



Herefordshire & Worcestershire CCGs

STP Mental Health Strategy

Engagement Evaluation Report

November 2019

On behalf of:

NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

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Executive Summary

Between 1 October 2019 until 12 November 2019 the Engagement Manager on behalf of the Herefordshire and Worcestershire Sustainability Transformation Partnership (STP), ran a survey and a series listening events to engage with the Herefordshire and Worcestershire populations, with the purpose of gaining their views on a new STP Mental Health Strategy.

192 people responded to the survey and 47 people attended a Listening Event. Respondents were asked to comment on the following three questions:

1. What do you think works well for people with a mental health condition in the area where you live?
2. What doesn't work well?
3. What do you think the mental health strategy should focus on?

The top three themes raised through the survey were:

Works well

- Praise for a specific / individual mental health service
- Ability to access the service
- The role or support of staff

Doesn't work well

- Access
- Shortages – staff and services
- Poor communication

Focus of the mental health strategy

- Improved access
- Early intervention
- Children and young people

Survey Demographics

The demographics of the survey respondents was varied. The majority (76%) of respondents who completed the survey were from Worcestershire. This figure correlates with the demographic spread of residents in each county. The youngest respondent was aged between 16 – 25 and the oldest was aged 85 and over. Of those who participated, 32.6% reported to be limited in their day to day activities due to health problems or disability. Over a third of respondents (34.4%) said that they had a disability. Respondents were mainly female (68.9%). There were no respondents who reported to be pregnant or were an expected parent. Only one (0.53%) person reported to be post-natal, having given birth in the last 26 weeks. The majority (80.2%) of those who completed the survey reported to be heterosexual. Most respondents stated that they not served in the armed forces, compared to 4.81% who stated that they had. 38.5% of people considered themselves to be a carer.

Listening Events

47 people (19 patients / carers and 28 staff / partners) attended one of four listening events. Sessions were held in Hereford and Worcester city centres between 23rd – 25th October 2019. Attendees were asked the same three questions, as those in the survey. Key themes raised in each session varied. Access, children and young people and thresholds were common themes.

Engagement Overview

Between 1 October 2019 until 12 November 2019 the Engagement Manager on behalf of the Herefordshire and Worcestershire Sustainability Transformation Partnership (STP), ran a survey and a series listening events to engage with the Herefordshire and Worcestershire populations, with the purpose of gaining their views on a new STP Mental Health Strategy. The purpose of this engagement report is to present the key findings from this engagement exercise.

Background

Mental health services have become a high-profile topic in recent years, with increased investment welcomed, but with it increased scrutiny. While there are national NHS strategies for the delivery of improved mental health services (we are currently in both the penultimate year of the Five Year Forward View for Mental Health and the first year of the newly published NHS Mental Health Implementation Plan 2019/20 – 2023/24), there is no current local Mental Health Strategy in place in either Worcestershire or Herefordshire.

It is therefore proposed to develop a local Herefordshire and Worcestershire STP Mental Health Strategy, to engage patients and stakeholders and provide a roadmap for how local service will be developed and improve over the next five years. This will lay out the plan for delivery of national strategy, while ensuring that local needs and variation within the two counties are considered in the delivery of these ambitions.

Context

Across Herefordshire and Worcestershire all local health and care organisations are committed to providing the best mental health care possible. We want mental health and wellbeing to be high on our local agenda, to ensure members of our communities are aware of mental health and to recognise issues in individuals, and to be able to support or signpost appropriately. When things get harder or more serious, we want our specialist services to be equipped to provide support as early as possible, with a focus and commitment to recovery.

Organisations across our two counties are working together in partnership to provide services which are safe, effective and sustainable. We think it is important for people to be able to get help and support as early as possible and to live healthy and independently for as long as they can. When more support is needed, we want people to be able to access services quickly, in the right place at the right time.

