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**Seeking views and feedback on the draft All Age Mental Health and Wellbeing Commissioning Strategy for Barnsley**

**Engagement Feedback Report – February 2022**

1. **Background to developing a new All Age Mental Health and Wellbeing Commissioning Strategy for Barnsley**

Mental health and wellbeing is something that affects us all and only by coming together to address the wider factors that affect mental health, by improving services and focusing on prevention, will Barnsley achieve its ambition of being a mentally healthy community.

The four guiding principles / priorities set out for mental health nationally in the NHS Long Term Plan are as follows:

* + Preventing people from developing mental health problems where possible
  + Improving access to support for everyone who needs it
  + Supporting people to recover and live well in the community
  + Tackling inequality

To support delivery of these priorities nationally, NHS England & Improvement (NHSE/I) published the [Mental Health Implementation Plan 2019 – 2024](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf) and have also provided additional funds to support the transformation of mental health services within each local area across the country.

Within Barnsley, oversight/ steer of local mental health service transformation is provided by a system-wide partnership of the Mental Health Partnership Board which reports directly into the [Barnsley Health and Wellbeing Board](https://barnsleymbc.moderngov.co.uk/mgCommitteeDetails.aspx?ID=143).

To further support local transformation, the Mental Health Partnership Board agreed in 2021 to revise the Barnsley All-age Mental Health and Wellbeing Commissioning Strategy to cover the next five years. The overall development of this strategy has been overseen by the Partnership Board, whose members represent SWYPFT (South West Yorkshire Partnership Foundation Trust), the main mental health service provider in Barnsley and other mental health service providers and practitioners (NHS and voluntary organisations), mental health service users and carers, Public Health, Commissioners, Local Authority, Barnsley Healthwatch, Barnsley Hospital, and South Yorkshire Police.

**Developing the draft strategy**

Following agreement at the Mental Health Partnership Board, a Mental Health Strategy Task and Finish group was established to refresh the strategy and it was agreed that Dementia would also be included within this as opposed to the current strategy where this is not included.

The Mental Health Strategy Task and Finish Group agreed that the strategy will adopt a life course approach and following this, the key areas of focus were agreed, and a lead identified for each area of focus to lead the development of that part of the strategy**.**

The key areas of focus were agreed as per the following section headings:

1. Introduction / Overview –
2. Local picture
3. Wider determinants of health
4. Prevention – Early Intervention
5. Start Well – a) Perinatal/Maternal/Infant Mental Health & b) Children and Young People
6. Living Well
7. Ageing Well
8. Crisis – liaison services
9. Suicide Prevention

Each section of the draft Mental Health Strategy attempts to reflect the following ‘Golden Threads’:

* Tackling inequalities
* Involvement, participation, and co-production
* Integration and partnership – community and voluntary sector organisations
* Parity of esteem
* Digitalisation

We already had access to lots of feedback from local services and people about what works well and where there is room for improvement and the feedback already collected in relation to the above key areas was used to develop the first version of the draft strategy. Members of the Task and Finish Group were asked to feedback their comments on the content of the first version of the draft strategy document by mid- September 2021 and we received a good response from members with very helpful comments / suggestions.

The first version of the draft Mental Health Strategy was also presented at Health and Wellbeing Board and Integrated Care Delivery Group for comments / feedback from members and representatives and their feedback was incorporated into the next iteration of the strategy.

The revised draft strategy document was then shared with Mental Health Strategy Task and Finish Group members for final comments at the beginning of December. The feedback received was then incorporated into the final draft version which has been used to seek views, comments, and feedback as part of this wider public engagement phase which commenced on 17th December 2022.

Thank you for taking the time if you are one of the people who have already taken the opportunity to provide us with your feedback prior to the launch of this engagement phase.

**2. Summary of findings**

Between 17 December 2021 and 26 January 2022, we asked people from across Barnsley to share their thoughts and feelings about the vision and priorities for mental health and wellbeing set out in the draft strategy document. People have fed back on the format and content of the strategy document; provided direct feedback on their own experiences and/ or posed questions and suggestions for further consideration.

Over the course of this specific engagement phase, we have received comments and feedback from over 50 people (some of whom have fed back on behalf of groups and organisations) who have fed back to us either in person, via the feedback survey that we have hosted online and provided paper copies of (upon request) or via email or telephone call directly to the CCG.

The emerging themes from the conversations and feedback that we have received as part of this engagement phase has helped in most areas to reinforce our direction of travel in relation to the aims and objectives set out within our draft All- Age Mental Health and Wellbeing Commissioning Strategy for Barnsley and to inform additions and amendments to the final draft version that will be submitted to the Barnsley Health and Wellbeing Board for approval in February 2022.

The feedback captured will also help the next stage which is to shape the development of the Delivery Plan that will sit alongside the strategy. Our aim is to continue to develop and strengthen the dialogue that we have established with the range of partners and stakeholders highlighted below and build upon the established local networks we have in place as well as developing new ones in areas where we know there are currently gaps.

Here’s a summary of who responded, what people told us, and what we need to consider and emphasise in relation to the principles set out and sections included with the final version of our draft strategy and future ways of working:

**Survey Respondents**

* Over half of the total responses were received from someone who indicated that they have an interest in mental health and wellbeing and carers/family members of current mental health service users (52%).
* Just over a fifth of respondents identified as being either current or former mental health service users (21%).
* 15% of the respondents highlighted that they were providing feedback on behalf of a local group or organisation.
* 70% of the survey respondents identified as female.
* Over three-quarters of respondents to the survey were aged between 25 and 64 years old (85%)
* Over 60% of respondents stated that they live with some form of disability. 26% of these highlighted a mental health condition and 21% stated that they live with a long-term condition.
* 10% of respondents described their sexual orientation as Lesbian, Gay or Bisexual.
* 4 people identified as Trans (9%)
* 85% of respondents highlighted their ethnicity as White British. The remainder of respondents either chose not to say or identified their ethnicity as a Mixed/ Multiple Ethnic Background.
* The majority of respondents stated that they would describe themselves as having no religion (57%)
* Half of all respondents highlighted that they are unpaid carers for family members or friends (50%)
* Good coverage achieved of responses received from people living across the whole of the borough
* Over 75% of people stated that we provided enough information for them to be able to comment on the questions we asked. However, 7 people said they were unsure and 3 people said that we did not provide enough information.

**Comments and feedback on the Key Principles included in the first part of the draft strategy document**

* More than three -quarters of respondents (85%) felt that the principles and themes set out within the draft strategy document broadly reflect the areas that they would like to see mental health and wellbeing services to focus on in the future.
* Comments/ feedback and suggestions for additions to the Key Principles section of the draft strategy covered the following broad themes; Spirituality/ Belief; Impacts of austerity; Ongoing support and follow up; Timeliness – access to the right treatment and support at the right time; Social isolation; Digital exclusion; Neighbourhood support at a hyper- local level; Listening to and learning from experts of lived experience.

**Comments and feedback on the individual sections included within the draft strategy document**

Within the draft strategy document, we focused on 8 key sections, and we asked for views on any of these included below or on the strategy as a whole.

The sections are as follows and at the side of each section is highlighted the percentage of respondents who indicated that in their view, they felt that there **was** something missing from this section of the draft strategy and went on to provide us with further comments and feedback.

