Travel and transport – detailed impact assessment

September 2024

Updated post consultation

Contents

1 Introduction

This travel and transport impact assessment includes detail of the travel and transport impact of the proposed OPS Inpatient Transformation options, including detailed methodology, additional data and place travel summary.

It includes updated findings from the public consultation held between 5 January and 29 March 2024.

From the outset of the programme, one of the major themes we have heard from across a range of stakeholders is the impact on travel of any potential changes.

A key consideration of any potential change is the impact on elderly family and carers who will play a key part in supporting the service user when they're admitted to a ward but might struggle to easily access transport to allow them to visit.

As such, the programme has undertaken a detailed transport analysis to understand what the likely impact is on people from different parts of the Trust footprint that may need to travel to visit a family member or a loved one.

Detailed travel impact analysis has been undertaken on the shortlisted options below. The table here shows both the option number proposed to be used in consultation and the option number that it was on the long-list:

New Option Reference	Description
1 a)	A dedicated central specialised dementia unit developed on Ward 19 in Dewsbury with dedicated specialist functional units in Calderdale and Wakefield with additional functional bed capacity at the Crofton Ward (10 beds relocated at Crofton) and an overall inpatient bed number of 72. The site at Crofton Ward would operate as 2 wards across the 26 beds.
1 b)	A dedicated central specialised dementia unit developed on Ward 19 in Dewsbury with dedicated specialist functional units in Calderdale and Wakefield with additional functional bed capacity of 6 beds being relocated to Crofton Ward. This means that Crofton Ward would operate a single 22 bedded mixed gender functional needs only ward.
2	A dedicated central specialised dementia unit developed on Crofton Ward in Wakefield with dedicated specialist functional units in Calderdale and Kirklees. This would be a 26-bed dementia unit operating as 2 wards, with 10 beds being relocated from Poplars. Ward 19 and Beechdale would be functional wards.

High level analysis has been conducted for the other, discounted, options or close proxies of them and this can be found in the previous version, which formed part of the pre-consultation business case.

2 Travel Impact Methodology

The following methodology was used to consider the travel impact:

Location:

- Based on a person's home address prior to admission
- Assumes that supporting family members/carers live in the same locality.
- Uses discharge ward

Identification of those with functional and dementia/organic needs is based on diagnosis codes.

Travel time, distance and public transport:

- Uses origin and destination postcodes calculated using online maps/tools
- Estimates are based on one point in time and do not account for volume of traffic at various times in the day.
- Based on all stays over a 4-year period (from 2018/19 – 2021/22).

The following assumptions are made for the options where the central specialist dementia unit is at Ward 19, Dewsbury Hospital:

- All dementia admissions would be to Dewsbury Hospital
- Calderdale and Greater Huddersfield functional/other admissions go to the Beechdale Ward, Calderdale Hospital
- Wakefield and North Kirklees functional/other admissions go to the Crofton Ward, Fieldhead Hospital, Wakefield

The following assumptions are made for the option where the Central specialist dementia unit is at Crofton Ward, Fieldhead Hospital, Wakefield:

- All dementia admissions would be to Crofton Ward, Fieldhead Hospital, Wakefield
- Calderdale and Greater Huddersfield functional/other admissions go to the Beechdale Ward, Calderdale Hospital
- Wakefield and North Kirklees functional/other admissions go to Ward 19, Dewsbury Hospital

3 Travel impact – findings

The review of data shows that many people are already admitted outside of their locality. The table below shows that around 300 people were admitted outside of their home locality between 2018 and 2021, which accounts for just under 30% of all admissions:

	Grand Total
Calderdale	171
Kirklees	58
Wakefield	72
Grand Total	**301**

The data also shows that approximately 30% of people also have more than 1 ward stay as part of their spell (data from 2017/18 onwards):

Number of stays	1	2+	Total
functional	**954**	**242**	**1196**
dementia/organic	**321**	**259**	**580**
Grand Total	**1275**	**501**	**1776**

Many people have stays outside of their locality and many also have more than one ward stay in the current model. However, changing approaches to deliver a specialist model will have a further impact.

Many people move wards and because of this it is more challenging to analyse the impact and compare the travel implications of the multiple ward stays to a future model where we expect people to have just one ward stay.

A Power BI tool has been developed to support analysis of the data. The tool does allow analysis to be undertaken that focusses on different domains such as deprivation and ethnicity.

The travel impact analysis tool considers 970 inpatient spells, of which there were 1305 ward stays.

Whilst the tool has both ward stays and spells, this travel analysis focusses predominantly on the spell and the impact based on discharge ward. All analysis is based on the average numbers per year across the 4 financial years of data.

The travel impact analysis focusses predominantly on:

- Driving distances
- Driving times
- Public transport times

With all of the options for proposed changes, there would be a positive impact for some people. This is because 30% of admissions to older people's beds are outside of the home locality and, for example, people with functional needs in Calderdale would be very likely to be admitted to their local ward in a new model.

However, more family and carers will have further to travel if any specialist model is implemented. The negative impact is greater in the options where the dementia unit is in Wakefield compared to Dewsbury.

4 Analysis of ward stays and inpatient spells

The table below shows the average numbers of people per year in the analysis. The number of spells shows how many unique inpatient spells there were, whilst ward stays considers the total number of ward stays across these spells.

Need	Place and need	Spells	Ward Stays
Dementia	Calderdale	22	32
Dementia	Greater Huddersfield	15	16
Dementia	North Kirklees	13	15
Dementia	Wakefield	29	54

Functional	Calderdale	46	63
Functional	Greater Huddersfield	38	44
Functional	North Kirklees	34	40
Functional	Wakefield	47	62

The data below shows the number of spells and wards stays per year of the people from the 20% most deprived areas:

Need	Place and need	Spells	Ward Stays
Dementia	Calderdale	6	8
Dementia	Greater Huddersfield	<5	<5
Dementia	North Kirklees	6	7
Dementia	Wakefield	9	15
Functional	Calderdale	12	17
Functional	Greater Huddersfield	8	10
Functional	North Kirklees	14	16
Functional	Wakefield	18	24

There are very few spells for people with a BAME background per year. There are 5 functional spells per year on average from Greater Huddersfield. There are very few dementia stays of people from a BAME background across the whole system.

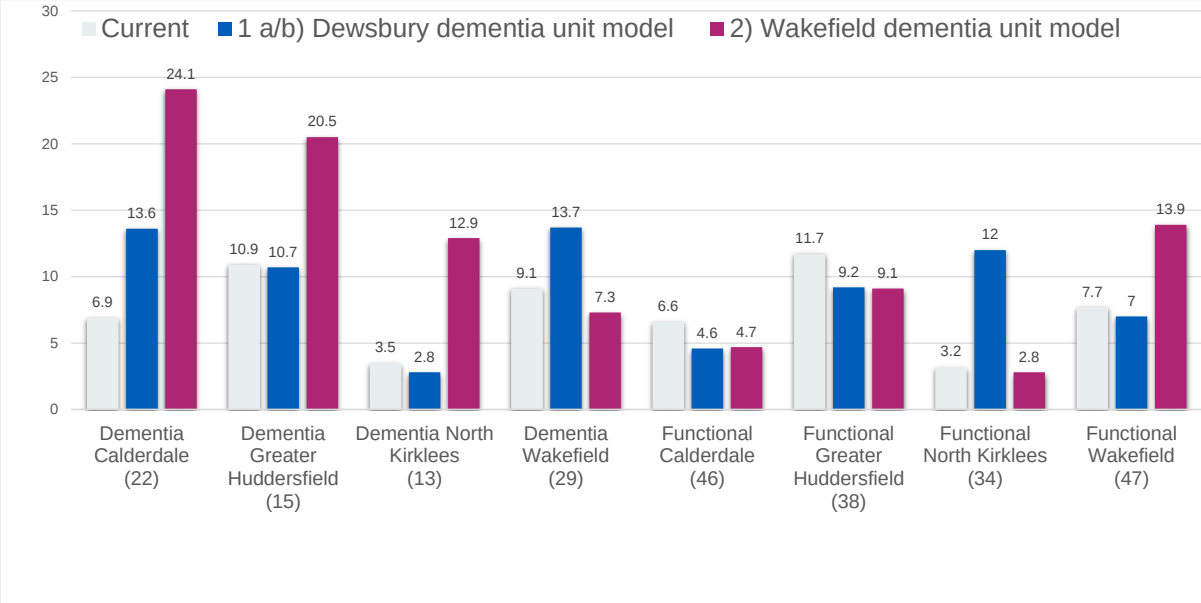
To note, where Wakefield is referenced, we mean the whole Wakefield district.

5 Impact on the overall population

The charts below show the average journey distances and times for travel by car to the current and proposed models.

Driving Distance:

The following chart shows the average driving distance based on inpatient spells (discharge ward): with the number of people impacted per in year brackets:



Summary:

If the dementia unit were in Dewsbury:

- The longest average travel distances would be people with dementia from Wakefield (29 people per year) and Calderdale (22 people) with 14-mile average journeys respectively.
- Functional admissions from North Kirklees (34 people) would also be an average of over 10 miles from home, as would dementia admissions from North Kirklees (13 people), though this would be a short average distance than the current model.

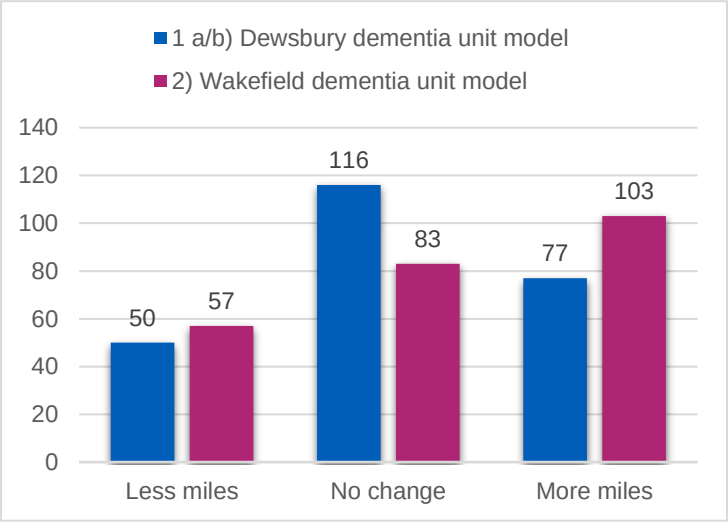
If the Dementia unit were in Wakefield:

- The longest average travel distances would be people with dementia from Calderdale (22 people per year) and Greater Huddersfield (15 people) with 24- and 21-mile average journeys respectively.
- 46 Functional admissions from Wakefield would have an average 14-mile journey from their home and 13 dementia admissions from North Kirklees would average 13 miles.

In both models some people would have less distance to travel. Most notably, people with functional needs from Calderdale who are often admitted outside of the place.

5.1 Driving distance – mean change per year:

The chart below shows the numbers of people that would be positively or negatively impacted in terms of driving distance of each option (based on discharge ward):



Considering individual stays and based on the discharge ward, in a model with a dementia unit in Dewsbury:

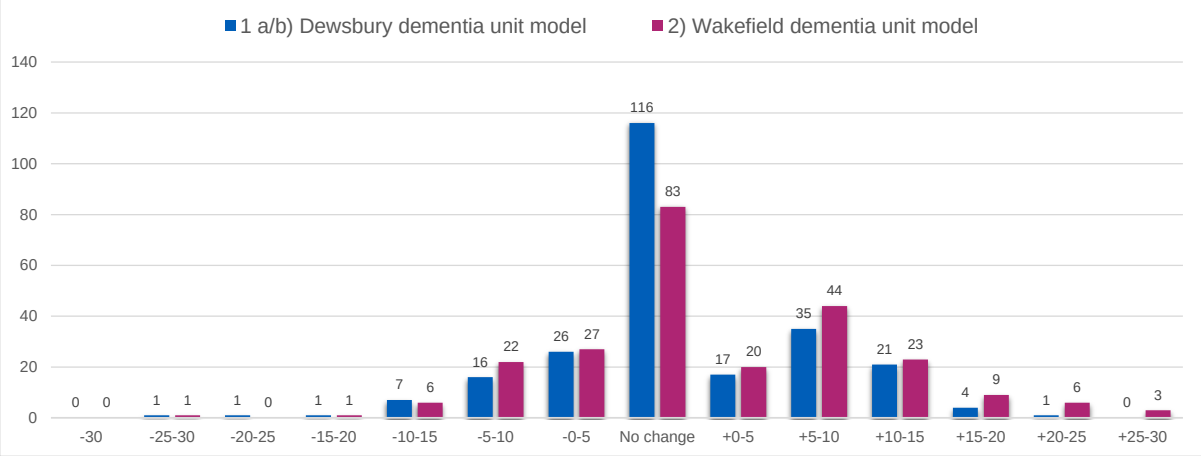
- 50 people would be closer home when discharged
- 116 people would be in the same place

- 77 would be discharged from a ward further away from their home.

Considering individual stays and based on the discharge ward, in a model with a dementia unit in Wakefield:

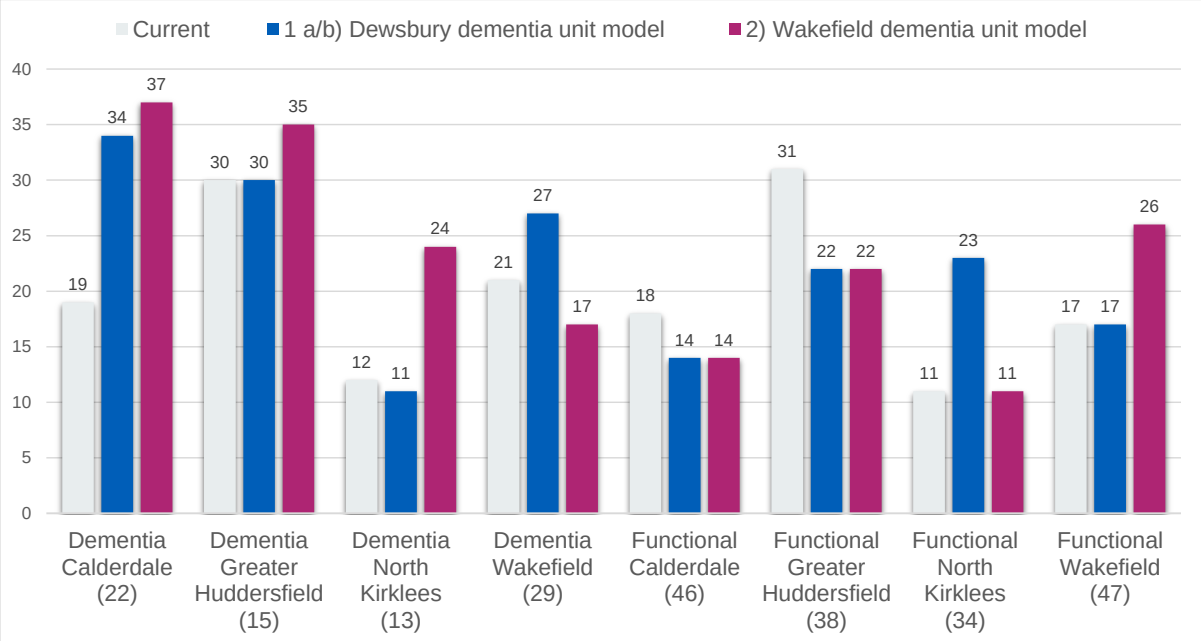
- 57 people would be closer home when discharged
- 83 people would be in the same place
- 103 would be discharged from a ward further away from their home.

Driving distance, grouped into miles:



5.2 Driving Travel Time Analysis

The table below shows the average driving time for each option (using discharge ward):



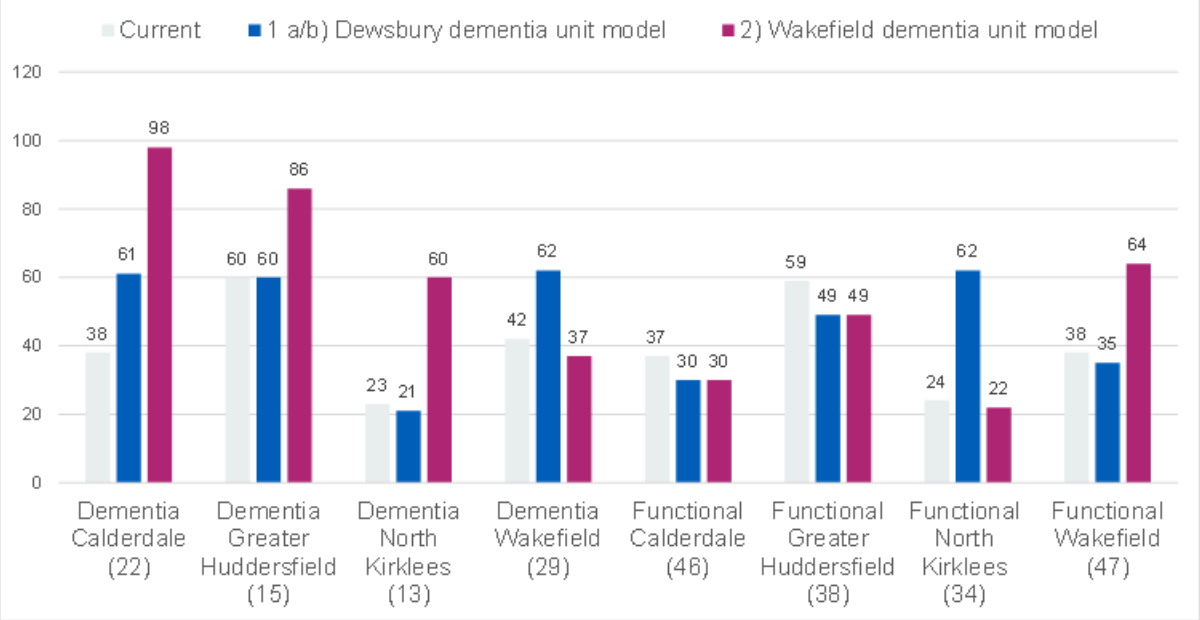
Whilst the travel distance analysis showed some big gaps between options, in particular if people from Calderdale and Greater Huddersfield had to travel to Wakefield for dementia care, the gap narrows in terms of driving times compared to driving distance. This is due to

the motorway and dual carriageway access to Wakefield which isn't available when accessing Dewsbury from the north or west.

5.3 Public Transport Times:

It is important to understand the impact from a public transport perspective, especially for family and carers who might need to use this service.

The data below shows the public transport times based on the proposed models, with the numbers of people impacted per year in brackets:



In both models there are 4 localities where the average public transport journey would be 1 hour plus.

The Wakefield dementia model would mean that people from Greater Huddersfield (15 people per year) and Calderdale (22 people) would be 86 and 98 minutes journey away respectively.

Average public transport journeys of people in the current model take 60 minutes for functional or organic admissions from Greater Huddersfield.

