ADVANCING EQUALITIES VIRTUAL EDITION

Thank you to all who joined us for another virtual event. In this Newsletter we include all slides from the **Advancing Equalities** event, the typed chat and all discussion from the day too. We summarised and fed back themes and trends from all individual and group discussions that had taken place in the advancing equalities project in the previous three months; around your experiences, in your words, of inequalities faced in life and in mental health services, especially around technology- that was demonstrated through a 20 year visual timeline!

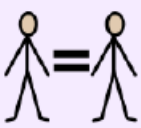
Yorkshire & Humber Network Agenda

Wednesday 8th December 1.30- 3pm

At this meeting we will feed back themes & trends that we have noted when hearing about your experiences in your life & within mental health services around inequalities– we want to check in that what we heard is accurate and see if others agree. Or differ. We would like the meeting to be interactive not just information giving. Please join us to decide next steps

Microsoft Teams

Advancing Equalities



- **Welcome & Introductions**
- **Background to the Advancing Equalities Project**
- **Methodology**
- **The 'Who & How'**
- **Emachi**
- **The South Yorkshire Story so far...**
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- **Experiences, Impacts & solutions**
- **Technology**
- **A visual journey through 20 years**
- **Next Steps...**
- **Tell us what you think!**

What are Inequalities?

'Inequality is the unfair situation in society where some people have more opportunities than others'

Cambridge dictionary

The NHS describes Health Inequalities as...

'unfair and avoidable differences in health across all people, and between different groups of people'

'Health inequalities may happen because of the conditions in which we are born, grow, & live. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing'

Background to the Project

Public Health England

Health inequalities in Mental Health is a top priority this year. We are beginning some focussed work to reduce health inequalities in secure services, and your experiences are vital as part of this.

A report will be shared in April/May 2022 which will include themes based on what you tell us – and along with some other information it will help conversations to improve your experiences, and services for others in the future.

We are looking to understand your experiences and the Involvement Network Team will be leading this work by visiting your service and speaking to you about your experience of equalities in health. This information will then be added into an annual report to guide future work.

NHS England and NHS Improvement

We are sending you this information to tell you about the project, hoping you are interested and will want to talk to us

Jo, Charlotte and Holly will be giving a date that we will be available for you to talk to us individually

Examples of things we may talk to you about include:

- Your experience before coming into hospital – for example, if you felt you were treated differently for any reason
- Your experience of coming into hospital and how this happened
- What it is like in hospital and how you feel your experience may be different to others
- How your experiences can be improved

Look out for more information and we look forwards to speaking with you soon!

Approach we are using

Who we have spoken to so far...

Questions we asked about:

- Your background
- How did you access services
- Your experience of being in hospitals
- 'New Inequalities' being faced by service users
- Exclusions you have felt in your life
- Your future goals
- Magic wand – if you can change anything what would that be

Who we have asked so far:

- Humber Centre – 3 (male) HCV
- Clifton House – 2 (1m, 1f) HCV
- Stockton Hall – 1 (male) HCV
- Cygnet Bierley - 1 & 10+ WY
- Waterloo Manor - 3 (female) WY
- Community – 1 (female) WY

Process we used

- 1:1's
- Small groups
- MS Teams
- In person
- Questionnaire

- Advancing Equalities - Blogs scoping exercise - no return Y&H Wide

- Network check in event - 8th December 2021

- PHE/ NHSE/ PC Meetings

Other discussions we have had:

- Newsletter Theme Review 2019-2021

- Including Network/ HCV/ SYB & WY

- Raf- Expert by Experience @ Cygnet
- Em- Expert by Experience with SYB
- Nesta - 'COVID angle'
- Staff narrative from Engagement Planning/ Email 'ask the network'

There's a big drive on looking at health inequality in mental health and to think about the impacts on people through their journeys and their recoveries. We've been asked to speak to service users across secure services in Yorkshire and Humber to get some views and ideas about what inequalities may look or feel like.

It's like opening up a ball of string and it just grows and grows and grows. There is lots of work still to do! It is not too late if you would like to contribute.

Emachi
The South Yorkshire & Bassetlaw story so far…

When this project was originally commissioned in South Yorkshire, I didn't personally feel it would be fruitful to do a piece of work where people just confirm that inequalities exist, we didn't think that would be a particularly useful outcome, because we already know that the inequalities do exist!

There are numbers already out there but what underpins every number is a real person with a real story. And the explanation of those numbers and understanding lies with people and their stories.

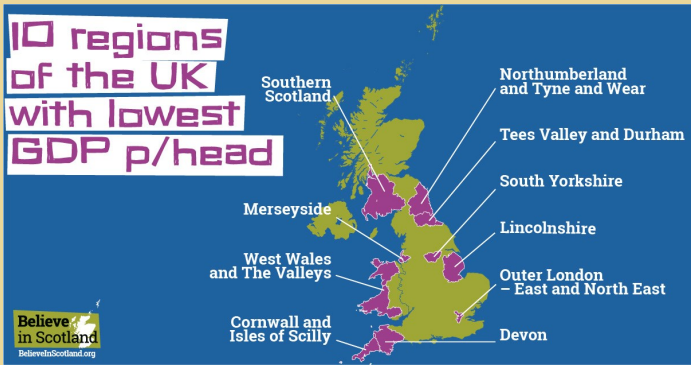
Any knowledge or any data, any information, any kind of actions to address inequality must actually come from the service user body.