1. Mental Health in Barnsley – A local Picture **(14% - 6 people)**
2. Wider determinants of mental health **(16% - 7 people)**
3. Early Intervention and Prevention **(14% - 6 people)**
4. Start Well – Perinatal Mental Health & Children and Young People **(7% - 3 people)**
5. Living Well (Adults) **(35% - 15 people)**
6. Ageing Well(Older Adults) **(20% - 9 people)**
7. Mental Health Crisis **(12% - 5 people)**
8. Suicide Prevention**(19% - 8 people)**

* The majority of comments were provided in relation to the sections included within the draft strategy document which focus on Living Well (Adults) and Ageing Well (Older Adults) which is unsurprising based on the overall age profile of respondents with over three-quarters of the total number of responses to the survey coming back from people aged between 25 and 64 years old (85%)
* Comments/ feedback and suggestions for additions to the different sections of the draft strategy document cover a number of specific areas relating to the specific sections described and they are highlighted in full wherever possible under each section for the leads for this work to be able to incorporate where possible and respond to.

**What could we do differently?**

* Ensure we raise awareness of this work earlier within our local communities and with a wider range of healthcare professionals not just those working in mental health
* Be more proactive and less reactive – listen and learn from and work with existing groups and networks based in and supporting members of our local communities to develop this work further and provide appropriate materials and resources to support this.
* Nothing – think the plans seem a good way forward
* Resource services appropriately - especially those within the community and voluntary sector where people are often signposted too but without the funding attached to this – current support services do the best that they can do but are severely overstretched and need more support/ capacity.

# ****3. Overview of engagement activity****

**We set out with the aim to carry out engagement activity that would:**

* Build on any existing service user, carer, clinical and public feedback.
* Obtain further views from a range of stakeholders and help to shape and refine the draft All Age Mental Health and Wellbeing Commissioning Strategy for Barnsley and provide opportunity to reflect any proposals or suggestions for future ways of working.
* Work within the agreed parameters set for safe working during the Coronavirus pandemic. Working in partnership to address the key challenges that social distancing presented to us.
* Act in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), in which CCGs and NHS England have duties to involve the public in commissioning, (under sections 14Z2 and 13Q respectively).

**Who got involved?**

Over 50 people (some of whom have fed back on behalf of groups and organisations) have fed back to us either in person at one of the virtual meetings that have been held, via the feedback survey that we have hosted online and provided paper copies of (upon request) or via email or telephone call directly to the CCG. Some provided their details and asked to be kept informed and involved in the next phase of this work.

**In partnership:**

* The engagement approach and activity was coordinated, agreed, and conducted in partnership with members of the Barnsley Mental Health Partnership Board and the Barnsley Mental Health Task and Finish Group.

**Feedback survey and online feedback sessions:**

* The online survey link was hosted on the ‘Get Involved’ section of the NHS Barnsley CCG website and the other ways in which people could get involved in order to provide their feedback was also detailed on the same page – hard copies available on request, feedback via email or over the phone, details of dates for online feedback sessions and contacts for further information.
* Social media posts at regular intervals throughout the engagement period via the CCG and Barnsley Council Facebook and Twitter pages. A wide number of partner organisations and local groups also shared posts on social media helping promote the opportunity to feedback to a wider audience.

Regarding the reach of the CCG Facebook and Twitter posts and engagements that were specifically in relation to the draft strategy and the opportunity to feedback, there were 17 dedicated posts on the CCG Facebook page throughout this engagement phase with a combined reach of 21,770 but this only translated into 202 engagements (likes, shares etc.) overall. There were 10 dedicated posts on the CCG Twitter feed with a combined reach of 4,995 but this only translated into 110 engagements overall.

* Two online feedback sessions were arranged and promoted as part of the ways in which people could provide their feedback. However, both were cancelled due to very low uptake. We had three people sign up for the first session initially but received apologies from two people in advance of the session and the third was unable to make it on the night. Two people were signed up for the second session but again we received apologies from one and the other chose to submit feedback via the online survey instead.
* A dedicated online feedback session was held with members of the Barnsley Patient Council at their meeting on 26 January.

**Information and details of engagement sent directly to stakeholders**:

* Circulated information and details of how people could get involved and provide their feedback to the local media. Details provided in the Barnsley Chronicle at the end of December 2022.
* Circulated by local partners working across the health and social care economy on websites, via social media and through face-to-face contacts.
* Promoted directly with colleagues and partner organisations working within mental health services and we asked for them to share with their wider networks and in their various newsletters and bulletins. Examples of the bulletins included the following – Elected Member Bulletin, GP Practice and Primary Care Bulletin, Voluntary and Community Sector Bulletin,
* Posters provided for distribution with details of the different ways in how people could find out more and have their say.
* Sent directly to a wide list of contacts and stakeholders. This list was compiled in partnership with members of the Barnsley Mental Health Partnership Board.

**What did we ask people?**

A feedback survey was made available online at <http://www.barnsleyccg.nhs.uk/mentalhealthmatters> , on request via paper copy or alternatively could be completed over the phone.

The survey questions we asked in order to seek feedback on the draft strategy document were as follows.

* About You- How are you responding to this survey?
* Consent to include anonymised quotes and feedback provided in future documentation
* Principles and Themes - Do the principles and themes included in the draft strategy broadly reflect the areas that you would like to see mental health and wellbeing services to focus on in the future? Yes/No - If you answered No, please tell us what you feel is missing?
* Feedback on the individual sections included in the draft strategy document – Is there anything missing? Yes/ No/ Not Applicable – If you answered Yes, please provide further details
* Any other comments
* Equality Monitoring Section
* Did we provide enough information for people to be able to respond to the questions asked?
* Where did you find out about the survey?
* Contact details for further information

# ****4. Overview of the feedback we received during this engagement phase****

As previously stated above, over the course of this specific engagement phase we have heard from over 50 people who have fed back to us either in person at one of the virtual meetings that have been held, via the feedback that we have hosted online and provided paper copies of (upon request) or via email or telephone call directly to the CCG.

Below is an overview of all the feedback that we received and the demographic information we were able to capture where possible. We would like to thank everyone who has taken the time to provide us with their valuable comments, questions and feedback to inform this work.

**Survey Feedback**

46 responses were received in total by the deadline of Wednesday 27 January 2022. This is the combined total of online, paper surveys and those completed over the phone (40 online, 4 paper copies and 2 telephone surveys)

**I am responding to the survey as…**

A current mental health service user – 17% (8)

A former mental health service user – 4% (2)

A carer/ family member of a current mental health service user –24% (11)

A carer/ family member of a former mental health service user - 7% (3)

A professional working in mental health services – 5% (2)

A representative of a local group/ organisation – 15% (7)

Someone with an interest in mental health and wellbeing – 28% (13)

**Consent provided for the use of anonymised comments and feedback to be used in future documentation**

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| **Yes** | 98% (45) |
| **No Response** | 2% (1) |

**Part One – Principles and Themes**

Over the course of this strategy’s development 9 key principles and themes have emerged and have been reflected and agreed to by everyone involved in developing this strategy.

These are as follows.