Places with long (around 1 hour or more) average public transport journeys in the current or future model:

Need	Place	Current (time mins)	1 a/b) Dementia unit in Dewsbury (time mins)	2) Dementia unit in Wakefield (time mins)
Dementia	Calderdale	38	61	98
Dementia	Greater Hudds	60	60	86
Dementia	North Kirklees	23	21	60
Dementia	Wakefield	42	62	37
Functional	Calderdale	37	30	30
Functional	Greater Hudds	59	49	49
Functional	North Kirklees	24	62	22
Functional	Wakefield	38	35	64

5.4 Some journeys from different places:

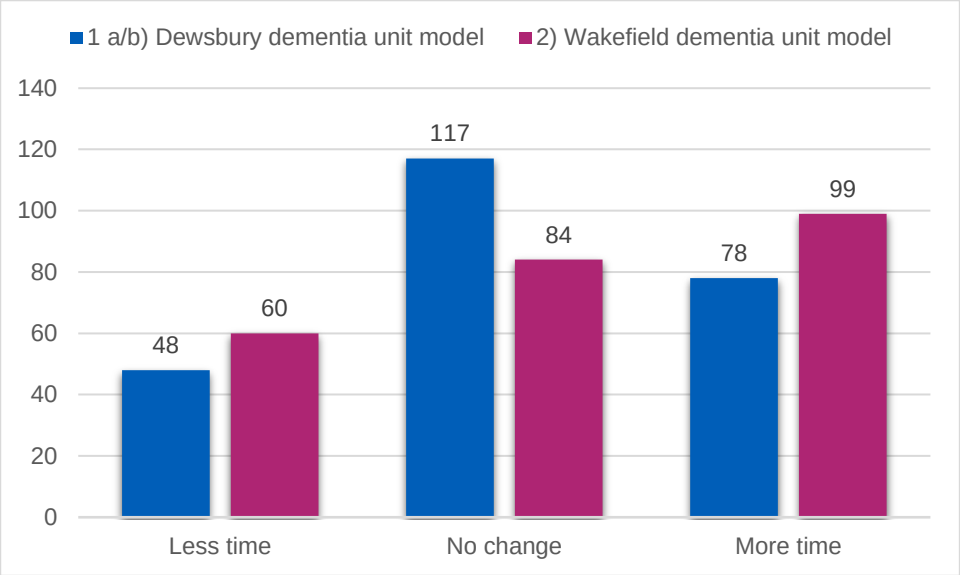
The following gives more of an indication of what some of the journey may be like (taken from WY Metro website journey planner in 2022 to arrive at destination at 1630):

	Day of travel	Dewsbury Hospital	Pinderfields Hospital (sited near Fieldhead)	Calderdale Royal
Kirklees Huddersfield	Weekdays	33 minutes via 1 train and 1 bus	74 minutes via 1 train & 2 buses	38 minutes via 1 bus
	Sundays	43 minutes via 1 train and 1 bus	94 minutes via 2 buses	36 minutes via 1 bus
Holmfirth	Weekdays	75 minutes via 2 buses, 1 train & 2 x 5 minute walks	87 minutes via 2 buses	80 minutes via 2 buses
	Sundays	82 minutes via 2 buses, 1 train & 2 x 5 minute walks	80 minutes via 2 buses	86 minutes via 2 buses
Slaithwaite train station	Weekdays	45 minutes via 2 trains, 1 bus & 1 x 5 minute walk	115 minutes via 3 trains & 1 bus	54 minutes via 1 train & 1 bus
	Sundays	66 minutes as above	115 minutes via 1 train & 1 bus	60 minutes via 1 train & 1 bus
Denby Dale	Weekdays	86 via 2 trains, 1 bus and 2 x 5 minute walks	66 minutes via 2 buses	66 minutes via 1 train & 1 bus
	Sundays	94 minutes as above	61 minutes via 2 buses	63 minutes via 1 train & 1 bus
Bradley	Weekdays	57 minutes via 2 or 3 buses & 5 minute walk	93 minutes via 3 buses	53 minutes via 2 buses
	Sundays	60 minutes as above	96 minutes via 3 buses,1 train & 2 walks x 10 minutes	60 minutes via 2 buses
Mirfield	Weekdays	29 minutes via 2 buses & 1 x 5 minute walk	65 minutes via 1 train & 2 buses	51 minutes via 1 train & 1 bus
	Sundays	26 minutes as above	42 minutes via 1 train & 1 bus	48 minutes via 1 train & 1 bus
Cleckheaton	Weekdays	30 minutes via 1 or 2 buses & 1 x 7 or 17 minute walk	69 minutes via 2 buses	59 minutes via 1 train & 2 buses
	Sundays	25 minutes via 1 or 2 buses & 1 x 7 minute walk	75 minutes via 2 buses	50 minutes via 1 train & 2 buses
Birstall	Weekdays	62 minutes via 2 buses	66 minutes via 3 buses	85 minutes via 1 train & 2 buses
	Sundays	64 minutes as above	67 minutes via 3 buses	82 minutes via 1 train & 2 buses
Heckmondwike	Weekdays	14 minutes via 1 or 2 buses	50 minutes via 2 buses	81 minutes via 2 buses
	Sundays	10 minutes as above	58 minutes via 2 buses	59 minutes via 2 buses
Calderdale Halifax bus or train station	Weekdays	61 minutes via 1 train & 1 bus (from Cleckheaton)	86 minutes via 1 train & 2 buses	19 minutes via 1 bus
	Sundays	76 minutes via 2 or 3 buses (via Bradford) or via 2 trains (via Mirfield) & 1 bus	64 minutes via 1 train & 1 bus	13 minutes via 1 bus

	Day of travel	Dewsbury Hospital	Pinderfields Hospital (sited near Fieldhead)	Calderdale Royal
Hebden Bridge	Weekdays	54 minutes via 1 train & 1 bus (via Bradford)	97 minutes via 2 trains & 1 bus	36 minutes via 1 train & 1 bus
	Sundays	85 minutes via 1 train & 1 bus	107 minutes via 2 trains & 1 bus	30 minutes via 1 train & 1 bus
Elland	Weekdays	68 minutes via 2 buses & 1 train (via Huddersfield)	106 minutes via 2 trains & 2 buses	18 minutes via 1 bus
	Sundays	87 minutes via 2 buses (via Huddersfield) & 1 train	90 minutes via 2 trains & 2 buses	13 minutes via 1 bus
Brighouse	Weekdays	36 minutes via 1 train & 1 bus	72 minutes via 1 train & 2 buses	37 minutes via 1 bus
	Sundays	47 minutes via 2 trains & 1 bus	49 minutes via 1 train & 1 bus	35 minutes via 1 bus
Wakefield	Weekdays	55 minutes via 1 bus	14 minutes via 1 bus	89 minutes via 2 trains & 1 bus
	Sundays	42 - 55 minutes via 1 bus	16 minutes via 1 bus	90 minutes via 2 trains & 1 bus
Ossett	Weekdays	45 minutes via 2 buses	42 minutes via 2 buses	83 minutes via 2 buses & 1 train
	Sundays	45 minutes via 2 buses	46 minutes via 2 buses	103 minutes via 3 buses
Horbury	Weekdays	50 minutes via 2 buses	33 minutes via 2 buses	104 minutes via 2 trains
	Sundays	50 minutes via 2 buses	38 minutes via 2 buses	86 minutes via 2 buses
Castleford	Weekdays	73 minutes via 2 trains (via Leeds) & 1 bus	37 minutes via 1 bus	82 minutes via 2 trains & 1 bus
	Sundays	88 minutes via 3 buses (via Wakefield)	56 minutes via 2 buses	99 minutes via 2 trains
Hemsworth	Weekdays	91 minutes via 2 buses (via Wakefield)	50 minutes via 2 buses	114 minutes via 2 trains & 2 buses
	Sundays	90 minutes via 2 buses & 1 train (via Wakefield)	51 minutes via 2 buses	119 minutes via 2 trains & 2 buses
Pontefract	Weekdays	64 minutes via 1 bus	37 minutes via 1 bus	111 minutes via 2 trains & 2 buses
	Sundays	64 minutes via 1 bus	37minutes via 1 bus	136 minutes via 2 trains & 2 buses

Public transport – summary of numbers of people that would have shorter or longer public transport journey:

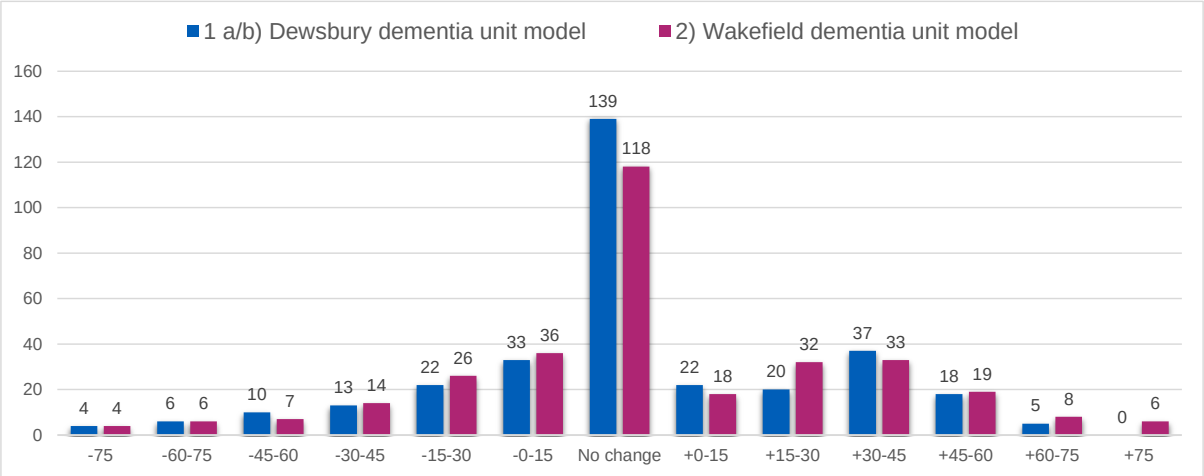
Discharge ward:



Overall, there would be an average of around 80 people per year that would have a longer journey with a dementia unit being in Dewsbury whilst around 100 people per year would have a longer journey to Wakefield.

With both models, some people would have a shorter journey, with the Wakefield dementia unit benefiting slightly more people (12 per year).

Public transport changes grouped:

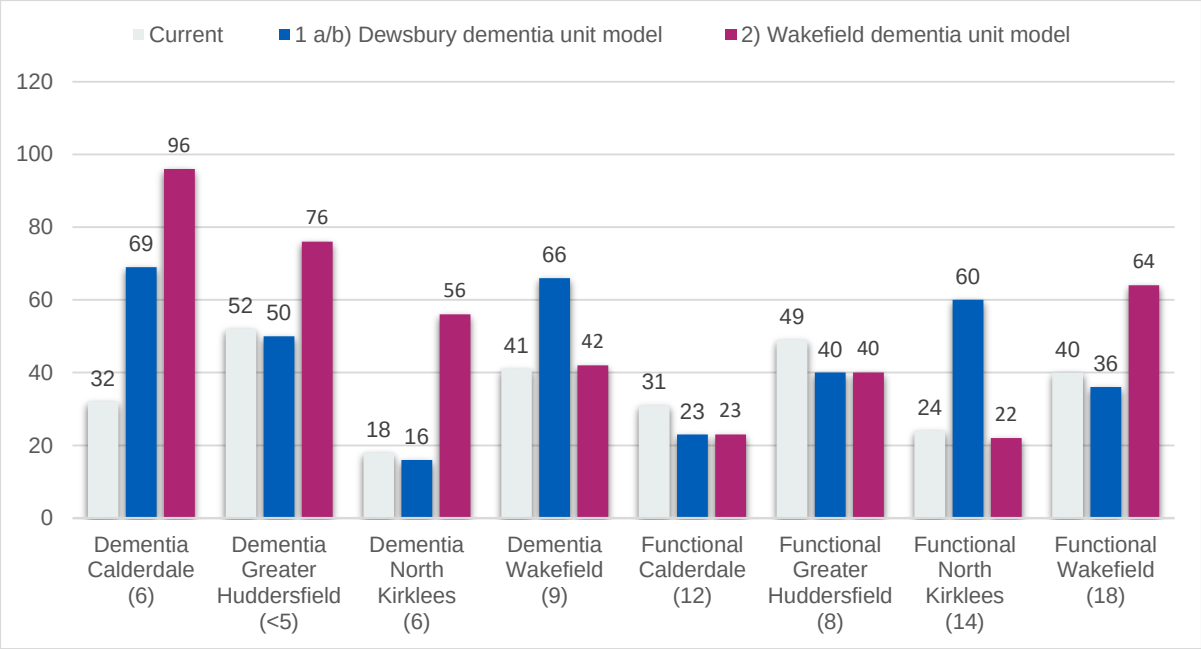


This shows the time difference between the current and future models and there are some journeys that would be over 1 hour more than the current journey. Around 14 people per year would have an extra hour or more to travel in the Wakefield dementia unit model (6 of these being 75 minutes +), whilst 4 people per year would need to travel an hour extra to access the model where Dewsbury has the dementia unit.

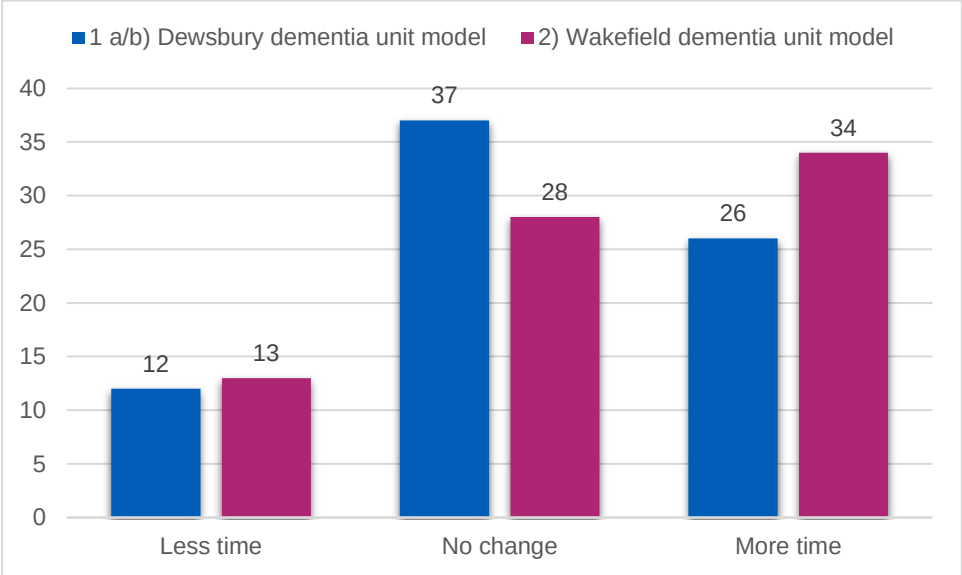
5.5 Analysis of impact on the 20% most deprived areas:

The following focusses specifically on the public transport impact of people in the most deprived areas, who are more likely to require use of this mode of transport.

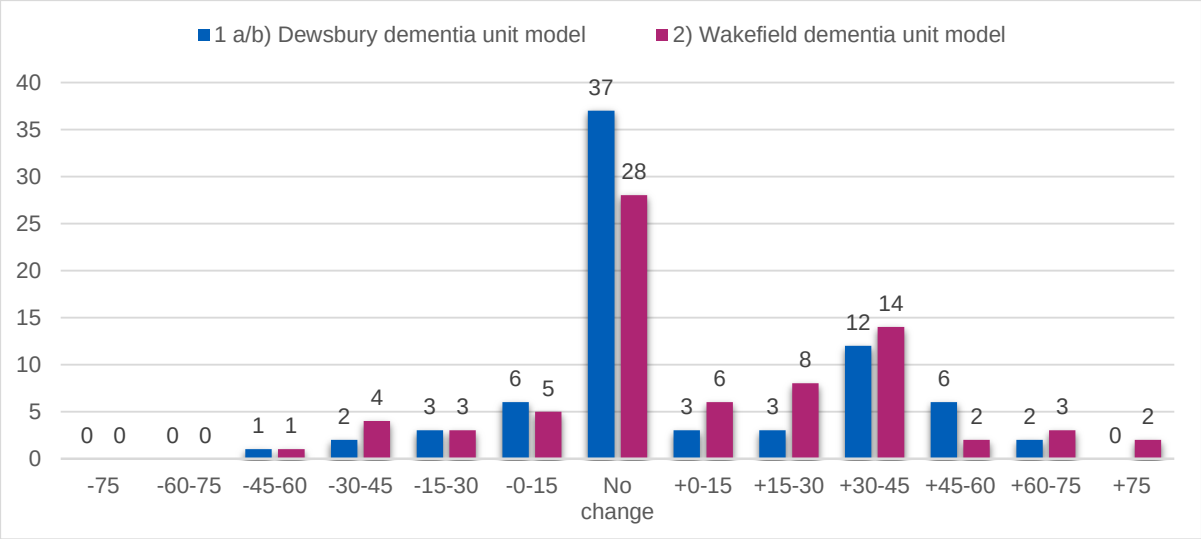
Inpatient spell (using discharge ward):



Public transport – numbers of people that are positively or negatively impacted per year (based on discharge ward):



Public transport times grouped:



When considering the data in terms of the 20% most deprived areas, it shows a similar impact in terms of time required to travel, proportion of people that travel less or more, and the profile of travel time grouped in comparison to the whole population, though the numbers are smaller.

Considerations:

- The numbers are small but not inconsiderable and we know the negative impact could be high on the small numbers of people that struggle to visit their loved ones.
- If the option chosen was the dementia unit in Wakefield a number of people would have significant public transport journeys to visit their loved ones, including journeys around 100 minutes from Calderdale to Wakefield and also very considerable times from Greater Huddersfield, North Kirklees, plus long Wakefield for functional admissions.
- Whilst not as high travel times there are still several significant typical (one hour plus) journeys for people travelling to a model with a dementia unit in Dewsbury, including people from Calderdale, Great Huddersfield and Wakefield, plus functional admissions from North Kirklees.
- There are clearly some considerable public transport times in the current model, regardless of any change. Greater Huddersfield does not have an inpatient facility so people from this area would have a long journey and factoring in the 30% of people are admitted outside of their locality.

5.6 Access for BAME populations

We know also that people from black and minority ethnic groups are more likely to be from deprived areas. However, there are very few admissions and especially low numbers of dementia admissions for people from a BAME background.

6 Public Transport costs

There are options available for people using public transport (Metro travel) within West Yorkshire. Currently (as of June 2024), people do not have to pay more than £2 for an adult single ticket or £4.50 for a Metro Card (MCard) day saver ticket for travel on any bus across West Yorkshire valid anytime. A weekender ticket costs £8.50 which can be bought on the

bus for unlimited bus travel from 6pm on Fridays until midnight on Sundays on any bus, anywhere in West Yorkshire.

People travelling by bus and train would pay £10.60 off-peak and £15.60 peak for a bus and rail day saver ticket across the West Yorkshire area.

Off-Peak Countywide Bus and Train tickets are valid on any bus from 09:30 and on any train from 09:30 to 16:01, and from 18:30, Monday to Friday, and all day at weekends and public holidays. A daily ticket is £9.50 or £4.80 (concessionary)

People who have reached the state pension age and are a permanent resident of West Yorkshire will qualify for a Senior Pass. A Senior Pass provides:

- Free, off-peak bus travel throughout England. Off-peak is after 9.30am Monday to Friday, and all day at weekends and Bank Holidays.
- Half-fare, off-peak train travel throughout West Yorkshire, for West Yorkshire residents. Off-peak is Monday to Friday after 09:30 until 16:00, then after 18:30. All day on weekends & public holidays. Anyone travelling by train during the weekday evening peak - 16:01 to 18:29 - will need to buy an Anytime Day Single or Anytime Day Return ticket. The half-fare only applies to travel within West Yorkshire. If part of the journey falls outside of West Yorkshire, full fare will be paid for that part of the journey.

As well as this, there is currently a **free public transport option** that could support part of our population with a bus that runs across the Mid Yorkshire Hospital footprint, from Pontefract to Pinderfields in Wakefield and Dewsbury Hospital.

Taxi fares

Travelling by taxi may be another option for some people if they are unable to use public transport or they are unable to drive. Some high-level analysis has been carried out on the cost of taxi journeys. See below for an example of taxi costs, from June 2023 (link: Ossett to Dewsbury District Hospital (rome2rio.com):

From	Dewsbury Hospital	Fieldhead Hospital	Calderdale Royal
Ossett	£10 - £13	£14 - £17	£40 - £55
Hebden Bridge	£45 - £55	£70 - £90	£22 - £27
Huddersfield	£20 - £24	£45 – £60	£18 - £22
Pontefract	£35 - £45	£24 - £29	£75 - £95

7 Voluntary and Community Sector (VCSE) travel support

The VCSE can also offer an alternative transport option for people who have trouble in accessing other forms of transport to visit their loved one in hospital.

We do know that local transport offers do exist in place, often delivered through VCSE organisation but often these might be place based and for example, focussed on patients themselves rather than family or carers that need to visit.

Age UK Transport services for the elderly and disabled | Age UK and Calderdale Community Transport Home (ctcalderdale.co.uk) offer older people support to arrange transport with a

local provider, such as Dial-a-Bus or the Royal Voluntary Service however, there may be a small charge to cover the cost of petrol.

The Trust does also currently work with service users and carers/families to find and access appropriate transport support, including supporting them to find public transport options and transport support through the VCSE sector.

8 Use of technology

There is a chat pad offer on every ward in the Trust which uses ZOOM and has been rolled out as a result of covid-19. People staying on the wards can ask to use the system to connect with loved ones, family, friends and carers. It can also be used to contact an advocate.

9 Parking charges

The table below summarises the parking charges of each site (as of December 2022)

Location	Hospital	Costs
Calderdale	The Dales Calderdale Royal Hospital	30 mins (free) Up to 2hrs (£3.00) Up to 4hrs (£5.00) Up to 6hrs (£6.00) Up to 24hrs (£8.00)
Kirklees	Priestley Unit (Dewsbury and District Hospital)	Less than 20 mins (free) Up to 1hr (£2.00) 1-2hrs (£2.80) 2-4hrs (£5.00) 4- 24hrs (£6.90)
Wakefield	Fieldhead Hospital The Poplars	Free

10 Summary of travel Impact

Whilst changing models would lead to a positive impact in terms of transport for some people, all proposed change options models have a negative overall impact on travel.

With a dementia unit in Wakefield (option 2), overall, more people would have to travel further than if the dementia unit were in Dewsbury.

In the Dewsbury (W19) dementia model option (1 a/b) there are on average 80 people a year who would have to travel further than now. In the Wakefield dementia model there would be around 100 people per year, though both would be offset by some people that would have shorter journeys.

Specifically, there is an additional negative impact for all people with dementia travelling from Calderdale. People from Calderdale who would rely on public transport if we had the specialist ward in Wakefield would face particularly long journeys.

There are some lengthy public transport times to Wakefield, in particular for people from Calderdale. They would have on average around 60 minutes travel to Dewsbury and 100 minutes to Wakefield.

However, there are also some longer public transport journeys in both models and the current model.

When looking at just the 20% most deprived areas, findings highlight:

- Around 25-35 people per year would have further to travel as a result of the changes.
- Around 6 people per year from Calderdale's most deprived areas will have a 70 minute public transport journey to Dewsbury and 95 minutes to Wakefield (on average).

Car travel **distance** is higher to a Wakefield Dementia model. So is car travel **time,** but the gap narrows as a result of motorway and dual carriageway access to Wakefield.

When factoring in car travel times, the longest average journey in either option is less than 40 minutes (from Calderdale to Wakefield). The longest average car journey with the Dewsbury dementia unit model is less than 35 minutes (Calderdale to Dewsbury). Some individual journeys will be longer as these represent averages.

Therefore, whilst some of the current public transport journeys clearly create challenges, people that can travel by car, on the whole, would not face exceptionally long journeys.

