mind (December 2023)

140 students from schools across Kirklees attended a focus group to discuss Mental Health Support Teams (MHST) and Children and Adolescent Mental Health Services (CAMHS). 86 were from secondary schools and 54 were from primary schools.

- **Information and resources**: to promote service, signpost to website, coping mechanisms, frequently asked question section, staff biographies, tools to speak to parents, anonymous quotes on website, target-based option for self-confidence, evaluation tools.

- **First session**: consider person's preferences and concerns, ground rules, introduce practitioner so pupil get to know them before working together.
- **School**: PSE lessons to include topics on mental health, wellbeing champions, staff training self-harm, worries journal, reward system for completing and engaging in activities, workshops on worry strategies, animal therapy visits, after school club for wellbeing including outdoor activities.
- **Access:** review DNA/DNE appointments to assess needs and locations where service can be provided, rather than just school grounds

8.2 Wakefield child and adolescent mental health service involvement (2022)

It was agreed to run a variety of methods for involvement by holding drop-in sessions at Create Café, Wakefield, and an online event via Microsoft Teams, plus have a display in the clinic waiting rooms for people to read and engage with. Current service users and families were invited by case workers to attend either the drop-in sessions or attend the online meeting. We asked:

- if they knew what the friends and family test was,
- what it looked like,
- what they liked about it,
- what would they change and if they had completed it or not, and
- how they would further like to gain feedback about their involvement.

From the drop-in sessions and online event, the following feedback was provided:

- Most had heard of FFT, what it was for and had completed it. Another hadn't used it but stated they would be happy to fill one out.
- One person said they didn't know what the FFT was for. They had seen the cards/ forms in the waiting room but didn't notice the posters/ leaflets.
- One person was unsure if their parent had completed it for them and another carer said they completed with their daughter, when they were both at the appointment.
- They thought the card was colourful, quick to complete and well-presented, but the posters/leaflets contained too much information.
- They suggested using bullet points for key information, to add a link to the website and to signpost to staff.
- For alternate ways to ask FFT questions they didn't think an email was right as this might be missed. They suggested a text message was a good idea with a link to complete the questions. They asked if you are going to text – let us know so that we know it is a real NHS text and use the Trust logo on the links to show it is a trustworthy link.
- Some felt the equality questions could be too personal for some people and they suggested a space to write how you identify instead for the gender section.
- In terms of what happens to their feedback on FFT cards they said a poster explaining what had been done with the information and how they can continue to give feedback and what has or can't be changed as a result. They stated not to put

everything online as a display gives opportunity to socialise and ask about the information in the waiting areas of CAMHS.

8.3 Engagement and Feedback: Children and young people (March 2024)

This report gives detail on some of the engagement and feedback received on mental health services in Barnsley. Along with this information, there are some general comments that we have received whilst involving people in the NHS South Yorkshire Joint Forward Plan. Also included is all feedback we have received regarding services provided by SWYFT, including those which are not connected to mental health.

Healthwatch attend sessions at Chilypep where they speak to children and young people in both age group sessions (Escape and Sanctuary). They also have connections with the Youth Council and Barnsley College. Here are some highlights from the conversations (full reports are available via Healthwatch Barnsley):

The groups told us that being with friends and family and having access to green spaces mattered to them. Music and craft sessions also played a big part as well as other feedback including:

- Having consistent support – I get this through my course at college, but I am worried about how I will get this when I leave college.
- Drawing, people engaging with my art and me engaging with theirs
- Chilypep and mental health support groups
- Get better mentally.

The groups talked a lot about being listened to and having their feelings considered by health care services. Improved communications and letting people know which services are available to them was also raised several times:

- Having someone in school to point you to the right services – I would have found out about dermatology a lot sooner. (which would have helped with my anxiety)
- Less stigma towards mental health issues
- Reduce stigma in relation to psychosis, more campaigns focused on this.
- Mental health not communicated in secondary schools.
- More support for carers supporting parents with severe mental illness such as schizophrenia.

There were conversations about improving waiting times, access to GP. appointments and being able to get a dental appointment on the NHS.
Children and Young People would also like to see:

- More low-level mental health support like at college – once you leave college there is no access to the services.
- Mental health rooms in hospitals with youth workers for young people working inside
- Chilypep (Youth services in hospitals)
- Access to mental health services for eating disorders.
- Good communications for mental health inpatient stay.
- Quiet places or rooms with dimmed lighting and minimal noise stimulus

The top three priorities were:

- Access when you need it.
- Good communications
- Shorter waiting times

8.4 Mental Minds Matter workshop (March 2024)

In November 2023 South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) commissioned Young Lives Consortium to develop a framework which could be applied across the Trust footprint (covering Barnsley, Wakefield, Calderdale, and Kirklees), to improve the way we communicate with, include, and involve children and young people. In response to this, Young Lives then, in partnership with the princes Trust, coproduced an event to explore what matters to children and young people when it comes.

Together, the young people developed “Mental Minds Matter," an inclusive event held on the 3rd of April 2024, the event was designed by and for young people, reflecting their diverse needs and perspectives, while also meeting the needs of the Trust. The young people planned the event this included marketing and promotion, organising all the activities at the event, and leading on activities throughout the event.

This collaborative effort extended to various professionals and organisations, the young people engaged with during the planning of the event this included the Trust staff and governors, SMASH, the Regional Youth Work Unit, and Storytellers, ensuring a multifaceted approach to engagement and involvement. This level of preparation meant that there was significant interest, with over 44 attendees convening at Wakefield College to actively participate in this vital conversation.

How children and young people want to be engaged:

- **Creative arts to prompt meaningful conversation.** The group fed back that the opportunity to plan and develop art visible in their communities to reduce the stigma of mental health and promote support would be beneficial.
- **Sustain Youth Engagement**: Establish and contribute to ongoing forums for youth involvement.
- **Training and Capacity Building**: Provide and link with training opportunities for both young people and adults to enhance skills in youth engagement and mental health awareness.
- **Expand Collaborative Partnerships:** Strengthen partnerships with youth-focused organisations to broaden support networks.
- **Promote Mental Health Awareness:** Continue prioritising mental health awareness initiatives led by young people.
- **Foster Youth Leadership Development:** Create pathways for youth leadership within organisations and partner networks.

9. What did we already know: our communities: Learning disabilities and neurodiversity

9.1 Neurodivergent people and healthcare experiences (November 2023)

We offered a chance for neurodivergent people and carers to have their say about assessments and support services. A total of 27 people responded and participated in online and in person meetings and completed a survey or interviews. For the full report go to: Life on hold (healthwatchwakefield.co.uk). People told us:

- It feels like a “life on hold” whilst waiting to access assessments and healthcare.
- Long waits and delayed processes create stress and impacts on their mental health (including suicide, substance dependence, and vulnerability to abusers).
- Many feels there are delays in gaining reasonable adjustments and have little / no access to medication, benefits, and services.
- The process for diagnosis is complex and difficult to navigate.
- Right to Choose and Shared Care Agreements are not properly understood.
- Privately funded diagnosis is often not accepted by the NHS.
- People felt they were not understood by many professionals.
- People told us that professionals’ expectations of behaviours are still very gendered, disadvantaging many women, non-binary people, and some men.
- Masking is a behaviour or coping mechanism individuals may use to hide or conceal their true thoughts, feelings, or difficulties. People told us that masking and the impacts of this are not understood.
- People shared their experiences of patient and parent blaming and negative attitudes. Neurodivergent parents told us about them, and their children being blamed for behaviours which are autistic traits, like being called ‘neurotic’, children described as ‘unruly and naughty’, and parents being advised to stop children being hyper focused.

9.2 SYICB Strategy Refresh: learning disabilities (March 2024)

Speak up supported several people to look at the online survey and questions, and 12 people completed a shortened survey to share their views.

People generally agreed with all or most of the statement sentences describing what good public involvement should look like. Almost if not, everyone agreed with these statements:

- It should allow people to have a say on all parts of their care journey.
- It should involve the right people in the right way at the right time.
- It should be joined up across the health and social care services.

People also agreed with most of the statements about what should be changed, especially these.

- Getting more information about how you can get involved in our work.
- Make things easy read.
- Have different sections in the plan so people can go to the bit they’re most interested in.

- Include case studies or real-life stories to demonstrate how working with the public is more effective when planning new services.
- Some people noted that they prefer Plain English to Easy-Read, as Plain-English usually has more information, but is brief and to the point.
- Although some people were happy to be contacted and involved by email, more wanted contact, and involvement through speak up or other voluntary sector organisations, and organisations that work with people, with carers, and people who use services need to be included.
- There was also a clear message that there should be lots of workshops including people that use a service before a service is changed.

10. What did we already know: our communities: Carers

10.1 Carers involvement (2022)

The Trust Carer lead formed partnerships with a wealth of carer organisations and links with the following groups for feedback:

- Staff carers network
- Equality and Involvement Committee
- Carers Network meeting
- Trust network group WYH unpaid carers
- Young carers steering group.

Feedback was gained on the following questions:

1. What would make carers feel valued?
2. Where are the gaps?
3. What would support recruitment?
4. How can we be smarter in the delivery of the voluntary support carers provide?
5. What would support carers in their work life to make this a great place to work?
6. How can we accelerate the embedding of the staff passport?

Common themes from the feedback revealed:

- The completion and delivery of a staff carers awareness training package is integral to progress the embedding of the carer's passports; this package to be fully coproduced by staff carers, unpaid carers, the champions, and carers leads with involvement or support from carer support agencies. It was highlighted that the package is to be face to face (or now online via Microsoft Teams) rather than e-learning. It was felt it would also be useful if the training was delivered to a service - this could be tailored towards their needs (just the relevant documentation etc)
- The carers passports paid and unpaid are a useful resource, however, before they can be appropriately embedded, the systems to measure their data are required to be updated and simplified.
- To enable us to move forward with recruitment of carers champions across the Trust a framework and descriptor is required.
- The staff carers network needs to become more visible and representative at Committee level. For its members to have a voice in policies and planning and make the Trust a great place to work and for staff carers to feel valued.

10.2 The experience of ethnic minority carers in Kirklees (September 2021)

Healthwatch Kirklees had conversations with 70 people about their experiences, with 97% of respondents considering themselves a carer. 85% of respondents identified as female, 83% were heterosexual, and 65% fell within 22-55 age group range. 24% of respondents considered themselves as having a disability and of those carers 48% have a long-term condition, 14% have mobility issues and 21% have mental health needs. For the full report go to: The-experiences-of-ethnic-minority-carers-FINAL-report-September-2021.pdf . The conversations identified a number of key themes:

Theme 1: Identifying as a carer.

- The word “carer” does not exist in some languages, and where it does, the term can have negative connotations.
- Carers from minority communities did not identify themselves as a carer at first, it was only through conversations did they start to identify.

Theme 2: Accessing support.

- Just over half of carers were unaware of the support available to them in Kirklees.
- Research from Carers UK indicates that carers from minority ethnic communities are less likely to be receiving practical and financial support for caring.
- Approximately half of respondents did not feel supported in their caring role.
- Some carers considered it an honour and their duty to look after their loved one without external support.
- Many people indicated that they would like additional help with their emotional health and wellbeing.

Theme 3: Barriers faced.

- We heard from South Asian families that there is sometimes an expectation that a spouse or children, in-laws and other family members will help look after family members who are sick and/or have disabilities; some carers are glad to take on this role as it can be seen as admirable and rewarding.
- Some carers highlighted the burden of caring, and that the expectation to do everything can feel overwhelming.
- It is not always considered appropriate to seek support from external services such as health and care professionals; there is concern that doing so may lead to negative comments and rumours spreading within the community.
- some carers felt that stigma was a challenge within their communities and families particularly those caring for people with mental health conditions, dementia or learning disabilities.

10.3 Kirklees mental health carers network (April 2024)

Following a conversation with carers of people with a mental health diagnosis, the group told us the following:

What does good look like:

- Do more on early intervention and prevention.
- Getting access – having good pathways into services

- Community MH practitioners do seem to work but more evaluation needed and not all GPs have them.
- Person centred care at the point of need.
- Waiting well with support
- Safe transitions into services – supporting people when they are most vulnerable.
- Planned discharges with support in place.
- Early identification of carers – support given/sign posted.
- Thinking about mental health and neurodiversity as 2 separate things.
- Utilise voluntary and community sector but invest in them. Some are already full and yet we are still referring.
- Crisis services need to be pro-active not reactive – in the same way we approach physical health.
- Triangle of care needs to be embedded.
- Need to be more trauma informed – start with how we speak to people – particularly on first contact.
- Think about service location – being visited is an important part of recovery.
- Think about location of services in relation to public transport -there are costs in time and money.
- Think about A&E as a stepping stone to care – use LEEDS MIND team model.
- Referrals into other sectors such as voluntary and community sector and utilise recovery colleges – fund these so they can support people.
- Utilise social prescribers to sign post and support wider parts of a person's recovery - sign post, make connections.
- People just want more access and to see recovery delivered using a team approach.