* Ensure that service re-design and future service developments are produced in conjunction with people with ‘lived experience’. This way of working sees service users and service providers working together to reach an agreed outcome(s).
* Recognise the impact of trauma and adversity on peoples’ mental health.
* Have a strong focus on the wider social determinants of mental health and illness. These are a broad range of social, economic, and environmental factors which impact on people’s health and include things such as education, housing, and employment status.
* Ensure parity of esteem - that is, to value mental health equally to physical health.
* Challenge stigma and prejudice.
* Ensure actions and service developments / design are evidence-based.
* Adopt a recovery focus where possible - in terms of mental wellbeing a recovery focus means gaining and retaining hope, understanding of one’s abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.
* Address issues of inclusion and diversity - inclusion is about giving equal access and opportunities and getting rid of discrimination and intolerance. Diversity is about respecting and appreciating what makes people different.
* Adopt a focus on prevention and early intervention with education being the key focus. By early intervention we mean getting help early for people showing the early signs and symptoms of a mental health difficulty and people developing and experiencing a first episode of mental illness.

We'd like to know your thoughts on these and if you think that we have missed any that you would like to see added into the final version of the strategy.

**Do these principles and themes broadly reflect the areas that you would like to see mental health and wellbeing services to focus on in the future?**

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| **Yes** | 39 (85%) |
| **No** | 7 (15%) |

**10 people provided further comments in response to this question. Wherever possible, comments have been included in their entirety in each respondents’ own words below.**

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| I think these principles neglect the importance of spiritual wellbeing as a 2 fundamental component for good mental health - perhaps this could be incorporated into principle 7 as an element of recovery focus, "spiritual wellbeing". |
| I do feel like too many services have suffered from cut - backs and there is not enough support for everyone |
| How about after treatment follow ups too as a lot of people easily slip 9 back into their mental ill health once they are discharged and back in their “normal” lives. |
| For the most part, these principles encompass all the key themes that I would like to see mental health and wellbeing services focus on, however I feel that a key priority missing from the list is to do with the timeliness of treatment. I fully understand and appreciate the pressures facing mental health and wellbeing services and that these services are in high demand however from my own personal experience I know how incredibly disheartening it can be when you are waiting for an assessment or an appointment for treatment. For me I felt lost, like I was in limbo and powerless. It took over a year from my initial triage phone call with IAPT to have my first assessment. I need further assessment appointments which I had to wait a further 2/3 months for and now I am on a waiting list which I have been told is around 2 years for EMDR Even though this was the treatment recommended by the psychologist (who was wonderful and i can't fault!) he told me that when I reached the top of the waiting list, I would be assigned a therapist and they may not even be trained in EMDR or able to offer me that therapy. This was extremely disheartening to hear, and I almost feel like I could end up back at square one because EMDR is the route I want to go down, after previous experience with various talking therapies and light CBT with a PWP. In relation to this, I feel that another key priority that is missing is people being able to access the treatment that is recommended for them- I shouldn't feel like whether or not I am able to access EMDR (after such a long wait for it!) is a lottery. The long wait wouldn't be half as bad if I knew for certain that I would be able to access the treatment that I have been put on the waiting list for and that both me and the psychologist feels will be most beneficial to me. I also feel that there should be further resources or support and 'check in' communication or appointments or even questionnaires to track mental health/symptoms for people who are awaiting assessments/appointments/treatments so that they don't feel lost, hopeless, or abandoned while awaiting contact. Everyone I spoke to at IAPT/ MHAT always reminded me that I could contact them should I deteriorate or need support more urgently but I'm not sure this enough.  The final thing I think needs to be considered as a priority is providing support for things that may arise as a result of Mental Health issues. For me, I was absent from work because of my mental health and after a while my pay was halved. I felt like I had no choice but to return to work when I was due to go to nil pay because already myself and my husband were seeing a financial strain and I myself have a lot of financial anxiety because of various experiences in the past. I don't feel like I was really ready to return- I was still awaiting my follow up assessment/treatment plan meeting when I did so I had no idea at that point what treatment I would be able to access, if any, and when. I was lucky that I was able to get some sessions of talking therapy through my employer and if it hadn't had been for this, I would not have been able to return to work at all and my health would have deteriorated further because of the financial pressures. I think there needs to be some support available and offered to people to support them with financial worries or issues and helping them to return to employment if, like for me, it becomes necessary in order to pay the bills and survive. Other people may not experience increased financial anxiety as a result of mental health issues, but I know that many, like me, do and it is this and similar things that are products of mental health issues that need to be supported to prevent further deterioration in mental health and wellbeing. |
| Yes, and they need to align with national strategy to maximise government funding. This is different to clinical including social evidence-based development and design of service. Missing putting Barnsley residents first. The acute wards and specialist services like autism and eating disorders have waiting lists which are prioritised by who come first or high risk across the whole of the patch, it is not localised.  Social Isolation and Digital Exclusion are two of the biggest threats to older people's mental wellbeing and yet they are barely invested in, and not mentioned in the ageing well section of this strategy even during the pandemic. Prevention is about stopping something happening. Where does this fit in these principles? What is the strategy for stopping the root causes of many mental health issues |
| MH provision for all levels of poor mental health, currently have lots of gaps where the same person is too low needs for 1 service and too high needs for the other and so has nowhere to turn. And also, how to manage such high demand for MH resource, there are huge waiting lists and other organisations like social prescribing are being tapped into for MH support, however they are not MH trained. |
| Better care and support for the elderly with dementia |
| The need for more localised help and not just centred around Barnsley central district. In other words, open access to more centres out of Barnsley town itself. People live as far afield as Bolton on Dearne which is on the outskirts of Barnsley and trying to use the services already provided is next to impossible with travelling times, expense etc. etc. Services have been cut to skeletal levels and the monies seemed to have been syphoned to non-essential money posts like statues and other inanimate objects… |
| Ensure that the experience of services of both patients and carers informs the safe and effective delivery of mental health services and their improvement when they did not offer appropriate help and support when needed. |

**Part Two – Comments and feedback on the individual sections included within the draft strategy document**

Within the draft strategy document, we have focused on 8 key sections, and we would welcome your views on any of these included below or on the strategy as a whole.

The sections are as follows.

1. Mental Health in Barnsley – A local Picture
2. Wider determinants of mental health
3. Early Intervention and Prevention
4. Start Well – Perinatal Mental Health & Children and Young People
5. Living Well (Adults)
6. Ageing Well (Older Adults)
7. Mental Health Crisis
8. Suicide Prevention

**This question asks for feedback specifically about Section 1 - Mental Health in Barnsley - a local Picture**

**Is there anything missing from Section 1 - Mental Health in Barnsley - a local Picture?**

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| **Yes** | 6 (14%) |
| **No** | 32 ((73%) |
| **Not applicable to me** | 6 (14%) |

**7 people provided further comments in response to this question. Wherever possible, comments have been included in their entirety in each respondents’ own words below.**

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| Content-wise it's good. Main issue is formatting is quite poor, it's challenging 2 to read, and because it's a pasted screen capture, you can still see some underlined words, the cursor, and so on. |
| Needs to be out of hours supports in place for people that is not A&E or section 136 suite as even police know these are not helpful places. |
| Maybe a dual service that supports drug and alcohol / mental health. |
| Links to typical physical health needs. Links to Barnsley culture of not complaining but just getting on until you break and not asking for help. Part of culture that needs to change but also something to be proud of. |
| How it will cover the gaps in MH provision for all levels of poor mental health |
| How can you get a "local" picture when the services are not LOCAL?! |
| The part describing the 2030 does not seem relevant to the rest of the strategy and no attempt has been made to present it in the 'vision, aims, how they will be achieved' format the rest of the strategy sections used. Whenever the NHS apps are mentioned as being recommended it should be stressed that these are ALWAYS NHS approved - not only "ideally". Because nationally 1 in 4 is affected by mental health issues and in South Yorkshire 1 in 5 is not online the part of the Digital Services section that refers to some people not wanting to use digital services or being able to do so should be at the beginning of this section so that anyone is immediately aware that this is recognised. |