11 Staff Travel Impact

Staff travel impact will be considered in more detail in the formal consultation process and further in any subsequent staff consultation process that might lead to changes in staff terms and conditions.

Current staff roles are based on generic job descriptions that could apply to both functional and dementia wards. Feedback from informal conversations with staff members suggests that there may be a small proportion of people that would wish to move wards if it changed function. This too will be explored further in consultation.

The Poplars service is proposed to be relocated in any of the shortlisted options. This means there will be a travel impact on the 29 substantive staff (in post in July 2023) that are based on the Poplars wards.

Data based on the home addresses of staff show that on average the Poplars ward is 0.8 miles closer than Fieldhead Hospital from people's home address. 9 staff members would have 7 miles + further to travel to Fieldhead and would be entitled to excess travel support for 4 years. Fewer than 5 people would be between 4-7 miles further and would receive support for 18 months.

This assumes that most staff would wish to relocate to the Fieldhead site regardless of the option eventually taken forward for implementation. The average distance from home to Dewsbury, for example, is further overall than to Fieldhead though it is similar or shorter distance to Dewsbury for around 40% of the staff. So, depending on eventual preferred option and staff preference there could be opportunities for some staff to choose to relocate to Wakefield and others to Dewsbury.

11.1 Travel impact by payband

14 of the staff (July 2023) are payband 2 and 3 and these people are more likely to live closer to the ward. The average extra travel distance from the Poplars to Fieldhead is 3.1 miles for people from these paybands.

7 of 14 the people will have 7 miles + further to travel. Fewer than 5 staff members are closer to Fieldhead hospital and fewer than 5 would be further from Fieldhead but less than 3 miles further.

12 Place Travel impact

The following gives a more detailed breakdown of the potential place impact. Where there are fewer than 5 people per year information has been suppressed.

12.1 Calderdale Travel Impact:

We would expect most people with functional needs to be admitted to the Beechdale ward and these make up around 60% of the bed use. This means that around 60% of people from Calderdale would still be admitted locally. That environment would be the same as it is now, and whilst issues such as line of sight in the ward cannot be fixed, the patient group will benefit considerably by the specialism of functional only.

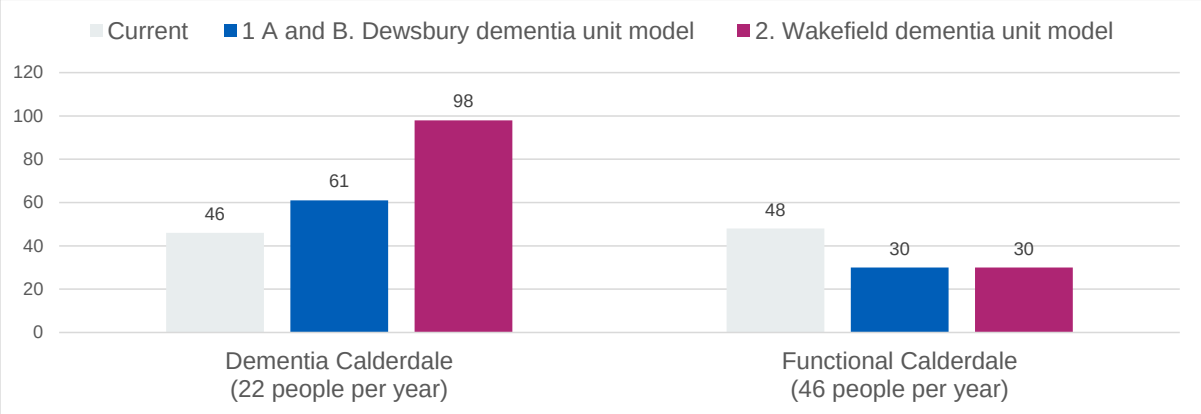
Around 40% of people requiring an inpatient stay from Calderdale will do so because of dementia and they will be admitted elsewhere in the proposals.

In options 1a and b, around 20 people per year with dementia will stay in Dewsbury and in option 2, those people would stay in Wakefield.

Because of the current people travelling outside of the locality, the overall travel impact of people in Calderdale is more limited.

The charts below show the travel time impact based on average public transport journeys for both dementia and functional admissions.

To note: the charts show the average public transport time of journey in minutes, the white bar being the current time, the blue bar being the average time expected for options 1a and b, and the purple bar being the expected journey time for option 2.



A key difference between options is the extra travel time required for people with dementia, who will have a longer journey to Wakefield.

Dementia Breakdown:

Travel Distance

Table summary of mean average distance:

Comparing numbers of inpatient spells based on discharge ward:

Place	Need	Indicator	Type	Model	Numbers of people or stays	Distance
Calderdale	Dementia	Driving Distance	Discharge Ward	Current	22	6.9
Calderdale	Dementia	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	22	13.6
Calderdale	Dementia	Driving Distance	Discharge Ward	Wakefield Dementia Unit	22	23.9

Including all ward stay analysis:

Place	Need	Indicator	Type	Model	Numbers of people or stays	Distance
Calderdale	Dementia	Driving Distance	Discharge Ward	Current	22	6.9
Calderdale	Dementia	Driving Distance	Non discharge ward	Current	10	16.2
Calderdale	Dementia	Driving Distance	Ward Stays	Current	32	9.8
Calderdale	Dementia	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	22	13.6
Calderdale	Dementia	Driving Distance	Discharge Ward	Wakefield Dementia Unit	22	23.9

Driving Distance for all people from Calderdale requiring a dementia admission.

The data shows:

- 22 people per year have an inpatient spell.
- Mean driving distance currently from home address based on discharge ward of the spell is 6.9 miles.
- In a model where the specialist dementia unit were at Dewsbury this would increase to 13.6 miles
- At Wakefield it would be 23.9 miles on average.
- There were 32 ward stays on average across the 22 spells.
- The average distance from home of all ward stays is 9.8 miles.
- The 10 people (45%) that had more than one stay had a 16 mile average journey on their first part of the spell.

Driving Time Analysis

Comparing numbers of inpatient spells based on discharge ward:

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
Calderdale	Dementia	Driving Time	Discharge Ward	Current	22	19.0
Calderdale	Dementia	Driving Time	Discharge Ward	Dewsbury Dementia Unit	22	34.0
Calderdale	Dementia	Driving Time	Discharge Ward	Wakefield Dementia Unit	22	37.0

Including ward stay analysis:

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
Calderdale	Dementia	Driving Time	Discharge Ward	Current	22	19.0
Calderdale	Dementia	Driving Time	Non discharge ward	Current	10	35.0
Calderdale	Dementia	Driving Time	Ward Stays	Current	32	24.0
Calderdale	Dementia	Driving Time	Discharge Ward	Dewsbury Dementia Unit	22	34.0
Calderdale	Dementia	Driving Time	Discharge Ward	Wakefield Dementia Unit	22	37.0

- Just under 20 minutes driving time currently for people based on discharge ward.
- This would be 34 minutes on average to Dewsbury and 37 minutes to Wakefield.

- The 10 people (45%) that had more than one stay had a 35 minute average journey on their first part of the spell.

Public Transport Times

Comparing numbers of inpatient spells based on discharge ward:

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
Calderdale	Dementia	Public Transport Time	Discharge Ward	Current	22	38
Calderdale	Dementia	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	22	61
Calderdale	Dementia	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	22	98

Including ward stay analysis:

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
Calderdale	Dementia	Public Transport Time	Discharge Ward	Current	22	38
Calderdale	Dementia	Public Transport Time	Non discharge ward	Current	10	67
Calderdale	Dementia	Public Transport Time	Ward Stays	Current	32	47
Calderdale	Dementia	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	22	61
Calderdale	Dementia	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	22	98

- Just under 40 minutes average public transport time based on current discharge ward for 22 people per year.
- 10 people, 45%, with more than one stay – the average public transport journey would've been 67 minutes for the first part of their inpatient spell.
- Average public transport times for the 22 people to Dewsbury is 61 minutes, to Wakefield, 98 minutes.

Functional Impact – Calderdale

Driving Distance for all people from Calderdale requiring a functional admission.

Just considering discharge ward:

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
Calderdale	Functional	Driving Distance	Discharge Ward	Current	46	6.6
Calderdale	Functional	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	46	4.6
Calderdale	Functional	Driving Distance	Discharge Ward	Wakefield Dementia Unit	46	4.7

Including all ward stays:

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
Calderdale	Functional	Driving Distance	Discharge Ward	Current	46	6.6
Calderdale	Functional	Driving Distance	Non discharge ward	Current	17	15.9
Calderdale	Functional	Driving Distance	Ward Stays	Current	63	9.1
Calderdale	Functional	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	46	4.6
Calderdale	Functional	Driving Distance	Discharge Ward	Wakefield Dementia Unit	46	4.7

The data shows:

- 46 people per year have an inpatient spell.
- Mean driving distance currently from home address based on discharge ward of the spell is 6.6 miles.
- There were 63 ward stays on average across the 46 spells.
- The average distance from home of all ward stays is 9.1 miles.
- The 17 people (37%) that had more than one stay had just under a 16 mile average journey on their first part of the spell.

Driving Time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
Calderdale	Functional	Driving Time	Discharge Ward	Current	46	18.0
Calderdale	Functional	Driving Time	Discharge Ward	Dewsbury Dementia Unit	46	14.0
Calderdale	Functional	Driving Time	Discharge Ward	Wakefield Dementia Unit	46	14.0

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
Calderdale	Functional	Driving Time	Discharge Ward	Current	46	18.0
Calderdale	Functional	Driving Time	Non discharge ward	Current	17	36.5
Calderdale	Functional	Driving Time	Ward Stays	Current	63	23.0
Calderdale	Functional	Driving Time	Discharge Ward	Dewsbury Dementia Unit	46	14.0
Calderdale	Functional	Driving Time	Discharge Ward	Wakefield Dementia Unit	46	14.0

- Just under 20 minutes driving time currently for people based on discharge ward.
- The 17 people (37%) that had more than one stay had a 37 minute average journey on their first part of the spell.

Public transport time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
Calderdale	Functional	Public Transport Time	Discharge Ward	Current	46	37.0
Calderdale	Functional	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	46	30.0
Calderdale	Functional	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	46	30.0

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
Calderdale	Functional	Public Transport Time	Discharge Ward	Current	46	37.0
Calderdale	Functional	Public Transport Time	Non discharge ward	Current	17	74.1
Calderdale	Functional	Public Transport Time	Ward Stays	Current	63	47.0
Calderdale	Functional	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	46	30.0
Calderdale	Functional	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	46	30.0

- Just under 40 minutes average public transport time based on current discharge ward for 46 people per year.
- 17 people, 37%, with more than one stay – the average public transport journey would’ve been just under 75 minutes for the first part of their inpatient spell.

12.2 Kirklees Travel Impact

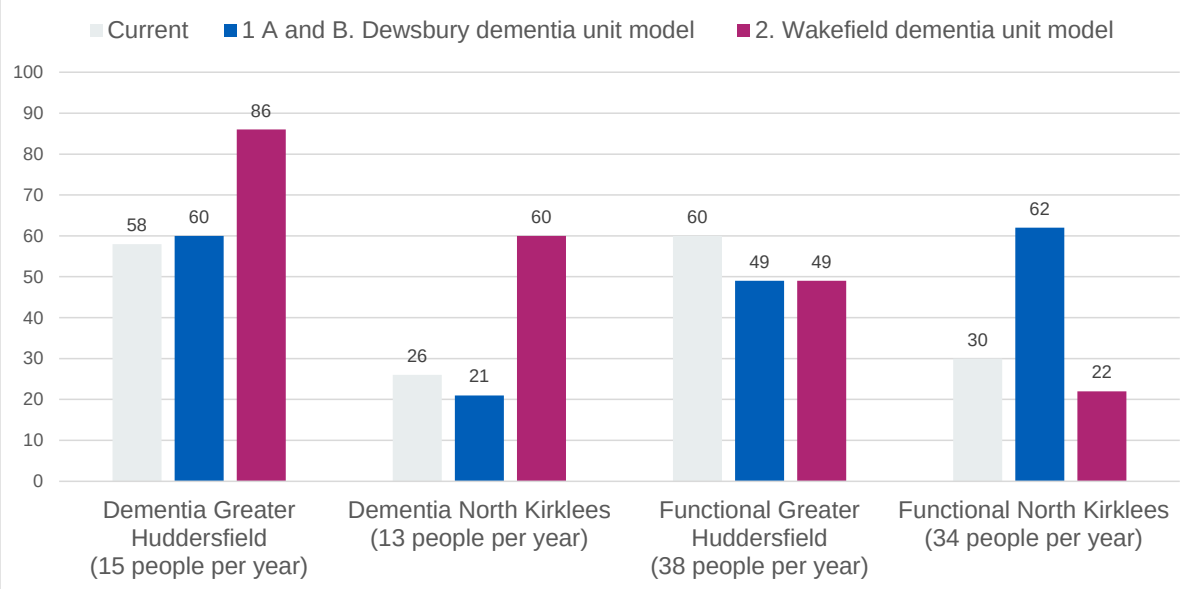
In option 1a and b functional service users will be admitted outside of Kirklees. People from North Kirklees would likely be admitted to Wakefield which would be further away than Dewsbury in the current model. People from Greater Huddersfield would be admitted to Calderdale, which, on average is a similar distance from Dewsbury where people are likely to be admitted in the current model. Because both options include more functional beds in Wakefield than Calderdale, it is possible that some people will require admissions into Wakefield.

People with dementia will be admitted locally.

The charts below show the public transport impact. It assumes that people from Greater Huddersfield are admitted to Calderdale and shows the biggest impact is on the functional stays from North Kirklees, which impact around 35 people per year who would have around an hour public transport journey to Wakefield:

In option 2, people with functional needs will be admitted locally but people with dementia will be admitted to Wakefield. This means that approximately 16 people per year from Greater Huddersfield would have an 85 minute journey on average, whilst around 15 people per year from North Kirklees would have an hour journey.

To note: the charts show the average public transport time of journey in minutes, the white bar being the current time, the blue bar being the average time expected for options 1a and b, and the purple bar being the expected journey time for option 2.



Greater Huddersfield - Dementia

Driving Distance

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
Greater Hudds	Dementia	Driving Distance	Discharge Ward	Current	15	10.9
Greater Hudds	Dementia	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	15	10.7
Greater Hudds	Dementia	Driving Distance	Discharge Ward	Wakefield Dementia Unit	15	20.5

The table with all ward stays has not been included due to low numbers and therefore the additional data has been suppressed.

Driving Distance for all people from Greater Huddersfield requiring a dementia admission.

The data shows:

- 15 people per year have an inpatient spell.
- Mean driving distance currently from home address based on discharge ward of the spell is 10.9 miles.
- In a model where the specialist dementia unit were at Dewsbury this would reduce to 10.7 miles
- At Wakefield it would be 20.5 miles on average.
- There were 16 ward stays on average across the 15 spells.
- The average distance from home of all ward stays is 11 miles.

Driving Time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
Greater Hudds	Dementia	Driving Time	Discharge Ward	Current	15	30.0
Greater Hudds	Dementia	Driving Time	Discharge Ward	Dewsbury Dementia Unit	15	30.0
Greater Hudds	Dementia	Driving Time	Discharge Ward	Wakefield Dementia Unit	15	35.0

The table with all ward stays has not been included due to low numbers and therefore the additional data has been suppressed. 30 minutes driving time currently for people based on discharge ward.

- In a model where the dementia unit was in Dewsbury the driving time wouldn't change (30 minutes).
- If the dementia unit was in Wakefield this would increase to 35 minutes.

Public transport time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
Greater Hudds	Dementia	Public Transport Time	Discharge Ward	Current	15	60.0
Greater Hudds	Dementia	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	15	60.0
Greater Hudds	Dementia	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	15	86.0

Table with all ward stays has not been included due to low numbers and therefore the additional data has been supressed.

- 60 minutes is the average public transport time based on current discharge ward for 15 people per year.
- Average public transport times for the 15 people to travel to Dewsbury is 60 minutes and to Wakefield would be 86 minutes.

North Kirklees Dementia

Driving Distance

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
North Kirklees	Dementia	Driving Distance	Discharge Ward	Current	13	3.5
North Kirklees	Dementia	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	13	2.8
North Kirklees	Dementia	Driving Distance	Discharge Ward	Wakefield Dementia Unit	13	12.9

The table with all ward stays has not been included due to low numbers and therefore the additional data has been suppressed.

Driving Distance for all people from North Kirklees requiring a dementia admission.

The data shows:

- 13 people per year have an inpatient spell.
- Mean driving distance currently from home address based on discharge ward of the spell is 3.5 miles.
- In a model where the specialist dementia unit were at Dewsbury this would reduce to 2.8 miles
- At Wakefield it would be 12.9 miles on average.
- There were 15 ward stays on average across the 13 spells.
- The average distance from home of all ward stays is 4.6 miles.

Driving Time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
North Kirklees	Dementia	Driving Time	Discharge Ward	Current	13	12.0
North Kirklees	Dementia	Driving Time	Discharge Ward	Dewsbury Dementia Unit	13	11.0
North Kirklees	Dementia	Driving Time	Discharge Ward	Wakefield Dementia Unit	13	24.0

The table with all ward stays has not been included due to low numbers and therefore the additional data has been suppressed.

- 12 minutes driving time currently for people based on discharge ward.
- This would be slightly reduced to 11 minutes on average if everyone with dementia were admitted to Dewsbury.
- It would be 24 minutes if everyone with dementia were admitted to Wakefield.

Public transport time

Just considering discharge ward

Table here

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
North Kirklees	Dementia	Public Transport Time	Discharge Ward	Current	13	23.0
North Kirklees	Dementia	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	13	21.0
North Kirklees	Dementia	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	13	60.0

The table with all ward stays has not been included due to low numbers and therefore the additional data has been suppressed.

- Just under 25 minutes average public transport time based on current discharge ward for 13 people per year.
- Average public transport times for the 13 people to Dewsbury is 21 minutes, to Wakefield 60 minutes.

Greater Huddersfield Functional

Driving Distance

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
Greater Hudds	Functional	Driving Distance	Discharge Ward	Current	38	11.7
Greater Hudds	Functional	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	38	9.1
Greater Hudds	Functional	Driving Distance	Discharge Ward	Wakefield Dementia Unit	38	9.0

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
Greater Hudds	Functional	Driving Distance	Discharge Ward	Current	38	11.7
Greater Hudds	Functional	Driving Distance	Non discharge ward	Current	6	13.2
Greater Hudds	Functional	Driving Distance	Ward Stays	Current	44	11.9
Greater Hudds	Functional	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	38	9.1
Greater Hudds	Functional	Driving Distance	Discharge Ward	Wakefield Dementia Unit	38	9.0

Driving Distance for all people from Greater Huddersfield requiring a functional admission.

The data shows:

- 38 people per year have an inpatient spell.
- Mean driving distance currently from home address based on discharge ward of the spell is 11.7 miles.
- There were 44 ward stays on average across the 38 spells.
- The average distance from home of all ward stays is 11.9 miles.
- The 6 people per year (16%) that had more than one stay had a 13.2-mile average journey on their first part of the spell.

Driving Time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
Greater Hudds	Functional	Driving Time	Discharge Ward	Current	38	31.0
Greater Hudds	Functional	Driving Time	Discharge Ward	Dewsbury Dementia Unit	38	22.0
Greater Hudds	Functional	Driving Time	Discharge Ward	Wakefield Dementia Unit	38	22.0

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
Greater Hudds	Functional	Driving Time	Discharge Ward	Current	38	31.0
Greater Hudds	Functional	Driving Time	Non discharge ward	Current	6	31.0
Greater Hudds	Functional	Driving Time	Ward Stays	Current	44	31.0
Greater Hudds	Functional	Driving Time	Discharge Ward	Dewsbury Dementia Unit	38	22.0
Greater Hudds	Functional	Driving Time	Discharge Ward	Wakefield Dementia Unit	38	22.0

- 31 minutes average driving time currently for people from Greater Huddersfield based on both discharge ward and the average ward stay.
- This would reduce to an average 22 minutes if people are admitted to Calderdale.

Public transport time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
Greater Hudds	Functional	Public Transport Time	Discharge Ward	Current	38	59.0
Greater Hudds	Functional	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	38	49.0
Greater Hudds	Functional	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	38	49.0

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
Greater Hudds	Functional	Public Transport Time	Discharge Ward	Current	38	59.0
Greater Hudds	Functional	Public Transport Time	Non discharge ward	Current	6	66.3
Greater Hudds	Functional	Public Transport Time	Ward Stays	Current	44	60.0
Greater Hudds	Functional	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	38	49.0
Greater Hudds	Functional	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	38	49.0

- Just under 60 minutes average public transport time based on current discharge ward for 38 people per year.
- 6 people, 16%, with more than one stay – the average public transport journey would've been 67 minutes for the first part of their inpatient spell.
- The public transport times would reduce to around 50 minutes with either option if all people are admitted to Calderdale.

North Kirklees Functional

Driving Distance

Just considering discharge ward:

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
North Kirklees	Functional	Driving Distance	Discharge Ward	Current	34	3.2
North Kirklees	Functional	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	34	12.0
North Kirklees	Functional	Driving Distance	Discharge Ward	Wakefield Dementia Unit	34	3.0

Including all ward stays:

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
North Kirklees	Functional	Driving Distance	Discharge Ward	Current	34	3.2
North Kirklees	Functional	Driving Distance	Non discharge ward	Current	6	9.2
North Kirklees	Functional	Driving Distance	Ward Stays	Current	40	4.1
North Kirklees	Functional	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	34	12.0
North Kirklees	Functional	Driving Distance	Discharge Ward	Wakefield Dementia Unit	34	3.0

Driving Distance for all people from North Kirklees requiring a functional admission.