Improvements needed:

- Referrals are problematic, sometimes dropped from services with no after care or communication.
- Long term complex needs with 25 years in services passed back to GP who is not suitably qualified to support the patient.
- Carers becoming more unwell because they are being left to cope – older carers feel forgotten about.
- When things need a timely and urgent response, and families/carers are struggling – there is no urgency to the support received.
- Triage system is not working. Waiting list for therapies too long – even when person is suicidal.
- GPs do not know enough – more work to be done i.e. training and awareness – examples include referrals for neurodiversity where people go round in circles to get to the right service.
- Complaints service needs to be reviewed – people do not know where to go next or do not get a response.
- Carers experiences can be 'horrific' a lonely journey supporting someone – what can be done to ensure there is support.
- Crisis team don't come out.

Communication:

- Effective communication between all services – GPs and families/carers.
- Make sure information is accessible – font size, dyslexia friendly etc.

- Actively listen to people
- Involve carers.
- Clinicians can sometimes hide behind confidentiality – this needs to be addressed so everyone can support a person/family – information can support.
- Inpatient drugs prescribed with little discussion – more information and communication about medication needed.
- Need to continue to ensure we adjust to communication barriers and if a person is deemed to not be engaging is this more about the service model and less about the person.

Improving clinical care:

- Need clarity on the parameters and decisions relating to what core and enhanced services offer and to whom and when.
- An end to time limited interventions – e.g. 10 weeks treatment for example.
- Utilise Manchester Uni lived experience panels and learning.
- Need a safety net whilst waiting for treatment.
- Improved access to grief counselling.
- Some conditions such as OCD could do with community support or drop-in type services.
- Psychology and psychiatry need to be more joined.
- Work closely with drug and alcohol services to support an individual.
- Ensure care and support plans are in date – use a dashboard to measure this and make it a priority for team leaders to monitor.
- Once you are in the system the support you receive was seen as good – staff helpful.
- Medication and discharge are an issue if GP and service hand over means medicine management and prescribing is not understood or available to GP.
- Medication and talking therapies should be aligned – both together and not one without the other.
- Need to continue to focus on those with long term mental health needs – these should be a continued focus.
- Shortfall of funding in community provision – need to be more coordinated.
- Clinical and support services disjointed.

11. What did we already know: our communities: Ethnicity

11.1 Engagement with Residents of the Wool Merchants Hotel (March 2022)

The Wool Merchant Hotel in Halifax has been commissioned as a site for contingency. accommodation for people seeking asylum in Calderdale since December 2021.
This piece of engagement took place in March 2022, and was delivered to listen to people's views and experience of living in the Wool Merchant Hotel, and to gather them. ideas on how the experience of living in contingency accommodation could be improved in the future.

- Most people reported safety as being the most important thing to them when they arrived at the hotel.

- Many residents highlighted issues with GP registration and delays in being able to make appointments.
- People reported issues around medication and understanding the system.
- Language barriers caused issues around understanding of and identifying medication and purposes.
- Translators and interpreters are not always available.
- 8 people reported having an initial health assessment with their doctor, while 7 had not.
- Lack of awareness and / or support to access community support outside of the hotel impacting on wellbeing
- People had little / no awareness of UK systems before coming to the UK.

11.2 Our voice counts: Forensics (September 2023)

Experiences of service users from a BAME background at Newton Lodge were gathered via a series of face-to-face meetings using guided questions and appreciative enquiry in conversation. Views of staff were also collected around the experiences of the BAME population, including any good practice. 10 people were male, 2 females, the age range was 24-55 and 1 person required the use of an interpreter. 4 people were Black, Black British, Caribbean, or African, 7 people were Asian, Asian British, 1 person was “Other. 5 were practicing Muslim, 1 person identified as multi-Faith, 2 people were not currently practicing Faith and 5 people did not discuss Religion. All were detained under the Mental Health Act and undergoing hospital treatment in either medium or low secure services, with one person awaiting recall to prison following treatment. In addition, 18 staff members shared their views with 4 of whom were from an ethnic minority. For the full report go to: Our-Voice-Counts-Project.pdf (southwestyorkshire.nhs.uk) . The report highlighted several key themes:

Theme 1: Feeling safe.

- All service users spoken with stated they felt safe, and their needs were met.
- No feelings of racism or discrimination amongst those we spoke with.
- Concern of not following Islam like others on the ward do as there is a cultural expectation and some peer pressure.
- Fear of discharge into the community and the impact of not knowing where they belong – they felt safe in hospital.

Theme 2: Staff relationships

- Service users spoke highly of the relationships with staff.
- Confident to approach staff if they had concerns or recommendations.
- Staff are determined to deliver the best care possible and learn and grow.
- Family and carers involved regularly to better understand the individual they are caring for and to include them in care planning.
- Wanting to see more of a diverse workforce and having role models with the service.

Theme 3: Religious and cultural

- Service users discussed having access to religious artefacts and pastoral services.
- Imam visiting had been impacted by covid restrictions and an alternative.
- had not been found.

- Staff were confident that options were available to meet all religious and cultural needs, and that the Imam had gone above and beyond to support service users at Newton Lodge
- more could be done to understand the wider implications of faith and mental health and the complexity of the two intertwined.
- difficult to stay motivated sometimes and upkeep religious practice in hospital.
- more could be done to promote inclusivity and choice around culture.
- concerned that media and societal views impacted what people understood about Islam and education for staff and peers was needed to support different thinking.
- Both service users and staff expressed the opinion that more could be done to raise awareness about culture and religion within Newton Lodge
- Good practice around celebrations had been observed and discussed by service users and staff teams.

Theme 4: Food

- Food was a large part of celebrating for people and a constant theme throughout conversations with service users with the feeling that again, more could be done.
- acknowledged as a meaningful and important way of bringing people together.
- Food quality and menu was disappointing and lacked options.

Theme 5: Family

- Family was discussed throughout conversations as an important factor in keeping connections with the outside world and community.
- The biggest ask that came through was for more time with family and friends.

Theme 6: Men's pathway

- There was a noticeable sense of gratitude from the Men's pathway and not wanting to complain.
- The men we spoke to at Newton Lodge did know about community meetings, One Voice, the Yorkshire & Humber Network, Advocacy and how to raise a concern, which was all reassuring. Some said they would like to be involved further.
- Staff also felt that involvement processes and opportunities were plentiful and confident that people had their voice heard.
- Service users felt there were enough opportunities to be involved and did not want, at this time, a specific group to support their needs.

Theme 7: Women's pathway

- Didn't feel listened to and felt as though their opinions didn't matter.
- Felt a sense of breakdown in involvement processes.
- Would like to see collaborative training packages put together by service users and staff from different ethnic groups.
- Would like to be a part of a group to help their voices be heard and support their culture and identity.

11.3 BAME North Kirklees Covid 19 Project (2022)

North Kirklees suffered a high number of deaths in the BAME communities compared to the other areas of the Trust. In some cases, 2 members of the same family lost their lives

to Covid-19. The aim was to capture the impact of Covid-19 on BAME communities in North Kirklees, by training volunteers from the local community. Following successful funds through an application to NHS Charities Together a project worker was appointed to commence on this piece of work.
The project worker worked with the community to:

- Create key relationships with grass root services and other community partners
- Engage people to identify what creative health and wellbeing interventions could be helpful
- To co-develop with the community an application process for bids
- Recruit to and run a reference group to assess community bids (using a bottom-up approach)

The Trust worked with groups in a culturally sensitive manner to ensure people felt able to share their experiences. Harrowing and hard-hitting stories were captured by our trained community reports on the how Pandemic had affected them and the community in North Kirklees.

- **One storyteller** pointed out that the particular living arrangements of many BAME families – large, multi-generational families living together in one household – have exacerbated things, encouraged the spread of coronavirus, and made it difficult for more vulnerable family members to effectively shield.
- **One storyteller** talks about the devastating effect of losing several close friends within the same month, as well as the sense of loss he felt in not being able to see or touch his elderly father, saying “many times, I was actually in tears.” In this story and others, this feeling translates into a fear of passing on the virus, to those who are elderly or vulnerable, with many people talking about anxiety, fear, and feeling as if they were struggling, with those particular words coming up many, many times.
- **One storyteller** says, “everyone is grieving at home on their own.” This is compared to the usual grief process for the South Asian community within North Kirklees which would see funerals with hundreds of attendees. These experiences were used to formulate projects that would provide some hope and healing and look to the future, as we come out of the Pandemic.
- **One storyteller**, a faith leader who lost two cousins and several friends to coronavirus, says how he has had members of the community crying on the phone to him due to not being able to attend a loved one’s funeral.

12. What did we already know: our communities: LGBTQ+

12.1 Engagement and Feedback: TransBarnsley and LGBTQ+ (March 2024)

This report gives detail on some of the engagement and feedback received on mental health services in Barnsley. Along with this information, there are some general comments that we have received whilst involving people in the NHS South Yorkshire Joint Forward Plan. Also included is all feedback we have received regarding services provided by SWYFT, including those which are not connected to mental health.

We have built up a good relationship with TransBarnsley. Because of this, we were asked to help them to set up a Families and Partners Focus Group. This group provides peer support for families, carers, partners, siblings, and other family members of Trans or Non-binary people. This has been successful and has now been running for almost a year. The group told us the main things were seeing friends and family, walking, listening to music and religion. Other points made were:

- Cosmetics
- Bingo
- Holidays
- LQBTQ+ Spaces
- Trans group
- Studying and self-education
- Drone flying and walking.
- Coming to TransBarnsley and being myself, it helps with my mental health.
- Clay work and crafting (just no space at home)
- Writing poetry services

The group told us they would like better understanding from NHS staff on Trans and Non-Binary and Gender Fluid, more social groups for LGBTQ+ and to see the same Doctor each time so they do not have to repeatedly tell their story:

- I don't want to have to explain myself "how trans I am" every time I
- go to a new service or A&E. They are there for me, not to tell my story.
- Stop asking inappropriate questions in person or online on stuff you.
- have to fill in.
- Being able to go out and feel safe and knowing the safe places to go.
- for help when being trans in times of trouble
- Being able to get on hormones quicker than waiting years for them.
- More awareness of social prescribing and self-referral processes

The group told us they would like to see shorter waiting times and quicker referrals to gender clinics. They would also like to see investment in more transgender surgery; there are only two hospitals that provide this, and both are in the south of the UK. The group also talked about having good access to support with depression and mental health:

- Social clubs for LGBTQ+
- Have services within GP Practices
- Pharmacies
- Paediatrics
- Having a one to one with a therapist
- Doctors to buy my T (testosterone) from
- Being able to see a GP.
- Access to Accident and Emergency Services

The top 5 priority areas were identified as:

1. Access when you need it.
2. Good communication
3. Shorter waiting times

4. Personalised care
5. Services working together.

13. Findings from engagement: Community

Communications were shared with over 250 community organisations including Healthwatch and our lead VCSE providers inviting them to contribute towards our Trust wide strategy through sharing pre-existing insight and / or asking members of our community to respond to a survey, the survey was available in both digital and physical print. There were 805 responses to the survey.

14.1 Section one: About you

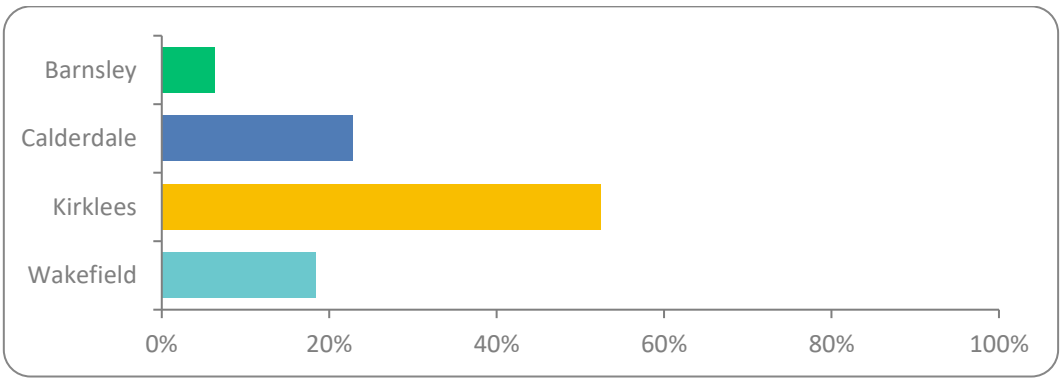
We received many responses from people living in Kirklees as a place (52.42%) with a similar response from Calderdale (22.86%) and Wakefield (18.39%). Barnsley had the lowest response rate at 6.34%.

We had representation from people who have used a Trust service (23.11%) and those who care for someone who has used a Trust service (18.76%). We also heard from people who work in health care (13.29%), for a voluntary or community organisation (11.93%) or in social care (5.71%). 2.86% of responses came from our Trust members and / or governors. Some respondents included comments saying they were retired from the NHS / used to work in healthcare, a Trust volunteer, or a Trustee in community.