**This question asks for feedback specifically about Section 2 - The wider determinants of mental health**

**Is there anything missing from Section 2 - The wider determinants of mental health?**

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| **Yes** | 7 (15%) |
| **No** | 34 (76%) |
| **Not applicable to me** | 4 (9%) |

**7 people provided further comments in response to this question. Wherever possible, comments have been included in their entirety in each respondents’ own words below.**

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| Again, I think this section reads as fairly illiterate in terms of faith. For many people, access to places of worship, faith-based support, or prayer groups, and so on, are really crucial to mental health. As mental health is deeply related to outlook on life, sense of hope and purpose, it's crucial that spirituality is not brushed out of the picture by a sense of needing to be secularist |
| While thinking about the impacts of employment on mental health, it is worth factoring in volunteering alongside this more fully. While not offering payment/ income, volunteering can be an excellent bridge from unemployment to employment. With proper provision and support for basic volunteer expenses, volunteer opportunities can create safer, lower pressure environments to build someone's sense of confidence, esteem, and self before moving into the contracted world of work. |
| Cycles of poverty and trauma in families going back decades |
| It is referenced but I felt that services could work closer together to provide more holistic support, in particular social prescribing and mental health services, enabling a patient to work on the social and wider wellbeing aspects that will support their recovery at the same time as directly addressing their mental health concerns with a therapy-based intervention. Currently it often feels like one or the other is offered at a time and low mental health can mean people don't feel able to look at ways to improve their wellbeing due to lack of confidence or high anxiety. |
| Wider determinants - you mean the Bigger Picture? Well, the bigger picture is the failure to address mental health problems and their skyrocketing increase as per ONS statistics for the past 2 years that this "pandemic" has caused by, the now developing misconception of lockdowns, fear mongering by local govt and the Government via the media. That's the consequences of misinformation and fear mongering that will be felt around all parts of the UK for generations to come. I'm sure the truth about what has happening will come out more rapidly that what may have been anticipated by the latest media reports |
| I feel there should be more understanding of long- term clinical depression as this is such a difficult thing to live with and I often feel that no-one understands how it affects me |
| There should also be a sentence stating that lack of green space and access to wildlife and nature has a negative impact on people's mental health. |

**This question asks for feedback specifically about Section 3 - Early intervention and prevention**

**Is there anything missing from Section 3 - Early intervention and prevention?**

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| **Yes** | 6 (14%) |
| **No** | 33 (75%) |
| **Not applicable to me** | 5 (11%) |

**6 people provided further comments in response to this question. Wherever possible, comments have been included in their entirety in each respondents’ own words below.**

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| I think the gap here is very little mention of working with families or 2 parents to build understanding of mental health, how to nurture good mental health for their children, and how to respond to children with deteriorating mental health. A key element of early intervention has to be educating and supporting parents (not just those already somehow in the mental health system). |
| We need to be out in the community more in the town centre, in libraries or shopping centres so we can mix with the local people of Barnsley |
| The role of charities and church? How they do and can help. |
| If you call 2 years of doing virtually nothing about the psychological impact on mental health that has been caused by misguided lockdowns and other pertaining factors "early intervention and prevention" then I strongly disagree. It's been the total opposite! |
| At the moment it feels as though more work needs to be done on prevention of long- term MH problems due to long waiting times and the feeling of being passed from pillar to post onto services that often don't feel appropriate to address the needs at hand. This leads to more frustration and confusion especially as a carer for a person needing help to prevent their condition worsening and often leads to issues for carers as well as the cared for in terms of increased anxiety, frustration, and confusion from the lack of the right type of support at the right time. GPs try their best under the circumstances but often they lack the awareness of the support available and the time to be able to get to the crux of the matter to be able to signpost appropriately at the right time to avoid circumstances becoming worse. Carers neglect themselves and often the floodgates can open leading to other issues that could have been prevented with the right type of support being available when needed especially if they don't have their support network close by. |
| More white space between separate and important points to allow each to have equal impact. Such as the paragraph beginning with "We need to help people to..." and ending with "resilience". If broken up to separate each point, then each will have equal impact instead of being lost in the middle of a block of text. Words agreed by the Task & Finish group have been removed and should be replaced - on P11. ."Be based on best evidence and best practice" AND "and work alongside with people who use them" also further down " " across organisational boundaries and disciplines to secure improvements" AND "that are tailored to local needs..." Also, words agreed by the Task & Finish group have been changed to lose their specific meaning in the "How will we do it..." section. "experienced experts" is NOT the same thing as "Experts by Experience" which was the original wording and means people with 'lived experience' of mental health issues and mental health services. |

**This question asks for feedback specifically about Section 4 - Start Well**

**Is there anything missing from Section 4 -Start Well?**

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| **Yes** | 3 (7%) |
| **No** | 32 (73%) |
| **Not applicable to me** | 9 (20%) |

**3 people provided further comments in response to this question. Wherever possible, comments have been included in their entirety in each respondents’ own words below.**

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| This may seem like a very specific and niche situation that may not be widely applicable, but I would like to see an extension to the support provided by the specialist perinatal mental health midwife/practitioners to include those who have been indirectly affected by birth trauma or loss. When I was 12 my dad and step-mum had a baby who died at 13 days old from SIDS (Cot Death). This was a traumatic time for all of us and is something that I can remember well therefore I am already anxious for when I myself have a baby because of this and feel that my pregnancy, birth and postnatal experience will be affected by this trauma. |
| Young children masked up in school - yes that's not going to destroy mental health one bit. Really? |
| An explanation in the text or in the Glossary of "birth removal" Also, on P14 there needs to be more detail about how parents and carers will be involved in service planning and monitoring and how their experiences will inform decisions and allow improvements. Also, more about support offered to them. |

**This question asks for feedback specifically about Section 5 - Living Well (Adults)**

**Is there anything missing from Section 5 - Living Well (Adults)?**

|  |  |
| --- | --- |
| **Yes** | 15 (35%) |
| **No** | 27 (61%) |
| **Not applicable to me** | 2 (4%) |