The Clinical Commissioning Groups (CCGs) in Herefordshire and Worcestershire are working on behalf of the Herefordshire and Worcestershire Sustainability Transformation Partnership (STP) to set out a Herefordshire and Worcestershire Mental Health Strategy. We are interested to speak with local people, staff and partners to better understand their views on mental health, so that we can ensure the new strategy meets the needs of local people. We are hoping to gain a greater understanding of what people think works well and where we need to make improvements.

The views received will build upon previous engagement work that has been carried out but will provide us with an opportunity to work with patients, stakeholders and the wider community to understand what more we need to consider. This is an opportunity to work together to shape our mental health strategy over the next few years, to ensure mental health awareness is embedded across our communities, and to develop new and existing services so that people can get the help they need to support them in their recovery. We plan to undertake more specific engagement exercises soon, allowing us to work together to coproduce solutions.

Survey Exercise Summary

Active Period	1 October – 12 November 2019
Reach	Appendix 1
Extended Reach	Those contacted were asked to share the survey link with their respective networks/contacts. The CCG disseminated the survey via social media and on their organisational websites. Hard copies were also available, for anyone requesting them.
No. of Respondents	192
Results Key	<p>Qualitative Questions</p> <ul style="list-style-type: none"> • Key themes have been established and listed. • Example verbatim comments are listed within the text. <p>Quantitative Questions</p> <ul style="list-style-type: none"> • The most prevalent answer has been highlighted in blue. <p>The survey questions can be found in Appendix 2.</p>
Interpretation of Results	The results have been reviewed and analysed by the Engagement Manager. It is acknowledged that this method is subjective and open to interpretation. The CCG Delivery Programme Manager has been supplied with all the result data and verbatim comments.

Survey Results

Question 1 – What do you think works well for people with a mental health condition in the area where you live? [this could be a service, a team, how to access information or help, or anything else that you think works well]

There were 181 responses to Question 1. The comments were varied and centred around nine key themes. The themes are listed below and are ranked in order of most mentioned within the comments (1 = most mentioned and 9 = least mentioned):

- | | |
|---|--|
| 1. Praise for a specific / individual mental health service | 5. Information given to the patient |
| 2. Ability to access the service | 6. Good communication practice |
| 3. The role or support of staff | 7. Support from the voluntary and community sector |
| 4. Advice and support from the GP practice or Primary Care | 8. Low level mental health services |
| | 9. Receiving the right support / care |

The top three themes have been explored further below:

Key Theme 1 - Praise for a specific / individual mental health service

There were various individual services that respondents thought worked well for people with a mental health condition. These included services such as:

- Lets Talk
- Healthy Minds
- Primary Care
- Mental Health Liaison
- Complex Needs
- Wellbeing Hub
- Oughton Project
- Cart Shed
- Primary Mental Health Service (PMHS),
- 'CAHT'
- GP
- Individual Placement and Support
- Employment Retention
- Child and Adolescent Mental Health Services (CAMHS)
- The Fold Care Farm
- Perinatal Mental Health Team
- Peer Support Groups
- Talking Groups
- Outdoor Therapy
- Day Care Stonebow Unit
- Crisis Intervention
- Community Wellbeing Café
- Local Authority Approved Mental Health Professionals (AMHP)
- Local Authority Deprivation of Liberty Safeguards (DoLs)
- Garage Art Group
- CBT Intervention
- Psychology Service
- Reach 4 Wellbeing
- Redditch Adult Mental Health Team
- Dementia Early Intervention Team.

On behalf of:

NHS Herefordshire CCG, NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

Examples of verbatim feedback received:

“The Cart Shed offers an effective service in Herefordshire, in the community. The team not only support individuals with their mental health but also all aspects/issues that may impact on it like housing, and benefits.”

“I think the wellbeing hub is a great place for information and help.”

“Our experience of CAHMS is of a caring and helpful service if only it wasn't so stretched.”

“The Healthy Minds service works well if people know about it but even then the funding it gets given mean services it offers are limited.”

Key Theme 2 - Ability to access the service

Numerous respondents thought that access to a service was good. Comments included praise for the following:

- Self-referral option
- Online and telephone support available
- Access to services via the Wellbeing Hub
- Quick response to referral
- Support available in the community
- 24/7 availability of the Crisis Team
- Prompt access to medication, when needed
- Quick access to information

Examples of verbatim feedback received:

“A quick response and a clear written assessment with recommendations.”