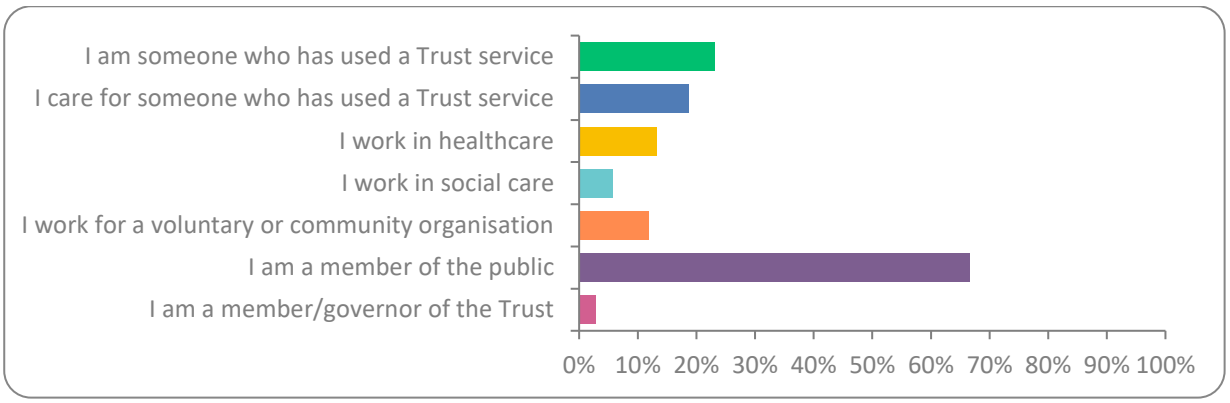
When asked about how much people knew about the Trust 40.79% of people said they had a **good or very good knowledge**, however the just over half of people responded to say either little or some knowledge (51.18%).

8.07% of respondents said they did not know anything about the Trust. The weighted average of respondents out of 5 was 3.17, 5 being very well, 1 being not at all.

Q1. Which local area do you live in? Answered: 805 Skipped: 0



Q2. How would you describe yourself? (tick as many that apply) Answered: 805 Skipped: 0



Q3. How much do you know about our Trust? If 1 is not at all and 5 is very well.
Answered: 805 Skipped: 0

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
⭐	8.07% 65	24.35% 196	26.83% 216	23.85% 192	16.89% 136	805	3.17

14.2 Section two: About our Trust

We asked respondents to comment on what would a good service look and feel like to you. The primary themes were around:

- Access to services
- Feeling welcomed and informed
- Equality, diversity, and inclusion.

A good service for people included **early and accurate diagnosis**, as well as improved **discharge** and follow up. There needs to be more **involvement with families and carers** to ensure we are able to provide appropriate wrap around support for people accessing our services. Having health and care that was delivered in a **person-centred approach** is important to people, and we received feedback regarding how we need to be more **compassionate** and **inclusive** in our approach towards **older service users** and people with a **disability**, especially around neurodiversity. Comments were made that we needed more of an understanding of mental health concerns and learning disabilities / Autism, as well as more staff awareness around the **LGBTQ+ community** and how people should be addressed. People wanted services that were **inclusive for all communities**.

People overall rated the services that they have used as ‘good’ or ‘very good’ (71.92%) with 15.90% of people rating the service as ‘excellent’, and 9.24% rating as below good.

The majority of responders said that they **felt welcome** when using our services (67.44%), with 19.95% saying they felt very welcome. 9.22% of respondents said they didn’t feel welcome.

17.30% of respondents said that it was ‘very easy’ to **get to our services**, with 4.09% saying it was not easy at all. There was an equal response of people saying that ‘not very easy’ (23.16%), ‘okay’ (25.48%) or ‘easy’ (26.57%).

When people did access our services, they highlighted the importance of a **warm and welcoming** first point of contact, they wanted to be greeted by **knowledgeable staff** who had **positive** and **caring** attitudes. Responders wanted to be kept **informed** through effective and **accessible communication** that acknowledged different communication needs regarding interpretation and translation and easy read documentation.

People told us that access into services was a barrier and that they would like to see **easier access** and referral processes, with **better connectivity** between different areas as people did not want to repeat information. Responders also highlighted that some services needed to improve their **time management** when it came to appointments as they are often running late, and responders wanted **more choice** around appointments times and locations as they are often not suitable, especially for those with caring responsibilities. People told us they would like for more services to be offered locally in the community, and for more **out of hours** facilities. One of the main themes was around **reduced waiting times**, but people also wanted to see more **holistic care** offers and **signposting** to community support.

It was identified that we needed more **up to date systems** and appropriate **resources** available. There was also a comment made that on citizen panels, within questionnaires etc, there needed to be a more balanced **representation** of protected characteristics to ensure we were hearing from our communities reflectively.

We asked people what they valued about our services, the top three things that people identified as being the **most important** to them were the **staff who delivered their care** (58.17%), being treated with **dignity and respect** (51.13%), and the **support / care and treatmen**t received (51.13%). People then rated being **listened to and understood** (46.06%) and being involved in **care planning** (30.70%) as the next most important things. Food and facilities (23.38%) and activities people got involved in (21.41%) were rated the least important to respondents.

46.45% of respondents felt we **involved family and carers** well or very well, with the weighted average being 3.39 stars out of 5. 2.65% of respondents said we did not involve family and carers.

We asked people about how we could better consider the impact on our environment, people spoke about how we could implement use of more **solar energy**, reuse **rainwater**, and have **onsite composting**. Respondents identified issues around the use of correct **waste disposal** and a need for an increased number of bins, along with reducing the use of disposable plastics and more mindful responses to food wastages. There were also suggestions about **automated lights and tap**s, and from an estates perspective we needed to ensure buildings are used to capacity and share buildings more to maximise use. Comments were also raised around utilising local supplies opposed to national.

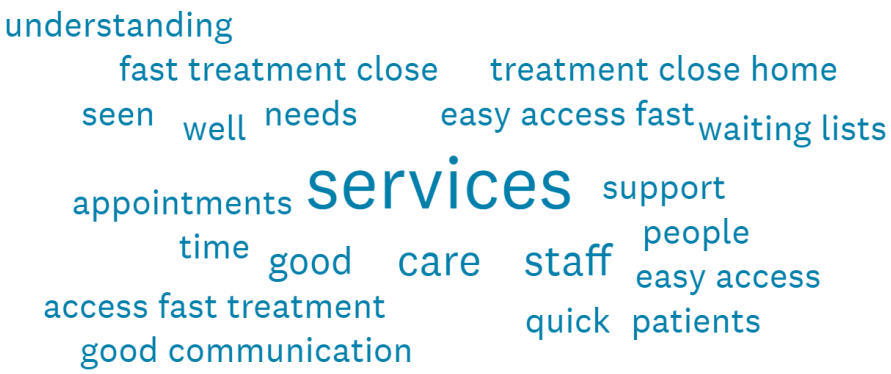
The majority of respondents (57.49%) had not heard of recovery colleges. 8.45% of respondents had used recovery colleges, 19.75% had heard of them but not used them,

and 14.31% of respondents had heard of them and knew somebody else who had accessed them.

The weighted average score when asked to grade the recovery colleges out of 5 (1 being poor and 5 being excellent) was 3.96. The majority of respondents graded ‘very good’ (36.82%) or ‘excellent’ (32.56%) with 25.58% saying ‘good’ and 5.04% grading less than good / poor.

Respondent told us that they wanted to see more diverse **creative activities** and opportunities in our Trust. These included **arts and crafts** (painting, drawing, pottery, street art and graffiti, and photography), drama club, **music**, **writing** (including calligraphy), **exercise** (boxing, cycling, walking, yoga, dance, and Zumba) and **mindfulness**. Along with **religious therapies**, **hypnotherapy**, **aromatherapy,** and **horticulture**.

Q4. What would good services look and feel like to you?
Answered: 317 Skipped: 488



SAMPLE OF QUOTES:

“Well resourced (both staffing and equipment), digitally forward, supportive of both staff and the population it serves (service users, carers, families, etc.) by providing the service in a timely manner, whilst listening and acting on the individual's preferences/needs”.

“People first and centre of any plans, local services for local people, well managed and well-staffed with appropriate resources and IT support. People able to choose where they attend rather than based on GP locality as local transport does not follow local GP boundaries.”

“Person-centred, recovery-focused being treated like a person forming meaningful relationships”

“Appropriately trained staff e.g. autism awareness and acceptance (not generic neurodiversity training when working the autistic people and the understanding and awareness that autism is a spectrum and no two neurodivergent people are the same as no two neurotypical people are the same and autistic and/or ADHD females present differently to males. Neurodiversity is everybody’s business and regular up to date training is a must.”

Q5. How would you rate the services that you have used? If 1 is poor and 5 is excellent. Answered: 736 Skipped: 69

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	2.31% 17	6.93% 51	36.28% 267	35.46% 261	15.90% 117	3.13% 23	736	3.58

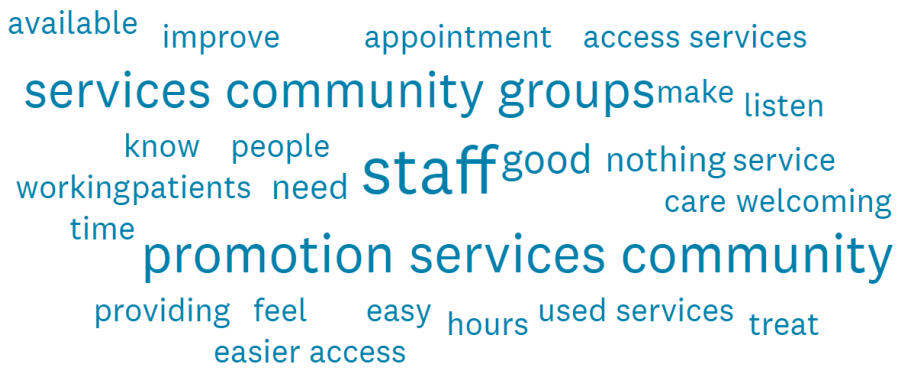
Q6. Did you feel welcome when using our services? If 1 is not at all and 5 is very welcome. Answered: 737 Skipped: 68

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	2.44% 18	6.78% 50	36.91% 272	30.53% 225	19.95% 147	3.39% 25	737	3.61

Q7. Did you find it easy to get to our services? If 1 is not easy at all and 5 is very easy. Answered: 734 Skipped: 71

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	4.09% 30	23.16% 170	25.48% 187	26.57% 195	17.30% 127	3.41% 25	734	3.31

Q8. What could we have done differently to improve your scores? (Free text) Answered: 255 Skipped: 550



SAMPLE OF QUOTES:

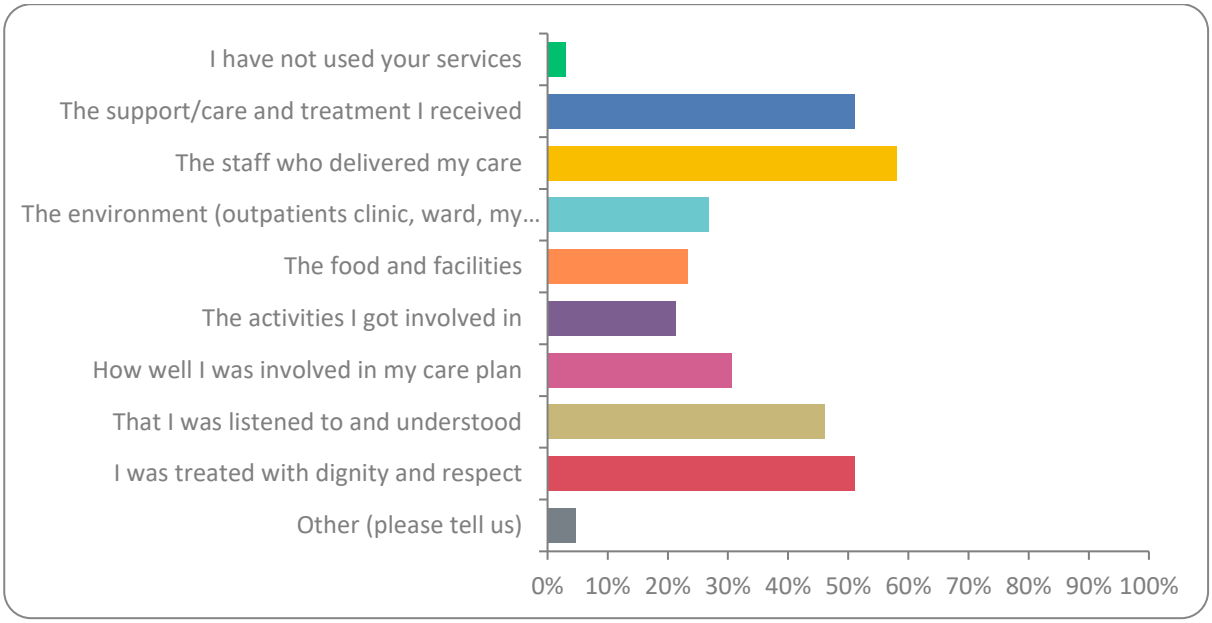
"Services need to work more collaboratively and not as separate entities, I.e. there should be a close collaboration between the crisis team and community team bur there isn't"

"Patients should be made to feel welcome and treated equally. Waiting lists should be shorter"

"Connect people to activities, groups, and services in their community to improve their health and wellbeing."