**11 people provided further comments in response to this question. Wherever possible, comments have been included in their entirety in each respondents’ own words below.**

|  |
| --- |
| Providing better out of hours support, improving mental health services so you are not fobbed off then the person going onto kill themselves despite asking for help few hours earlier. Recognising the impact on mental health and links to crime. Poor mental health can lead to poor decisions which can result in criminal acts (often what might be seen as lower-level offences - theft, fraud, destructive behaviour). Once in the prison system and then released the stigma of this can continue the cycle of poor mental health, often experiencing prevented access to the things mentioned in Section 2 and returning to environments where future options still feel limited just perpetuates this and can lead to reoffending. We need to break that cycle (early intervention as discussed can help prevent criminal acts happening in the first place by getting the mental health support) but for those already dealing with this, recognition of this unique circumstance and stigma needs to be in place. |
| A lot of what I feel is missing in this section is what I previously discussed in my answer the first question on this survey: Timeliness, Ensuring the recommended treatment can be accessed, and interim support/check ins while waiting and support around issues that may arise as a knock-on effect to mental health e.g.: financial issues |
| Help with benefits when ESA is stopped and left for to be supported by partner making you feel worthless after working most of your life |
| What is Barnsley Premium Leisure? You may mean Barnsley Premier Leisure |
| How to get over the '3 strikes and you're out' attitude, many people have missed a call for innocent reasons and been discharged or given appointment times that are difficult for them to keep with no other options. If we're dealing with people who have suffered trauma or have a history of poor engagement, this isn't going to help anything. |
| I don’t think there’s enough help, understanding about mental health. As experienced as a person can be in mental health, I don’t feel that person could possibly understand deeply of the true facts. Mental health to me is a serious underlying issue in the brain but we are all individuals and respond and act differently to everything. More support needed for people newly arrived in the country. Work with survivors, local community groups and organisations to recognise specific issues faced by people experiencing trauma and mental health issues as a result of trauma and displacement caused by conflict, war, and persecution due to their sexuality, religion, belief. Provide appropriate resources and support required |
| Living well in Barnsley - well now that one is the biggest laugh ever. What's the point in commenting on this when we all know the standard of living in this area is abysmal |
| The effect of trauma on both your physical and mental health making accessing help difficult to do |
| The Barnsley Carers' Forum considered this strategy and agreed that there needs to be a special focus on Carers, across all age groups. There are approximately 27,000 people in Barnsley who identified as unpaid carers in 2011 and we know that this number will have grown over the last decade and due to the pandemic. This relatively silent army of people usually just get on with providing personal, practical, and emotional care for vulnerable people across Barnsley, without any additional support. The toll that this takes on their mental health over time cannot be under- estimated and The Barnsley Carers' Forum make a special point about the need for better bereavement support for unpaid carers as they come to terms with the trauma of losing a loved one to death or if they go into residential care. |
| From my perspective two key areas are missing, in the Living Well section: adult learning and advice.  1. In spite of there being a declaration that we want our town to be Learning Barnsley no reference is made to our adult learning organisations (apart from the Recovery College), particularly Adult Skills and Community Learning which offers activities and courses for people to help them improve their health and well-being. Please see this link: <https://www.barnsley.gov.uk/services/adult-skills-and-community-learning/> This service also offers courses in creative activities which also seem to support the ambition for Barnsley to work with the Creative Minds initiative, and individual pathways to employment.. In addition to ASCL, we have an outstanding Adult Learning organisation in Northern College which specialises in helping people to fulfil potential, create opportunities for growth, development and vocational qualifications and offers specialist provision for people experiencing mental ill-health. Barnsley College also offers supported learning and provides pathways to employment, which is identified as a key determinant of health and well-being.  2. Citizens Advice, working with Age UK and DIAL, offers a comprehensive advice service, and is one of the few organisations which is approved to the Advice Quality Standard. Their track record of working with people with mental ill-health in Kendray Hospital is documented as is their work with Recovery College. Their annual report indicates how offering advice in areas of employment and housing, (both key determinants of health) as well as general debt and money management, makes a difference: <https://barnsleycab.org.uk/wp-content/uploads/2021/09/CAB-Annual-Report-2020-2021.pdf> |
| Some of the layout is confusing as it uses different numbering for the subsections. It would be easier to follow if all of the different sections in the Strategy used the same numbering systems. |
| Can't get help for my mental health due to drinking in the past |

**This question asks for feedback specifically about Section 6 - Ageing Well (Older Adults)**

**Is there anything missing from Section 6 - Ageing Well (Older Adults)?**

|  |  |
| --- | --- |
| **Yes** | 9 (20%) |
| **No** | 33 (73%) |
| **Not applicable to me** | 3 (7%) |

**10 people provided further comments in response to this question. Wherever possible, comments have been included in their entirety in each respondents’ own words below.**

|  |
| --- |
| More fully consider how access to volunteering opportunities can be a lifeline for older people, offering a sense of purpose, connection to others and opportunities to stay active, supporting mental wellbeing holistically. What is needed is support for organisations to help them adapt to the needs of an ageing volunteering (new roles, different duties, training and signposting etc.) so the ageing volunteer isn't just cut off from the place and people they have built a relationship with through volunteer activity |
| Pressure put on partners living on a single pension to pay every thing |
| (Pension age onwards) is used as a sub-title in this section. People can take their pension at a wide range of ages. I suggest we use (age 65+) This section reads like a textbook giving the meaning for terms but offering little. We know that older people use different terms about their mental health and engage differently with services. There is a wide range of information about how to support this better. Does this mean that our IAPT team is flexible enough to support this? Take a look at our current track record of engaging with people aged over 65 for the answer. Words in a strategy and quoting good practice, don't mean that this is how it will work. How does the strategy improve the current position? Page 20 "Our mainstream primary and secondary health and social care services with support from our charity and voluntary sector will assess and offer holistic emotional age friendly health support directly or by referral." This is a patronising way of referring to the relationship between the statutory and voluntary sector. I believe we work in partnership. There are a number of spelling mistakes e.g. "p[practice" at the top of page21 and "independently with the support of community mental health teams". There are also sentences that end in the middle We do not "meet" the Age Friendly Framework as this suggests. It is not a list of standards, it's a way of looking at different domains of our daily life and environment that enables us to focus and make sure they support the ageing process, and we are able to learn from other communities' good practice. This strategy gives the impression that a group of buzz words have been used with no real understanding or intention. What are we actually saying that we are going to do differently and how do we plan to achieve it? |
| Providing much more support for the elderly suffering from dementia and their carers. Make information on what help is available easily accessible and clear. Currently Barnsley MBC website is totally lacking in this area. I can find information, download factsheets, forms etc from other council websites but not my own |
| In-home provision of mental health and wellbeing support. Many are not online, and we saw very positive effects from work done by Age UK during the lockdowns where activities were delivered to people's homes. This stopped things started to move back to face-to-face and has been missed by many who are unable to get out and unable (or unwilling to learn) to get online |
| Where do I start - care homes - abysmal. Hospitals - abysmal. Care providers- abysmal. Again, last 2years have concentrated on what the health secretary now considers covid as another flu. As such all concerned have needlessly brought about irreparable suffering for not just the elderly but all sectors of the population. |
| I have already submitted a response about this, explaining that Carers of people living with Dementia and Dementia generally, needs to have its own strategy and focus and ought not to just be a section in this strategy or in older people's strategies. Other areas have recognised the need for this. Dementia Carers and people living with Dementia in Barnsley need this. This feedback comes from participants on three DISC (Dementia Information and Support) courses offered in Barnsley last year. |
| Just to reinforce the needs (mental health or practical needs) of older carers. |
| More emphasis on the impact of loneliness and bereavement. Please don't underestimate the effect of the loss of a life- long partner. People often suffer in silence and think they have to get on with it, but the effects are profound and far reaching. More tailored support is needed to help people come to terms with their grief so the long-term impact on their future is lessened wherever possible. Loneliness and isolation are key factors impacting on mental health and wellbeing. You can never underestimate the value of human interaction and kindness. It is more important now than it ever has been after the past two years of what we have all lived through especially for older people who might not have friends and family at all or have them living close by. As people age, they can encounter more problems and it is so important to have access to services close by. Some areas of the borough are quite geographically isolated so it would be beneficial to have access to a wider range of community outreach services that are part of a joined-up approach to supporting people in smaller communities |
| Again, smaller lumps of text and more white space to allow the different points to be absorbed and have more impact on the reader. |