“Access to healthy minds online.”

“Quick access to gp services. Prompt action by the mental health team.”

“I am currently utilising the Lets Talk service and the ability to self refer was hugely beneficial and the sessions so far have been really good in terms of my needs.”

Key Theme 3 - The role or support of staff

The care and support received from staff, featured high in the comments of what people thought works well. Respondents praised various individual staff members and teams.

Examples of verbatim feedback received:

“Support from the Recovery team works well.”

“The crisis team are amazing at the stonebow unit. They're really helpful and actually listen to you.”

“The memory nurse service attached to Weobley Surgery.”

“The psychologist staff who provide the online Healthy Minds Service, seem patient and empathetic.”

Question 2 – What doesn't work well? [this could be a gap / lack of service, a team, how to access information or help, or anything else that you think that needs improvement]

There were 189 responses to Question 2. Comments centred around eight key themes. The themes are listed below and are ranked in order of most mentioned (1 = most mentioned and 8 = least mentioned):

- | | |
|-----------------------------------|--|
| 1. Access | 5. Specific service dissatisfaction |
| 2. Shortages – staff and services | 6. Patients 'falling between the gaps' |
| 3. Poor communication | 7. Dual diagnosis |
| 4. Poor information | 8. Joined up care |

The top three themes have been explored further below:

Key Theme 1 - Access

Many comments highlighted 'access' as being the area of highest concern. Nearly half of the comments received for Question 2 gave feedback about access. Waiting times and access for children and young people all gained the highest criticism.

Examples of verbatim feedback received:

Waiting times

“Difficult to access support in a quick and easy way, via GP takes for ever. Lack of available support. People who are struggling find it difficult to navigate process and procedure.”

“The time it takes to get help after initial contact. Having to wait eight weeks to see a G.P. to get initial signposting.”

“Huge wait for psychological therapies and impossible to get patients seen by a psychiatrist.”

Children and young people

“Long waiting times for young people 16-18 often falling between services due to their age and referrals into CAMHS /AMHS”

“Thresholds for CAMHS intervention are ridiculously high, meaning children in great distress are turned away.”

“Long waits for assessment especially with children.”

Key Theme 2 - Shortages – staff and services

Respondents reported various aspects of service where they felt there was a shortage of either staff or services. The following shortages were highlighted by respondents:

Staff

- Psychiatrists
- Psychologists
- Nurses
- Mental Health Liaison in A&E
- Mental health staff across the health system
- Secondary care service staff
- Consultants

Service

- Children and young people's services
- Voluntary and community sector
- Drop-in service
- Bed availability
- CAMHS out of hours
- Service for those with a personality disorder
- Complex childhood abuse service
- Service for those with a risk of sexual offending
- Early intervention service
- Services for those with a 'medium' mental health need (those who do not need low level support or crisis level care)
- Out of hours
- Outreach
- Recovery services
- Personality disorder support
- Services for those with a multiple diagnosis
- Services for those with multiple health needs

Examples of feedback:

“Lack of Mental Health Liaison in A&E departments overnight. Long waiting list for psychology. Long waiting list for CARS and Psychiatrist appointments Lack of bed availability when inpatient stay required Lack of CAMHS out of hours Lack of OAMH out of hours

“Staff retention within the Mental Health teams is a challenge.”

“Insufficient bed space. Insufficient out of hours provision. No real outreach work.”

“Secondary care services, understaffed and lots of staff turnover in community roles resulting in lack of continuity of care.”

Key Theme 3 - Poor communication

Some respondents gave examples of how they felt communication had been poor. Access and lack of information came across as the key areas of concern.

Examples of feedback:

“Access to information. No signposting. being passed from one organisation to another.”

“Poor access to information. Lack of information on self help and dealing with the cause.”

“I suffer from a lack of information on what is available.”

“Lack of information. Could do with a weekly drop in for people with mental health issues.”