"Listen to patients and their families/carers. Involve them in their treatment and treat them with respect and kindness."

Q9. What did you value about our services? (Tick all that apply) Answered: 710 Skipped: 95



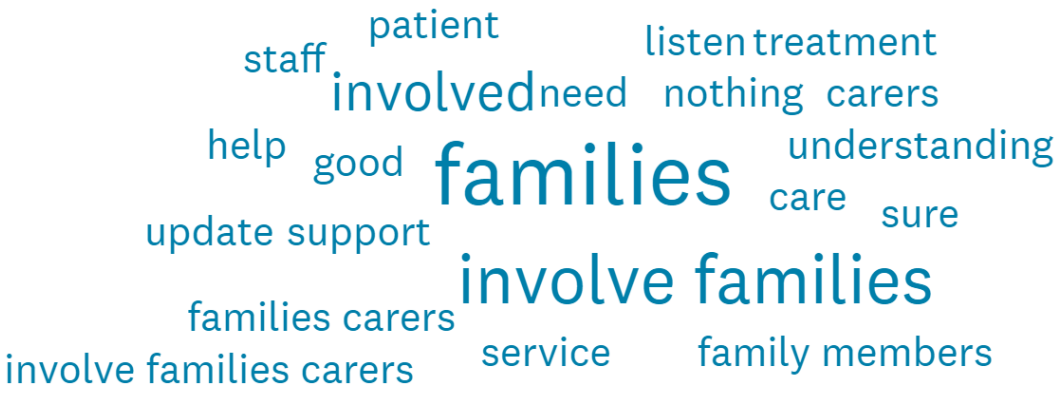
FREE TEXT:

- *Speedy appointments and treatment at diagnosis centre*
- *Patience and understanding without being patronised.*
- *The one course of psychology I received after nearly two years of fighting for it. Although given the subsequent lack of care after I'm beginning to feel that it may not have been all that worth it.*
- *When I was bad with my mental health and was an inpatient at BDGH the only staff member that treated me like an actual human being was an HCA called Colin Holmes (I think). I felt very much like I was an inconvenience to the rest of the staff on the ward, although all the medical care I need was given to the highest standard.*
- *There was nothing that was of value the treatment my father received was disgusting.*
- *Some individuals worked in a personal centred way and tried to do their best.*
- *My own ensuite room was a positive factor - although I would have preferred a same sex ward (which is the case for working age patients now but wasn't when I was an in-patient). The Occupational Therapy team were brilliant in terms of motivating me to undertake activities - but the need to have a rota to use the occupation therapy activity room and the outdoor garden walkway was a negative for me. The ward cleaners did a really good job and were friendly at all times - ditto the catering team. The attitude of some of the healthcare assistants left a lot to be desired, on occasions: lack of empathy; negative body language, including facial expressions and making critical comments about patients, to each other, when they thought no-one could overhear them.*

Q10. How well do we involve families and carers? 1 not well at all and 5 very well.
Answered: 717 Skipped: 88

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	2.65% 19	20.78% 149	27.06% 194	29.43% 211	17.02% 122	3.07% 22	717	3.39

Q11. What could we have done to improve your scores? Free text
Answered: 229 Skipped: 576



Responses summarised below of positive feedback:

- Staff were polite and efficient.
- Kept informed promptly.
- Information was precise and accurate.

Responses summarised below of negative feedback:

- Not consistent in involving family and carers.
- Communication can be very poor / no communication.
- Communications still being sent to service user who has passed away.
- Once discharged follow up communication is non-existent.
- Too many handouts
- Information is not accurate.
- Communication varies across different services.
- Phone calls never get passed on to the appropriate service / team / person.
- Website is difficult to navigate.
- Not always informed.
- Very little information provided to carers and families.
- Impersonal letters which were not helpful
- Information is difficult to understand / easy read would be preferable.
- Too much reliance on digital
- Social media could be better.
- Feedback from different public sectors events/consultations.

SAMPLE OF QUOTES:

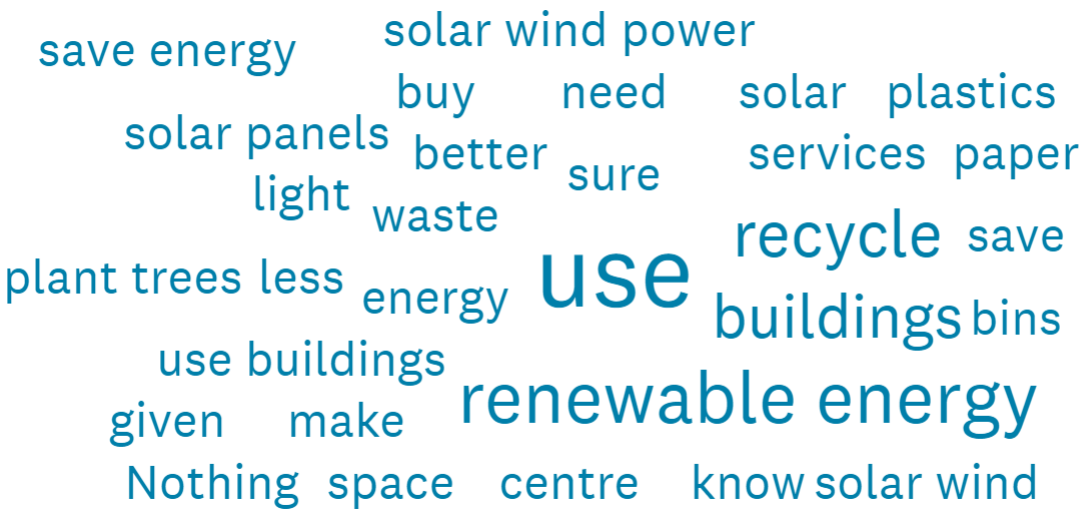
"My family were welcomed we are very happy with the service"

"*In our case I would find it unfair to criticise as staff went above and beyond what I expected."*

"*Communication with family and carers, after all they can provide a huge amount of information that could ensure the patient receiving treatment receives the most appropriate treatment. Information sharing."*

"Involve families/carers and the patients every step of the way. do not ignore the needs/wants. take their cultural and religious beliefs into account"

Q12. How could we better consider the impact on our environment – this could include things like waste, energy and our buildings? (Free text) Answered: 207 Skipped: 598



SAMPLE OF QUOTES:

"Finding better ways to heat and light the buildings. Try to use materials that are biodegradable."

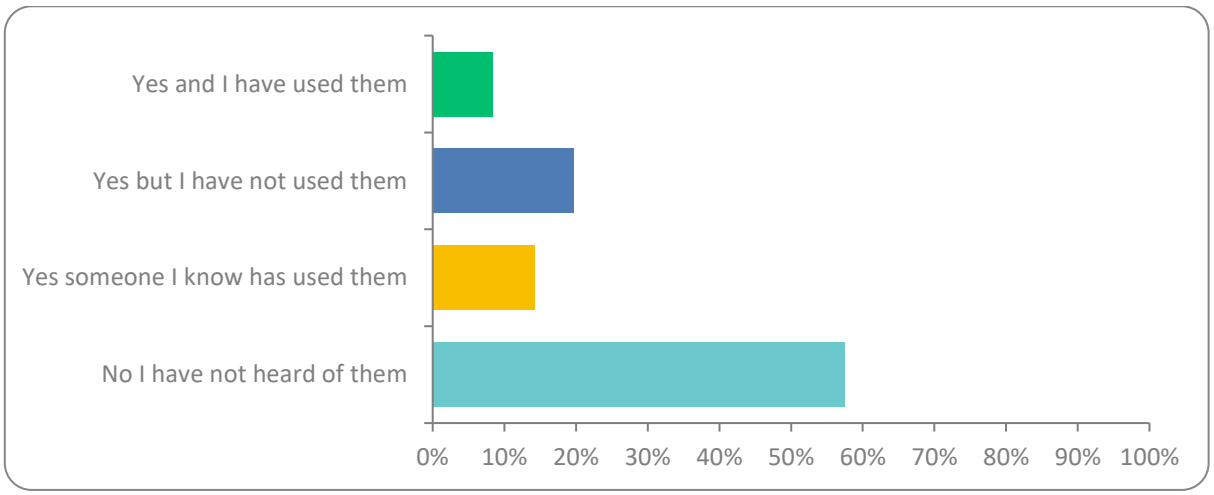
"Use LED lights, have less lights on at night in the wards. Use bio-degradable products and less latex products. Buildings should have solar panels."

"*Disposal of unused medication"*

"Digital offers-reduce printing, encourage patients to access info electronically rather than giving out info leaflets"

"*More renewable energy, recycle more, plant more trees"*

Q13. Have you heard of our recovery colleges? Answered: 734 Skipped: 71



Q14. If you answered yes, how would you rate your experience of our recovery college? If poor is 1 and 5 is excellent? Answered: 258 Skipped: 547

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
⭐	0.78% 2	4.26% 11	25.58% 66	36.82% 95	32.56% 84	258	3.96

Q15. As a Trust we know that creative activities can really support recovery. Tell us what creative opportunities you would like to see on offer in our Trust. Free text
Answered: 258 Skipped: 547

Responses summarised below:

- Arts and crafts (examples provided: painting, drawing, pottery, street art/graffiti, photography)
- Board games
- Music
- Writing (including calligraphy)
- Exercise (examples provided: boxing, cycling, walking, yoga, dance, Zumba)

- Mindfulness
- Religious therapies
- Hypnotherapy
- Aromatherapy
- Horticulture
- Drama club

SAMPLE OF QUOTES:

"*Art, music and creative writing therapies. Gardening and photography could help with recovery."*

"Gardening, photography, journaling, painting, crafting with materials, knitting, crocheting, board games, jigsaws"

"*Traditional Asian games and arts and craft. Work closely with community groups"*

14.3 Section three: Thinking about how we communicate, involve and include you.

Nearly half of respondents (47.80%) said that they do not get involved in the world of the Trust. Where respondents said that they did get involved, surveys appeared to be the most popular tool (45.74%). 5.49% of respondents said that they got involved through Trust events, and 4.95% saying through Trust meetings. 4.40% said they were a Trust member, 6.59% were volunteers, and 4.12% said that they were a peer support worker.

There were a lot of suggestions around how we **consider equality** and **address health inequalities** from respondents. People wanted to see more consideration around what **communication** methods are available and offered, along with increased access to reliable **interpreters** and **translators**. Respondents wanted to see **closer working relationships** with partner organisations, particularly our community, with more community outreach services, funding, and improved signposting. A specific comment made was about more **accessible buildings** being available in **deprived areas**.

Some respondents made suggestions around **cardio metabolic screening**, along with **BP monitoring** in waiting rooms, while others made comments around wanting more **events** and active consideration of who communities the Trust are not hearing the voice from and why.

Respondents wanted more **thorough recruitment processes** to ensure the right people are recruited with the right **values**, and to reduce discrimination from staff. Respondents said that more **training** and **awareness** is required, specifically around **carers**, **sexual orientation**, **disability**, and **ethnicity** and **religion** to ensure person centred care is delivered in an accessible and equitable way.

Overall respondents said that **information we provided** about our service was 'good' (28.93%) or 'very good' (30.17%). 19.17 of respondents said that the information we provided was not very good, and 2.07% of people said not well at all. 17.63% of respondents said that the information provided was excellent.

Responses were similar when we asked how we well we **communicated** while using our services. The majority of people said ‘good’ (25.84%) or ‘very good’ (29.21%), with 20.51% saying not very good, and 2.81% saying not at all. 18.96% of respondents said ‘excellent’.

Overall, people wanted to be **more involved** but wanted to ensure that it was **meaningful** and **not tokenistic**. People wanted to see more **local drop in events** and **accessible information** online, along with more **peer support** opportunities. The majority of people preferred **face to face contact** opposed to surveys and online requests as it felt more personal. As well as being involved in **decision making** and the development and design of services / policies / strategies people said they wanted **more day-to-day contact** with information and guidance about different support offers in their **local areas**, and to be invited to **meetings** and **events**.