**This question asks for feedback specifically about Section 7 - Mental Health Crisis**

**Is there anything missing from Section 7 - Mental Health Crisis?**

|  |  |
| --- | --- |
| **Yes** | 5 (12%) |
| **No** | 34 (81%) |
| **Not applicable to me** | 3 (7%) |

**4 people provided further comments in response to this question. Wherever possible, comments have been included in their entirety in each respondents’ own words below.**

|  |
| --- |
| Somewhere safe except for A and E or section 136 needs to be set up for 4 people and crisis team needs to take things more seriously when someone has mental capacity as if you have capacity, you are fobbed off from needing help. |
| How you will publish response times like we know about A&E wait times when it long waits. |
| See all above and work it out yourselves. It's not hard. |
| It would be good to have more detail of some of the circumstances around mental health crisis. The authors of this section kept to the brief given to all of the sections but in the final document appears less important as it is so much shorter, as it was asked to be |

**This question asks for feedback specifically about Section 8 - Suicide Prevention**

**Is there anything missing from Section 8 - Suicide Prevention?**

|  |  |
| --- | --- |
| **Yes** | 8 (19%) |
| **No** | 30 (71%) |
| **Not applicable to me** | 4 (10%) |

**5 people provided further comments in response to this question. Wherever possible, comments have been included in their entirety in each respondents’ own words below.**

|  |
| --- |
| Limited discussion about the reasons for suicide and link to past experiences link to previous trauma, known or unknown |
| Continued support once suicide prevention has occurred, what is available for someone? Where do they move forward to? |
| Quicker and faster responses are needed when people ring for help and treatment |
| Why not look at the govts own ONS stats. Disgraceful |
| The Vision section reads to be in two parts but is printed so that the heading of the second part and what follows are all presented as bullet points under the heading of the first part. |

**Any other comments**

**20 people provided a response to this question. Where possible, comments have been included in their entirety in each respondents’ own words below.**

|  |
| --- |
| I think the development of apps and online support is excellent but should not replace supportive professional relationships. |
| If we can get to people early, we can prevent many of the later issues |
| This a welcomed strategy and great to see such ambition for mental health in Barnsley. I would also encourage the continued engagement of the arts and culture sector in this approach, particularly around early intervention and low- level support through access to the arts (both in traditional buildings and directly in communities), volunteer opportunities and green spaces |
| I think access needs to be easier, engagement with people needs to be more thorough |
| Barnsley needs more youth intervention in the community. More enhanced protected green spaces because the destruction of them if effecting people that can normally self- manage their mental health, such as walks in nature, but the council seems to be hell bent on causing undue stress and anxiety on residents that have to continue to live around massive developments, and witness wildlife being wiped out |
| I think the draft strategy broadly covers all the areas that I would like to see included |
| Prevention and early intervention are key as is effective signposting and having the right support services in place for people at every stage of their journey. Mental Health has never been so important as more and more people suffer due to the impact of the pandemic |
| This service is vital to people like myself (carer) the help you can get is absolutely brilliant, the only thing that's not to good is our GP is based in another town, so my husband can't access the mental health services in Barnsley, otherwise this service is fantastic |
| Seems to be totally skewed towards the mental health of the younger end of the age scale. Not enough on caring for dementia and the elderly. |
| Thank you for making this a priority and for taking a holistic approach including wider determinants and wellbeing interventions such as arts and culture. Whilst investment is clearly needed to expand the mental health services, investment in the VCSE organisations that support recovery and wellbeing must be considered equally. Many people I work with find themselves feeling on a positive path and then a service ends due to funding, so they start something else and that ends too, so eventually their determination withers along with their mental health. Consistency doesn't match with the way funding often works and yet is absolutely vital. Consistency of service, consistency of approach, consistency of staff. Many people I work with find their mental health improve dramatically just by feeling listened to and feeling like they know who to go to if they need to and things like speaking to the same doctor each time so they can develop a trusting relationship is key |
| One size doesn't fit all, and you need to ensure that people are getting the right support for them at the right time. People go through problems at different stages and at different levels and it's about getting the support right at all levels and for all people at all times and listening to people when it goes wrong to avoid making the same mistakes over and over again. |
| You need to factor in what this covid response has been to everyone in the borough. Neglecting to do so is person/patient neglect. |
| The Barnsley Carers' Forum calls for a special focus on the mental health needs and support available for unpaid carers in Barnsley. Respite support for unpaid carers who care, not just for people with mental health issues, but for all vulnerable people, needs to be easily accessible for all. This isn't the case at present. Good respite can and does help an unpaid carer to go on, to continue in their unpaid caring role for longer and to have a brief time for themselves away from their caring duties. Carers often refer to this as a lifeline. This is a key element in the draft Barnsley Carers Strategy. Communication is key- the pathways to mental health services need to be clear, along with the eligibility criteria of each of those services. Carers haven't got the time or the energy to be bounced from one service to the next, only to find that they don't meet the eligibility criteria for support or there is a waiting list for support. Carers appreciate that services are stretched, but so are they. The Carers' Forum would welcome someone from Mental Health Services to come to speak with carers about the strategy and its' priorities once it has been approved. |
| A positive comment - congratulations on an excellent document and best wishes for its implementation. |
| Helping people with their recovery is so important to give people hope for the future and enable them to live the best life possible. We all need to treat people as individuals and respect, understand and value what makes us different across our local communities. The value of communities should not be taken for granted. Remote and online support and services are great for those that can use them but please ensure that there is a mix of online and face to face support available as not everyone has access to or the capability to use online/ remote services. I felt that the strategy was written mainly for professionals, and it would be useful to have a plain English/ summarised version going forwards to help make this important information more accessible for the public and bring this to life more. I think it's really important to regularly refresh and review the strategy at regular intervals throughout the five years this covers as, as we know things can change so quickly and we need to be able to react quickly and change and adapt where required to make services and support right for the people that need them. |
| I thought this was a good strategy overall, but it could do with being a bit more accessible in terms of the language used for members of the public to be able to fully digest and understand it all. |
| Thank you for sharing this draft document on All Age mental health and wellbeing; I have read it and am impressed by its ambition and determination to tackle what is likely to be an even more challenging issue for people in Barnsley. This draft strategy seems to be a comprehensive approach involving statutory and voluntary organisations. There are ambitions to join up services in order to serve the individual needs of people experiencing mental ill-health. This is good news. |
| There are parts of the Strategy that are very aspirational without explaining how it is hoped to achieve what is wished for. |
| Because I was drinking at the time mental health wouldn't help me when I needed them |
| Keep things simple - you are asking questions most people will find complicated to answer |