On behalf of:

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Question 3 – What do you think the Mental Health Strategy should focus on?

There were 189 responses to Question 3. Respondents wanted the new strategy to focus on multiple areas. These are listed below.

Key Themes	
Access to talking therapies	Outreach
Appropriate services	Patient centred care
Assessible services	Patient empowerment
Back to basics caring	Peer support
Better reporting and monitoring of services	Prevention
Building resilience - staff	Primary Care
Building resilience - patients	Provide long term support
CAMHS service	Quicker diagnosis
Children and young people	Relapse - support and care for patients
Clear and understandable service pathways	Rapid response teams
Communication	Reducing stigma
Complex needs	Reducing gaps in care
Continuity of care	Reducing loneliness and isolation
Crisis - prevention	Reducing the reliance of the police service
Crisis - care	Retention and recruitment of staff
Dementia services	Secondary care
Early intervention	Seldom heard
Information for patients and carers	Self-care
Education	Self help
Employee health	Service development
Employment services	Service mapping in the community
Face to face appointments	Services for all ages
Faster waiting times	Services for people before crisis point
Following care plans	Services for people with autism
Funding opportunities	Services for those with multiple and / or complex needs
Getting the 'basics' right	Services in the community
Quality care	Severe mental health
Holistic care for the patient	Signposting
Homeless	Single point of assessment
Housing	Social prescribing
Improving Access to Psychological Therapies (IAPT)	Staff shortages
Assessment process - for patient	Staff wellbeing
Improved access to services	Staying well
Increase inpatient beds	Substance abuse
Increase number of staff	Suicide
Increase services in Herefordshire	Support for families
Increase treatment options	Support for GPs and Primary Care staff
Information - for patients and carers	Support for people returning to work

Joined up working	Support in the community
Listening to patients	Supporting and developing mental health practitioners
Local support	Supporting and developing staff
Medium level mental health support	Supporting people back into employment
Mental health promotion	Training for patients and carers
Multiple diagnosis	Transitions
Multiple health needs	Triage
Older people	Veterans
Ongoing support	Wellbeing
Out of hours	Wider range of therapies offered
Outdoor therapies	

Top five themes

The top five themes that received the most comments were:

1. Improved access
2. Early intervention
3. Children and young people
4. Prevention
5. Patient centred care

Examples of feedback:

Improved Access

“Easy quick access to the right support and enough of it.”

“Easier and quicker access to services.”

“Improving access to community-based mental health services and support, counselling, psychotherapy.”

“Access in a reasonable timeframe to all services.”

Early intervention

“Early intervention and enough staff to relieve police/a&e and others from responsibility except for reporting”

“Early intervention for any mental condition.”

“Early Intervention in Primary and Secondary Schools.”

“Early services. Catching people before they get too poorly. Early intervention as the public see it - take pre-emptive action.”

Children and young people

“Improving long term care & targeting young children at an early age.”

“Making support available, particularly for young people, much more quickly.”

“The strategy should focus on mental health support for CYP in schools, colleges, universities. There needs to be support for parents and coping mechanisms so that the child can stay within the family unit.”

“Younger children and support to parents.”

Prevention

“Prevention to stop mental health moving into crisis.”

“Prevention, education, self-help.”

“Staying well, prevention.”

“Prevention. Maintain good mental health alongside exercise healthy eating etc for all ages.”

Patient Centred Care

“Treating clients as individual human beings.”

“Helping the individual & getting them settled.”

“Individual needs. A good initial assessment and what the patient thinks they think would help and the opportunity to experience 1:1, support group, someone on the end of a phone, online community support etc.to see what they feels helps.”

“Using the time they have to focus on a plan of recovery specifically for patients on a one to one basis, rather than the textbook regime.”

Survey – Demographics

The demographic details of the 192 survey respondents were very varied. A summary of the respondents' demographics can be found in [Appendix 3](#).