The challenge is really kind of how do you make the story heard? How do you connect?

I came up with a methodology to try and bridge that gap between service users and organisations. So, everybody is kind of on the same page.

Criteria:

- Engagement.
- Activity.
- Data.



Outcomes:

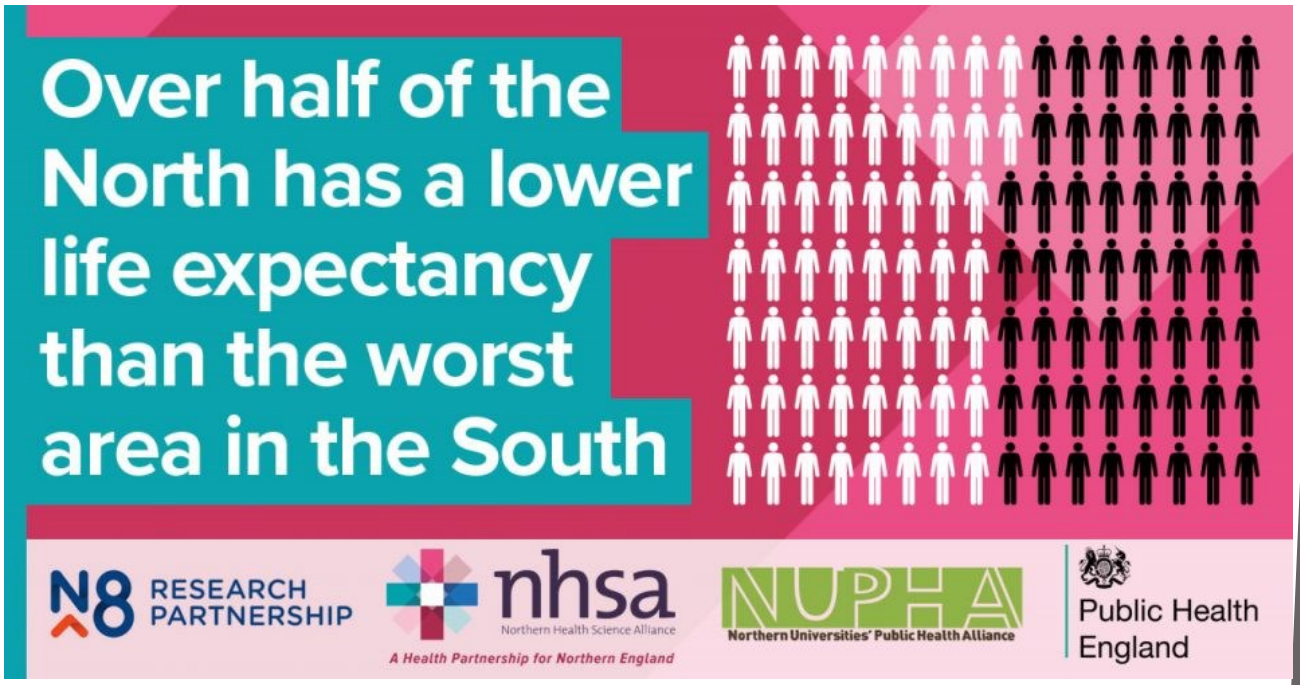
- Understanding what people are experiencing. Engaging people. Everybody.
- Awareness of what the inequalities are and how the inequality presents in their experience.
- And then finally data. The organization still needs data in order to make any kind of decision and decide actions to take.

So those are the three criteria and those three criteria really mirrored at three outcomes we hope to achieve.

The setup of the coproduction is the priority and the heart of it.

What I have found so far from this Project and another in Birmingham is actually people aren't talking about inequalities. People talk about difficult experiences. Some work is needed to actually begin to tease out what inequality is happening in those experiences.

Em will continue to work with South Yorkshire services on this project into the summer 2022.



Overall perspectives of lived inequalities and impact

Themes from women's experiences

Experiences

- Trauma
- Poor access to early intervention
- Need help with bills and finance
- No access to S17 leave
- Missing out on normal family life and access to restricted items in hospital settings
- Technology – moved on so fast that services can't support use at the same pace
- Staff – short staffing, lack of choice of worker, not had the right skills needed, too busy to listen
- No choice offered of home area when time to move on

Impacts and Solutions

- Getting the right help at the right time could have stopped need for admission
- Missed out on time with family and friends
- Need better access to up to date wifi/technology to help with recovery
- Physical health impacts on S17 decisions
- Lack of choice and consistency of staff impacts recovery
- Lengthy discharge process – need more choice of where moving on to, build rapport with new community worker
- Making future plans and goals harder to access – college, work, driving etc

Women felt that they are missing out on a normal family life by being in hospital and not being part of a lot of milestones that family and friends are going through.
Impact around staffing are felt - short staffing, lack of choice of who to talk to, workers not having the right skills needed, and sometimes that you felt that staff were too busy to listen because they've been so busy themselves. Lack of consistency of staff , especially MDT impacts on recovery.
No choice offered about moving on and where your home area might be.
Frustration about how long discharge process take, no placements available to move on to and few community workers to build a relationships with.
Future plans and goals are limited by mental health or stigma. E.g. Driving, travelling abroad.