People want staff to be more patient and understanding, and treatment to be **culturally and religiously appropriate** with more information on treatment and care plans. People felt as though there were **not enough services** available when they needed them, including more **out of hours** support, and the services that were available were **difficult to access.**

Q16. Do you get involved in any of the following? (tick all that apply)

ANSWER CHOICES	RESPONSES	
Trust events	5.49%	40
Trust meetings	4.95%	36
Surveys	45.74%	333
I am a member of the Trust	4.40%	32
I am a volunteer	6.59%	48
I am a hospital manager supporting the Mental Health Act panels	0.82%	6
I am a peer support worker	4.12%	30
I do not get involved in the work of the Trust	47.80%	348
Other (please tell us)	1.79%	13
TOTAL		886

“Other” responses included:

- Try to help support family members.
- Have worked in hospital in past.
- The All-Age Autism strategy
- Carer
- Citizens Panel: Healthwatch
- I work for the Trust.

Q17. What more could we do to ensure we consider equality and address health inequalities?? Free text

Responses summarised below:

Theme 1: Improving care.

- A larger digital presence
- Person centred care
- More communication methods available
- More consideration to food choices and dietary requirements
- Improve access to services.
- Community outreach
- less ‘opt in’ requirements.
- More access to interpreters and translators
- More peers support.
- Fund more community-based activities.
- Cardio metabolic screening
- BP monitoring in waiting rooms.
- More accessible buildings in deprived areas

SAMPLE OF QUOTES:

“Ensure all service users are offered a cardio metabolic screening once a year, offer BP monitoring in waiting rooms if this can be done in a way that does not increase health anxiety”

"Adapt services to ensure that everyone is able to access regardless of disability"

"Outreach into communities whom struggle to access healthcare"

Theme 2: Workforce

- More thorough recruitment processes to ensure the right people are recruited with the right values.
- Reduce discrimination (especially referencing neurodiverse)
- 'Treat everybody equally'
- More understanding and awareness of carers
- More training and awareness around LGBTQ+

SAMPLE OF QUOTES:

"Staff to be more considerate and understanding"

Theme 3: Equality and Involvement

- Work more closely with communities.
- More active consideration of who you're not hearing the voice from and why.
- More consideration and follow up to complaints and feedback.
- More diverse panels
- More local actions and events
- More visibility around anti-racism
- More cultural and religious considerations to health and care
- More support for carers
- More training and awareness around neurodiversity

SAMPLE OF QUOTES:

"Trust should employ more staff from the BAME community. the Trust requires more staff who can speak and foreign language. LGBTQ, Autistic, dementia and MH patients should receive the same respect as other patients"

"More culturally appropriate services"

"*Listen to neurodivergent people and use their actual lived-experience to educate all staff on the social model vs clinical model, double-empathy problem etc. Be aware that as well as neurodivergent patients, there will be a significant number of neurodivergent staff working for the trust, on all pay-bands"*

Q18. How good is the information we provide about our services? If 1 is poor and 5 is excellent? Answered: 726 Skipped: 79

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	2.07% 15	19.15% 139	28.93% 210	30.17% 219	17.63% 128	2.07% 15	726	3.43

Q19. How well did we communicate with you when you used our service? if 1 is not at all and 5 is very well? Answered: 712 Skipped: 93

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	2.81% 20	20.51% 146	25.84% 184	29.21% 208	18.96% 135	2.67% 19	712	3.42

Q20. Please tell us why you have chosen your scores? Free text Answered: 253 Skipped: 552

Responses summarised below:

- Not enough services available when they needed them.
- Reduced waiting times
- Services were difficult to access.
- Improve the level of and format of communication.
- People wanted to feel as though they had been listened to and understood.
- Within some communities the Trust had no visibility
- Help break the stigma in some communities round mental health.
- Source more local food and increase Halal options.
- More community presence and increase profile.
- Need to be more culturally and religiously appropriate.
- More information on treatment / care plan
- Staff could be more understanding and patient.
- Ensure family and carers are more involved.
- More accessible information
- More partnership working between service.
- Make the buildings look and feel less clinical.
- More out of hours appointments
- Improve attitudes around dignity and respect.
- More support around neurodiversity

SAMPLE OF QUOTES:

"*The website is difficult to navigate not setup to help with trying to find anything"*

"Need more translated materials and (to) train community volunteers"

"Not enough communication with families. Asian families are very close knit and do not understand mental health, so more you communicate, better it will be"

Q21. What else could we do to make you feel involved and included in our Trust?
Answered: 244 Skipped: 251

Responses summarised below:

- People wanted to be more involved but wanted to ensure that it was meaningful and not tokenistic.
- People wanted to see more local drop in events and accessible information online, along with more peer support opportunities.
- Overall feedback was that people preferred face to face contact opposed to surveys and online requests as it felt more personal.
- As well as being involved in decision making and the development and design of services / policies / strategies people said they wanted more day-to-day contact with information and guidance about different support offers in their local areas, and to be invited to meetings and events.

SAMPLE OF QUOTES:

"*More treatment away from hospitals and use of community organisations"*

"*Accessible information online/social media groups and in community centres"*

"Do more surveys/ hold more public events / face-to-face meetings / gatherings /visit groups/ hold community events / have open days /information days/ drop ins at mosques, youth and community centres across local communities"

"As a carer it would be nice to be included in the discussion and decision making as it often has an impact on their availability / time"

14.4 Section four: Thinking about how we use digital technology.

The majority of respondents (89.69%) said they had a **mobile phone**, with 41.79% of respondents saying they had a **tablet**, but only just over half of respondents (55.49%) said that they **always had access to data**. 31.38% said that they **sometimes had access** to data, and 7.99% said that they **very rarely** ('not very often') had access. 5.14% said they **never** had access to data. 41.66% of respondents said that they had a computer 42.33% of respondents said that they had a telephone (landline).

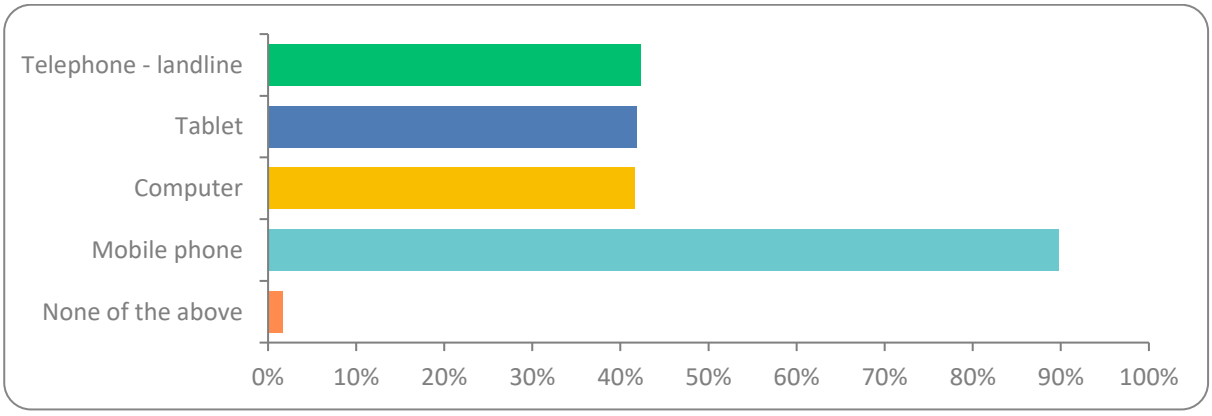
We asked people whether they have ever or could use a computer, mobile phone, or tablet to support a medical appointment. The majority of people said that **they could use a mobile phone** (61.72%) always, or sometimes (26.98%) with 5.72% saying they could never use a mobile phone to support a medical appointment.

In comparison 33.76% of people could **never use a computer** to support a medical appointment and similarly 37.84% of respondents said they **couldn't use a tablet** to support an appointment.

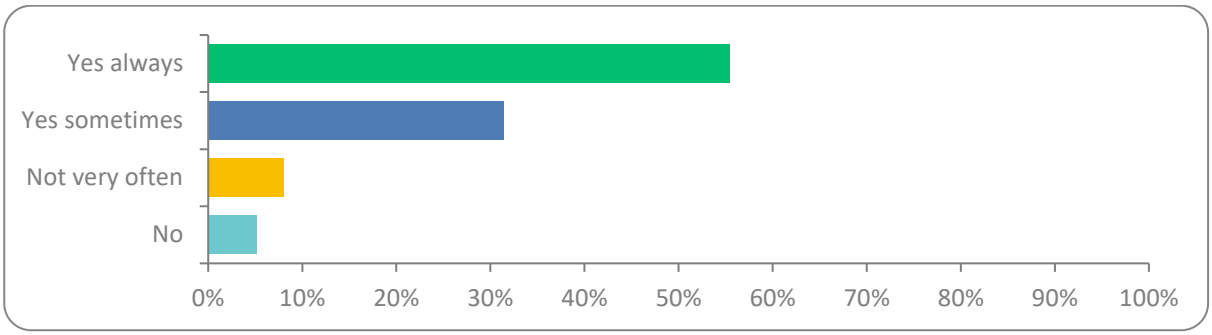
Overall respondents expressed concerns that the Trust were becoming **too digitalised** and people either didn't have the skills and experience required to support them to use digital technology, or they didn't have access to the equipment required. Suggestions were made about having **training sessions** held through the recovery colleges to upskill the community to better understand technology, while others made suggestions about being able to offer people using our services **sim cards and data** to help reduce digital barriers.

For those respondents who used digital and were more confident suggestions were made about a **Trust app**, text messages to remind people about appointments, more use of **social media** to advertise local groups and share health information, and more **tablets** on the wards.

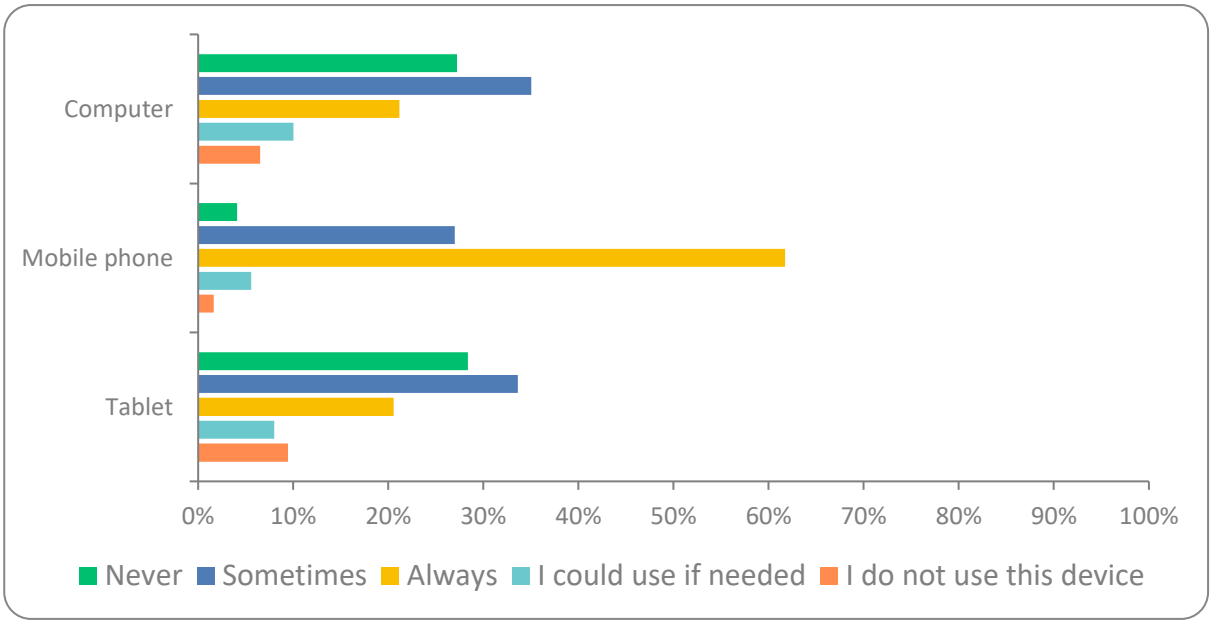
Q22. Do you use any of the following? (tick all that apply) Answered: 737 Skipped: 68



Q23. If you do use a computer, tablet, or mobile phone, do you have access to data?
Answered: 707 Skipped: 104



Q24. Have you ever or could you use a computer, mobile phone, or tablet to support a medical appointment? Answered: 738 Skipped: 67



Q25. Do you have any ideas of how we can improve our services using digital technology? Or anything else we should consider? Responses summarised below:

Summary of responses below:

- The majority of people who responded were concerned about the Trust becoming too digitalised as a lot of people do not use technology or would prefer not to
- Several people suggested of offering sim cards and data for service users.
- The suggestion of an app was made by a number of people.
- Send text messages to remind people about appointments.
- Have more digital signage around the Trust with translated information.
- More use of social media to advertise local groups and to share health information.
- Some people wanted the option to have phone appointments.
- People wanted to see more tablets on the wards.
- People felt it would be useful to have training sessions held through the recovery colleges to upskill the community to better understand technology.

SAMPLE OF QUOTES:

"I do use them but would prefer a paper letter. Give people the choice about whether they want to use it."