Listening Events Exercise Summary

Active Period	<p>Wednesday 23 October 2019 – Warndon Hub, Worcester</p> <p>Thursday 24 October 2019 – Perdiswell Young People’s Leisure Club</p> <p>Friday 25 October 2019 AM – Hereford Town Hall</p> <p>Friday 25 October 2019 PM – Hereford Town Hall</p>
Reach	Appendix 1
Extended Reach	Those contacted were asked to share the survey link with their respective networks/contacts. The CCG disseminated details about the Listening Events via social media and on their organisational websites. The Delivery Programme Manager disseminated details to their staff and partner organization networks.
No. of attendees	47 (19 patients / carers and 28 staff / partners)
Interpretation of Results	The results have been reviewed and analysed by the Engagement Manager. It is acknowledged that this method is subjective and open to interpretation. The Delivery Programmed manager has been supplied with all the raw result data and verbatim comments.

Listening Event Feedback

The key themes from each listening session are listed below.

Key themes – Session 23/10/2019 Worcester – Staff and Partners

- Access – waiting times, thresholds
- Partners working together
- Voluntary sector – supporting them to be part of the system (e.g. longer contracts)
- Navigating the system / directory of service
- Person focused service (not just prescriptions and limited support)
- Added difficulty to get support if the person has a substance misuse issues, multiple diagnosis or is vulnerable (e.g. homeless)

Key themes – Session 24/10/2019 Worcester – Patients and Carers

- Access
- Carers support and training
- Services for children and young people
- Transitions

Key themes – Session 25/10/2019 AM Hereford – Staff and Partners

- Link between mental and physical health
- Different commissioning relationships with providers and partners
- VCS links and access and funding
- Thresholds for services and different levels of support (e.g. transitions and crisis)
- Rurality and farming communities

Key themes – Session 25/10/2019 PM Hereford – Patients and Public

- Access – thresholds and criteria
- Knowing about and finding the right service
- Transitions
- People focused Holistic approach (mental, physical health, addiction, accommodation etc)
- Drop in support
- Resilience as part of prevention

Recommendations

The Engagement Manager has made the following engagement recommendations:

1. **Continued Engagement** – Ensure that patients, carers, staff and partners have the opportunity to continually engage on the new STP Mental Health Strategy. Allow for regular sense checking, feedback and the opportunity to give their views.
2. **Co-production** – Ensure that patients, carers, staff and partners are able to co-produce ideas and solutions. Further co-production sessions should be held to enable people to be involved.
3. **Take note and engage deeper on the topics that have arisen** – Many of the themes that have arisen from the feedback are repeated throughout the survey. The Engagement Manager urges the project leads to take these themes into account when establishing the new strategy and recommends that further engagement work is done in order to obtain a greater understanding of the patient / public view and how these can shape a new service

Appendix

Appendix 1 – Survey Distribution List

Person or Group	Information Sent
Worcestershire Involvement Network	Survey Link and Information
Patient Advisory Group (PAG)	Survey Link and Information
Worcestershire Patient Participation Group (PPG) Lead Contacts	Survey Link and Information
Healthwatch Worcestershire	Survey Link and Information
Websites (Redditch and Bromsgrove CCG, Wyre Forest CCG, South Worcestershire CCG)	Survey Link and Information
Twitter (Redditch and Bromsgrove CCG, Wyre Forest CCG, South Worcestershire CCG)	Survey Link and Information
STP Comms and Engagement Group members	Survey Link and Information
One Hereford Network	Survey Link and Information
Herefordshire CCG patient and public newsletter	Survey Link and Information
Herefordshire CCG staff	Survey Link and Information
Worcestershire CCGs staff	Survey Link and Information
Public Health, Worcestershire	Survey Link and Information
Public Health, Herefordshire	Survey Link and Information
Wye Valley Trust	Survey Link and Information
Healthwatch Herefordshire	Survey Link and Information
Worcestershire Health and Care Trust	Survey Link and Information
2gether Trust	Survey Link and Information

Please note – this this is not exhaustive. In addition, those that have been contacted were encouraged to share the survey with their own groups and networks.