Themes from men's experiences

Experiences

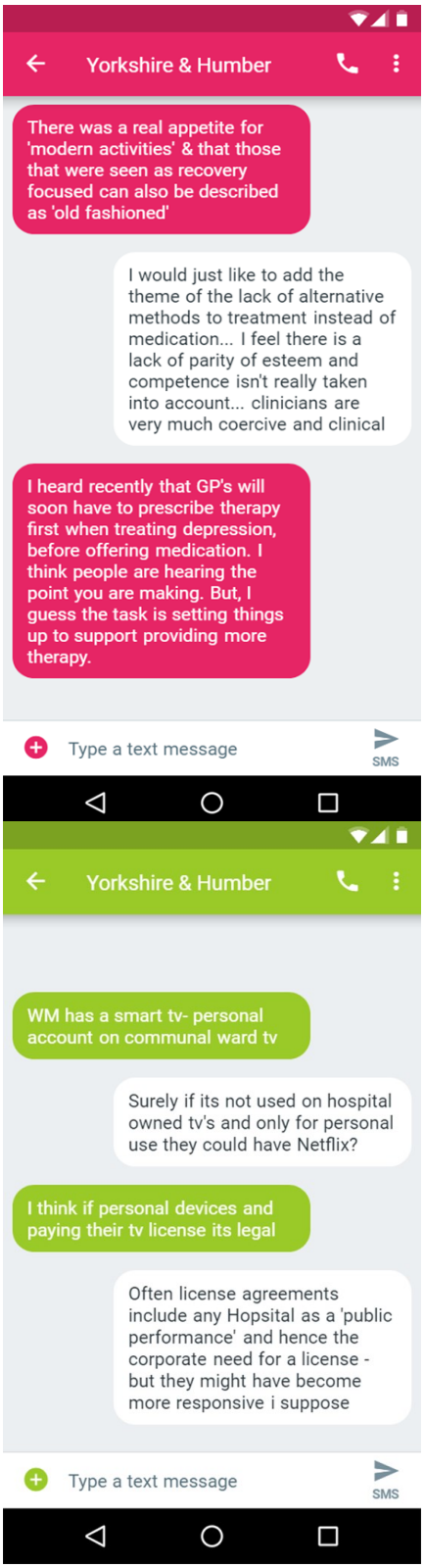
- Exclusions when growing up – to a family life, schooling, mental health support
- Drug and alcohol misuse effects mental health resulting in hospital admission
- Unpredictable environments
- Poor character, choice and consistency of staff caring for me
- Help needed with internet safety
- No access to new technologies – gaming
- Need for a 'meaningful role' whilst in hospital

Impacts and Solutions

- Need for better respect, privacy and support to build trusting relationships
- Engagement, involvement and activities improve recovery and reduce time in hospital
- Family involvement and support could be better to improve relationships whilst in hospital
- Technology as a tool to be used for recovery
- Poor staffing impacts on length of stay
- Feels safer in hospital than in a prison environment

And for men it was about feeling some exclusions when growing up, living in unpredictable environments and how drug and alcohol misuse has affected your mental health and brought you into hospital.
You felt there should be more choice and consistency over staff and that sometimes you didn't get on with staff. Staffing has an impact on length of stay in hospital and can trigger incidents. It did feel safer than being in prison though.
Streaming music and TV, being able to use technology in groups and as part of recovery was important.
Need for a meaningful role while in hospital. Involvement activities really improved your recovery and that practical skills and activities would be more useful, like plumbing and building.
Family relationships have broken down that you need. You felt that hospitals could do more to support that.

Pause and Reflect: What do you think so far?



Real appetite for modern activities. What services and maybe staff place value on being 'recovery focused' people are now seeing as a bit old hat and so we probably do need to catch up with the times.

Low secure services say you need to fill your time, but don't necessarily give anybody things or support to help fill that time. For example, gaming, especially for men, was seen as something that could occupy their time on an evening. A good few hours immersed in a game will be far better for their mental health than sat ruminating and doing nothing.

From an OT perspective, I think it's interesting that our interest checklists and our reports often still haven't got anything to do with technology in them. We've used them for years and I think a lot of what we do needs to be revamped E.g. functional assessment it is asking about people's ability to use body language etc, not whether they can use email or social media. And these are how people communicate. We're setting people up to fail with without access to modern communication.

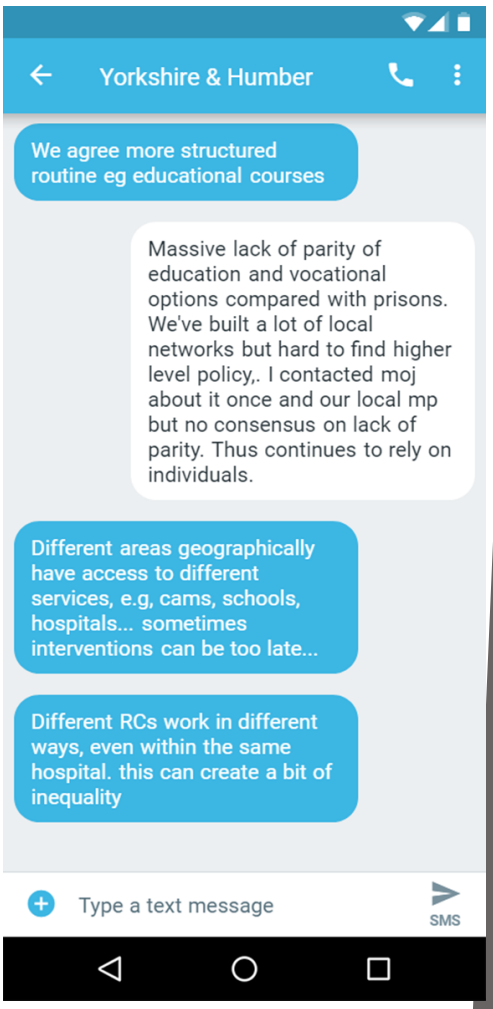
Psychology etc is also aimed very much at mental health but there are people who are now getting different diagnoses E.g. neurodiversity, autism and ADHD, and to what extent are, are we set up?