"Please be aware that not everyone has access to technology, and they don't always know who to use it"

"*give patients free data and sims"*

"Loaning equipment for longer term use. Enabling staff to be able to communicate using the preferred means for that individual or group"

14.5 Section five: clinical strategy

From those respondents who had used our Trust services, the majority of people said that the place/ **environment they received their care was 'very good'** (34.88%) or 'good' (27.57%), 14.35% said that it was 'excellent' and 19.81% rated less than good.

The majority of respondents said that the **times care was delivered was 'good'** (42.96%) with 29.30% of respondents saying, 'very good' and 13.80% said 'excellent. 10.7% scored the times care was delivered as being less than good.

When asked about how they would rate the **choice of clinical treatment options**, the majority of respondents said either 'good; or 'very good', (62.8%), 12.16% said 'excellent' and 21.78% said less than good.

Overall people rated the **staff providing the care and treatment** as ‘good’ (34.13%) or ‘very good (37.08%). 17.28% said ‘excellent’ and 8.29 said less than good.

The majority of people said that the level of involvement in decisions about their care was ‘very good’ (33.94%) or ‘good’ (27.32%), with 13.94% saying ‘excellent’ and 21.54% saying less than good.

Of those respondents who identified as being a **carer**, the majority said there was **too much variation** in the offer between services, and overall, more could be done to **involve** and **communicate** with carers. When accessing our services carers found that information was not always up to date or relevant, and there were **too many handouts** which were difficult to digest. For those who access information online, they found the **Trust website** to be difficult to navigate. Following **discharge** people felt as though they were ‘abandoned’ with little / no follow up support for the person accessing our services, or for the carer.

Overall, people wanted to be **more involved** but wanted to ensure that it was **meaningful** and **not tokenistic**. People wanted to see more **local drop in events** and **accessible information** online, along with more **peer support** opportunities. The majority of people preferred **face to face contact** opposed to surveys and online requests as it felt more personal. As well as being involved in **decision making** and the development and design of services / policies / strategies people said they wanted **more day-to-day contact** with information and guidance about different support offers in their **local areas**, and to be invited to **meetings** and **events**.

People acknowledged that there was a lot of **stigmas** in some communities around mental health, and they wanted support in breaking down some of that stigma through better **connectivity with communities** and **family** and **carers**. Respondents also said that more **training** needed to be made aware for workforce to ensure that care was **compassionate** and those using services were treated with **dignity** and **respect**.

Respondents felt that the above would also help make people feel safer **and trust** services more.

Q26. If you have used our services, how would you rate - the place/environment you received your care? If 1 is poor and 5 is excellent? Answered: 711 Skipped: 94

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	1.55% 11	18.28% 130	27.57% 196	34.88% 248	14.35% 102	3.38% 24	711	3.44

Q27. If you have used our services, how would you rate - the times that care was delivered? If 1 is poor and 5 is excellent? Answered: 710 Skipped: 95

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	2.11% 15	8.59% 61	42.96% 305	29.30% 208	13.80% 98	3.24% 23	710	3.46

Q28. If you have used our services, how would you rate - the choice of clinical treatment options? If 1 is poor and 5 is excellent? Answered: 707 Skipped: 98

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	2.83% 20	18.95% 134	31.40% 222	31.40% 222	12.16% 86	3.25% 23	707	3.32

Q29. If you have used our services, how would you rate - the staff who provided your care and treatment? If 1 is poor and 5 is excellent? Answered: 712 Skipped: 93

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	1.97% 14	6.32% 45	34.13% 243	37.08% 264	17.28% 123	3.23% 23	712	3.63

Q30. If you have used our services, how would you rate - how well we involved you in decisions about your care? If 1 is poor and 5 is excellent? Answered: 710 Skipped: 95

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	2.39% 17	19.15% 136	27.32% 194	33.94% 241	13.94% 99	3.24% 23	710	3.39

Q31. If you have used our services, how would you rate - If you have used our services how would you rate - how well we involved a carer, family member or loved one? If 1 is poor and 5 is excellent? Answered: 702 Skipped: 103

	1	2	3	4	5	I HAVE NOT USED YOUR SERVICES	TOTAL	WEIGHTED AVERAGE
☆	2.71% 19	20.51% 144	28.49% 200	31.34% 220	13.25% 93	3.70% 26	702	3.33

Q32. Please tell us more about your response and where we could improve? (Free text) Answered: 222 Skipped: 583

The main themes of responses were around:

- Appropriate care in a **safe** and supportive environment where people are treated with **dignity** and **respect.**
- Ensure services are **tailored, accessible, culturally sensitive.**
- Reduced **waiting times** and improved diagnosis process
- **Clearer communication**, information, and transparency with ability to get in touch with services and teams easier.
- Easier **access** to services and information; including more local or outreach services, out of hours support and awareness of what services and teams do.
- More **choice and shared decision making** about health and care involving carers.
- More **compassionate** and welcoming workforce
- **Signposting** to local community support

Other comments made were:

- Improved digital presence.
- More partnership working.
- Free parking
- More staff

SAMPLE OF QUOTES:

"Not enough services, difficult to access, no contact telephone number, long waiting lists"

"(Be more) culturally and religiously appropriate"

"Buildings need updating, and they should look less clinical. More nursing staff and doctors are needed."

"Better treatment offered. Longer discussions with patient and family (not rushed). Be respectful of religious differences."

"Staff could be better trained to deal with minority groups and neuro divergent, dementia and mental health patients and their families."

Q33. What could we do to increase feelings of trust and safety in the care we provide? Answered: 221 Skipped: 584

Responses summarised below:

- Increased transparency and honesty
- People wanted to feel valued, listened to and understood.
- More interaction from services
- Person centred care
- More involvement in communities
- Have interpreters available when needed.
- Involve family and carers more.
- More diverse representation in the workforce
- Better inclusive food options
- Make sure people feel welcome and supported.
- Change staff attitudes.
- Better facilities
- More awareness and respect of cultural and religious practices
- Treat people with dignity and respect
- More accountability
- Improve communication.

SAMPLE OF QUOTES:

"*Think about neurodiversity. Rooms are (designed) for neurotypical"*

"Respecting the diverse community with their cultural backgrounds. Having better safety measures and accountability for mistakes."

"*Give local communities more information and education about local service and health schemes available"*

"Work with patients, don't make decisions for them. Better communication, we are all aware there are waiting lists but keep people informed stop leaving them in limbo for months at a time."

Q34. What would high quality clinical care and treatment look and feel like to you?
Answered: 233 Skipped: 572

Responses summarised below:

- Easily accessible services
- More courses and workshops in communities
- Improved communication and feedback
- Reduced waiting times
- Treatment with dignity and respect
- Patient led care.
- Appropriately trained staff
- More out of hours support
- Early intervention and diagnosis
- Home visits / more services in communities
- Improved aftercare / diagnosis
- More public information
- Partnership working with services and primary care.
- Consistent care offers regardless of where you live.
- Shared decision making
- Involve family and carers.

SAMPLE OF QUOTES:

"*Having the best doctors and nursed and equipment will help improve the quality of care and treatment. Shortening appointment times and providing the best specialists would be helpful."*

"*Good communication, not feeling rushed, good knowledgeable staff, caring and kind"*

"Prevention is better than cure, early intervention is key"

"*Care that involves me in the decisions and takes on board my Cultural needs"*

14 Equality, Diversity, and Inclusion: summary

Equality, Diversity, and Inclusion was a consistent theme throughout all insight. The key themes are summarised below:

- More diverse representation across the workforce
- Training and awareness for workforce around culture and religion
- Training and awareness for workforce around neurodiversity
- More locally sourced halal food options needed to be offered.
- Training and awareness in communities around mental health
- Translation and interpretation services needed to be improved.
- Information needs to be more accessible and shared in different languages.
- We need to be mindful of not digitally excluding people and communities.

When people did reference equality, diversity, and inclusion, they were talking about opportunities for improvement and learning. Overall people did not feel as though we were doing enough to ensure we were meeting the cultural needs of our communities, or that we were doing enough / colleagues had enough training and awareness around neurodiversity and mental health. People have told us they felt there needed to be more consideration of culture and religion in our service offers and support, and that we needed more of a focus on lived experience to better understand what matters to people, especially neurodivergent people.

More access to faith rooms and a review of our estates for accessibility were also highlighted as areas people felt we could improve.

18.1 Disability: Mental Health

Access to help when needed in MH Services

- People falling in between services when they are “too ill” for one service but do not fulfil the criteria for another service.
- Need for a varied range of services and community-based mental health support.
- Need for more preventative and awareness raising work around mental health.
- People are now reporting a decline in their mental health and wellbeing as a result of the cost-of-living crisis.

Crisis Support

- Long waits and not getting the support they need when they need it.
- Some people report that crisis services are not working effectively for them.

Delays in treatment

- Severe deterioration in physical, mental, and emotional health
- High levels of anxiety and worry.
- Financial impact of not being able to work.
- Impact on family members
- Lack of communication around waiting times and signposting support.
- People feel “forgotten about”.

Young People’s Mental health

- Lack of support for young people with their mental health
- Increased challenges around getting support when it is needed.
- Lack of support for children with autism and long waits for assessments for autism
- access to therapy.
- more group supports.
- improvements in communication
- not being listened to and more regular contact
- support for carers.
- seeing the same person – consistency and staffing levels
- aftercare following discharge.
- more face-to-face contact
- Information and resources: to promote service, signpost to website, coping mechanisms, frequently asked question section, staff biographies, tools to speak to parents, anonymous quotes on website, target-based option for self-confidence, evaluation tools.
- First session: consider person's preferences and concerns, ground rules, introduce practitioner so pupil get to know them before working together.
- School: PSE lessons to include topics on mental health, wellbeing champions, staff training self-harm, worries journal, reward system for completing and engaging in activities, workshops on worry strategies, animal therapy visits, after school club for wellbeing including outdoor activities.
- Access: review DNA/DNE appointments to assess needs and locations where service can be provided, rather than just school grounds.
- Most had heard of FFT, what it was for and had completed it. Another hadn't used it but stated they would be happy to fill one out.
- One person said they didn't know what the FFT was for. They had seen the cards/ forms in the waiting room but didn't notice the posters/ leaflets.
- One person was unsure if their parent had completed it for them and another carer said they completed with their daughter, when they were both at the appointment.
- They thought the card was colourful, quick to complete and well-presented, but the posters/leaflets contained too much information.
- They suggested using bullet points for key information, to add a link to the website and to signpost to staff.
- For alternate ways to ask FFT questions they didn't think an email was right as this might be missed. They suggested a text message was a good idea with a link to complete the questions. They asked if you are going to text – let us know so that we know it is a real NHS text and use the Trust logo on the links to show it is a trustworthy link.
- Some felt the equality questions could be too personal for some people and they suggested a space to write how you identify instead for the gender section.
- In terms of what happens to their feedback on FFT cards they said a poster explaining what had been done with the information and how they can continue to give feedback and what has or can't be changed as a result. They stated not to put everything online as a display gives opportunity to socialise and ask about the information in the waiting areas of CAMHS.

Healthwatch attend sessions at Chilypep where they speak to children and young people in both age group sessions (Escape and Sanctuary). They also have connections with the

Youth Council and Barnsley College. Here are some highlights from the conversations (full reports are available via Healthwatch Barnsley):

The groups told us that being with friends and family and having access to green spaces mattered to them. Music and craft sessions also played a big part as well as other feedback including:

- Having consistent support – I get this through my course at college, but I am worried about how I will get this when I leave college.
- Drawing, people engaging with my art and me engaging with theirs
- Chilypep and mental health support groups
- Get better mentally.

The groups talked a lot about being listened to and having their feelings considered by health care services. Improved communications and letting people know which services are available to them was also raised several times:

- Having someone in school to point you to the right services – I would have found out about dermatology a lot sooner. (which would have helped with my anxiety)
- Less stigma towards mental health issues
- Reduce stigma in relation to psychosis, more campaigns focused on this.
- Mental health not communicated in secondary schools.
- More support for carers supporting parents with severe mental illness such as schizophrenia.

There were conversations about improving waiting times, access to GP. appointments and being able to get a dental appointment on the NHS.
Children and Young People would also like to see:

- More low-level mental health support like at college – once you leave college there is no access to the services.
- Mental health rooms in hospitals with youth workers for young people working inside
- Chilypep (Youth services in hospitals)
- Access to mental health services for eating disorders.
- Good communications for mental health inpatient stay.
- Quiet places or rooms with dimmed lighting and minimal noise stimulus

The top three priorities were:

- Access when you need it.
- Good communications
- Shorter waiting times

18.2 Carers

Carers

- Importance of support being tailored to people's needs and their carers to feel involved in care.
- Caring responsibilities, pressures at home and professional pressures resulted in their needs taking a backseat.