Appendix 2 – Survey Questions

1. What do you think works well for people with a mental health condition in the area where you live?
2. What doesn't work well?
3. What do you think the mental health strategy should focus on?

Appendix 3 – Demographics

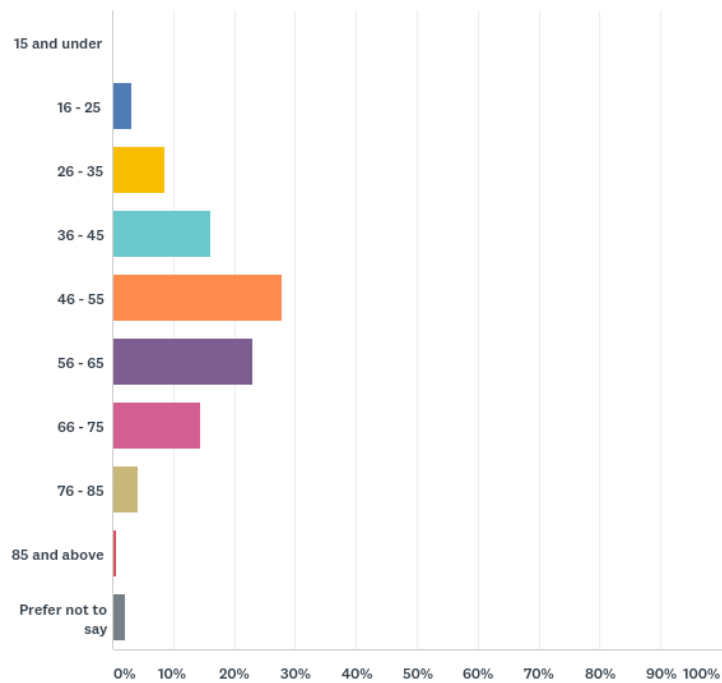
First part postcode

Answers	Count	Percentage %
HR1	18	9.73 %
WR11	11	5.95 %
HR4	11	5.95 %
WR1	10	5.41 %
HR2	10	5.41 %
WR5	9	4.86 %
DY10	9	4.86 %
WR3	9	4.86 %
DY11	9	4.86 %
B97	8	4.32 %
WR14	7	3.78 %
WR9	7	3.78 %
B61	6	3.24 %
HR6	5	2.70 %
WR4	5	2.70 %
WR2	5	2.70 %
B98	5	2.70 %
B60	4	2.16 %
DY12	4	2.16 %
DY9	4	2.16 %
DY13	3	1.62 %
HR9	3	1.62 %
<i>Answered question</i>		185
<i>Skipped question (of those who were eligible to answer)</i>		7

The majority (76%) of respondents who completed the survey were from Worcestershire. This figure correlates with the demographics of patient numbers in each county (overleaf).

Patients per CCG area	Count	Percentage %
Herefordshire CCG population	189,300	24.01 %
Redditch and Bromsgrove CCG population	170,000	21.57 %
South Worcestershire CCG population	313,000	39.71 %
Wyre Forest CCG population	116,000	14.72 %
	<i>Total</i>	779,300