Everything seems to be revolving around medication. We should be offered an alternative like cognitive therapy. It is meant to be really helpful when treating delusions, and instead of doing stuff like that, they basically just want to like

shove medication down your neck and it can be quite harmful to some people who really desire alternatives because of the side effects.

Vocational activities. Plumbing, joinery, building, maintenance. All these all these things could help us in our pathway to recovery. In the morning, getting out working, you are training for the future. To help someone else, socialise, have some structure, something to do. You know it's all good for our mental health.

Vocational and educational opportunities and structured work are really wanted. And learning how to use a computer properly. Being in a secure environment only for two to three years, things have moved on so quickly in the world.



Really interesting discussion and I was just thinking in my old life as a careers advisor. It's almost like there needs to be some kind of link. If somebody could come into units and talk about what courses are actually available online. How you access them. What's free. What kind of levels there are. Offering help.

We've only got one permanent member of staff throughout shift today. Consistency impacts on the patients. We need one to ones and have no one we trust to talk to.

An experience I had is where I wanted to go out through the day and with a particular member of staff, but then was denied for 'picking' a staff—or they send you with someone that you don't get on with. You should be able to just go with who you want, because it's who you feel comfortable with. You can then talk to them, build trust and open up and have a normal day out or experience.

One of the biggest things that were struggling with at the moment is about the request to have things like Netflix. We supported our patients getting Netflix and our legal department have stopped it because we are a hospital. Our service users are willing to pay the fee themselves, in their rooms.

Some services do have Netflix. Some can, some can't, how is that fair?

We are allowed to have devices on the Main ward. It means people bring their laptops on main ward with Netflix accounts and watch programs with peers.

On the surface, it seems like nothing illegal is being done then because they're doing what the accounts are for. I would say that obviously this is about technological inequality.

I've been an inpatient in physical health units, none have been able to deny me using my own Netflix account or my own devices there. So, it literally seems to be just something that mental health units can't do.

You don't need a TV license for Netflix, if hospitals opened up a little bit more in terms of where people could have their devices and what devices they could have, that might actually offer a greater flexibility in those situations.

Internet safety is an issue. People are new to technology and naive. Signing up to things because they think it says I'll get £100 if I do this, when it is a scam. A problem is a lot of the courses that are out there are for kids, and they're really patronising, or you've got pay loads or money for them.

ASK THE NETWORK: internet based tv services (December 2021)

"Do any services offer patients internet-based TV services anywhere on ward (eg. Netflix, Now TV, Amazon Prime) including communal areas or individual patient bedrooms? And if so, how is the internet access managed on an individual patient basis?"

At Wathwood we just have sky tv which is accessible in all patients' bedrooms and communal areas. No internet-based channels. *Wathwood*

Not at the moment as our TV areas don't have internet connectivity *Newton Lodge*

We discussed this in our community meeting last Friday and the problem is ownership of the network service. It needs to be registered to an individual for the services hence we were unbale to proceed. *Newhaven*

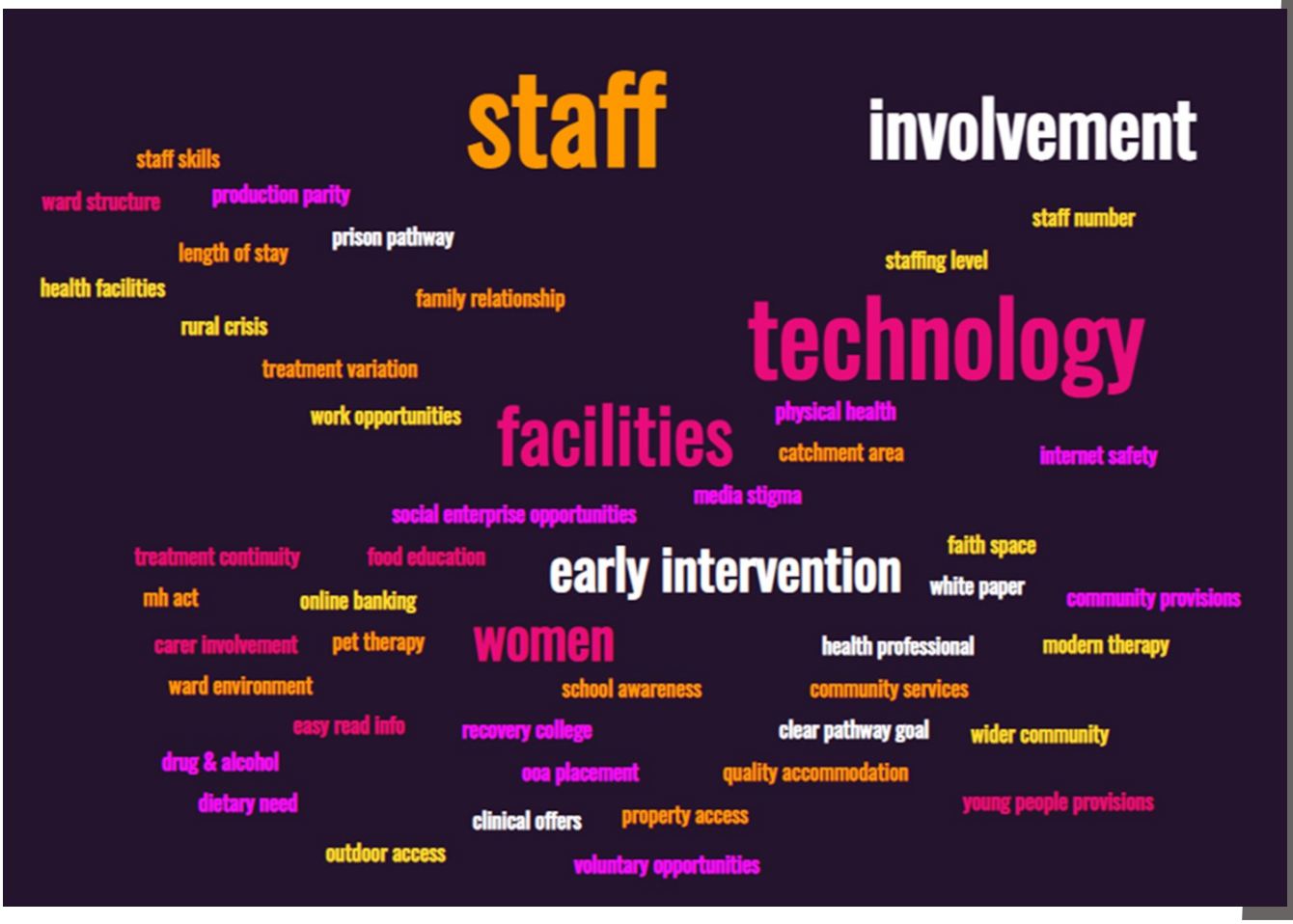
No, we don't offer the service, but patients buy their own, and as we have a relaxed internet policy they are able to stream services. *Clifton House*