**Equality Monitoring Questions**

**Age Range**

|  |  |
| --- | --- |
| **Under 18** | 1 (2%) |
| **18 - 24** | 1 (2%) |
| **25 - 34** | 6 (13%) |
| **35 - 44** | 11 (24%) |
| **45 - 54** | 10 (22%) |
| **55 - 64** | 12 (26%) |
| **65 - 74** | 3 (7%) |
| **75+** | 1 (2%) |
| **Prefer not to say** | 1 (2%) |

**Gender**

|  |  |
| --- | --- |
| **Male** | 11 (24%) |
| **Female** | 32 (70%) |
| **Prefer not to say** | 3 (6%) |

**Trans - Do you live and work permanently in a gender other than the one you were born into?**

|  |  |
| --- | --- |
| **No** | 40 (90%) |
| **Yes** | 4 (9%) |
| **Prefer not to say** | 2 (4%) |

**Ethnicity - How would you describe your ethnicity?**

|  |  |
| --- | --- |
| **White British** | 39 (85%) |
| **Other White Background** | 1 (2%) |
| **White and Asian** | 1 (2%) |
| **Other Mixed/ Multiple Ethnic Background** | 2 (4%) |
| **Prefer not to say** | 3 (7%) |

**Sexual Orientation - How would you describe your sexual orientation?**

|  |  |
| --- | --- |
| **Heterosexual** | 35 (76%) |
| **Gay** | 2 (4%) |
| **Bisexual** | 2 (4%) |
| **Lesbian** | 1 (2%) |
| **Prefer not to say** | 6 (14%) |

**Religion - How would you describe your religion?**

|  |  |
| --- | --- |
| **No religion** | 26 (57%) |
| **Christian** | 13 (28%) |
| **Prefer not to say** | 5 (11%) |
| **Other** | 2 (4%) |

**Disability - Do you have any of the following disabilities? (Please note this question allowed multiple choice responses)**

|  |  |
| --- | --- |
| **I do not have a disability** | 17 (27%) |
| **Mental Health Condition** | 16 (26%) |
| **Physical Impairment** | 5 (8%) |
| **Long Standing Illness** | 13 (21%) |
| **Sensory Impairment** | 2 (3%) |
| **Learning Difficulty** | 3 (5%) |
| **Prefer not to say** | 4 (7%) |
| **No response provided** | 2 (3%) |

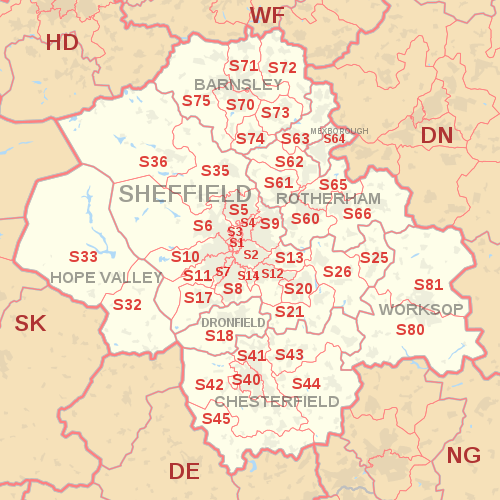
**Carer - Do you provide unpaid care for someone (friend/family member)?**

|  |  |
| --- | --- |
| **Yes** | 23 (50%) |
| **No** | 17 (37%) |
| **Prefer not to say** | 5 (11%) |
| **No response provided** | 1 (2%) |

**Postcodes**

We received feedback from the following post code areas

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S7 | S35 | S36 | S63 | S70 | S71 | S72 | S73 | S74 | S75 |



**Did we provide enough information for you to be able to comment on the questions we asked?**

|  |  |
| --- | --- |
| **Yes** | 36 (78%) |
| **No** | 3 (7%) |
| **Unsure** | 7 (15%) |

**Where did you find out about this survey?**

|  |  |
| --- | --- |
| **Social Media** | 12 |
| **Family Member/ Friend** | 3 |
| **Email from CCG/ CCG Website** | 7 |
| **Barnsley Council Intranet** | 4 |
| **Via Mental Health Meeting/ Support Worker** | 5 |
| **Online** | 5 |
| **Healthwatch Barnsley** | 3 |
| **Making Space** | 1 |
| **Via Poster** | 3 |
| **Barnsley Recovery College** | 2 |

**16 people gave us their contact details and asked to be kept updated and receive a copy of the final version of the strategy and engagement report.**

**Comments and feedback received from Migrant Action during this engagement phase**

The following comments and feedback were kindly provided by Migrant Action. This information has been fed back to the leads for this work for follow up relating to a number of the specific points raised.

**Local landscape** - More insight into the local landscape of mental health would have been helpful- types of mental health issues and prevalence in different demographics (BAME, Women, young people, disabilities etc)- Where are the 'hot spots'?

**Race, migration & mental health**- What is the picture of mental health for black & brown communities, migrants, asylum seekers, refugees? What are the issues here? How do we know this? How are these being captured and responded to? Who are the key actors for negotiating and providing mental health & wellbeing support for these groups in Barnsley and if not, what are the experiences of these groups accessing mental health support within mainstream provision? What does the strategy offer for understanding/improving service users' experiences?

**Poverty & structural inequalities mental health**- Is it just unemployment impacting mental health & wellbeing or are we also looking at wider structural issues such as quality of work and the work environment impacting on mental health? Barnsley has lots of warehouses or workhouses served largely by migrant workers. What does the work environment and access to education, welfare, healthcare, and employment look like for these individuals and the implications on their mental health? How does the strategy proactively grapple with this?

**Role of community-based organisations** (ELSH, Polish library, Feels like Home, Migrant Action etc) offering a range of culturally appropriate, identity based holistic services that underpin wellbeing & social & economic integration? Is the strategy conscious of this and how does the strategy engage with these community infrastructures that are being routinely accessed by marginalised groups yet struggle on shoestring resources?

How is the strategy informed and influenced by communities-- Who and how were people consulted? Who is shaping the consultation and how inclusive is this? How accessible is the process to the diverse communities in Barnsley- are they key messages translated in different languages and have community ambassadors/leaders/champions been involved to ensure that communities are effectively represented?

Would welcome being involved going forwards and a discussion on making communications and engagement more inclusive.

**Summary of comments and observations from Healthwatch Barnsley Members received during this engagement phase**

The following feedback was collected throughout this engagement phase from members of Healthwatch Barnsley and kindly shared back to us via the Healthwatch Manager on 26 January 2022.

Document Layout / Format

Documents would typically:

* Contain the name of the document (in the header of each page), date and version number.
* Have each section and sub-section numbered for ease of reference.
* Show the document history to manage and monitor changes effectively e.g., author, version number, date etc.

The font type / size is good with the exception of pages 4 and 5 (the text is too small and difficult to read).

Inconsistency in spelling (American versus English), jargon (e.g., CQC, apps, CVS, NICE) is not consistently defined / explained and some typographical errors (e.g., page 21 p[practice).

There’s also an opportunity to improve the structure (see example overleaf) and flow such that it “tells a story”.

Document Observations

**General –** The document appears to require an understanding of the organisational structure and governance surrounding health and social care services. Clarification is required on roles and responsibility:

* For every instance where the document refers to “we, us, our” be explicit or include a general statement at the outset that explains to which organisation / service this refers e.g., Barnsley Metropolitan Borough Council (BMBC), Healthwatch, NHS England etc.
* Who’s ultimately accountable for the successful formulation, execution, and evaluation of this strategy?
* Who’s responsible for the successful execution and evaluation of this strategy?
* Who should be consulted and / or informed of this strategy?