The data shows:

- 34 people per year have an inpatient spell.
- Mean driving distance currently from home address based on discharge ward of the spell is 3.2 miles.
- There were 40 ward stays on average across the 34 spells.
- The average distance from home of all ward stays is 4.1 miles.
- The 6 people (15%) that had more than one stay had a 9.2-mile average journey on their first part of the spell.
- If the dementia ward is in Dewsbury functional admissions will travel further, 12 miles on average.
- If the dementia admissions were in Wakefield, then functional admissions would be local, averaging 3 miles away.

Driving Time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
North Kirklees	Functional	Driving Time	Discharge Ward	Current	34	11.0
North Kirklees	Functional	Driving Time	Discharge Ward	Dewsbury Dementia Unit	34	23.0
North Kirklees	Functional	Driving Time	Discharge Ward	Wakefield Dementia Unit	34	11.0

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
North Kirklees	Functional	Driving Time	Discharge Ward	Current	34	11.0
North Kirklees	Functional	Driving Time	Non discharge ward	Current	6	24.3
North Kirklees	Functional	Driving Time	Ward Stays	Current	40	13.0
North Kirklees	Functional	Driving Time	Discharge Ward	Dewsbury Dementia Unit	34	23.0
North Kirklees	Functional	Driving Time	Discharge Ward	Wakefield Dementia Unit	34	11.0

- Just over 10 minutes driving time currently for people based on discharge ward.
- The 6 people (15%) that had more than one stay had just under a 25-minute average journey on their first part of the spell
- The average driving time from home of all ward stays is 13 minutes.
- If the dementia unit is in Dewsbury, people would be admitted to Wakefield with an average 23 minute driving time.
- If the dementia admissions were in Wakefield, then functional admissions would be local, averaging 11 minutes drive away.

Public transport time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
North Kirklees	Functional	Public Transport Time	Discharge Ward	Current	34	24.0
North Kirklees	Functional	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	34	62.0
North Kirklees	Functional	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	34	22.0

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
North Kirklees	Functional	Public Transport Time	Discharge Ward	Current	34	24.0
North Kirklees	Functional	Public Transport Time	Non discharge ward	Current	6	50.7
North Kirklees	Functional	Public Transport Time	Ward Stays	Current	40	28.0
North Kirklees	Functional	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	34	62.0
North Kirklees	Functional	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	34	22.0

- Just under 25 minutes average public transport time based on current discharge ward for 34 people per year.
- 6 people, 15%, with more than one stay – the average public transport journey would've been 51 minutes for the first part of their inpatient spell.
- The average public transport from home of all ward stays is 28 minutes.
- If the dementia unit is in Dewsbury, people would be admitted to Wakefield with an average 62-minute public transport time.
- If the dementia admissions were in Wakefield, then functional admissions would be local, averaging 22 minutes public transport journey.

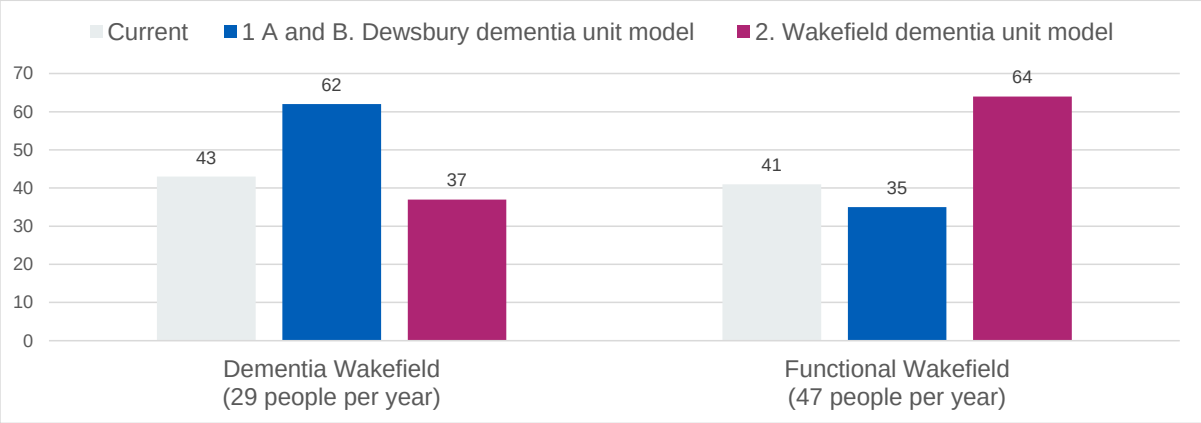
12.3 Wakefield Travel Impact

There will be a travel impact of both options, with either people with functional needs or dementia being admitted to Dewsbury, depending on which option is preferred.

Travel impact of options 1a and b, around 30 people per year would have a greater journey to Dewsbury.

Travel impact of option 2 around 50 people per year with functional needs would have greater journeys to Dewsbury.

To note: the charts show the average public transport time of journey in minutes, the white bar being the current time, the blue bar being the average time expected for options 1a and b, and the purple bar being the expected journey time for option 2.



Wakefield Dementia

Driving Distance

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
Wakefield	Dementia	Driving Distance	Discharge Ward	Current	29	9.1
Wakefield	Dementia	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	29	13.7
Wakefield	Dementia	Driving Distance	Discharge Ward	Wakefield Dementia Unit	29	7.3

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
Wakefield	Dementia	Driving Distance	Discharge Ward	Current	29	9.1
Wakefield	Dementia	Driving Distance	Non discharge ward	Current	25	8.7
Wakefield	Dementia	Driving Distance	Ward Stays	Current	54	8.9
Wakefield	Dementia	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	29	13.7
Wakefield	Dementia	Driving Distance	Discharge Ward	Wakefield Dementia Unit	29	7.3

Driving Distance for all people from Wakefield requiring a dementia admission.

The data shows:

- 29 people per year have an inpatient spell.
- Mean driving distance currently from home address based on discharge ward of the spell is 9.1 miles.
- In a model where the specialist dementia unit were at Dewsbury this would increase to 13.7 miles
- At Wakefield it would be 7.3 miles on average.
- There were 54 ward stays on average across the 29 spells.
- The average distance from home of all ward stays is 8.9 miles.
- The 25 people (86%) that had more than one stay had 9 mile average journey on their first part of the spell.

Driving Time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
Wakefield	Dementia	Driving Time	Discharge Ward	Current	29	21.0
Wakefield	Dementia	Driving Time	Discharge Ward	Dewsbury Dementia Unit	29	27.0
Wakefield	Dementia	Driving Time	Discharge Ward	Wakefield Dementia Unit	29	17.0

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
Wakefield	Dementia	Driving Time	Discharge Ward	Current	29	21.0
Wakefield	Dementia	Driving Time	Non discharge ward	Current	25	18.8
Wakefield	Dementia	Driving Time	Ward Stays	Current	54	20.0
Wakefield	Dementia	Driving Time	Discharge Ward	Dewsbury Dementia Unit	29	27.0
Wakefield	Dementia	Driving Time	Discharge Ward	Wakefield Dementia Unit	29	17.0

- Just over 20 minutes driving time currently for people based on discharge ward.
- The 25 people (86%) that had more than one stay had a 19 minute average journey on their first part of the spell.
- The average drive time from home of all ward stays is 20 minutes.
- If the dementia unit is in Dewsbury, people from Wakefield would be admitted there with an average 27 minute drive.
- If the dementia admissions were in Wakefield then people would be admitted to Fieldhead hospital with a 17 minute drive on average.

Public transport time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
Wakefield	Dementia	Public Transport Time	Discharge Ward	Current	29	42.0
Wakefield	Dementia	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	29	62.0
Wakefield	Dementia	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	29	37.0

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
Wakefield	Dementia	Public Transport Time	Discharge Ward	Current	29	42.0
Wakefield	Dementia	Public Transport Time	Non discharge ward	Current	25	42.0
Wakefield	Dementia	Public Transport Time	Ward Stays	Current	54	42.0
Wakefield	Dementia	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	29	62.0
Wakefield	Dementia	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	29	37.0

- Just over 40 minutes average public transport time based on current discharge ward for 29 people per year, which is the same for all 54 ward stays.
- Average public transport times for the 29 people to Dewsbury is 62 minutes, to Wakefield, 37 minutes.
- If the dementia ward is in Dewsbury all people would be admitted to it at an average of 62 minutes public transport journey.
- If the dementia admissions were in Wakefield, the average public transport journey would be 37 minutes.

Wakefield Functional

Driving Distance

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
Wakefield	Functional	Driving Distance	Discharge Ward	Current	47	7.7
Wakefield	Functional	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	47	7.0
Wakefield	Functional	Driving Distance	Discharge Ward	Wakefield Dementia Unit	47	13.9

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Distance
Wakefield	Functional	Driving Distance	Discharge Ward	Current	47	7.7
Wakefield	Functional	Driving Distance	Non discharge ward	Current	15	11.4
Wakefield	Functional	Driving Distance	Ward Stays	Current	62	8.6
Wakefield	Functional	Driving Distance	Discharge Ward	Dewsbury Dementia Unit	47	7.0
Wakefield	Functional	Driving Distance	Discharge Ward	Wakefield Dementia Unit	47	13.9

Driving Distance for all people from Wakefield requiring a functional admission.

The data shows:

- 47 people per year have an inpatient spell.
- Mean driving distance currently from home address based on discharge ward of the spell is 7.7 miles.
- There were 62 ward stays on average across the 47 spells.
- The average distance from home of all ward stays is 8.6 miles.
- The 15 people per year (32%) that had more than one stay had 11.4-mile average journey on their first part of the spell.

- If the dementia unit is in Dewsbury all admissions from Wakefield will be local, and the 47 stays will be 7 miles away, on average.
- If the dementia unit is in Wakefield, functional admission will be to North Kirklees, which average 14 miles away.

Driving Time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
Wakefield	Functional	Driving Time	Discharge Ward	Current	47	17.0
Wakefield	Functional	Driving Time	Discharge Ward	Dewsbury Dementia Unit	47	17.0
Wakefield	Functional	Driving Time	Discharge Ward	Wakefield Dementia Unit	47	26.0

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Average Time
Wakefield	Functional	Driving Time	Discharge Ward	Current	47	17.0
Wakefield	Functional	Driving Time	Non discharge ward	Current	15	25.3
Wakefield	Functional	Driving Time	Ward Stays	Current	62	19.0
Wakefield	Functional	Driving Time	Discharge Ward	Dewsbury Dementia Unit	47	17.0
Wakefield	Functional	Driving Time	Discharge Ward	Wakefield Dementia Unit	47	26.0

- 17 minutes driving time currently for people based on discharge ward.
- The 15 people (32%) that had more than one stay had a 25.3 minutes average journey on their first part of the spell.
- If the dementia unit is in Dewsbury, functional admission will be local in Wakefield with an average driving time of 17 minutes.
- If the dementia unit is in Wakefield, people will need to travel to Dewsbury with an average driving time of 26 minutes.

Public transport time

Just considering discharge ward

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
Wakefield	Functional	Public Transport Time	Discharge Ward	Current	47	38.0
Wakefield	Functional	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	47	35.0
Wakefield	Functional	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	47	64.0

Including all ward stays

Place	Need	Indicator	Type	Model	Numbers of people or stays	Time
Wakefield	Functional	Public Transport Time	Discharge Ward	Current	47	38.0
Wakefield	Functional	Public Transport Time	Non discharge ward	Current	15	54.5
Wakefield	Functional	Public Transport Time	Ward Stays	Current	62	42.0
Wakefield	Functional	Public Transport Time	Discharge Ward	Dewsbury Dementia Unit	47	35.0
Wakefield	Functional	Public Transport Time	Discharge Ward	Wakefield Dementia Unit	47	64.0

- Just under 40 minutes average public transport time based on current discharge ward for 47 people per year.
- 15 people, 32%, with more than one stay – the average public transport journey would've been just under 55 minutes for the first part of their inpatient spell.
- If the dementia unit is in Dewsbury, then the 47 people will be admitted locally, with an average public transport time of 35 minutes.
- If the dementia unit is in Wakefield, people will need to travel to Dewsbury, at an average public transport journey time of 64 minutes.

13 Section 2: Consultation Findings

In total, 1,676 pieces of feedback were received to the consultation. This consisted of 1,554 responses to the consultation survey, 110 pieces of feedback from event participants, 6 pieces of feedback from social media posts and 6 pieces of correspondence by email and post.

13.1 Feedback on additional considerations

Transport ranked high in the themes raised by people in the consultation.

The top themes raised were:

- **Neutral – Transport – Consider the impact of travel (e.g. mileage, transport links, costs) (35 / 17%)**
- **Negative – Transport – Consider the environmental implications of travelling long distances (24 / 12%)**
- Negative – General – Environmental impact has not been considered (e.g. long-term effects) (23 / 11%)

When asked if there was anything further to consider for the proposals the top themes raised were:

- Neutral – Quality of Care – Wards should be single sex / disagreement with mixed sex wards (40 / 12%)
- **Neutral – Transport – Consider the transportation difficulties for each location (e.g. distance, busy areas, availability of public transport, ability of person travelling, environmental impact) (38 / 12%)**
- Neutral – Quality of Care – Consider the needs of individuals to give the best care (23 / 7%)

13.2 Travel, transport and parking

Most respondents stated they expect to travel up to 45 minutes for both specialist inpatient dementia care (1011 / 88%) and for functional inpatient mental health care (1016 / 89%).

The top three options for transportation were driving a petrol / diesel car (582 / 50%), walking (368 / 32%) and by bus (364 / 31%). And, when asked if there was anything else that should be considered around making travel easier, the top themes raised were:

- Neutral – Transport – Parking should be free (149 / 29%)
- Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (115 / 22%)
- Neutral – Transport – Consider providing a free local bus / shuttle bus service (111 / 21%)

13.3 Geographical analysis

This section presents feedback on expected travel time and method of travel in the Kirklees, Wakefield and Calderdale areas.

Most of those responding from the Kirklees area stated they would expect to travel up to 45 minutes for specialist inpatient dementia care (465 / 88%) and for functional inpatient mental health care (469 / 89%). The top three options for transportation for those responding from the Kirklees area were driving a petrol / diesel car (278 / 52%), by bus (204 / 38%), and walking (156 / 29%).

Most of those responding from the Wakefield area stated they would expect to travel up to 45 minutes for specialist inpatient dementia care (150 / 88%) and for functional inpatient mental health care (145 / 887%). The top three options for transportation for respondents from the Wakefield area were driving a petrol / diesel car (113 / 66%), by bus (54 / 31%), and walking (29 / 17%).

Most of those responding from the Calderdale area stated they would expect to travel up to 45 minutes for specialist inpatient dementia care (268 / 94%) and for functional inpatient mental health care (266 / 94%). The top three options for transportation for respondents from the Calderdale area were by taxi (164 / 57%), walking (159 / 55%), and driving a petrol / diesel car (114 / 40%).

13.4 Travel access for different groups:

The table below shows the breakdown of responses by people that are carers of someone with dementia or functional mental health needs. This is important to consider because many of the people that have a travel impact by the proposals with be carers of someone with dementia or functional mental health needs.

	I care for someone living with dementia	I care for someone living with functional mental health needs
	123	64
I drive a petrol/ diesel car	66%	61%
Walk	20%	30%
Bus	33%	38%
Taxi	19%	28%
Train	15%	14%
Petrol/diesel car – as a passenger	9%	13%
Patient transport	7%	5%
I drive an electric/ hybrid car	9%	8%
Other, please tell us	3%	2%
Electric/hybrid car – as a passenger	4%	2%
Bicycle	4%	3%
Electric Bicycle	-	-
Motorbike	-	-
Drive	75%	69%
Passenger	13%	15%
Total drive or passenger	88%	84%

The table below shows the travel breakdown for people aged 80+:

	Aged 80+
	47
I drive a petrol/ diesel car	53%
Walk	19%

Bus	38%
Taxi	15%
Train	15%
Petrol/diesel car – as a passenger	19%
Patient transport	11%
I drive an electric/ hybrid car	6%
Other, please tell us	4%
Electric/hybrid car – as a passenger	6%
Bicycle	-
Electric Bicycle	-
Motorbike	2%
Drive	59%
Passenger	25%
Total drive or passenger	84%

For all of these groups, between 80% and 90% of people have access to a car, either as a driver or passenger.

For people aged over 80 the proportion that have access only as a passenger increases and it is possible that their loved one could be the person that drives, meaning that if their loved one was admitted they may no longer have access to a car as a passenger.

Data on other protected groups is available and being assessed via the equality impact assessment.

13.5 Considering themes raised in consultation

The following are the key themes that were raised in the public consultation:

- Parking should be free (149 / 29%)
- Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (115 / 22%)
- Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (115 / 22%)
- Consider providing a free local bus / shuttle bus service (111 / 21%)
- Parking should be available and accessible (92 / 18%)
- Consider the importance of parking facilities for patients / families and carers (49 / 9%)
- Ensure there are accessible, regular, and reliable public transport services available with minimal to no changes needed (64 / 12%)
- Consider how to provide the best travel solutions to support patients, families, and carers to access services (62 / 12%)
- Consider the transportation difficulties for each location (e.g. distance, busy areas, availability of public transport) (50 / 10%)
- Travel may be difficult for some groups (48 / 9%)

As well as these we also learned about people's expectations in terms of travel times and the modes of transport different groups of people currently use to travel.

13.6 Addressing inequalities – key themes raised

As part of the consultation, we sought feedback which can be traced back to the first 3 digits of an area postcode. This data can help to identify areas of deprivation at a macro level. Further detailed analysis by protected group using the deprivation questions and including carers can help inform impacts.

Key travel and transport themes raised by these groups were that parking should be free,

- **Just getting by:** Neutral – Transport – Parking should be free (58 / 34%).
- **Really struggling:** Neutral – Transport – Parking should be free (24 / 41%).

Deprivation:

- **Postcode sectors where 50% or more of the localities are comprised of wards that fall into the two most deprived deciles:** Neutral – Transport – Parking should be free (49 / 37%).

Modes of travel:

The consultation also explored methods of travel. It highlights that less people that are struggle / from more deprived postcodes are likely to drive – they are more likely to walk.

Driving

A significantly higher proportion of respondents who are quite comfortable (240 / 65%) travelled by driving a petrol / diesel car compared to respondents who are just getting by (162 / 51%), very comfortable (32 / 49%) and really struggling (79 / 32%).

A significantly higher proportion of respondents from postcode areas where less than 40% of the locality are from the most deprived deciles (284 / 55%) and postcode areas where 40% to 49% of the locality are from the most deprived deciles (88 / 52%) travelled by driving a petrol / diesel car compared to respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (144 / 43%).

Walking

A significantly higher proportion of respondents who are really struggling (167 / 68%) travelled by walking compared to respondents who are just getting by (69 / 22%), quite comfortable (79 / 21%) and very comfortable (11 / 17%).

A significantly higher proportion of respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (157 / 46%) travelled by walking compared to respondents from other postcode areas.

Consultation theme:

Parking should be free (149 / 29%)

Considerations:

The table below shows the parking changes for a future model (2024 prices):

Location	Hospital	Costs
Calderdale	The Dales Calderdale Royal Hospital	30 mins (free) Up to 2hrs (£3.00) Up to 4hrs (£5.00) Up to 6hrs (£6.00) Up to 24hrs (£8.00)
Kirklees	Priestley Unit (Dewsbury and District Hospital)	Less than 20 mins (free) Up to 1hr (£2.00) 1-2hrs (£2.80) 2-4hrs (£5.00) 4- 24hrs (£6.90)
Wakefield	Fieldhead Hospital – Crofton Ward	Free

Parking is free for anyone visiting Fieldhead hospital but there are changes for visiting any of the other wards.

Consultation theme:

Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (115 / 22%)

Considerations:

Some elements of this theme are also reflected above in terms of parking. The costs of using public transport are set out below. The cost impact of public transport is reduced for older people but could be considerable for other people that use public transport and travel regularly

There are options available for people using public transport (Metro travel) within West Yorkshire. Currently (as of June 2024), people do not have to pay more than £2 for an adult single ticket or £4.50 for a Metro Card (MCard) day saver ticket for travel on any bus across West Yorkshire valid anytime. A weekender ticket costs £8.50 which can be bought on the bus for unlimited bus travel from 6pm on Fridays until midnight on Sundays on any bus, anywhere in West Yorkshire.

People travelling by bus and train would pay £10.60 off-peak and £15.60 peak for a bus and rail day saver ticket across the West Yorkshire area.

Off-Peak Countywide Bus and Train tickets are valid on any bus from 09:30 and on any train from 09:30 to 16:01, and from 18:30, Monday to Friday, and all day at weekends and public holidays. A daily ticket is £9.50 or £4.80 (concessionary)

People who have reached the state pension age and are a permanent resident of West Yorkshire will qualify for a Senior Pass. A Senior Pass provides:

- Free, off-peak bus travel throughout England. Off-peak is after 9.30am Monday to Friday, and all day at weekends and Bank Holidays.

- Half-fare, off-peak train travel throughout West Yorkshire, for West Yorkshire residents. Off-peak is Monday to Friday after 09:30 until 16:00, then after 18:30. All day on weekends & public holidays. Anyone travelling by train during the weekday evening peak - 16:01 to 18:29 - will need to buy an Anytime Day Single or Anytime Day Return ticket. The half-fare only applies to travel within West Yorkshire. If part of the journey falls outside of West Yorkshire, full fare will be paid for that part of the journey.