On the low secure wards patients can access Smart phones following risk assessments so can access subscription services such as Netflix, Now and Prime. For other patients they can access it through the communal areas (activity room) on their own accounts – they are asked to log out and it is individually risk assessed. For some patients there is no access based on their individual risk. *Cheswold*

We have a service user password for internet access.
We do have internet based TV in communal areas and a couple of service users are risk assessed as being able to have it in their rooms. Moorlands View

What do we already know?

Review of all Newsletters from 2019-2021 for key themes related to inequalities



We went back and had a look at all previous conversations that we've had in the last 3 years. We've been engaging with people for a number of years now and a lot of themes do tend to crop up over and over, and we wanted to see if what people were telling us now is similar to what we've heard over the last couple of years, so we did a review of our newsletters from 2019 to 2021 and again picked out kind of key themes.

A big theme that came out was around facilities. It was mentioned in the chat about the difference in parity in prison versus hospitals in terms of what's available and one of the things that came out of the newsletter review was that there was such a massive difference in environments across the hospital settings. So, you could have two medium secure services sat side by side, but they've got very different facilities, activities, staffing.

We found people who had a lot of time on their hands often found they were struggling with their mental health and had an increase in incidents. E.g. a move from medium secure to low secure care was very difficult in terms of the changing environment and opportunities available and structured time offered.

One of the other things that came out was around involvement opportunities, and again there was a massive difference and variation across all of 15 services that we speak to. People felt that they were doing a lot better when they had a role or a purpose and the opportunity to be involved in processors and if people were involved in decisions about their care, there were more likely to be invested in their goals and their pathway and move on a lot quicker.

Another was around missed opportunity, early intervention. Admissions could have been prevented if there were more support in school age children or if there were more community settings/3rd sector opportunities, which has seen further impact due to covid.

Technology was a constant theme and a quote that stood out was:

“I’ve spent 20 years in services and have no clue about technology now a days!”

This encouraged us to show visually what 20 years in technology looks like...

Technology in 2001:

Technology in 2021

Send us a text in the chat...

You have a **limit of a 153 characters** (including spaces)

Back in 2001 it would have cost 12pence!

Luv how tech has grown. It's gr8. If u agree, TB

(46 characters!! Lol!)