- 12% of women said that that meeting their family's needs made it more challenging for them to look after themselves.
- 33% of women with a caring responsibility considered that this negatively affected their mental health.
- The completion and delivery of a staff carers awareness training package is integral to progress the embedding of the carer's passports; this package to be fully coproduced by staff carers, unpaid carers, the champions, and carers leads with involvement or support from carer support agencies. It was highlighted that the package is to be face to face (or now online via Microsoft Teams) rather than e-learning. It was felt it would also be useful if the training was delivered to a service - this could be tailored towards their needs (just the relevant documentation etc)
- The carers passports paid and unpaid are a useful resource, however, before they can be appropriately embedded, the systems to measure their data are required to be updated and simplified.
- To enable us to move forward with recruitment of carers champions across the Trust a framework and descriptor is required.
- The staff carers network needs to become more visible and representative at Committee level. For its members to have a voice in policies and planning and make the Trust a great place to work and for staff carers to feel valued.

Identifying as a carer

- The word "carer" does not exist in some languages, and where it does, the term can have negative connotations.
- Carers from minority communities did not identify themselves as a carer at first, it was only through conversations did they start to identify.

Accessing support

- Just over half of carers were unaware of the support available to them in Kirklees.
- Research from Carers UK indicates that carers from minority ethnic communities are less likely to be receiving practical and financial support for caring.
- Approximately half of respondents did not feel supported in their caring role.
- Some carers considered it an honour and their duty to look after their loved one without external support.
- Many people indicated that they would like additional help with their emotional health and wellbeing.

Barriers faced.

- We heard from South Asian families that there is sometimes an expectation that a spouse or children, in-laws and other family members will help look after family members who are sick and/or have disabilities; some carers are glad to take on this role as it can be seen as admirable and rewarding.
- Some carers highlighted the burden of caring, and that the expectation to do everything can feel overwhelming.
- It is not always considered appropriate to seek support from external services such as health and care professionals; there is concern that doing so may lead to negative comments and rumours spreading within the community.
- some carers felt that stigma was a challenge within their communities and families particularly those caring for people with mental health conditions, dementia or learning disabilities.

18.3 Ethnicity

- Most people reported safety as being the most important thing to them when they arrived at the hotel.
- Many residents highlighted issues with GP registration and delays in being able to make appointments.
- People reported issues around medication and understanding the system.
- Language barriers caused issues around understanding of and identifying medication and purposes.
- Translators and interpreters are not always available.
- 8 people reported having an initial health assessment with their doctor, while 7 had not.
- Lack of awareness and / or support to access community support outside of the hotel impacting on wellbeing
- People had little / no awareness of UK systems before coming to the UK.

Feeling safe

- All service users spoken with stated they felt safe, and their needs were met.
- No feelings of racism or discrimination amongst those we spoke with.
- Concern of not following Islam like others on the ward do as there is a cultural expectation and some peer pressure.
- Fear of discharge into the community and the impact of not knowing where they belong – they felt safe in hospital.

Staff relationships

- Service users spoke highly of the relationships with staff.
- Confident to approach staff if they had concerns or recommendations.
- Staff are determined to deliver the best care possible and learn and grow.
- Family and carers involved regularly to better understand the individual they are caring for and to include them in care planning.
- Wanting to see more of a diverse workforce and having role models with the service.

Food

- Food was a large part of celebrating for people and a constant theme throughout conversations with service users with the feeling that again, more could be done.
- acknowledged as a meaningful and important way of bringing people together.
- Food quality and menu was disappointing and lacked options.

Family

- Family was discussed throughout conversations as an important factor in keeping connections with the outside world and community.
- The biggest ask that came through was for more time with family and friends.
- Create key relationships with grass root services and other community partners.
- Engage people to identify what creative health and wellbeing interventions could be helpful.
- To co-develop with the community an application process for bids

- Recruit to and run a reference group to assess community bids (using a bottom-up approach)

The Trust worked with groups in a culturally sensitive manner to ensure people felt able to share their experiences. Harrowing and hard-hitting stories were captured by our trained community reports on the how Pandemic had affected them and the community in North Kirklees.

- One storyteller pointed out that the particular living arrangements of many BAME families – large, multi-generational families living together in one household – have exacerbated things, encouraged the spread of coronavirus, and made it difficult for more vulnerable family members to effectively shield.
- One storyteller talks about the devastating effect of losing several close friends within the same month, as well as the sense of loss he felt in not being able to see or touch his elderly father, saying “many times, I was actually in tears.” In this story and others, this feeling translates into a fear of passing on the virus, to those who are elderly or vulnerable, with many people talking about anxiety, fear, and feeling as if they were struggling, with those particular words coming up many, many times.
- One storyteller says, “everyone is grieving at home on their own.” This is compared to the usual grief process for the South Asian community within North Kirklees which would see funerals with hundreds of attendees. These experiences were used to formulate projects that would provide some hope and healing and look to the future, as we come out of the Pandemic.
- One storyteller, a faith leader who lost two cousins and several friends to coronavirus, says how he has had members of the community crying on the phone to him due to not being able to attend a loved one’s funeral.

18.4 Health Inequalities

- The first experience when they enter a health and care setting is important; people want to feel welcomed, and to experience a person-centred approach which is sensitive to the needs of different groups and communities.
- Additional barriers to access can be formed through a lack of awareness around language and interpreters.
- Information needs to adhere to the accessible information standard.
- The need for a joined up working approach and working with trusted communities is instrumental to health and care.
- Awareness of the disproportionate impact poverty has on people.
- Less reliance on digital
- Importance of an inclusive workforce
- Gaps in provision for certain groups and communities resulting in support not being appropriate and leading to poorer outcomes.
- Involve people in decision making.

Overwhelmingly the majority of conversations about health focussed on mental health, particularly:

- Better access to mental health support for young people
- Reducing the gap between seeing a GP and expert help (particularly stress and anxiety) - large waiting lists mentioned

- Increased awareness of mental health issues across all services when engaging with people

Healthcare, when mentioned in our first question, focused on good quality of healthcare when accessed; however, there is a need for better access for all, in particular:

- Connections with healthcare services be easier to use.
- Better access to appointments with the right healthcare professionals
- More face-to-face appointments

Person-Centred Care
Care should be centred around the needs of each individual.

Communication

- Communication needs to be simple, clear, and provided in a format that meets the person's needs.
- Information – There should be clear accessible information about what support is available and how to access that support.
- Access – People should have timely access to mental health support when they need it and in a way that works for them. People's care should not be restricted by referral criteria or them 'falling through the gaps' because they do not fit the criteria.
- Coordinated Support – Services should talk to each other and work together to offer quality support that meets each person's needs.
- Kindness and compassion – People should be treated with kindness and compassion and in a respectful way.
- Health Inequalities – The additional challenges faced by those with the greatest health inequalities and their needs and preferences should be recognised and supported by all services.

18.5 Gender: Women

WOMEN

- 40% said improved access to services would help them manage their health and wellbeing.
- Barriers included long waiting lists, being discharged from services, and feeling "fobbed off".
- Some women said they felt judged by clinicians who perceived their condition as self-inflicted meaning they were reluctant to seek help.
- Women who have struggled with addiction experienced judgement from clinicians who repeatedly inquire about their drug use, even after years of abstinence.
- Several women expressed frustration with their GP focusing excessively on their weight during appointments. They felt they were not listened to and that their health concern was dismissed based on weight.
- 19% prefer self-care solutions like yoga, mindfulness, acupuncture, or herbal remedies.
- 13% user the internet to search for health information or exchange opinions in chatrooms.
- 20% of women would look for over the counter medicines.

- Only 8% of women mentioned that medical care is an option they use to take care of their health.
- 68% of women felt confident in finding trustworthy information when they try alternative treatments.

Mental Health

- 26% of the women Healthwatch spoke to said that engaging in de-stressing activities played a significant role in maintaining their health.
- 19% highlighted the importance of support from friends and family, while 18% attributed their wellbeing to achieving better physical health.
- Only 9% indicated a willingness to seek professional help or therapy, suggesting a potential gap in access or confidence in existing healthcare services.
- Women told us that stress or mental ill health caused them to have further mental health problems, which then led to negative consequences – impacting their motivation and their diet.
- 12% of women mentioned that stress also triggers physical health issues help women look after their health and wellbeing:
- Access to quality health services without waiting times or judgement.
- Affordable and accessible childcare services
- Affordable or free dietary advice that is constructive and supporting of weight management.
- Affordable community-based exercise options
- Female-only services with female practitioners or specialists in women's health
- Support and ideas to help manage home, work, and wellbeing.
- Free access to occupational, grief and/or wellbeing counselling options. Anxiety, stress, and depression therapy.
- More reliable and trustworthy information on the internet regarding symptoms and services. More communication on how to book services online.
- Knowing where to find information about support available.

Women's pathway

- Didn't feel listened to and felt as though their opinions didn't matter.
- Felt a sense of breakdown in involvement processes.
- Would like to see collaborative training packages put together by service users and staff from different ethnic groups.
- Would like to be a part of a group to help their voices be heard and support their culture.

18.6 Gender: Men

Managing stress

- 18% of men look after their mental health with support from friends and family.
- 18% relied on de-stressing activities to look after their mental health.
- 15% relied on their hobbies for relieving stress.
- 14% managed their mental health via exercise.
- To improve their mental health men said they would like more access to a variety of community groups specifically for men, and access from community mental health teams to help men eat healthily.

- Being able to access the adult autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) pathway in a timelier manner was also highlighted as an area men would benefit from

Disability

- Men with a disability or a long-term condition experienced some of the most challenging barriers when trying to look after their own health and wellbeing.
- Better access to information is an important current need for disabled men.
- Men with a learning disability or difficulty said they struggle to get the information they need to manage their own health and are reliant on family or professionals which takes away from their independence.
- Disabled men said that they would like more opportunities to access gym or exercise facilities and wanted more peer support.

Other impacts

- None of the men who faced financial difficulty rated heir health as good or reasonably good.
- 75% of unemployed males rated their health as fair/poor.
- 54% of working males rated their health as very good/good.
- Having time to look after their own health is a common issue among male carers.

Men's pathway

- There was a noticeable sense of gratitude from the Men's pathway and not wanting to complain.
- The men we spoke to at Newton Lodge did know about community meetings, One Voice, the Yorkshire & Humber Network, Advocacy and how to raise a concern, which was all reassuring. Some said they would like to be involved further.
- Staff also felt that involvement processes and opportunities were plentiful and confident that people had their voice heard.
- Service users felt there were enough opportunities to be involved and did not want, at this time, a specific group to support their needs.

Access

- Long waits for appointments within Child Adolescent Mental Health Services (CAMHS)
- Lack of support while people are on the waiting list, e.g. signposting support.
- Long waiting lists and referral delays within Community Mental Health Teams (CMHT)
- No telephone appointments offered.
- Appointments cancelled and / or changed at short notice.
- Unable to access support when in crisis over the weekend.
- Access to crisis support not available after 17:00
- Language barriers at appointments
- Systems are hard to navigate.

Disability

- Long wait times for assessments for Autism and ADHD diagnosis
- Lack of choice / no choice for where assessments are completed for adults.

- Continued reports of little or no follow up care following ADHD / Autism diagnosis.
- Poor communication and unclear timescales for Autism / ADHD assessment
- Issues with approach for reviewing medication.
- People paying for private diagnosis and still unable to access support.

We offered a chance for neurodivergent people and carers to have their say about assessments and support services. A total of 27 people responded and participated in online and in person meetings and completed a survey or interviews.

- It feels like a “life on hold” whilst waiting to access assessments and healthcare.
- Long waits and delayed processes create stress and impacts on their mental health (including suicide, substance dependence, and vulnerability to abusers).
- Many feels there are delays in gaining reasonable adjustments and have little / no access to medication, benefits, and services.
- The process for diagnosis is complex and difficult to navigate.
- Right to Choose and Shared Care Agreements are not properly understood.
- Privately funded diagnosis is often not accepted by the NHS.
- People felt they were not understood by many professionals.
- People told us that professionals’ expectations of behaviours are still very gendered, disadvantaging many women, non-binary people, and some men.
- Masking is a behaviour or coping mechanism individuals may use to hide or conceal their true thoughts, feelings, or difficulties. People told us that masking and the impacts of this are not understood.
- People shared their experiences of patient and parent blaming and negative attitudes. Neurodivergent parents told us about them, and their children being blamed for behaviours which are autistic traits, like being called ‘neurotic’, children described as ‘unruly and naughty’, and parents being advised to stop children being hyper focused.

Communication and information

- Issues with communication with family / carers when moving people to another service.
- Lack of awareness about how to self-refer to support.
- Lack of awareness about role of CAMHS from family / carers

Discharge

- Discharged without notice or support.
- Little / no support or signposting to community support.

18.6 Age

- Issues with transition from young people to adult services
- Increased referrals around support following bereavement within children and young people services.
- Requirement of more face-to-face sessions for children and young people accessing mental health support
- Gap between diagnosis and follow up support for older people.
- Forensics CAMHS referral not followed up.