Consultation Theme:

Consider providing a free local bus / shuttle bus service (111 / 21%)

Consideration:

There is **currently** a free public transport option that could support part of our population with a bus that runs across the Mid Yorkshire Hospital footprint, from Pontefract to Pinderfields in Wakefield and Dewsbury Hospital.

The Pinderfields is close to Fieldhead Hospital, this service does not access Fieldhead Hospital in Wakefield. There is a 10 minute uphill walk from to Fieldhead Hospital and a busy road to cross.

There is no service to link Greater Huddersfield or Calderdale to Dewsbury or Wakefield.

Consultation Theme:

Parking should be available and accessible (92 / 18%)

Consider the importance of parking facilities for patients / families and carers (49 / 9%)

Consideration:

There is available/accessible parking at every site. Feedback is that this is much more difficult at the site of Calderdale Royal Hospital, where the Beechdale ward is located. However, work is ongoing on a multi-story car park which is scheduled to open in early 2026.

Consultation Theme:

Ensure there are accessible, regular, and reliable public transport services available with minimal to no changes needed (64 / 12%)

Consideration

We know that public transport journeys can be complex and if one part of a journey is delayed, this could have ramifications and cause delays to other parts of journeys.

Consultation Theme:

Consider how to provide the best travel solutions to support patients, families, and carers to access services (62 / 12%)

Consideration

We know that from time to time, people do struggle to travel to visit their loved ones. This happens in the current model and may be increased with changes.

Consultation Theme:

Consider the transportation difficulties for each location (e.g. distance, busy areas, availability of public transport) (50 / 10%)

Consideration

Linked to a theme above, we know that public transport journeys can be complex to our sites and if one part of a journey is delayed, this could have ramifications and cause delays to other parts of journeys.

Consultation Theme:

Travel may be difficult for some groups (48 / 9%)

Consideration:

We know that visitors of people on older people's wards can be elderly themselves, increased likelihood of frailty for example, and this can make journeys more difficult.

Consultation Theme:

Travel times: Most respondents stated they expect to travel up to 45 minutes for both specialist inpatient dementia care (1011 / 88%) and for functional inpatient mental health care (1016 / 89%).

Consideration:

The table below shows the average travel times for people that would travel by **public transport** (some people would have longer to travel).

It highlights the places where the average travel time is outside the 45 minutes:

Need	Place	Current (time mins)	1 a/b) Dementia unit in Dewsbury (time mins)	2) Dementia unit in Wakefield (time mins)
Dementia	Calderdale	38	61	98
Dementia	Greater Hudds	60	60	86
Dementia	North Kirklees	23	21	60
Dementia	Wakefield	42	62	37
Functional	Calderdale	37	30	30
Functional	Greater Hudds	59	49	49
Functional	North Kirklees	24	62	22
Functional	Wakefield	38	35	64

Of note, is that some of the current travel times are considerable, if people require public transport.

The table below shows the time take to travel by driving in all options. Although averages and some people take longer the vast majority of people that drive or have access to a car as a passenger will be able to visit within times that are considered acceptable.

Need	Place	Current (time mins)	1 a/b) Dementia unit in Dewsbury (time mins)	2) Dementia unit in Wakefield (time mins)
Dementia	Calderdale	19	34	37
Dementia	Greater Hudds	30	30	35
Dementia	North Kirklees	12	11	24
Dementia	Wakefield	21	27	17
Functional	Calderdale	18	14	14
Functional	Greater Hudds	31	22	22
Functional	North Kirklees	11	23	11
Functional	Wakefield	17	17	26

Consultation theme:

How people travel:

	1159
I drive a petrol/ diesel car	50%
Walk	32%
Bus	31%
Taxi	28%
Train	14%
Petrol/diesel car – as a passenger	11%
Patient transport	9%
I drive an electric/ hybrid car	6%
Other, please tell us	2%
Electric/hybrid car – as a passenger	2%
Bicycle	2%
Electric Bicycle	1%
Motorbike	0%

Of all people completing the survey, 56% of people drive and a further 13% of people have access to a car as a passenger.

Focussing on some groups that might be significantly impacted:

	I care for someone living with dementia	I care for someone living with functional mental health needs	Aged 80+
Drive	75%	69%	59%
Passenger	13%	15%	25%
Total drive or passenger	88%	84%	84%

As reflected above, for people aged over 80 the proportion that have access only as a passenger increases and it is possible that their loved one could be the person that drives, meaning that if their loved one was admitted, they may no longer have access to a car as a passenger.

Also, as people are able to tick more than one box in the consultation survey, it is also possible that the proportions of people that don't have access to a care from these groups are slightly higher.

Consideration:

A small but not inconsiderable proportion of people will be reliant on public transport to visit a loved one.

13.7 Numbers of people impacted by each option:

The percentage of people with car access in the table has been rounded down to try and ensure that we don't underestimate the numbers of next of kin visitors impacted by potential changes:

	Number of admissions per year	Car Access	No car access	Predicted numbers with car access	Predicted numbers without car access
Dementia Calderdale	22	85%	15%	19	3
Dementia Greater Huddersfield	15	85%	15%	13	2
Dementia North Kirklees	13	85%	15%	11	2
Dementia Wakefield	29	85%	15%	25	4
Functional Calderdale	46	80%	20%	37	9
Functional Greater Huddersfield	38	80%	20%	30	8
Functional North Kirklees	34	80%	20%	27	7
Functional Wakefield	47	80%	20%	38	9
Total	244			199	45

The data shows that potentially in the region of up to 50 people per year could be reliant on public transport.

For a group of these, the impact won't change / will be limited in either option.

Travel impact for each option:

Option 1:

	Predicted numbers with car access	Driving Time	Predicted numbers without car access	Public Transport time
Dementia Calderdale	19	34	3	61

Dementia Wakefield	25	27	4	62
Functional North Kirklees	27	23	7	62

Note: this assumes that people from Greater Huddersfield will be admitted to Beechdale, which overall is a similar travel time for people of Greater Huddersfield and an existing pathway for working aged adults from that place.

However, there will be more functional capacity at Wakefield. Importantly though, should someone from the west side of the Trust footprint be admitted to Wakefield, and this proves difficult travel for next of kin, there would be an opportunity to transfer the patient to Beechdale when a bed becomes available.

Practically, for those requiring public transport, some people from Wakefield district may be able to benefit from the free hospital bus that **currently** runs from Pontefract to Dewsbury via Pinderfields Hospital and vice versa from North Kirklees to Wakefield (accepting that the bus does not access the Fieldhead site).

There is a direct train from Todmorden, Hebden Bridge and Sowerby Bridge to Dewsbury that would help some people from Calderdale. However, there is still approximately 30 minutes uphill walk from Dewsbury station to Dewsbury Hospital, or a further bus journey.

Option 2:

	Predicted numbers with car access	Driving Time	Predicted numbers without car access	Public Transport time
Dementia Calderdale	19	37	3	98
Dementia Greater Huddersfield	13	35	2	86
Dementia North Kirklees	11	25	2	60
Functional Wakefield	38	27	9	64

As with option 1, for option 2 people from North Kirklees and Wakefield might be able to benefit from the free hospital bus. The journey from Calderdale and Kirklees to Wakefield via public transport will be long and complex for some people.

A key consideration of either option is that, so long as people have access to a car, travel times will, overall, be in line with the timings that people have said they're prepared to travel **for both options**.

There will be slightly more people impacted by option 2. For option 2, the impact is greater for those that will be reliant on public transport so there is likely to be more people that will either struggle to visit or will need support.

13.8 Proposed Mitigations

The Travel and Transport working group have been considering potential solutions to travel and transport challenges that emerge as a result of the transformed model. From the evidence provided to the group, it was clear that some protected characteristics, and health inclusion groups may experience more of an impact than others when having to travel long distances, to unfamiliar places, or use public transport. The group identified these as: people who are disabled or have long term conditions, unpaid carers, some people from ethnic minority communities, older people, and people on low incomes or experiencing financial difficulties. The mitigations in this report aim to address the issues for all groups identified but will benefit all patients, carers, and visitors.

A key recommendation is to implement a visitor support pathway. This will ensure that Trust is more systematic at being aware of potential travel problems and works with essential visitors to find solutions where visiting is more difficult. See appendix with process map for more information.

Visitor support pathway features the following:

- Help and guidance (non-financial) for people travelling to wards.
- Flexible visiting.
- Use of technology.
- Carer support – for example alignment with triangle of care.
- Working in partnership to make improvements to public transport, including potential access to Fieldhead Hospital.
- Failsafe in place for essential visitors (next of kin / carers) that are unable to visit follow other support and as a result of changes which could be a solution that involves financing. This could include volunteers, VCSE or failing their availability, private taxi hire.

Time period:
The travel and transport working group endorsed a 5 year time period for the visitor support pathway with potential reviews annually to check usage and adapt as appropriate. This would give the time needed for new ways of working to be fully embedded and allow for some ongoing review. If needed, there may be an option to retain some or all elements after 5 years but expectation is that it will be embedded in the system by that time.

More detail of travel impact and mitigations is set out on the table below:

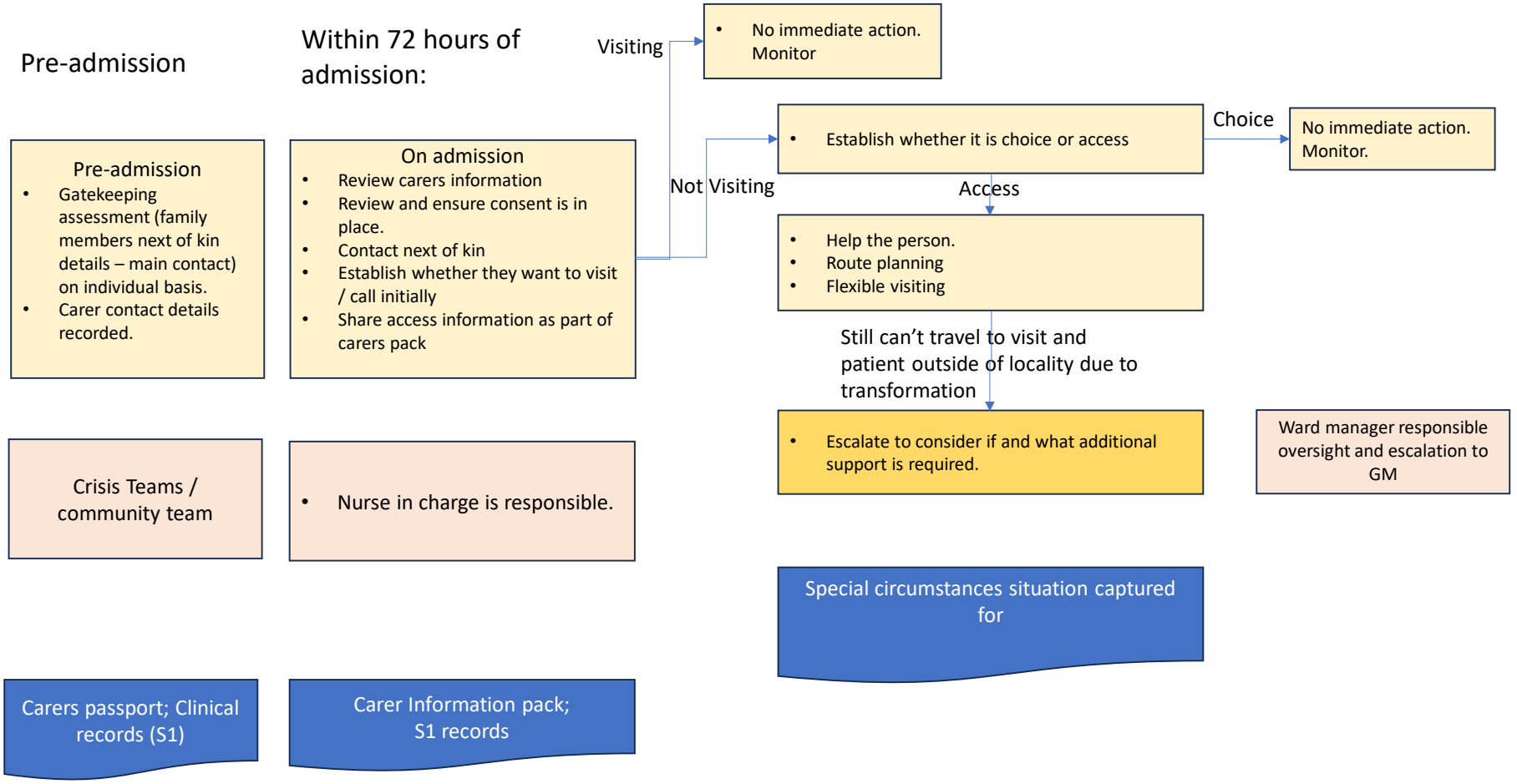
Theme	Transformation Impact	Equality and Health inequality group affected	Mitigations
Parking			
Parking should be free.	The net impact will be neutral but some people that currently would be admitted to a Wakefield ward will be admitted elsewhere and there will be a parking charge. Conversely, some people from other parts of the footprint will benefit from free parking at Wakefield.	Carers, people on low incomes or experiencing financial difficulty, people who do not qualify for disabled parking but have a disability or long-term condition that impacts travelling	Parking will be free to anyone visiting Fieldhead Hospital. Elsewhere, it is chargeable and the sites are not owned by South West Yorkshire Partnership, so it is outside the scope of the programme to change this.
Parking should be available and accessible. Consider the importance of parking facilities for patients / families and carers.	No direct impact as a result of transformation, though we are aware of existing challenges at the Calderdale Royal Hospital site.	Carers, people on low incomes or experiencing financial difficulty, people who do not qualify for disabled parking but have a disability or long-term condition that impacts travelling	When the new multi-story car park in Calderdale opens, we expect that all sites will have appropriate parking facilities. No direct mitigation is required on this, other than to keep a watching brief as part of the visitor support pathway.
Costs			
Consider the cost of travel, parking, and public transport.	The costs of travel have been considered in this impact assessment. There will be some cost increases as a result of	People who are disabled or have long term conditions, unpaid carers, some people from ethnic minority communities, older people,	It is proposed that this forms part of the considerations of the visitor support pathway and costs will be considered if it becomes a barrier to essential visiting.

Theme	Transformation Impact	Equality and Health inequality group affected	Mitigations
	extra driving distances and longer public transport journeys. For many people, we hope that the costs of travel and transport will be affordable.	and people on low incomes or experiencing financial difficulties.	Use of digital technology could help some people, potentially supplementing some visits.
Availability, Accessibility and Ease of Public Transport			
Consider providing a free local bus / shuttle bus service.	No impact as a result of proposals, though we do know that this could lead to more people being admitted between Calderdale and Dewsbury and that these hospitals aren't serviced by free transport, whilst there currently is a free bus that runs across the Wakefield District Hospital footprint and to Dewsbury.	People who are disabled or have long term conditions, unpaid carers, some people from ethnic minority communities, older people, and people on low incomes or experiencing financial difficulties.	The programme team supports the principles of a free local bus / shuttle bus services. In particular, there are challenges linking Calderdale and Greater Huddersfield to Dewsbury. However, we also acknowledge that on its own, the changes of this programme will not create enough demand to warrant the commissioning of a bespoke service. The costs of such a service are estimated to be between £150-175K per annum. Our proposals are that this could be considered at as part of wider system approaches and that we would flag the benefits of a shuttle bus for visitors to this model and ask that it is factored into considerations.

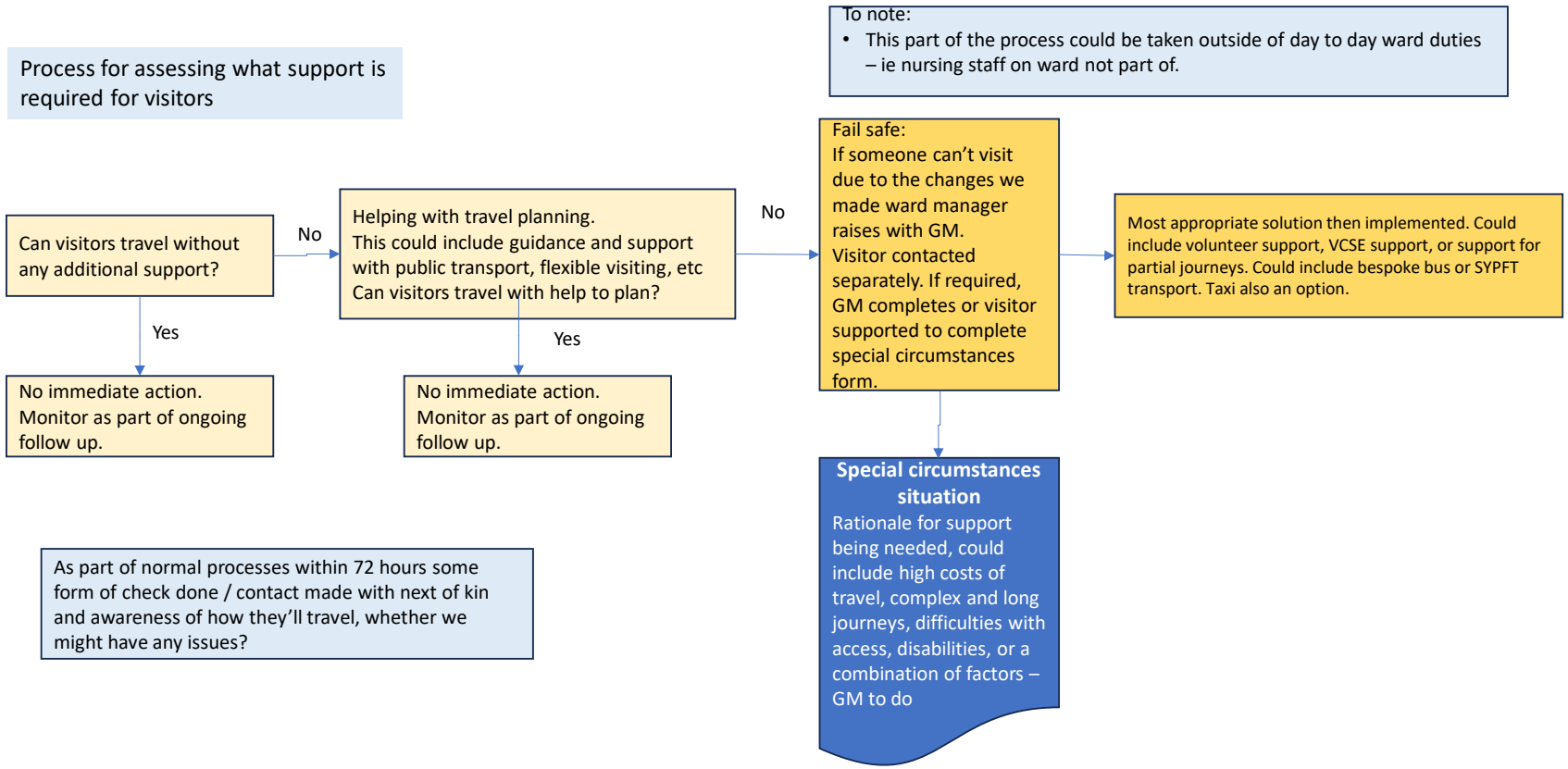
Theme	Transformation Impact	Equality and Health inequality group affected	Mitigations
			We would like to explore linking the free bus (113) that runs across the Mid Yorkshire hospital sites to the Fieldhead hospital site.
Ensure there are accessible, regular, and reliable public transport services available with minimal to no changes needed.	That there may be more people required to make lengthy and difficult public transport journeys in the new model to visit loved ones.	People who are disabled or have long term conditions, unpaid carers, some people from ethnic minority communities, older people, and people on low incomes or experiencing financial difficulties.	As part of the travel and transport group, activity has taken place to identify key areas where we feel improvements could be made to public transport. The key themes include: • Connectivity. • Access to toilets en route. • Routes to hospital. • Reliability. • Accessible information for people. • Support for people with disabilities and long-term conditions that impact on ability to travel. The programme team acknowledge that we are not directly able to or responsible for to making any of these improvements, but we aim to work with the combined authority and will seek to feed this into other groups that have a focus on public transport. A direct mitigation is that these challenges will be factored into the visitor support pathway. So, as part of helping visitors to access the wards we will implement a travel guide that people can use and if travel does remain difficult, we will look at what
Consider the availability of public transport (e.g. frequency / time of day / location).		people who are disabled or have long term conditions, unpaid carers, some people from ethnic minority communities, older people, and people on low incomes or experiencing financial difficulties.	
Consider the transportation difficulties for each location (e.g. distance, busy		Carers, people who are disabled or have long term conditions, some people from ethnic minority communities, older people, and people on low incomes	

Theme	Transformation Impact	Equality and Health inequality group affected	Mitigations
areas, availability of public transport)		or experiencing financial difficulties.	additional support we can give for people with special circumstances. As part of this we will look to support people by offering flexible visiting hours and using digital technology for virtual visiting if/as appropriate.
Travel may be difficult for some groups		Carers, people who are disabled or have long term conditions, some people from ethnic minority communities, older people, and people on low incomes or experiencing financial difficulties.	
Helping people			
Consider how to provide the best travel solutions to support patients, families, and carers to access services	As identified, some people will have longer and/or more expensive journeys to visit family and loved ones.		Implementation of the visitor support pathway will aim to find the best travel solutions for visitors, whilst improvement over time to public transport will hopefully further deliver better travel solutions for people. Digital solutions to support people will also be implemented, as will more flexible visiting hours across wards.