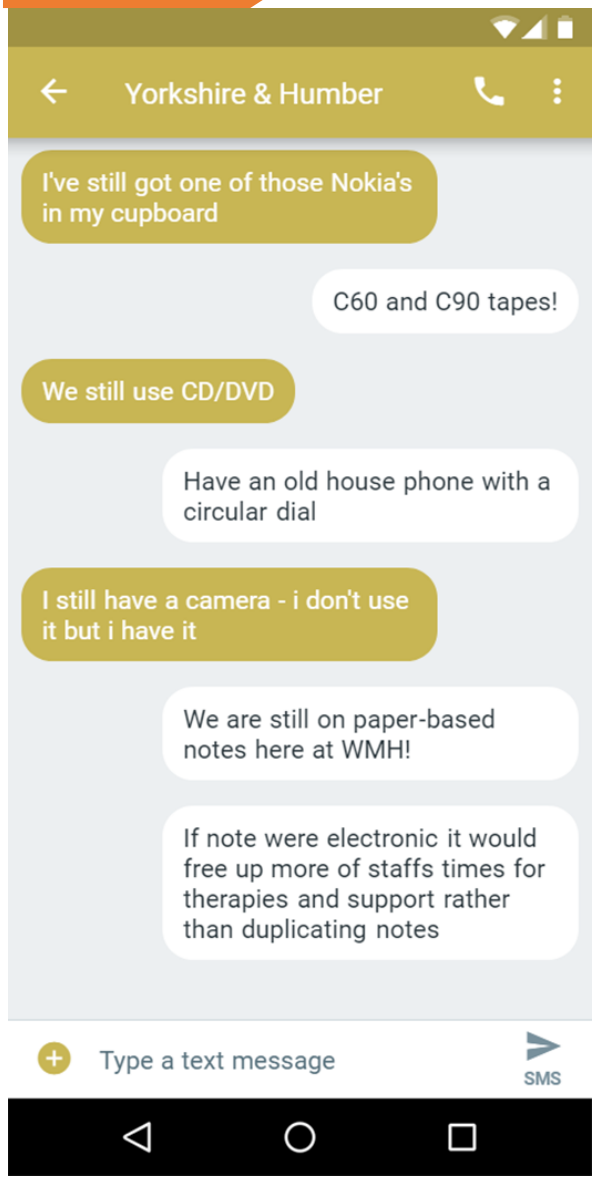
We've journeyed into 2001 where mobile phones were basic. They were like bricks, and the only game available to you would have been snake! Camera phones did not yet exist and there was nothing exciting like flip phones happening at all. If you wanted to take a picture it was the old click and spin disposable and you went and got them printed out, and there were probably 3 good ones from a roll, no opportunity to re-take!
DVD's we're only just becoming common, and you could still buy VHS tapes. They were still around until 2006. TV had six channels. ITV two at just come in, and apparently that was a really big deal. And other than that, there was no HD and as you can see from that lovely image, TVs were massive in my house, we used to put all birthday cards on top of the TV- that was a special moment!
And Yep, broadbands didn't exist, it was dial up and you couldn't use the house phone at the same time.
Music was AM or FM, no digital and we're still on cassette tapes. You were really lucky in 2001 If you had an iPod. It was the year that iPod was released and there were like a brick and they cost £500 back then. I can only imagine what that would equate to these days.
It managed about 100 songs. That was it. But that was a luxury item.
Only half of the UK population had a bank card. Plastic cards just didn't exist. People were still using cash or cheques!

Everything these days is either contactless streamed or online, so your camera is in your mobile phone these days you don't need two separate things and you don't even need a bank card pay for anything anymore. You can use your smart watch. You can use your phone. We've got PayPal now.
Most stuff is touch screen, so you don't even need a keyboard anymore. We've got an Alexa and can ask Alexa a question. She'll tell us the answer right there and then, and there's apps everywhere for absolutely everything and everything is just at the touch of a of a button, it's literally there and I can't even imagine life without it these days!

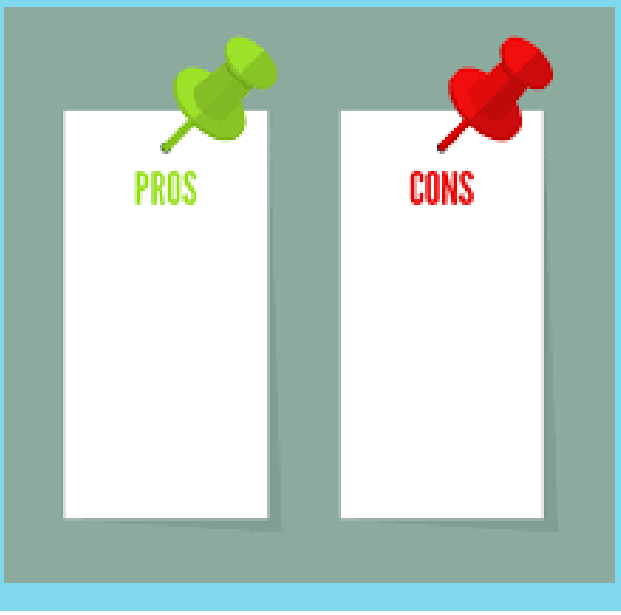
Quite shockingly, in those twenty years you could have missed CD's and DVD's coming and going and potentially card payments too!

Technology in services in 2021??

- Anyone still using the 2001 technology today?
- Can those who have access to 2021 technology imagine not having it?
- Do people in services feel they miss out?
- What is the impact on mental health?



I've been a service user for 17 years, so a lot of these changes have happened in that time, and I haven't completely missed out of it because I've been in the community for a while now.
Isolation is a massive thing that I think people who experience mental illness go through. Technology can be double edged- it can offer you a chance to connect and participate in the community, but it can also add to the isolation, spectating from the side-lines and seeing things you are missing out on.



We still use the brick phone here. We've also had no computers for over a year. I didn't access the internet for over a year. I can't do any shopping. I've missed courses run online. Very frustrating that we can't get on the computer. (This has been escalated within the service, requires large repairs and sits with organisation– staff also share frustration)

It's very important for services to include technology for recovery. Everything is online, talking to your friends and family even. I think it should be increased a bit more.

Could we do some lobbying about IT- All the patients have said there having to rely on staff to support them with IT but our IT service for the trust will not support our patients because they say it's not within their job remit.

Our IT department also says it is for staff, not for patients. And the problem with that is that all of us have found our own way with technology. Patients ask staff for help and they say, 'oh you do it like this' and then you ask if someone else is a 'Oh no you do it like that' and then they get confused. It needs a professional, consistent approach.