18.7 Dementia

People reported positively that:

- Group services increased socialisation.
- Good Peer support
- A general sense of satisfaction with memory services
- A strong will from professionals to work better together to achieve better outcomes for people affected by dementia.
- A readiness to engage and understand the local pathway as evidenced by attendance of local providers at the roadshows.

However:

- Only 55% of the public knew where to go for help if they were concerned about dementia symptoms.
- 17 of 30 professionals felt that the diagnosis process needs changing.
- 4 of 6 carers thought that the time taken to get the dementia diagnosis was acceptable.
- 11 of 17 professionals reported not knowing enough about other organisations across Wakefield.
- 5 of 8 carers felt that the professional they first spoke to understand their concerns.
- 7 of 12 carers were not given information and/or support to record future care wishes.
- 6 of 8 carers did not receive any support or information.
- Communication to be visual, clear, and easy to understand.
    - Plain language needed to be used.
    - That the information needed to be in different formats
    - That service explanations needed to describe entry points.
    - People needed to know what they could expect from each service.
    - The information needed to fit with the regional, national, and local picture.
- The assessment process can be daunting – can this be broken into sections, especially for patients who have Autistic Spectrum Disorder (ASD)/Autism
- A welcome/induction pack shared on admission should be referred to during the stay as there was too much information to take in when unwell at admission point.
- Clear explanation of restrictions that can be put in place is needed.
- Clear explanation of different types of leave requests and how they are granted.
- The need to understand range of activities on offer and where service users can influence new activities.
- More support to tackle ‘bullying’ on wards
- Exposure to other mental health conditions and behaviours did have an impact.
- Medications side effects and impact on patients could be better explained (e.g. increased appetite, weight gain, sedation, drooling, speech affected)

18.8 Religion and belief

- Develop the concept of a virtual chaplain.
- Set up a pastoral care talk line.
- Provide access to virtual meditation sessions.

- Produce the ‘Mountain Hare’ publication for those of faith/non-faith.

The engagement ensured that each of the four initiatives could be delivered in the inpatient setting. Each initiative was co-developed in a timely manner as an immediate response to COVID-19 restrictions from Pastoral and Spiritual Care. This then ensured a continuation of pastoral and spiritual care. By identifying and co-designing new solutions the service was best able to continue to provide a source of support for those who stated they had become isolated or felt anxious due to the pandemic.

In addition, ‘The Mountain Hare’ was co-created from feedback that suggested a light-hearted magazine containing individual stories, spiritual extracts, seasonal information, humour, and the contact details of Chaplaincy services would be helpful. The intention of the Mountain Hare was to maintain a link with those who told us they did not have internet access or stated they felt uncomfortable holding a conversation by telephone or video. The magazine was distributed monthly across the Trust.
Access for patients to Chaplains were via the Trust wide initiative to put in place tablets on each ward. These tablets were co-designed with patients following a successful pilot which captured feedback on the benefits. The rebranded name of ‘CHATPad’, meant that each tablet could be used for digital telephone/video calls using Zoom. This meant people’s religious, spiritual, and pastoral care needs were met throughout the pandemic, which was a key part of the feedback received by people in services.

The Pastoral care team talk line has also since become an integrated part of the teams working offer. Offering a direct contact line when face to face was no longer an option. Virtual meditation sessions were also instated and continue to be delivered over a weekly basis and are now open to both staff and patients. All of these were based on the feedback from both staff and patients.
Religious and cultural

- Service users discussed having access to religious artefacts and pastoral services.
- Imam visiting had been impacted by covid restrictions and an alternative.
- had not been found.
- Staff were confident that options were available to meet all religious and cultural needs, and that the Imam had gone above and beyond to support service users at Newton Lodge
- more could be done to understand the wider implications of faith and mental health and the complexity of the two intertwined.
- difficult to stay motivated sometimes and upkeep religious practice in hospital.
- more could be done to promote inclusivity and choice around culture.
- concerned that media and societal views impacted what people understood about Islam and education for staff and peers was needed to support different thinking.
- Both service users and staff expressed the opinion that more could be done to raise awareness about culture and religion within Newton Lodge
- Good practice around celebrations had been observed and discussed by service users and staff teams.

18.9 LGBTQ+

Gender reassignment

- Lack of mental health support
- Issues with changing gender on medical notes
- Lack of awareness around Trans healthcare
- Unclear guidance around changing gender on children and young people's records.
- Incorrect information being provided.

We have built up a good relationship with TransBarnsley. Because of this, we were asked to help them to set up a Families and Partners Focus Group. This group provides peer support for families, carers, partners, siblings, and other family members of Trans or Non-binary people. This has been successful and has now been running for almost a year.

The group told us the main things were seeing friends and family, walking, listening to music and religion. Other points made were:

- Cosmetics
- Bingo
- Holidays
- LQBTQ+ Spaces
- Trans group
- Studying and self-education
- Drone flying and walking.
- Coming to TransBarnsley and being myself, it helps with my mental health.
- Clay work and crafting (just no space at home)
- Writing poetry services

The group told us they would like better understanding from NHS staff on Trans/Non-Binary and Gender Fluid, more social groups for LGBTQ+ and to see the same Doctor each time so they do not have to repeatedly tell their story:

- I don't want to have to explain myself "how trans I am" every time I
- go to a new service or A&E. They are there for me, not to tell my story.
- Stop asking inappropriate questions in person or online on stuff you.
- have to fill in.
- Being able to go out and feel safe and knowing the safe places to go.
- for help when being trans in times of trouble
- Being able to get on hormones quicker than waiting years for them.
- More awareness of social prescribing and self-referral processes

The group told us they would like to see shorter waiting times and quicker referrals to gender clinics. They would also like to see investment in more transgender surgery; there are only two hospitals that provide this, and both are in the south of the UK. The group also talked about having good access to support with depression and mental health:

The top 5 priority areas were identified as:

6. Access when you need it.
7. Good communication
8. Shorter waiting times
9. Personalised care
10. Services working together.

15 Improving Care summary

When talking about what good health and care looks and feels like people spoke a lot about the importance of feeling valued, listened to, and understood. People wanted to be having more open and honest conversations about their, or the person they care for, health and care and wanted to have a more active role in decision making.

People wanted easier access into our services, down to the location of our services, to the waiting times. People felt as though they were often left unsupported while they were on waiting lists, but also following discharge. People would like to see more support around waiting well, early intervention and diagnosis, reduced waiting times, and more follow up support.

Communication was a reoccurring theme throughout all feedback as an area that we could improve; people wanted to be able to easily communicate with us more efficiently, but also wanted us to provide more information in accessible formats to people about their health and care. It was felt that we didn't have a visible presence in our communities, with a lot of people saying they had not heard of the Trust, but they had accessed our services in the past.

From feedback, we need to do more about equality and inclusion. When asked about what improvements could be made, one of the most prominent themes raised was around ensuring that we are culturally and religiously appropriate. People felt as though there wasn't enough awareness or consideration around culture and religion, especially around mental health. From experiences people have shared with us, we don't always get it right.

In addition to more understanding and awareness around culture and religion, people also felt that more needed to be done to train our workforce around neurodiversity and how best to treat and involve people.

People spoke a lot about the importance of delivering health and care that was person centred and trauma informed. There is some additional awareness and guidance required about what trauma informed means, as well as additional resources to support the successful implementation. A reoccurring theme throughout response feedback was that there was a greater ned for a wider range of therapeutic care, especially psychological, and that services need more specialised support. As part of this, people were asking for more training and support around neurodiversity and mental health to ensure they were delivering a high standard of care and responding to the needs of their caseloads.

Holistic care and support, along with targeted work around over-prescribing and medication reviews were all highlighted as areas for improvement. A primary theme within response feedback was that colleagues would like to see more of a focus on prevention and early intervention and working with communities and structures such as the Recovery Colleagues to support people living and working within our communities.

When looking at pressures and demand people highlighted waiting times and how we are supporting our communities to wait well as areas that needed addressing. Colleagues spoke a lot about the pressures of reduced capacity, and the impact this has on the standard of and how compassionate the health and care they are delivering is. People referred to the increase in profile of carers across the Trust and the resources available,

however felt that more could be done to involve carers, families and friends in decision making, with a number of people saying that due to a lack of capacity they have not been able to prioritise this area.

We asked people primarily around digital access, and how we could be more sustainable and environmentally conscious.

People made a lot of suggestion around how we can reduce our environmental impact, particularly around the usage of renewable energy, appropriate recycling, and procurement from local suppliers.

There was a real mixed response in terms of feedback regarding the use of digital, with some people saying they would like to see us increase our use of digital resources, and others saying that they were fearful we would become too digitised and create a barrier to access.

Colleagues had mixed responses about hybrid working with some people saying they would like to have more flexible working arrangements and be able to work remotely, while others said they wanted to see more colleagues working from Trust sites. Overall, however people highlighted that there was a lack of rooms available for “desk work” and they would like to see more permanent spaces to work from with desks, desktops, and suitable equipment to aid them to do their job.

Our estates were often referred to as inaccessible and outdated, and colleagues felt that they needed a refresh. Reoccurring comments were made about how a large number of our estates are not appropriate for neurodiverse people or those living with dementia due. A review of the designs was felt could improve people’s overall experience of our services. As well as addressing sensory barriers to our estates, colleagues felt there could be more done to make the spaces feel warmer and inviting including use of green spaces.

Parking was raised throughout response to all questions as a challenge for workforce, and members of our communities who may access our services, as well as a lack of “break out” spaces for colleagues.

When asked about digital and technology people said they often had challenges with the systems either due to troubleshooting issues or a lack of training and awareness of how to optimise platforms. People said that a lot of the systems they used needed updating, and they needed more reliable access. People also said that they would like to see more project management tools, transcribing of Teams meetings to be enabled, and digital signatures.

Colleagues highlighted that currently they do not have access to a computer during their shift, they are only able to access information and resources on their breaks, or before/after shifts.

16 Equality monitoring information

Within this section all equality monitoring information has been collated and combined, allowing us to draw down a direct comparison against the census data.

Age

Answer Choices	Census	Responses
Under 16		1.52%
16-21	21.58%	5.82%
22-35	26.92%	25.57%
36-55	26.82%	45.74%
56-65	20.02%	16.37%
Over 65	4.62%	4.98%

Ethnicity

Answer Choices	Census	Responses
White	84.23%	54.11%
White - English/Welsh/Scottish/Northern Irish/British		49.83%
White - Irish		1.92%
White - Gypsy or Irish Traveller		0.96%
White - any other background		1.40%
Mixed	2.13%	6.21%
Mixed/multiple ethnic group - White and Black Caribbean		2.62%
Mixed/multiple ethnic group - White and Black African		1.05%
Mixed/multiple ethnic group - White and Asian		2.54%
Asian	11.16%	35.29%
Asian/Asian British - Indian		4.87%
Asian/Asian British - Pakistani		26.05%
Asian/Asian British - Bangladeshi		3.85%
Asian/Asian British - Chinese		0.52%
Black	1.43%	4.45%
Black/African/Caribbean/Black British - African		1.57%
Black/African/Caribbean/Black British - Caribbean		1.57%
Other ethnic group - Arab	1%	1.31%

Religion

Answer Choices	Census	Response
No religion	39.36%	25.00%
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	43.30%	25.59%
Buddhist	0.23%	0.90%

Jewish	0.03%	0.99%
Agnostic		1.80%
Sikh	0.36%	0.99%
Muslim	10.40%	37.84%
Hindu	0.46%	1.71%
I prefer not to say		4.32%
Any other religion/belief (please write in):		0.81%

Disability

Answer Choices	Census	Responses
Yes	18.60%	
Mental health condition		20.58%
Speech impairment		1.33%
Physical impairment		7.98%
Cognitive impairment		2.03%
Long standing illness		13.15%
Learning disability		3.60%
I do not have a disability	81.40%	38.81%
I prefer not to say		10.09%
Other (please state)		2.43%

Sexual orientation

Answer Choices	Census	Responses
Heterosexual	90.28%	85.33%
Gay/Lesbian	1.48%	4.03%
Bisexual	1.09%	1.37%
I prefer not to say		9.26%

Sex

Answer Choices	Census	Responses
Male	48.90%	25.53%
Female	50.93%	69.04%
Please tick if you live and work permanently in a gender other than that assigned at birth	0.86%	0.25%
I prefer not to say		5.17%

Carer

Answer Choices	Census	Responses
Yes	7.76%	36.90%

No	85.56%	63.10%

Pregnancy

Answer Choices	Census	Responses
Yes	1.70%	3.84%
No		96.16%

Marriage and civil partnership

Answer Choices	Census	Responses
Single	36.13%	24.49%
Married or civil partnership	44.90%	55.93%
Co-habiting		8.39%
Widowed	6.43%	2.46%
Divorced	10.10%	4.83%
Separated	2.43%	3.90%