14 Appendix 1 – Visitor Support: Proposed Pathway



Process for assessing what support is required for visitors



Follow up process

What's required?

- Review of visiting that is taking place to be part of the Multi Disciplinary Team review (weekly ward round)

To note:
- Ad hoc or short term support might be required if family member / support becomes unavailable for period of time.
- Also, support if major public transport issues occur i.e. strike, weather condition, road closures leading to public transport cancellation or delays.
- As with other processes impact of transformation, and escalation process be required.

Who is responsible and when?

Ward team - weekly

Information recorded

MDT ward round information on S1

15 Appendix 2: Public Transport themes identified by travel and transport working group:

Public Transport themes

ITEM	GENERAL THEMES
1.	Connectivity
2.	Access to toilets en route
3.	Routes to hospital
4.	Reliability
5.	Accessible information for people
6.	Support for people with disabilities and long-term conditions that impact on ability to travel

ITEM	SUB THEMES
1.	Connectivity: Being aware of where transport links and adjusting / being flexible for people on journeys with changes. Example: people don't need to wait 1 hour because their bus is delayed 5 minutes. Trains being part of the connectivity (not just busses).
2.	Toilet access: Toilets being available / toilets being free
3.	Routes to hospital: Hospitals are not the easiest place to get to. Busses going into hospital grounds. Town links to hospitals / town circular buses. Joining hospitals.
5.	Accessible information for other languages Accessible information for visually impaired Improved journey planning in one place, especially if people planning journeys across providers. Difficult to plan journeys in advance. Current system (moovit) not as good as old WY journey planner app.
6.	Limited timing of disabled bus passes.

ITEM	SPECIFIC THEMES
1.	Connectivity: Trains – any journey starting after 4.00pm is charged more including if people are delayed on a prior bus.
2.	Toilets: Dewsbury charge 20p, if people don't have change then this can be a problem. Radar keys – can these be made available for people to access toilets.
3.	Fieldhead link / bus into Fieldhead grounds. Link from Calderdale/ Huddersfield to Dewsbury
5.	Information on safe spaces for people travelling, when they're open, where they are, etc. Better travel assistance to certain places – ie Hospitals.

16 Appendix 3: Consultation survey feedback (excerpt from Consultation report)

16.1 Travel expectations to access services

Table 57 shows that most respondents expect to travel up to 45 minutes for specialist inpatient dementia care, with 679 (59%) saying they would travel up to 30 minutes and 332 (29%) saying they would travel between 30 and 45 minutes. When considering the responses across the geography, travel expectations were consistent across the Kirklees, Wakefield and Calderdale areas, with most respondents saying they would expect to travel up to 45 minutes.

Table 1. How long would you expect to travel for specialist inpatient dementia care?

-	Total – No.	Total - %	Kirklees	Wakefield	Calderdale	Other LAs	Unable to profile
	679	59%	58%	50%	75%	50%	43%
	332	29%	30%	38%	19%	28%	35%
	104	9%	9%	9%	5%	9%	17%
	32	3%	3%	3%	1%	13%	5%
	1147	-	*529*	*170*	*284*	*32*	*132*

Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Respondent type:

Up to 30 minutes

- A significantly higher proportion of respondents who are living with functional mental health needs (65 / 72%), respondents living with dementia (21 / 68%), respondents who work for a voluntary or community organisation (100 / 61%), respondents who care for someone living with functional mental health needs (35 / 57%), respondents who work in social care, including care homes (26 / 53%) and those who care for someone living with dementia (64 / 52%) said that they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to a Governor or members of South West Yorkshire Partnership Foundation Trust (3 / 19%).
- A significantly higher proportion of respondents living with dementia (21 / 68%) and members of the public (393 / 66%) said they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to respondents working in healthcare (55 / 43%), staff working in older people's mental health services (37 / 37%) and Governors or members of South West Yorkshire Partnership Foundation Trust (3 / 19%).

Between 30 and 45 minutes

- A significantly higher proportion of respondents who previously cared for someone with dementia / functional mental health needs (4 / 50%), Governors or members of South West Yorkshire Partnership Foundation Trust (7 / 44%), respondents working in healthcare (56 / 44%), staff working in older people's mental health services (43 / 43%), respondents caring for someone living with dementia (42 / 34%), members of the public (151 / 25%), respondents who care for someone living with functional mental health needs (15 / 25%) and respondents who work for a voluntary or community organisation (41 / 25%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to respondents living with functional mental health needs (13 / 14%).
- A significantly higher proportion of respondents who work in healthcare (56 / 44%) and members of staff working in older people's mental health services (43 / 43%) said they would expect to travel between 30 minutes and 45 minutes for specialist inpatient dementia care compared to respondents living with dementia (6 / 19%).

Between 45 and 60 minutes

- A significantly higher proportion of Governors or members of South West Yorkshire Partnership Foundation Trust (4 / 25%) and staff working in older people's mental health services (17 / 17%) said they would expect to travel between 45 and 60 minutes for specialist inpatient dementia care compared to members of the public (40 / 7%).

Gender:

- There were no significant differences across the different gender cohorts. Similar proportions of male (287 / 89%) and female (672 / 88%) respondents said that they would expect to travel up to 45 minutes for specialist inpatient dementia care.

Age:

Up to 30 minutes

- A significantly higher proportion of respondents aged 40 to 59 (270 / 67%) and 18 to 39 (179 / 63%) said they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to respondents aged 60 to 79 (139 / 50%).

Between 30 and 45 minutes

- A significantly higher proportion of respondents aged 80 and over (20 / 45%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to respondents aged 60 to 79 years (91 / 33%) and 40 to 59 (98 / 24%).
- A significantly higher proportion of respondents aged 80 and over (20 / 45%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to respondents aged 18 to 39 (79 / 28%).

Religion:

Up to 30 minutes

- A significantly higher proportion of Muslim respondents (331 / 77%) said they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to Christian respondents (188 / 51%), respondents with no religion (87 / 41%) and Buddhist respondents (3 / 38%).

Between 30 and 45 minutes

- A significantly higher proportion of Jewish respondents (3 / 60%), respondents with no religion (89 / 42%) and Christian respondents (113 / 36%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to Muslim respondents (71 / 16%).
- A significantly higher proportion of respondents with no religion (89 / 42%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to Hindu respondents (3 / 16%).

Between 45 and 60 minutes

- A significantly higher proportion of Buddhist respondents (3 / 38%), Hindu respondents (4 / 21%), respondents with no religion (27 / 13%) and Christian respondents (37 / 10%) said they would expect to travel between 45 and 60 minutes for specialist inpatient dementia care compared to Muslim respondents (22 / 5%)

Ethnicity:

Up to 30 minutes

- A significantly higher proportion of Asian / Asian British respondents (341 / 76%) said they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to respondents from mixed / multiple ethnic backgrounds (9 / 47%), White British respondents (238 / 45%), White Gypsy or Irish Traveller or Roma respondents (2 / 29%) and White Irish respondents (3 / 27%).

Between 30 and 45 minutes

- A significantly higher proportion of White respondents from other backgrounds (4 / 67%), White Irish (6 / 55%) and White British respondents (217 / 41%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to Asian / Asian British respondents (69 / 15%).

Between 45 and 60 minutes

- A significantly higher proportion of respondents from mixed / multiple ethnic backgrounds (5 / 26%) and White British respondents (58 / 11%) said they would expect to travel between 45 and 60 minutes for specialist inpatient dementia care compared to Asian / Asian British respondents (29 / 6%).

Over 60 minutes

- A significantly higher proportion of Black / African / Caribbean / Black British respondents (3 / 13%) said they would expect to travel over 60 minutes for specialist inpatient dementia care compared to Asian / Asian British respondents (9 / 2%).

Disability:

Up to 30 minutes

- A significantly higher proportion of disabled respondents (182 / 78%) said they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to non-disabled respondents (439 / 54%).

Between 30 and 45 minutes

- A significantly higher proportion of non-disabled respondents (270 / 33%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to disabled respondents (37 / 16%).

Between 45 and 60 minutes

- A significantly higher proportion of non-disabled respondents (86 / 11%) said they would expect to travel between 45 and 60 minutes for specialist inpatient dementia care compared to disabled respondents (10 / 4%).

Long-term conditions or illnesses:

Up to 30 minutes

- A significantly higher proportion of respondents with a mental health condition (155 / 76%), those with a long-term condition (142 / 72%), respondents with a physical or mobility impairment (105 / 67%), and respondents with a hearing impairment (46 / 56%) said they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to respondents who do not have a disability (62 / 41%).
- A significantly higher proportion of respondents with a mental health condition (155 / 76%) said they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to neurodivergent respondents (22 / 58%), those with a hearing impairment (46 / 56%) and those who do not have a disability (62 / 41%).

Between 30 and 45 minutes

- A significantly higher proportion of respondents who do not have a disability (65 / 43%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to respondents with a physical or mobility impairment (41 / 26%), respondents with a long-term condition (38 / 19%), respondents with a mental health condition (34 / 17%), and those with a sight impairment (5 / 16%).
- A significantly higher proportion of neurodivergent respondents (13 / 34%), respondents with a hearing impairment (26 / 32%) and those who have a physical or mobility impairment (41 / 26%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to respondents with a mental health condition (34 / 17%).
- A significantly higher proportion of respondents with a hearing impairment (26 / 32%), said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to respondents with a long-term condition (38 / 19%).

Between 45 and 60 minutes

- A significantly higher proportion of respondents who do not have a disability (20 / 13%) said they would expect to travel between 45 and 60 minutes for specialist inpatient dementia care compared to respondents with a physical or mobility impairment (7 / 4%), those with a mental health condition (10 / 5%), and respondents with a long-term health condition (10 / 5%).

Carer

- A significantly higher proportion of respondents who are not carers (77 / 11%) said they would expect to travel between 45 and 60 minutes for specialist inpatient dementia care compared to respondents who are carers (21 / 6%).

Sexual orientation:

- A significantly higher proportion of heterosexual respondents (557 / 61%) said they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to bisexual / pansexual / asexual respondents (6 / 32%).

Transgender:

- A significantly higher proportion of transgender respondents (3 / 60%) agreed that they would expect to travel between 45 and 60 minutes for specialist inpatient dementia care compared to non-transgender respondents (88 / 9%).

Impact of the cost of living:

Up to 30 minutes

- A significantly higher proportion of respondents who are really struggling (209 / 85%) and those who are just getting by (202 / 64%) said they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to respondents who are quite comfortable (158 / 43%) and very comfortable (21 / 33%).

Between 30 and 45 minutes

- A significantly higher proportion of respondents who are quite comfortable (158 / 43%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to respondents who are just getting by (88 / 28%) and really struggling (24 / 10%).
- A significantly higher proportion of respondents who are very comfortable (24 / 38%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to respondents who are really struggling (24 / 10%).

Between 45 and 60 minutes

- A significantly higher proportion of respondents who are very comfortable (13 / 21%) said they would expect to travel between 45 and 60 minutes for specialist inpatient dementia care compared to respondents who are quite comfortable (40 / 11%), just getting by (21 / 7%) and really struggling (9 / 4%).
- A significantly higher proportion of respondents who are quite comfortable (40 / 11%) agreed that they would expect to travel between 45 and 60 minutes for specialist inpatient dementia care compared to respondents who are really struggling (9 / 4%).

Over 60 minutes

- A significantly higher proportion of respondents who are very comfortable (5 / 8%) said they would expect to travel over 60 minutes for specialist inpatient dementia care compared to respondents who are just getting by (5 / 2%) and really struggling (3 / 1%).

Local authority area:

Up to 30 minutes

- A significantly higher proportion of respondents from the Calderdale area (213 / 75%) said they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to respondents from the Kirklees (308 / 58%) and Wakefield (85 / 50%) areas.

Between 30 and 45 minutes

- A significantly higher proportion of respondents from the Wakefield (65 / 38%) and Kirklees (157 / 30%) areas said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to respondents from the Calderdale area (55 / 19%).

Between 45 and 60 minutes

- A significantly higher proportion of respondents from Kirklees area (49 / 9%) said they would expect to travel between 45 and 60 minutes for specialist inpatient dementia care compared to respondents from the Calderdale area (14 / 5%).

Deprivation:

Up to 30 minutes

- A significantly higher proportion of respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (244 / 72%) said they would expect to travel up to 30 minutes for specialist inpatient dementia care compared to respondents from postcode areas where 40% to 49% of the locality are from the most deprived deciles (103 / 62%) and respondents from postcode areas where less than 40% of the locality are from the most deprived deciles (275 / 54%).

Between 30 and 45 minutes

- A significantly higher proportion of respondents from postcode areas where less than 40% of the locality are from the most deprived deciles (175 / 34%) said they would expect to travel between 30 and 45 minutes for specialist inpatient dementia care compared to respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (67 / 20%).

Between 45 and 60 minutes

- A significantly higher proportion of respondents from postcode areas where 40% to 49% of the locality are from the most deprived deciles (17 / 10%) and respondents from postcode areas where less than 40% of the locality are from the most deprived deciles (47 / 9%) said they would expect to travel between 45 and 60 minutes for specialist inpatient dementia care compared to respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (17 / 5%).

For a full breakdown of the responses to this question by these groups and other groups please see the Excel data tables.

Additionally, Table 58 shows that most respondents expect to travel up to 45 minutes for functional inpatient mental health care, with 686 (60%) saying they would travel up to 30 minutes and 330 (29%) saying they would travel between 30 and 45 minutes. When considering the responses across the geography, travel expectations were consistent across the Kirklees, Wakefield and Calderdale areas with most people saying they would expect to travel up to 45 minutes.

Table 2. How long would you expect to travel for functional inpatient mental health care?

-	Total – No.	Total - %	Kirklees	Wakefield	Calderdale	Other LAs	Unable to profile
	686	60%	58%	52%	76%	63%	47%
	330	29%	31%	35%	18%	19%	37%
	87	8%	7%	8%	5%	16%	11%

	33	3%	3%	5%	0%	3%	5%
		-	*524*	*167*	*282*	*32*	*131*

Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Respondent type:

Up to 30 minutes

- A significantly higher proportion of respondents living with dementia (23 / 77%), respondents living with functional mental health needs (62 / 70%) and members of the public (399 / 67%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to respondents who care for someone living with dementia (62 / 53%), respondents who work in social care, including care homes (25 / 51%), staff working in older people's mental health services (46 / 46%), respondents who work in healthcare (57 / 45%), and Governors or members of South West Yorkshire Partnership (4 / 25%).
- A significantly higher proportion of respondents working for a voluntary or community organisation (103 / 62%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to staff working in older people's mental health services (46 / 46%) and respondents who work in healthcare (57 / 45%).
- A significantly higher proportion of respondents living with dementia (23 / 77%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to respondents who know someone living with dementia / functional mental health needs (4 / 36%) and those who previously cared for someone with dementia / functional mental health needs (2 / 29%).
- A significantly higher proportion of respondents living with dementia (23 / 77%), respondents living with functional mental health needs (62 / 70%) and members of the public (399 / 67%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to respondents who care for someone living with dementia (62 / 53%).

30 to 45 minutes

- A significantly higher proportion of respondents who work in healthcare (54 / 43%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to respondents who work for a voluntary or community organisation (47 / 28%), members of the public (142 / 24%), respondents who care for someone living with functional mental health needs (16 / 25%), respondents living with dementia (6 / 20%), and respondents living with functional mental health needs (16 / 18%).
- A significantly higher proportion of respondents who work in healthcare (54 / 43%), staff working in older people's mental health services (36 / 36%) and respondents who care for someone living with dementia (43 / 36%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to members of the public (142 / 24%).
- A significantly higher proportion of respondents working in healthcare (54 / 43%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to respondents who work for a voluntary or community organisation (47 / 28%).

- A significantly higher proportion of respondents who previously cared for someone with dementia / functional mental health needs (4 / 57%), Governors or members of South West Yorkshire Partnership Foundation Trust (7 / 44%), respondents who work in healthcare (54 / 43%), staff working in older people's mental health services (36 / 36%) and respondents who care for someone living with dementia (43 / 36%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to respondents who are living with functional mental health needs (16 / 18%).

45 to 60 minutes

- A significantly higher proportion of staff working in older people's mental health services (14 / 14%) said they would expect to travel between 45 and 60 minutes for functional inpatient mental health care compared to respondents who work for a voluntary or community organisation (12 / 7%).

Over 60 minutes

- A significantly higher proportion of respondents living with functional mental health needs (7 / 8%) said they would expect to travel over 60 minutes for functional inpatient mental health care compared to respondents who work for a voluntary or community organisation (3 / 2%) and members of the public (12 / 2%).

Gender:

- There were no significant differences across the different gender cohorts. Similar proportions of male (293 / 91%) and female (669 / 89%) respondents said they would expect to travel up to 45 minutes for functional inpatient mental health care.

Age:

Up to 30 minutes

- A significantly higher proportion of respondents aged 40 to 59 years (278 / 69%) and 18 to 39 (190 / 66%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to respondents aged 80 and over (23 / 52%) and 60 to 79 (129 / 48%).

30 to 45 minutes

- A significantly higher proportion of respondents aged 80 and over (21 / 48%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to respondents aged 18 to 39 years (76 / 27%) and 40 to 59 (97 / 24%).
- A significantly higher proportion of respondents aged 80 and over (21 / 48%) and those aged 60 to 79 years (89 / 33%) agreed that they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to respondents aged 40 to 59 (97 / 24%).

45 to 60 minutes

- A significantly higher proportion of respondents aged 60 to 79 years (37 / 14%) said they would expect to travel between 45 and 60 minutes for functional inpatient mental health care compared to respondents aged 40 to 59 (24 / 6%) and 18 to 39 (12 / 4%).

Over 60 minutes

- A significantly higher proportion of respondents aged 60 to 79 years (13 / 5%) agreed that they would expect to travel over 60 minutes for functional inpatient mental health care compared to respondents aged 40 to 59 years (6 / 1%).

Religion:

Up to 30 minutes

- A significantly higher proportion of Muslim respondents (336 / 78%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to Hindu respondents (10 / 53%), Christian respondents (180 / 50%), respondents with no religion (98 / 46%), and Jewish respondents (1 / 20%).

30 to 45 minutes

- A significantly higher proportion of respondents with no religion (82 / 38%) and Christian respondents (132 / 37%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to Muslim respondents (76 / 18%).

45 to 60 minutes

- A significantly higher proportion of Hindu respondents (3 / 16%), respondents with no religion (26 / 12%) and Christian respondents (36 / 10%) said they would expect to travel between 45 and 60 minutes for functional inpatient mental health care compared to Muslim respondents (9 / 2%).

Ethnicity:

Up to 30 minutes

- A significantly higher proportion of Asian / Asian British respondents (346 / 77%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to White British respondents (243 / 47%), respondents from mixed / multiple ethnic groups (8 / 42%), and White Irish respondents (4 / 36%).

30 to 45 minutes

- A significantly higher proportion of White Irish respondents (6 / 55%) and White British respondents (204 / 39%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to Asian / Asian British respondents (76 / 17%).

45 to 60 minutes

- A significantly higher proportion of respondents from mixed / multiple ethnic groups (3 / 16%) and White British respondents (60 / 11%) said they would expect to travel between 45 and 60 minutes for functional inpatient mental health care compared to Asian / Asian British respondents (15 / 3%).

Disability:

Up to 30 minutes

- A significantly higher proportion of disabled respondents (178 / 77%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to non-disabled respondents (456 / 56%).

30 to 45 minutes

- A significantly higher proportion of non-disabled respondents (263 / 32%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to disabled respondents (37 / 16%).

45 to 60 minutes

- A significantly higher proportion of non-disabled respondents (74 / 9%) said they would expect to travel between 45 and 60 minutes for functional inpatient mental health care compared to disabled respondents (9 / 4%).

Long-term conditions or illnesses:

Up to 30 minutes

- A significantly higher proportion of respondents with a learning, understanding, concentrating or memory impairment (14 / 88%), respondents with a mental health condition (160 / 78%) and those with a long-term condition (141 / 72%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to respondents with a hearing impairment (45 / 56%).
- A significantly higher proportion of respondents with a learning, understanding, concentrating or memory impairment (14 / 88%)**,** respondents with a mental health condition (160 / 78%), respondents with a long-term condition (141 / 72%), respondents with a physical or mobility impairment (105 / 69%) and respondents with a sight impairment (20 / 67%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to respondents who do not have a disability (64 / 43%).
- A significantly higher proportion of respondents with a mental health condition (160 / 78%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to neurodivergent respondents (21 / 55%).

30 to 45 minutes

- A significantly higher proportion of respondents who do not have a disability (63 / 42%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to respondents with a long-term condition (39 / 20%), respondents with a mental health condition (33 / 16%), and respondents with a learning, understanding, concentrating or memory impairment (12 / 6%).
- A significantly higher proportion of neurodivergent respondents (13 / 34%) and respondents with a hearing impairment (27 / 34%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to respondents with a mental health condition (33 / 16%).
- A significantly higher proportion of respondents with a hearing impairment (27 / 34%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to respondents with a long-term condition (39 / 20%).

45 to 60 minutes

- A significantly higher proportion of respondents who do not have a disability (22 / 15%) said they would expect to travel between 45 and 60 minutes for functional inpatient mental health

care compared to respondents with a physical or mobility impairment (9 / 6%) and respondents with a mental health condition (7 / 3%).