**Governance** – Where is this defined? Refers to the Barnsley Mental Health Partnership Board however, it’s unclear how the various forums link together and what their respective goals and objectives are.

There’s no reference to budget / cost e.g., what the overall budget is, what it currently costs to operate each service, what cost savings aiming to achieve.

There’s no reference to key performance indicators – quantifiable and measurable targets required to evaluate success.

There are numerous references to evidence and / or other research / documents. It would be helpful to summarise the source documents in the Appendix and / or include a footnote or link to the document (where available on-line).

**Scope** – The document refers to “residents of Barnsley”. This is open to interpretation. For example, my post code is Sheffield and hence, a “resident of Sheffield”. Whereas my local authority is BMBC. It would be helpful to clarify which areas are included in the scope of this strategy.

**A Local Picture (pages 4 / 5)** – There doesn’t appear to be a correlation between the headings on this page and the glossary of terms and specific sections in the report.

**Data / Information (pages 4, 5 & 8)**

Whilst the data / information is useful it doesn’t provide a complete picture and raises further questions. For example, what’s the total population? Is the population expected to increase and by how much? What are the sample sizes? Are the samples representative of the total population? How does Barnsley compare to other participants? Generic statements like “significant increases”, “several times higher” etc.

What is the employment rate? Inference is that only 32% of people are working, is that correct?

It would be helpful to convert all the data into a table and place in the Appendix (see example overleaf) so that can see at a glance how Barnsley is performing in comparison to others.

**Conclusion** – No explanation of the challenges that have resulted in the decision to focus on eating disorders, self-harm and crisis care. It is not immediately obvious how these priorities correlate to the data.

**Appendix 1** – How define “carer”? Does this include a person’s representative / advocate? Refers to a memory assessment – what about an overall needs assessment? Where does the social welfare, legal and financial aspects fall within this strategy? A cross reference to relevant research and analysis would be helpful.

**Appendix 2 –** The glossary does not appear to cover all the terminology referenced in the document (see related comment above). Noted that there’s no headings on pages 30 to 32.

Suggested Alternative Layout

* Executive Summary
* Introduction
* Policy and Frameworks
* Current Situation - Mental Health and Wellbeing in Barnsley
* Consultation and Engagement
* Key Priorities and Outcomes
* Delivery of Key Priorities and Outcomes
* Governance
* Risks and Issues
* Next Steps
* Appendices

Suggested Alternative Approach

The document could be streamlined further such that the research findings, analysis and assessment are included in a separate document.

The strategy (objectives, goals and measures linked to policies and framework) covered in another with appropriate cross references back to the research. The aim being to identify the key themes (“affinity groups”) and illustrate how they align to Barnsley’s Health and Wellbeing Strategy - Starting, Ageing and Living Well.

A Local Picture

Brief description of the research / study and findings.

|  |  |  |  |
| --- | --- | --- | --- |
| Description | England | Yorkshire & Humberside | Barnsley |
|  |  |  |  |
|  |  |  |  |

The data could be broken down further to show best case and averages. The identification of “best in class” to then be analysed further to identify and implement consistent working practices (if feasible).

Policies / Framework

A table format, as an Appendix, would also be helpful for the various Mental Health policies and framework outcomes and measures.

**Summary feedback from online feedback session held over Zoom with members of the Barnsley Patient Council on 26 January 2022**

* 9 attendees (5 men/ 4 women) in attendance at online feedback session held over Zoom at 6pm on Wednesday 26 January 2022.
* Membership of the group primarily drawn from Barnsley GP Practice Patient Group Members. In addition, most members of the group also highlighted that they have close links with a number of local community and voluntary sector groups and organisations from across the borough.
* Overview provided of engagement that had been carried out to date and discussed some of the challenges of what has primarily been a socially distanced period of engagement due to the covid restrictions in place at the time.

**Comments and feedback received regarding the language used and format of the document**

* Principles – These seem to be comprehensive however I would suggest that you use an alternative word than recognise for the second principle - Recognise the impact of trauma and adversity on peoples’ mental health – amend this to another active word as it is difficult to recognise a contribution.
* Conclusion – Page 27 – It would be useful for the priority areas of focus highlighted in the conclusion for the Mental Health Partnership Board to be referred to earlier in the document as they only appear at the end which was quite disconcerting.

**Comments and feedback captured as part of the overall discussion**

* It was positive to see that a life course approach has been adopted or the strategy framework and this was welcomed and strongly supported.
* Members were encouraged to see that the strategy has been co-developed by a wider range of partners from across the borough than the current strategy that is in place.
* It was felt that this was a really positive way of working and a step forward that we need to build upon further especially in relation to improved ways of working with community and voluntary sector partners recognising the vital work they do with local people and communities and ensuring that we are resourcing them appropriately.
* The role of advice and support was highlighted and the need for this to made more explicit in terms of what advice, support, guidance is available for people and where and when they can access this. Effective signposting and partnership working is key to this and services knowing about one another through effective mapping of the services, groups and resources covering the borough.
* The need for clear communication was a key issue discussed following on the above point. This is needed throughout for the benefit of everyone involved. The value of this can’t be underestimated.
* Members expressed an interested in being involved in developing the next steps and the action/ delivery plan that sits alongside the strategy and makes it ‘come to life’. It will be important to determine from the outset what good looks like by the development of a robust delivery plan with key metrics set out and for the partnership to continuously monitor progress against these to be able to effectively evaluate the effectiveness of the strategy and the work taking place to achieve the aims described within this.
* Overall members viewed the draft strategy positively and felt that this would be beneficial for the people of the borough providing a firm foundation to be able to build upon. They also welcomed the commitment to review and refresh the strategy on an annual basis throughout the five -year lifespan that the strategy covers.

# ****5.**** Next steps

We would like to take this opportunity to thank all of the individuals and organisations who have taken the time to share their views and also get involved in the promotion of this phase of engagement activity. The feedback included within this engagement report will be used to support the development of the final version of the All- Age Mental Health and Wellbeing Commissioning Strategy for Barnsley.

A copy of this engagement report, and an update detailing the decisions taken by the Barnsley Mental Health Partnership Board and Barnsley Health and Wellbeing Board relating to this as a result of the feedback received, will be sent to everyone who has requested it and provided us with their direct contact details. It will also be published on the CCG website.

Following submission of the final version of the strategy to the Barnsley Health and Wellbeing Board in February 2022 and subject to their approval of this strategy document, further involvement activity will be planned to take place as part of the development of a Strategy Delivery Plan which will sit alongside this.

The Strategy Delivery Plan will outline how each aspect of the strategy will be implemented and a local Mental Health Dashboard will be developed in order to measure progress and to highlight any areas that require additional focus.

By implementing this strategy, it is our aim and our ambition, to improve the emotional health and wellbeing of all who reside within the Barnsley borough.

Draft report produced by NHS Barnsley Clinical Commissioning Group Communications and Engagement Team for comments and feedback from the Barnsley Mental Health Partnership Board

Once approved, this report will be made available here- [www.barnsleyccg.nhs.uk/haveyoursay](http://www.barnsleyccg.nhs.uk/haveyoursay)

If you require this report in a different format, please get in touch with us

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