I think it's really important to feel that you've gotten IT support in here because I feel that it's very easy to get stuck and get really frustrated and it's so useful to, we have to pick up the phone and speak with somebody and say alright, this is what I need to do.

If IT is not your passion or your job, then it's hard to keep up with whatever is going on -we need that professional support. We're not experts in technology, so we need that support alongside to make sure that everybody is confident and comfortable. Service users and staff.

Your Technology SeQuIn Tool results due in December 2021 could help us shape the CQUIN for 2023 from NHSE—all around Technology Standards in Secure Services. See Technology Newsletter on our website for more information:

YH-Virtual-Network-Meeting-Newsletter-October-2021-Technology.pdf (yorkshireandhumberinvolvementnetwork.nhs.uk)

Outcomes and Impacts of Technological Inequality we heard from Interviews

TV is very much linked with like pop culture and what's out and about in society. So what we heard from one person is that they went to Primark shopping they we're really confused by a lot of the clothing items that they saw. The T shirts, the jumpers. They all had 'Stranger Things' branding and they had no idea what that was, so they felt isolated yet again by that shopping experience, because they're not had access to Netflix and the TV program that it was from.

Technology goes beyond just what you're watching on screen. It's everywhere in society and just to be mindful of that. People were saying that they no longer had things in common with their family and friends, so there were on PlayStation 4 game, whereas family were online gaming and onto something really new and exciting that they were not able to experience, and this led to no conversation in common because there were worlds apart and again from that relationships were not forming or repairing as easily as they could have been. People feel isolated and separate from people through lack of access.

We heard people were struggling with technology- that they couldn't use it, that they needed that help and support and that actually what it was doing was increasing that dependence on services and that institutionalization. Independence was lost because they needed that continuous support and that people were not feeling like they were fitting in with the community. That potentially could lead to like a relapse and a re-entry to services.

Technology has got so many more sociological impacts to it and service users are at risk of technological exclusion and technological inequality.

What we noticed on the advancing equalities journey…

- Service users don't necessarily connect with the word 'inequality'
- Staff have a unique perspective on service user inequalities
  - Access to money as an Example
  - Double Stigma for those with prison history and mental health
- 'Staff' as a theme came out of the Newsletter review and service user stories
  - numbers, availability, knowledge, experience, training
- What we heard is that Staff have an impact on patient experience

- **We would like to hear what staff think about service user experience and inequalities, and suggestions to improve day to day living**

The Staff perspective

- We also want to hear about your experiences of working in secure care and what barriers you may face in your working role
  - Not confident to discuss inequalities
  - You are not the right individual to take on a role but you see a gap
- *'A culture of inclusion is linked to high quality care'*

  Happy Staff = Better Patient Outcome

  (Dawson 2018, 'Diversity in the NHS')
- We know trust is key to have a diverse & happy workforce

- **We would like to hear your story, how inequalities impact working life**

Service users talk about their experiences or lack of or how bad things and complex things have been for them, but they don't necessarily see it as an inequality.

Staff have a perspective on that. From talking to staff while we've been setting up meetings, what we've heard is that they can give a unique perspective on inequality.
For example, staff were talking about the fact that people who come from prison don't get any benefits where other service users do- so automatically You've got an inequality and that leads to many complications on the ward in terms of borrowing /sharing.

They also talked about a double stigma. They saw that people with a prison history under mental health diagnosis were often and doubly stigmatized, whereas the services themselves might not necessarily see or feel it.
Staff have an impact on patient experience, positive and negative, so it's to be really mindful of the staffing that we do have and what our interactions on day to day basis bring up. What we do want to know is from staff and what they think about service, user experience and inequality. It's like we've said they've got that unique perspective and what suggestions they might have to improve day-to-day living.

We also want to hear about staff experiences of working in secure care, what barriers they face.
For example, what we hear is that staff don't feel confident to discuss inequalities or where there are gaps. They see them, but they don't feel that the right individuals take on that role.

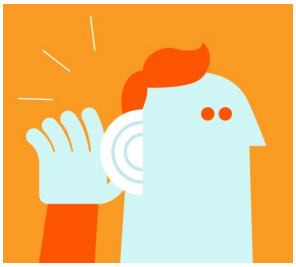
A culture of inclusion is linked to high quality care. So happy staff equals a better patient outcome.
We also know that trust is massive and when we don't have trust with our staff teams, this data isn’t collected. In order to have a diverse and happy workforce, we need to make sure that we're building trust with staff. And that we are also taking care of staff.

We need to support staff with lived experience and protected characteristics so they feel that they can be their authentic self and role model.

The service user and staff relationship is symbiotic. Inequalities need to be addressed for both.

Next Steps

Discuss findings so far with NHSE and PHE → Listen to more service user experiences