Carer

- A significantly higher proportion of respondents who are not carers (21 / 3%) said they would expect to travel over 60 minutes for functional inpatient mental health care compared to respondents who are carers (2 / 1%).

Sexual orientation:

- A significantly higher proportion of heterosexual respondents (566 / 62%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to bisexual / pansexual / asexual respondents (7 / 37%).

Transgender:

- There were no significant differences among this group. Of those responding to this question, 5 said they were transgender. 1 said they would expect to travel up to 30 minutes, 2 said they would expect to travel between 30 and 45 minutes, and 2 said they would expect to travel between 45 and 60 minutes for functional inpatient mental health care.

Impact of the cost of living:

Up to 30 minutes

- A significantly higher proportion of respondents who are really struggling (210 / 85%) and those who are just getting by (199 / 64%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to respondents who are quite comfortable (165 / 46%) and very comfortable (23 / 37%).

30 to 45 minutes

- A significantly higher proportion of respondents who are very comfortable (25 / 40%), quite comfortable (146 / 40%) and just getting by (90 / 29%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to respondents who are really struggling (31 / 13%).

45 to 60 minutes

- A significantly higher proportion of respondents who are very comfortable (11 / 18%) and quite comfortable (41 / 11%) said they would expect to travel between 45 and 60 minutes for functional inpatient mental health care compared to respondents who are just getting by (16 / 5%) and really struggling (2 / 1%).

Local authority area:

Up to 30 minutes

- A significantly higher proportion of respondents from the Calderdale area (214 / 76%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to respondents from the Kirklees (304 / 58%) and Wakefield (87 / 52%) areas.

30 to 45 minutes

- A significantly higher proportion of respondents from the Wakefield (58 / 35%) and Kirklees (165 / 31%) areas said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared to respondents from the Calderdale area (52 / 18%)

Over 60 minutes

- A significantly higher proportion of respondents from the Wakefield (8 / 5%) and Kirklees (17 / 3%) areas said they would expect to travel over 60 minutes for functional inpatient mental health care compared to respondents from the Calderdale area (1 / 0.4%).

Deprivation:

Up to 30 minutes

- A significantly higher proportion of respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (246 / 73%) said they would expect to travel up to 30 minutes for functional inpatient mental health care compared to respondents from postcode areas where 40% to 49% of the locality are from the most deprived deciles (101 / 62%) and respondents from postcode areas where less than 40% of the locality are from the most deprived deciles (278 / 55%).

30 to 45 minutes

- A significantly higher proportion of respondents from postcode areas where less than 40% of the locality are from the most deprived deciles (166 / 33%) said they would expect to travel between 30 and 45 minutes for functional inpatient mental health care compared respondents from postcode areas where 40% to 49% of the locality are from the most deprived deciles (45 / 28%) and respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (70 / 21%).

45 to 60 minutes

- A significantly higher proportion of respondents from postcode areas where less than 40% of the locality are from the most deprived deciles (50 / 10%) said they would expect to travel between 45 and 60 minutes for functional inpatient mental health care compared to respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (13 / 4%).

For a full breakdown of the responses to this question by these groups and other groups please see the Excel data tables.

16.1.1.1 Travel method and considerations

Table 59 shows that most respondents travel using a petrol / diesel car (582 / 50%), walking (368 / 32%) and by bus (364 / 31%). When considering the responses across the geography, most respondents from the Wakefield (113 / 66%) and Kirklees (278 / 52%) areas said they travel using a petrol / diesel car, while most respondents from the Calderdale area said they travel by taxi (164 / 57%).

Table 3. How do you travel?

-	Total – No.	Total - %	Kirklees	Wakefield	Calderdale	Other LAs	Unable to profile
I drive a petrol/ diesel car	582	50%	52%	66%	40%	34%	50%
Walk	368	32%	29%	17%	55%	3%	17%
Bus	364	31%	38%	31%	22%	13%	29%
Taxi	329	28%	20%	15%	57%	16%	20%
Train	168	14 %	16%	11%	14%	13%	14%
Petrol/diesel car – as a passenger	129	11%	15%	12%	7%	9%	6%
Patient transport	108	9%	3%	5%	27%	6%	3%
I drive an electric/ hybrid car	73	6%	7%	7%	3%	19%	6%
Electric/hybrid car – as a passenger	24	2%	3%	2%	-	3%	3%
Bicycle	21	2%	1%	2%	2%	3%	4%
Electric Bicycle	6	1%	1%	1%	1%	-	-
Motorbike	5	0.4%	1%	-	-	3%	1%
I drive a petrol/ diesel car	582	50%	52%	66%	40%	34%	50%
		-	*534*	*172*	*288*	*32*	*133*

Equalities analysis

This section presents significant differences across the protected demographic profiling characteristics and groups of most interest. Where groups are too small for significance testing the key reportable finding has been presented instead. For more information, see the reporting methodology section.

Respondent type:

Drive a petrol / diesel car

- A significantly higher proportion of Governors or members of South West Yorkshire Partnership Foundation Trust (12 / 75%), staff working in older people's mental health services (71 / 70%), respondents who care for someone living with dementia (81 / 66%), respondents who care for someone living with functional mental health needs (39 / 61%) and those who work in healthcare (71 / 56%) travel by driving a petrol / diesel car compared to members of the public (272 / 45%), respondents living with dementia (9 / 29%) and functional mental health needs (38 / 41%).
- A significantly higher proportion staff working in older people's mental health services (71 / 70%), and respondents who care for someone living with dementia (81 / 66%) travel by driving a petrol / diesel car compared to respondents who work for a voluntary or community organisation (82 / 50%).

- A significantly higher proportion of staff working in older people's mental health services (71 / 70%) travel by driving a petrol / diesel car compared to respondents who work in healthcare (71 / 56%), respondents who work in social care, including care homes (25 / 51%), respondents who work for a voluntary or community organisation (82 / 50%), members of the public (272 / 45%) and retired respondents (3 / 30%).

Walking

- A significantly higher proportion of members of the public (273 / 45%) travel by walking compared to respondents who care for someone living with dementia (25 / 20%), respondents who work in healthcare (20 / 16%) and staff working in older people's mental health services (8 / 8%).
- A significantly higher proportion of respondents who are living with functional mental health needs (34 / 37%) travel by walking compared to respondents who work for a voluntary or community organisation (57 / 35%), respondents who care for someone living with functional mental health needs (19 / 30%), respondents who care for someone living with dementia (25 / 20%), respondents who are living with dementia (6 / 19%), respondents who work in healthcare (20 / 16%), respondents who know someone living with dementia / functional mental health needs (1 / 9%), and members of staff working in older people's mental health services (8 / 8%).
- A significantly higher proportion of respondents who work in social care, including care homes (15 / 31%) travel by walking compared to respondents who work in healthcare (20 / 16%), and staff working in older people's mental health services (8 / 8%).
- A significantly higher proportion of respondents who are living with functional mental health needs (34 / 37%) and respondents who work for a voluntary or community organisation (57 / 35%), travel by walking compared to respondents who care for someone living with dementia (25 / 20%), respondents who work in healthcare (20 / 16%), staff working in older people's mental health services (8 / 8%).
- A significantly higher proportion of Governors or members of South West Yorkshire Partnership Foundation Trust (4 / 50%) travel by walking compared to respondents who work in healthcare (20 / 16%) and staff working in older people's mental health services (8 / 8%).

Bus

- A significantly higher proportion of Governors or members of South West Yorkshire Partnership Foundation Trust (8 / 50%), respondents who are living with functional mental health needs (45 / 49%), respondents who are living with dementia (13 / 42%), respondents who work in social care, including care homes (19 / 39%), respondents who care for someone living with functional mental health needs (24 / 38%), respondents who work for a voluntary or community organisation (61 / 37%) and members of the public (219 / 36%) travel by bus compared to respondents working in healthcare (27 / 21%) and staff working in older people's mental health services (17 / 17%).
- A significantly higher proportion of respondents who are living with functional mental health needs (45 / 49%) travel by bus compared to respondents who work for a voluntary or community organisation (61 / 37%), respondents who care for someone living with dementia (40 / 33%), respondents who work in healthcare (27 / 21%) and members of staff working in older people's mental health service (17 / 17%).

Taxi

- A significantly higher proportion of respondents living with functional mental health needs (27 / 29%) travel by taxi compared to staff working in older people's mental health services (12 / 12%).

- A significantly higher proportion of members of the public (226 / 37%) travel by taxi compared to respondents who care for someone living with dementia (23 / 19%).
- A significantly higher proportion of respondents who care for someone living with functional mental health needs (18 / 28%) travel by taxi compared to respondents who work in healthcare (20 / 16%) and staff working in older people's mental health services (12 / 12%).
- A significantly higher proportion of members of the public (226 / 37%) and respondents who work for a voluntary or community organisation (42 / 25%) travel by taxi compared to respondents who work in healthcare (20 / 16%).

Train

- A significantly higher proportion of Governors or members of South West Yorkshire Partnership Foundation Trust (5 / 31%) travel by train compared to staff working in older people's mental health services (10 / 10%).

Passenger in a petrol / diesel car

- A significantly higher proportion of respondents who are living with functional mental health needs (17 / 18%) travel as a passenger in a petrol / diesel car compared to staff working in older people's mental health services (8 / 8%).

Gender:

- When comparing the responses by this cohort a significantly higher proportion of female respondents said they travel using a petrol / diesel car (409 / 53%) and as a passenger in a petrol / diesel car (100 / 13%), compared to male respondents (drive: 148 / 45%, passenger: 24 / 7%).
- A significantly higher proportion of male respondents said they walk (133 / 41%), travel by taxi (113 / 35%) and use patient transport (50 / 15%) compared to female respondents (walk: 216 / 28%, taxi: 200 / 26%, patient transport: 54 / 7%).

Age:

Drive a petrol / diesel car

- A significantly higher proportion of respondents aged 60 to 79 (157 / 55%) and 40 to 59 (214 / 52%) travelled by driving a petrol / diesel car compared to respondents aged 18 to 39 (121 / 42%) and under 18 years (1 / 11%).

Walk

- A significantly higher proportion of respondents aged under 18 (8 / 89%) travelled by walking compared to respondents aged 40 to 59 (152 / 37%), 18 to 39 (100 / 35%), 60 to 79 (76 / 27%) and 80 and over (9 / 19%).

Bus

- A significantly higher proportion of respondents aged 60 to 79 (123 / 43%) travelled by bus compared to respondents aged 18 to 39 (82 / 29%) and 40 to 59 (98 / 24%).
- A significantly higher proportion of respondents aged 80 years and over (18 / 38%) travelled by bus compared to respondents aged 40 to 59 (98 / 24%).

Taxi

- A significantly higher proportion of respondents aged 40 to 59 (150 / 37%) and 18 to 39 (94 / 33%) travelled by taxi compared to respondents aged 60 to 79 (59 / 21%) and 80 and over (7 / 15%).

Train

- A significantly higher proportion of respondents aged 60 to 79 (53 / 19%) travelled by train compared to respondents aged 40 to 59 (52 / 13%).

Patient transport

- A significantly higher proportion of respondents aged 40 to 59 (60 / 15%) travelled by patient transport compared to respondents aged 60 to 79 (15 / 5%).

Religion:

Drive a petrol / diesel car

- A significantly higher proportion of respondents with no religion (139 / 63%) and Christian respondents (226 / 61%) travelled by driving a petrol / diesel car compared to Hindu (7 / 37%) and Muslim respondents (153 / 35%).

Walking

- A significantly higher proportion of Muslim respondents (205 / 48%) travelled by walking compared to respondents with no religion (49 / 22%), and Christian respondents (80 / 21%).

Bus

- A significantly higher proportion of respondents with no religion (81 / 37%) and Christian respondents (124 / 33%) travelled by bus compared to Muslim respondents (108 / 25%).

Taxi

- A significantly higher proportion of Muslim (206 / 48%) and Hindu respondents (7 / 37%) travelled by taxi compared to respondents with no religion (35 / 16%) and Christian respondents (59 / 16%).

Train

- A significantly higher proportion of respondents with no religion (50 / 23%) travelled by train compared to Christian respondents (44 / 12%) and Muslim respondents (51 / 12%).

Patient transport

- A significantly higher proportion of Muslim respondents (75 / 17%) travelled by patient transport compared to respondents with no religion (11 / 5%) and Christian respondents (17 / 5%).

Drive an electric / hybrid car

- A significantly higher proportion of Sikh respondents (2 / 22%), those with no religion (22 / 10%) and Christian respondents (30 / 8%) travelled using an electric / hybrid car compared to Muslim respondents (12 / 3%).

Bicycle

- A significantly higher proportion of respondents with no religion (10 / 5%) travelled by bicycle compared to Christian (5 / 1%) and Muslim respondents (5 / 1%).

Motorbike

- A significantly higher proportion of Sikh respondents (1 / 11%) travelled by motorbike compared to Christian (1 / 0.3%) and Muslim respondents (1 / 0.2%).

Ethnicity:

Drive a petrol / diesel car

- A significantly higher proportion of White British respondents (346 / 64%) travelled by driving a petrol / diesel car compared to Asian / Asian British (165 / 37%) and Chinese and other ethnic group respondents (4 / 29%).

Walk

- A significantly higher proportion of Asian / Asian British respondents (212 / 47%) travelled by walking compared to Black / African / Caribbean / Black British respondents (5 / 19%).
- A significantly higher proportion of Asian / Asian British respondents (212 / 47%) travelled by walking compared to White British respondents (104 / 19%).

Bus

- A significantly higher proportion of White respondents from other backgrounds (5 / 83%) travelled by bus compared to White British respondents (189 / 35%), respondents from mixed / multiple ethnic groups (5 / 26%) and Asian / Asian British (112 / 25%) respondents.

Taxi

- A significantly higher proportion of Asian / Asian British respondents (212 / 47%) travelled by taxi compared to respondents from mixed / multiple ethnic groups (3 / 16%), Chinese and other ethnic group respondents (2 / 14%), White British respondents (71 / 13%), and White Irish respondents (1 / 9%).
- A significantly higher proportion of Black / African / Caribbean / Black British respondents (10 / 37%) travelled by taxi compared to White British respondents (71 / 13%).

Train

- A significantly higher proportion of White British respondents (90 / 17%) travelled by train compared to Asian / Asian British respondents (50 / 11%).

Patient transport

- A significantly higher proportion of Asian / Asian British respondents (75 / 17%) travelled by patient transport compared to White British respondents (24 / 4%).

Drive an electric / hybrid car

- A significantly higher proportion of mixed / multiple ethnic group respondents (4 / 21%) travelled by driving an electric / hybrid car compared to White British (43 / 8%), and Asian / Asian British (15 / 3%) respondents.

Disability:

- When comparing the responses by this cohort a significantly higher proportion of respondents who did not have a disability said they travel by driving a petrol / diesel car (464 / 56%) and by bus (266 / 32%), compared to respondents with a disability (drive: 83 / 35%, bus: 59 / 25%).
- Whereas a significantly higher proportion of respondents with a disability said they walk (122 / 52%), travel by taxi (136 / 58%) and use patient transport (74 / 31%), compared to non-disabled respondents (walk: 218 / 26%, taxi: 160 / 19%, patient transport: 25 / 3%).

Long-term conditions or illnesses:

Drive a petrol / diesel car

- A significantly higher proportion of respondents who do not have a disability (106 / 69%) travelled by driving a petrol/ diesel car compared to respondents with a physical or mobility impairment (76 / 47%), hearing impairment (36 / 44%), neurodivergent respondents (16 / 42%), and learning, understanding, concentrating or memory impairments (5 / 31%).

Walk

- A significantly higher proportion of respondents with a mental health condition (118 / 57%) travelled by walking compared to respondents with a sight impairment (11 / 35%), physical or mobility impairment (49 / 30%), a hearing impairment (17 / 21%), and respondents who did not have a disability (20 / 13%).
- A significantly higher proportion of respondents with a long-term condition (94 / 47%) travelled by walking compared to respondents with a physical or mobility impairment (49 / 30%) and a hearing impairment (17 / 21%).
- A significantly higher proportion of neurodivergent respondents (15 / 39%) travelled by walking compared to respondents who did not have a disability (20 / 13%).

Bus

- A significantly higher proportion of respondents with a hearing impairment (36 / 44%) travelled by bus compared to respondents with a long-term condition (52 / 26%).
- A significantly higher proportion of neurodivergent respondents (18 / 47%) and those with a hearing impairment (36 / 44%) travelled by bus compared to respondents with a mental health condition (58 / 28%) and those who do not have a disability (32 / 21%).

Taxi

- A significantly higher proportion of respondents with a mental health condition (121 / 59%) and respondents with a physical or mobility impairment (66 / 41%) travelled by taxi compared to respondents with a hearing impairment (22 / 27%), neurodivergent respondents (8 / 21%) and respondents who do not have a disability (13 / 8%).
- A significantly higher proportion of respondents with learning, understanding, concentrating or memory impairments (9 / 56%) travelled by taxi compared to respondents with a hearing impairment (22 / 27%), and respondents who do not have a disability (13 / 8%).
- A significantly higher proportion of respondents with a sight impairment (13 / 42%) travelled by taxi compared to respondents who do not have a disability (13 / 8%).

- A significantly higher proportion of respondents with a mental health condition (121 / 59%) and respondents with a long-term condition (94 / 47%) travelled by taxi compared to respondents with a hearing impairment (22 / 27%) and neurodivergent respondents (8 / 21%).

Passenger in a petrol / diesel car

- A significantly higher proportion of respondents with a hearing impairment (19 / 23%) travelled as a passenger in a petrol / diesel car compared to respondents with a long-term condition (23 / 12%), respondents who do not have a disability (15 / 10%) and respondents with a mental health condition (20 / 10%).

Patient transport

- A significantly higher proportion of respondents with a long-term condition (67 / 34%), mental health condition (69 / 33%), learning, understanding, concentrating or memory impairment (2 / 13%), a physical or mobility impairment (18 / 11%), sight impairment (3 / 10%), neurodivergent respondents (3 / 8%), and respondents with a hearing impairment (6 / 7%) travelled by patient transport compared to respondents who did not have a disability (1 / 1%).

Drive an electric / hybrid car

- A significantly higher proportion of respondents who did not have a disability (22 / 14%) travelled as a driver in an electric / hybrid car compared to respondents with a long-term condition (11 / 6%), hearing impairment (4 / 5%), physical or mobility impairment (6 / 4%), and respondents with a mental health condition (4 / 2%).

Bicycle

- A significantly higher proportion of neurodivergent respondents (3 / 8%) travelled by bicycle compared to respondents with a long-term condition (1 / 1%) and respondents with a mental health condition (1 / 0.5%).

Carer

- When comparing the responses by this cohort a significantly higher proportion of respondents who are carers said they travel by driving a petrol / diesel car, compared to respondents who are not carers (205 / 61% vs. 341 / 47%).
- Whereas a significantly higher proportion of respondents who are not carers said they travel by train (117 / 16%) and using patient transport (80 / 11%), compared to respondents who are carers (travel by train: 37 / 11%), use patient transport: 19 / 6%).

Sexual orientation:

- A significantly higher proportion of gay / lesbian respondents (17 / 50%) travelled by bus compared to heterosexual respondents (274 / 30%).

Transgender:

- A significantly higher proportion of transgender respondents (5 / 100%) travelled by bus compared to non-transgender respondents (310 / 31%).
- A significantly higher proportion of transgender respondents (3 / 60%) travelled by train compared to non-transgender respondents (149 / 15%).

Impact of the cost of living:

Drive a petrol / diesel car

- A significantly higher proportion of respondents who are quite comfortable (240 / 65%) travelled by driving a petrol / diesel car compared to respondents who are just getting by (162 / 51%), very comfortable (32 / 49%) and really struggling (79 / 32%).

Walk

- A significantly higher proportion of respondents who are really struggling (167 / 68%) travelled by walking compared to respondents who are just getting by (69 / 22%), quite comfortable (79 / 21%) and very comfortable (11 / 17%).

Bus

- A significantly higher proportion of respondents who are just getting by (112 / 35%), and quite comfortable (120 / 32%) travelled by bus compared to respondents who are really struggling (57 / 23%).
- A significantly higher proportion of respondents who are just getting by (112 / 35%) travelled by bus compared to respondents who are very comfortable (14 / 22%).

Taxi

- A significantly higher proportion of respondents who are really struggling (158 / 64%) travelled by taxi compared to respondents who are just getting by (71 / 22%), very comfortable (12 / 18%) and quite comfortable (60 / 16%).

Train

- A significantly higher proportion of respondents who are quite comfortable (63 / 17%) travelled by train compared to respondents who are really struggling (25 / 10%).

Passenger in a petrol / diesel car

- A significantly higher proportion of respondents who are quite comfortable (47 / 13%) and just getting by (42 / 13%) travelled as a passenger in a petrol / diesel car compared to respondents who are really struggling (16 / 6%).

Patient transport

- A significantly higher proportion of respondents who are really struggling (69 / 28%) travelled by patient transport compared to respondents who are very comfortable (3 / 5%), just getting by (16 / 5%) and quite comfortable (9 / 2%).

Drive an electric / hybrid car

- A significantly higher proportion of respondents who are very comfortable (12 / 18%) travelled by driving an electric / hybrid car compared to respondents who are quite comfortable (25 / 7%), just getting by (17 / 5%) and really struggling (6 / 2%).
- A significantly higher proportion of respondents who are quite comfortable (25 / 7%) travelled by driving an electric / hybrid car compared to respondents who are really struggling (6 / 2%).