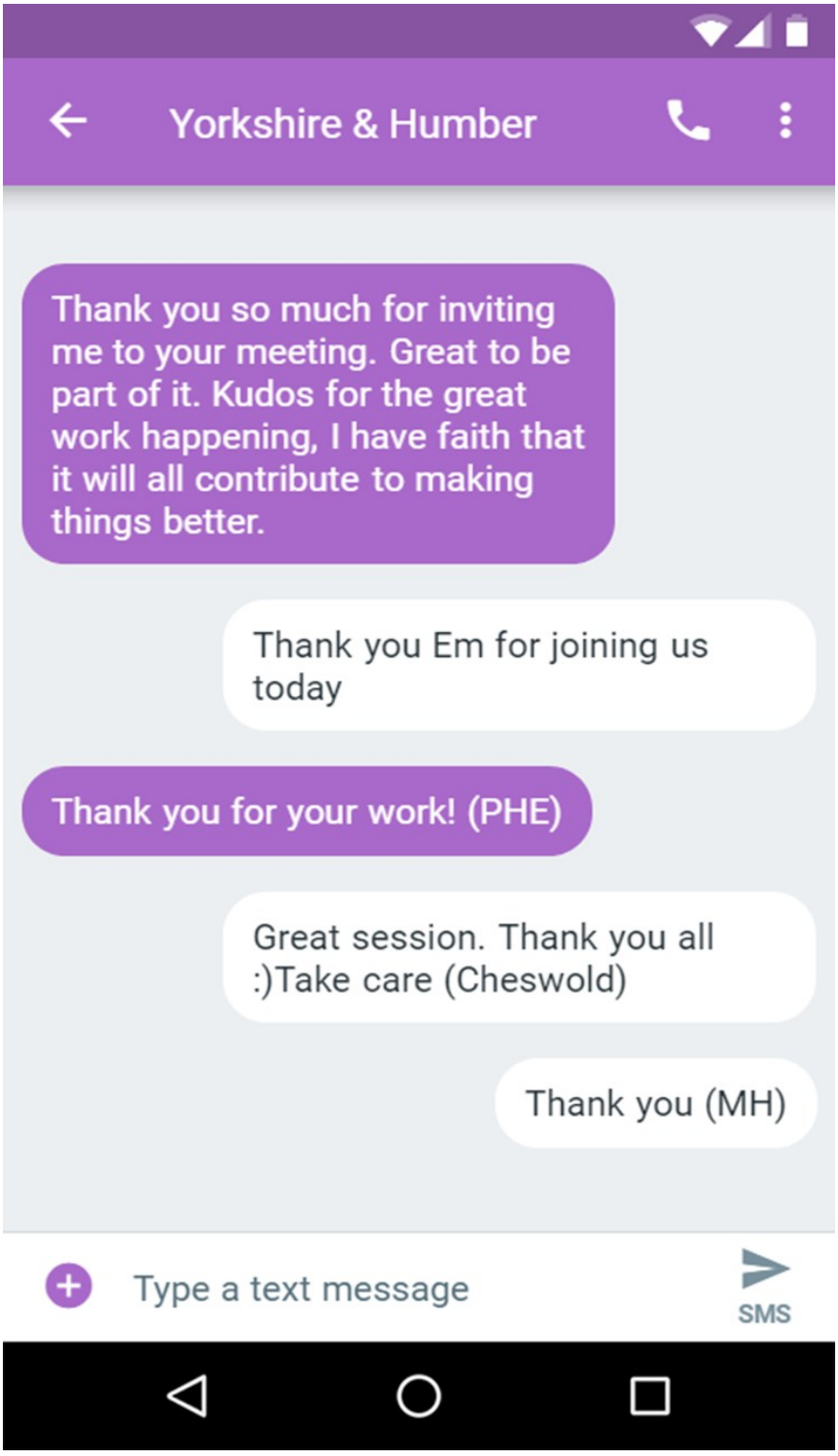


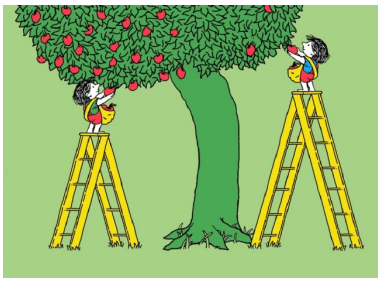
Hear from staff more formally → Collect SeQuIn Tool Data on Technology

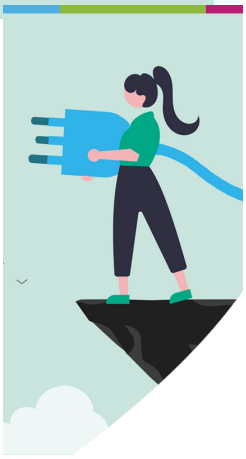
Work with the Provider Collaboratives → Write up what we have found

There's lots more work to do and that's why we're just going to carry on the conversations making sure we hear from service users and staff and have conversations with NHSE and the provider collaboratives so everything links up, so that people can have those light bulb moments to realise what inequalities people face, what impacts things are having on people and how we can make change!

This is really good work. I don't know what I thought would come out really from this project, and I kept a very open mind about what would be found. What discussion would come out. I'll be honest, I was naive around technology and how it feeds into so much. It's a big topic and I get it now; it is something I am going to take away from today. I think there is a lot more work to do, isn't there?! Matt Miles– NHSE







Yorkshire and Humber Newsletter

Do You like.....
Writing Articles?
Writing Poetry?
Arts and Crafts?
Then we need you!

Please note we will say in the newsletter who sent it in (first name and service) so if you would rather it was put anonymously then please let us know

We are Jo Charlotte & Holly- we work as Involvement Leads across all the secure services in Yorkshire and Humber and we create a newsletter so from all the motivating conversations we have at virtual Network meetings; so everyone can learn from & share ideas with each other – it is especially important to us to stay in contact in this way whilst meeting up at Sandal is not yet possible.

This newsletter is a great way to find out what is happening in other hospitals and shout about all the good things you do!!

Ask a member of staff to send your ideas in to us via email or access to our website below on the 'contact us' tab

Contact Holly, Jo or Charlotte for more information hnf-tr.involvement.network@nhs.net