Motorbike

- A significantly higher proportion of respondents who are very comfortable (3 / 5%) travelled by motorbike compared to respondents who are just getting by (1 / 0.3%)

Local authority area:

Drive a petrol / diesel car

- A significantly higher proportion of respondents from the Wakefield area (113 / 66%) travelled by driving a petrol / diesel car compared to respondents from the Kirklees (278 / 52%) and Calderdale (114 / 40%) areas.

Walk

- A significantly higher proportion of respondents from the Calderdale area (159 / 55%) travelled by walking compared to respondents from the Kirklees (156 / 29%) and Wakefield (29 / 17%) areas.

Bus

- A significantly higher proportion of respondents from the Kirklees (204 / 38%) and Wakefield (54 / 31%) areas travelled by bus compared to respondents from the Calderdale area (63 / 22%).

Taxi

- A significantly higher proportion of respondents from the Calderdale area (164 / 57%) travelled by taxi compared to respondents from the Kirklees (108 / 20%) and Wakefield (25 / 15%) areas.

Passenger in a petrol / diesel car

- A significantly higher proportion of respondents from the Kirklees area (79 / 15%) travelled as a passenger in a petrol / diesel car compared to respondents from the Calderdale area (19 / 7%).

Patient transport

- A significantly higher proportion of respondents from the Calderdale area (79 / 27%) travelled by patient transport compared to respondents from the Wakefield (9 / 5%) and Kirklees (14 / 3%) areas.

Deprivation:

Drive a petrol / diesel car

- A significantly higher proportion of respondents from postcode areas where less than 40% of the locality are from the most deprived deciles (284 / 55%) and postcode areas where 40% to 49% of the locality are from the most deprived deciles (88 / 52%) travelled by driving a petrol / diesel car compared to respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (144 / 43%).

Walk

- A significantly higher proportion of respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (157 / 46%) travelled by walking compared to respondents from postcode areas where 40% to 49% of the locality are from the most

deprived deciles (48 / 29%) and postcode areas where less than 40% of the locality are from the most deprived deciles (140 / 27%).

Taxi

- A significantly higher proportion of respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (140 / 41%) travelled by taxi compared to respondents from postcode areas where less than 40% of the locality are from the most deprived deciles (131 / 25%) and postcode areas where 40% to 49% of the locality are from the most deprived deciles (31 / 18%).

Patient transport

- A significantly higher proportion of respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (50 / 15%) travelled by patient transport compared to respondents from postcode areas where less than 40% of the locality are from the most deprived deciles (47 / 9%) and postcode areas where 40% to 49% of the locality are from the most deprived deciles (7 / 4%).

Drive an electric / hybrid car

- A significantly higher proportion of respondents from postcode areas where less than 40% of the locality are from the most deprived deciles (45 / 9%) travelled by driving an electric / hybrid car compared to respondents from postcode areas where more than 50% of the locality are from the most deprived deciles (12 / 4%).

For a full breakdown of the responses to this question by these groups and other groups please see the Excel data tables.

Respondents were asked if there was anything else that should be considered around making travel easier. This question received 522 responses. From these responses, 72 themes were raised, of which 7 were positive, 14 were negative and 51 were neutral. Overall, the top three sub-themes raised were:

- Neutral – Transport – Parking should be free (149 / 29%).
- Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (115 / 22%).
- Neutral – Transport – Consider providing a free local bus / shuttle bus service (111 / 21%).

Table 60 presents the full list of themes raised in response to this question by consultation survey respondents.

Table 4. Is there anything else you think we should consider about travel, transport, and parking and how easy it is for you to travel.

Sentiment	Main theme	Sub-theme	No.	%
Neutral	Transport	Parking should be free	149	29%
Neutral	Transport	Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours)	115	22%

Neutral	Transport	Consider providing a free local bus / shuttle bus service	111	21%
Neutral	Transport	Parking should be available and accessible	92	18%
Neutral	Transport	Ensure there are accessible, regular, and reliable public transport services available with minimal to no changes needed	64	12%
Neutral	Transport	Consider how to provide the best travel solutions to support patients, families, and carers to access services	62	12%
Neutral	Transport	Consider the availability of public transport (e.g. frequency / time of day / location)	51	10%
Neutral	Transport	Consider the transportation difficulties for each location (e.g. distance, busy areas, availability of public transport)	50	10%
Neutral	Transport	Consider the importance of parking facilities for patients / families and carers	49	9%
Neutral	Transport	Travel may be difficult for some groups (e.g. older people, those with a disability / mobility issues)	48	9%
Neutral	Transport	Consider patient transport services for those unable to use public transport	42	8%
Neutral	Transport	Transport options for patients, carers and family members should be considered (e.g. distance, cost, parking)	40	8%
Neutral	Access	Keep services local (e.g. maximum 30 minutes away from home)	34	7%
Negative	Access	Transport is a major barrier to access	29	6%
Negative	Transport	Consider improving parking at all facilities (e.g. Huddersfield, Calderdale)	14	3%
Neutral	Transport	Adequate disabled parking should be provided close to venues	13	2%
Neutral	Access	Consider providing facilities for carers and families to stay overnight	13	2%
Negative	Transport	Public transport is not reliable (e.g. in Dewsbury, Calderdale, Wakefield)	12	2%
Neutral	Workforce	Consider travel times and parking requirements for staff	12	2%
Neutral	Transport	Consider changing visiting times to avoid travel in peak times	11	2%
Neutral	Access	Consider longer visiting times	11	2%
Neutral	Transport	Consider providing support and guidance for travelling on public transport	10	2%
Neutral	Transport	Travelling by car is the only option to access services	7	1%
Neutral	Transport	Provide bus stops near hospital sites	6	1%
Neutral	Transport	No travel issues (e.g. have access to a car)	6	1%
Neutral	Transport	Consider the environmental impact of travel (e.g. inclement weather)	6	1%

Neutral	Transport	Transport and parking facilities should be safe (e.g. bigger parking spaces)	5	1%
Neutral	Transport	Consider ways to support funding for carer-specific transport (e.g. working with councils, rail and bus companies)	5	1%
Positive	Transport	The region has good transport links	5	1%
Negative	Transport	Concerns over parking and accessibility (e.g. Wakefield, Pinderfields)	4	1%
Negative	Transport	Concern around traffic and road congestion (e.g. around South Kirklees area)	4	1%
Neutral	Quality of care	Transport considerations should be balanced with the ability to provide reasonable clinical services as a baseline	4	1%
Neutral	Transport	Consider parking for electric vehicles	3	1%
Neutral	Access	Access ramps should be available for those with a disability / mobility issue	3	1%
Negative	Access	All locations are unsuitable for services	3	1%
Neutral	Finance	Consider additional financial support for those who require it	3	1%
Neutral	Transport	Consider that some people experience anxiety while travelling	2	0.4%
Negative	Transport	Transport to any site from Calderdale is difficult during the week	2	0.4%
Negative	Transport	Those who previously had free parking will now have to pay	2	0.4%
Negative	Transport	Cost of parking at Ward 19, Dewsbury and District Hospital	2	0.4%
Positive	Transport	Ward 19, Dewsbury and District Hospital has better transport links	2	0.4%
Positive	Transport	Parking facilities are good (e.g. Dewsbury)	2	0.4%
Positive	Transport	Parking at Crofton Ward, Fieldhead Hospital, Wakefield is currently free	2	0.4%
Neutral	Access	Reduce waiting times	2	0.4%
Negative	Access	Concern around the lack of services in Huddersfield	2	0.4%
Positive	Access	Using all three sites gives good geographical balance	2	0.4%
Neutral	Transport	Regional transport policies should be reviewed by the Government	1	0.2%
Neutral	Transport	Consider residential boundaries and jurisdictions when planning care settings	1	0.2%
Negative	Transport	Shortage of beds mean patients with functional mental health needs have to travel more	1	0.2%
Negative	Transport	Hemsworth is difficult to travel to and not close to hospitals	1	0.2%
Negative	Transport	Concern around travelling from the outskirts of Huddersfield to Wakefield	1	0.2%
Positive	Transport	There is a free bus (113) that runs from Pontefract Hospital, Pinderfields to Dewsbury	1	0.2%

Neutral	Access	Signs to direct patients, carers and families to wards should be clear and easy to read	1	0.2%
Neutral	Access	Ensure the chosen option for dementia results in services being provided centrally	1	0.2%
Neutral	Access	Consider working with VCSE / volunteer groups to provide carer support options	1	0.2%
Neutral	Access	Consider virtual consultations (e.g. using telemedicine with community team support)	1	0.2%
Neutral	Access	Consider providing translation services to prevent language barrier	1	0.2%
Neutral	Access	Consider patient support in Wakefield for those who live in Calderdale	1	0.2%
Neutral	Access	Consider intensive outpatient programme clinics (OIP)	1	0.2%
Neutral	Access	Consider improving access to the site for those who use train services	1	0.2%
Neutral	Access	Consider having all services at Dewsbury and District Hospital due to shuttle bus availability	1	0.2%
Positive	Access	Beechdale Ward, Calderdale Royal Hospital has special relative rooms where carers can stay overnight	1	0.2%
Neutral	Workforce	Consider the impact of staff travelling to and from work and how the carbon footprint can be reduced (e.g. car pool)	1	0.2%
Neutral	Workforce	Consider improving access to online platforms for staff (e.g. ensure staff have sufficient data allowance on laptops and mobile phones)	1	0.2%
Neutral	Workforce	Consider decreased staff availability due to travel	1	0.2%
Neutral	Quality of care	Environmental impact is not as important as functional mental health / dementia care	1	0.2%
Neutral	Quality of care	Consider shortening hospital stays by providing quick recoveries	1	0.2%
Neutral	Quality of care	Consider having gardens and facilities for patients, carers and families (e.g. therapy, bio walls to maximise green space)	1	0.2%
Neutral	Finance	Consider providing personalised budgets	1	0.2%
Neutral	Finance	Consider increased costs on team budgets due to travel and parking	1	0.2%
Negative	Finance	Ward 19, Dewsbury and District Hospital is expensive for patients, family and carers	1	0.2%
Neutral	General	No comment / unsure	29	6%
-	-	*Base*	*522*	-

Top themes for each respondent group

This section presents the top theme raised by each cohort in the sub-groups included in the equalities analysis.

Respondent type:

- **Member of the public:** Neutral – Transport – Parking should be free (76 / 30%).

- **Healthcare worker:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (18 / 30%).
- **Member of staff working in older people's mental health services:** Transport – Neutral - Consider the cost of travel, parking and public transport (e.g. cost should be low / subsidised, more parking hours) (10 / 23%).
- **Carer of someone living with dementia:** Neutral – Transport – Parking should be free (21 / 29%).
- **People living with functional mental health needs:** Neutral – Transport – Parking should be free (15 / 31%).
- **Voluntary or community organisation employee:** Neutral – Transport – Parking should be free (31 / 35%).
- **Carer for someone living with functional mental health needs:** Neutral – Transport – Parking should be free (9 / 28%).
- **Social care employee, including care homes:** Neutral – Transport – Parking should be free (4 / 31%), Neutral – Transport – Consider providing a free local bus / shuttle bus service (4 / 31%), Neutral – Transport – Consider how to provide the best travel solutions to support patients, families, and carers to access services (4 / 31%).
- **Governor or member of South West Yorkshire Partnership Foundation Trust:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (5 / 50%).
- **Person living with dementia:** Neutral – Transport – Parking should be free (5 / 42%), Neutral – Transport – Consider providing a free local bus / shuttle bus service (5 / 42%).
- **Previously cared for someone with dementia / functional mental health needs:** Neutral – Transport – Consider the availability of public transport (e.g. frequency / time of day / location) (3 / 38%), Neutral – Transport – Consider the transportation difficulties for each location (e.g. distance, busy areas, availability of public transport) (3 / 38%).
- **I know someone living with dementia / functional mental health needs:** Neutral – Transport – Travel may be difficult for some groups (e.g. older people, those with a disability / mobility issues) (3 / 50%).
- **Retired:** Neutral – Transport – Consider how to provide the best travel solutions to support patients, families, and carers to access services (4 / 40%).
- **Person who attends a day care centre:** Neutral – Transport – Consider the availability of public transport (e.g. frequency / time of day / location) (2 / 25%)
- **Other:** Neutral – Transport – Consider how to provide the best travel solutions to support patients, families, and carers to access services (12 / 21%).

Gender:

- **Male:** Neutral – Transport – Parking should be free (28 / 25%), Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (28 / 25%).
- **Female:** Neutral – Transport – Parking should be free (116 / 31%).
- **Other:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (1 / 50%), Positive – Transport – Ward 19, Dewsbury and District Hospital has better transport link (1 / 50%).
- **Prefer not to say:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (6 / 38%).

Age:

- **Under 18:** No feedback received.
- **18 to 39:** Neutral – Transport – Parking should be free (30 / 35%).
- **40 to 59:** Neutral – Transport – Parking should be free (56 / 30%).
- **60 to 79:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (47 / 27%).
- **80 and over:** Neutral – Transport – Parking should be available and accessible (6 / 29%).
- **Prefer not to say:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (12 / 29%).

Religion:

- **No religion:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (32 / 28%).
- **Christian:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (54 / 26%).
- **Muslim:** Neutral – Transport – Parking should be free (59 / 44%).
- **Buddhist:** Neutral – Transport – Parking should be free (1 / 33%), Neutral – Transport – Ensure there are accessible, regular, and reliable public transport services available with minimal to no changes needed (1 / 33%), Neutral – Transport – Consider how to provide the best travel solutions to support patients, families, and carers to access services (1 / 33%), Neutral – Transport – Consider the availability of public transport (e.g. frequency / time of day / location) (1 / 33%), Neutral – Transport – Consider the transportation difficulties for each location (e.g. distance, busy areas, availability of public transport) (1 / 33%), Neutral – Transport – Travel may be difficult for some groups (e.g. older people, those with a disability / mobility issues) (1 / 33%), Neutral – Transport – Transport options for patients, carers and family members should be considered (e.g. distance, cost, parking) (1 / 33%).
- **Hindu:** Neutral – Transport – Consider providing a free local bus / shuttle bus service (5 / 63%).
- **Sikh:** Neutral – Transport – Parking should be free (2 / 67%).
- **Jewish:** Neutral – Transport – Parking should be free (1 / 33%), Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (1 / 33%), Neutral – Access – Keep services local (e.g. maximum 30 minutes away from home) (1 / 33%).
- **Other religion:** Neutral – Transport – Parking should be free (2 / 40%).
- **Prefer not to say:** Neutral – Transport – Consider the transportation difficulties for each location (e.g. distance, busy areas, availability of public transport) (5 / 22%).

Ethnicity:

- **White – English/Welsh/Scottish/Northern Irish/British:** Neutral – Transport – Parking should be free (65 / 22%).
- **White – Irish:** Neutral – Transport – Parking should be free (2 / 29%), Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (2 / 29%), Neutral – Transport – Consider the transportation difficulties for each location (e.g. distance, busy areas, availability of public transport) (2 / 29%).
- **White – Gypsy or Irish Traveller or Roma:** Neutral – Access – Consider longer visiting times (3 / 100%).
- **White – any other background:** Neutral – Transport – Parking should be free (1 / 33%), Neutral – Transport – Parking should be available and accessible (1 / 33%), Neutral – Transport – Ensure there are accessible, regular, and reliable public transport services

available with minimal to no changes needed (1 / 33%), Neutral – Transport – Consider how to provide the best travel solutions to support patients, families, and carers to access services (1 / 33%), Neutral – Transport – Consider the transportation difficulties for each location (e.g. distance, busy areas, availability of public transport) (1 / 33%), Neutral – Transport – Consider the importance of parking facilities for patients / families and carers (1 / 33%), Neutral – Transport – Consider patient transport services for those unable to use public transport (1 / 33%), Negative – Access – Transport is a major barrier to access (1 / 33%), Negative – Transport – Consider improving parking at all facilities (e.g. Huddersfield, Calderdale) (1 / 33%).

- **Mixed / multiple ethnic group:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (3 / 33%), Neutral – Transport – Consider providing a free local bus / shuttle bus service (3 / 33%).
- **Asian / Asian British:** Neutral – Transport – Parking should be free (66 / 47%).
- **Black / African / Caribbean / Black British:** Neutral – Transport – Consider providing a free local bus / shuttle bus service (2 / 13%), Neutral – Transport – Consider how to provide the best travel solutions to support patients, families, and carers to access services (2 / 13%).
- **Chinese and other ethnic groups:** Neutral – Transport – Consider the cost of travel, parking and public transport (e.g. cost should be low / subsidised, more parking hours) (3 / 38%), Neutral – Transport – Consider providing a free local bus / shuttle bus service (3 / 38%), Neutral – Transport – Consider patient transport services for those unable to use public transport (3 / 38%).
- **Prefer not to say:** Neutral – Transport – Parking should be free (5 / 28%), Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (5 / 28%).

Disability:

- **Yes:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (17 / 22%).
- **No:** Neutral – Transport – Parking should be free (123 / 31%).
- **Prefer not to say:** Neutral – Transport – Consider providing a free local bus / shuttle bus service (9 / 33%).

Long-term conditions or illnesses:

- **I do not have a disability:** Neutral – Transport – Parking should be free (22 / 26%).
- **Mental health condition:** Neutral – Transport – Parking should be free (18 / 27%).
- **Physical or mobility impairment:** Neutral – Transport – Parking should be free (20 / 27%), Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (20 / 27%).
- **Hearing impairment:** Neutral – Transport – Parking should be free (12 / 27%).
- **Neurodivergent conditions:** Neutral – Transport – Parking should be free (10 / 42%).
- **Sight impairment:** Neutral – Transport – Parking should be free (4 / 33%), Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (4 / 33%).
- **Learning, understanding, concentrating or memory:** Neutral – Transport – Consider the importance of parking facilities for patients / families and carers (3 / 50%).
- **Other:** Neutral – Transport – Parking should be free (15 / 27%).
- **Prefer not to say:** Neutral – Transport – Consider providing a free local bus / shuttle bus service (20 / 38%).

Carer

- **Carer:** Neutral – Transport – Parking should be free (48 / 29%).
- **Not a carer:** Neutral – Transport – Parking should be free (89 / 29%).
- **Prefer not to say:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (6 / 30%), Neutral – Transport – Consider providing a free local bus / shuttle bus service (6 / 30%).

Sexual orientation:

- **Heterosexual / Straight:** Neutral – Transport – Parking should be free (127 / 30%).
- **Gay / Lesbian:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (4 / 29%).
- **Bisexual / Pansexual / Asexual:** Neutral – Transport – Travel may be difficult for some groups (e.g. older people, those with a disability / mobility issues) (3 / 38%), Neutral – Transport – Transport options for patients, carers and family members should be considered (e.g. distance, cost, parking) (3 / 38%).
- **Prefer not to say:** Neutral – Transport – Consider providing a free local bus / shuttle bus service (12 / 23%).

Transgender:

- **Yes:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (1 / 50%), Positive – Transport – Ward 19, Dewsbury and District Hospital has better transport links (1 / 50%).
- **No:** Neutral – Transport – Parking should be free (132 / 29%).
- **Prefer not to say:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (8 / 30%).

Impact of the cost of living:

- **Very comfortable:** Neutral – Transport – Ensure there are accessible, regular, and reliable public transport services available with minimal to no changes needed (9 / 27%).
- **Quite comfortable:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (48 / 26%).
- **Just getting by:** Neutral – Transport – Parking should be free (58 / 34%).
- **Really struggling:** Neutral – Transport – Parking should be free (24 / 41%).
- **Don't know / prefer not to say:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (16 / 30%).

Local authority area:

- **Kirklees:** Neutral – Transport – Parking should be free (91 / 32%).
- **Wakefield:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (27 / 31%).
- **Calderdale:** Neutral – Transport – Parking should be free (31 / 32%).
- **Other local authority areas:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (4 / 29%).
- **Prefer not to say / no postcode provided / unable to profile:** Neutral – Transport – Consider providing a free local bus / shuttle bus service (11 / 26%).

Deprivation:

- **Postcode sectors where 50% or more of the localities are comprised of wards that fall into the two most deprived deciles:** Neutral – Transport – Parking should be free (49 / 37%).
- **Postcode sectors where 40 to 49% of the localities are comprised of wards that fall into the two most deprived deciles:** Neutral – Transport – Parking should be free (39 / 44%).
- **Postcode sectors where less than 40% of the localities are comprised of wards that fall into the two most deprived deciles:** Neutral – Transport – Consider the cost of travel, parking, and public transport (e.g. cost should be low / subsidised, more parking hours) (69 / 27%).
- **No postcode provided / unable to profile:** Neutral – Transport – Consider providing a free local bus / shuttle bus service (11 / 26%).

16.2 Advocacy organisation-led engagement feedback

Advocacy services supported inpatients to respond to the consultation by providing information and / or communicating in a way that met the needs of each person. They ensured that all inpatients were approached and included, and that their capacity to be involved was assessed.

The advocacy services were delivered by different organisations, with Together UK providing advocacy in the Wakefield wards and Cloverleaf in Calderdale and Kirklees. Together UK provided a written summary of feedback – please see section 6.7 to view this. Cloverleaf used an adapted survey approach for people on the Calderdale and Kirklees wards – the feedback captured in this survey relating to travel and transport has been presented below.

10 (50%) service users would be willing to travel between 30 minutes and one hour to access services, while 9 (45%) said they would be willing to travel less than 30 minutes. Additionally, 1 person (5%) said they would be willing to travel over 1 hour.