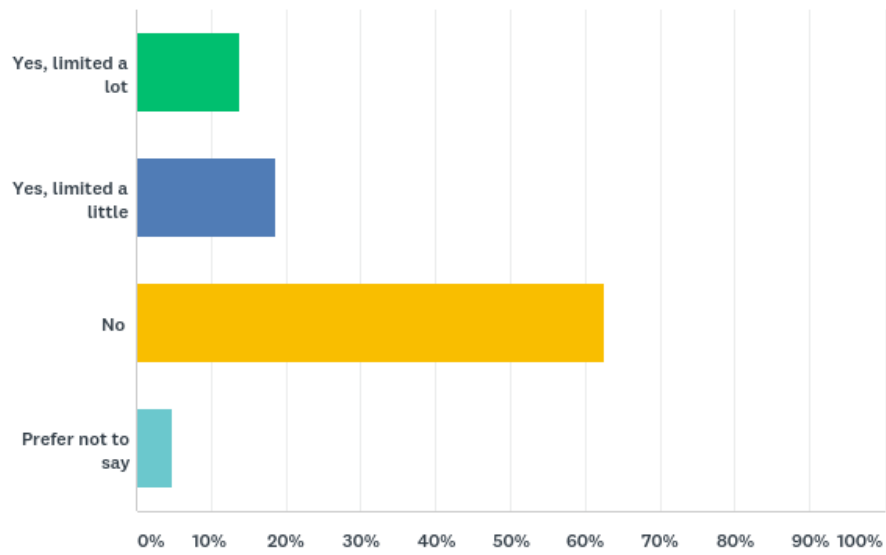
Age



Age Group	Count	Percentage %
15 and under	0	0.00%
16 - 25	6	3.21%
26 - 35	16	8.56%
36 - 45	30	16.04%
46 - 55	52	27.81%
56 - 65	43	22.99%
66 - 75	27	14.44%
76 - 85	8	4.28%
85 and above	1	0.53%
Prefer not to say	4	2.14%
	<i>Total</i>	187
	<i>Skipped</i>	5

The highest age group of respondents (52, 27.81%) were those aged between 46 – 55.

Day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months

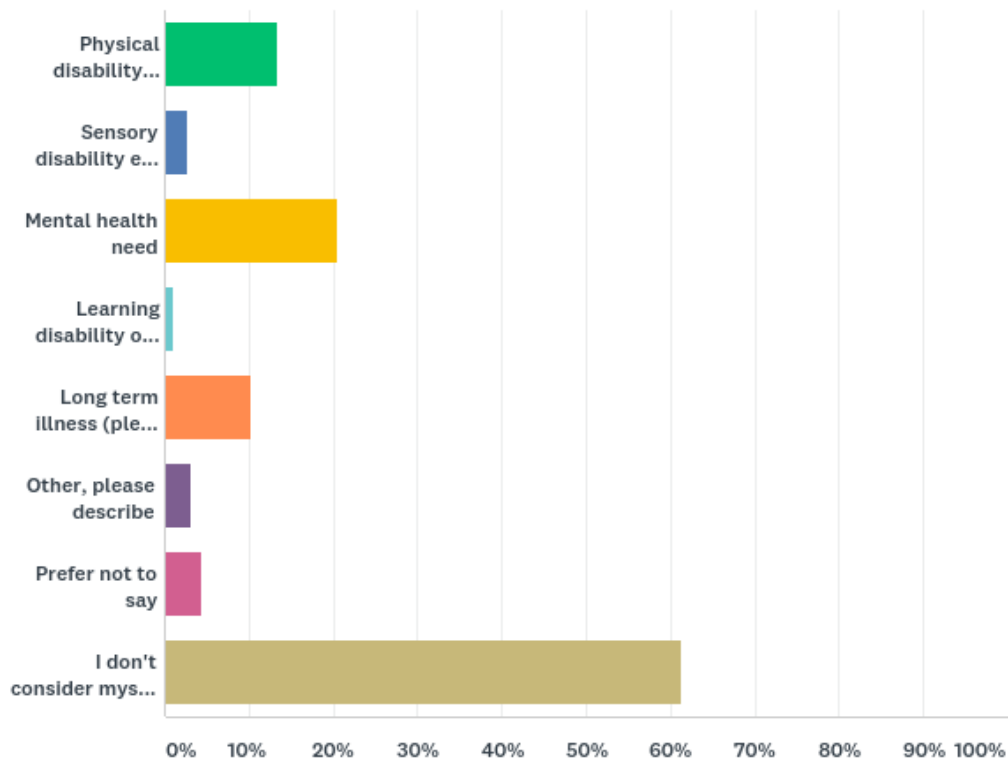


Age Group	Count	Percentage %
Yes, limited a lot	26	13.90%
Yes, limited a little	35	18.72%
No	117	62.57%
Prefer not to say	9	4.81%
	<i>Total</i>	187
	<i>Skipped</i>	5

The majority of respondents (117, 62.57%) stated that their day-to-day activities were not limited because of a health problem or disability.

Disability

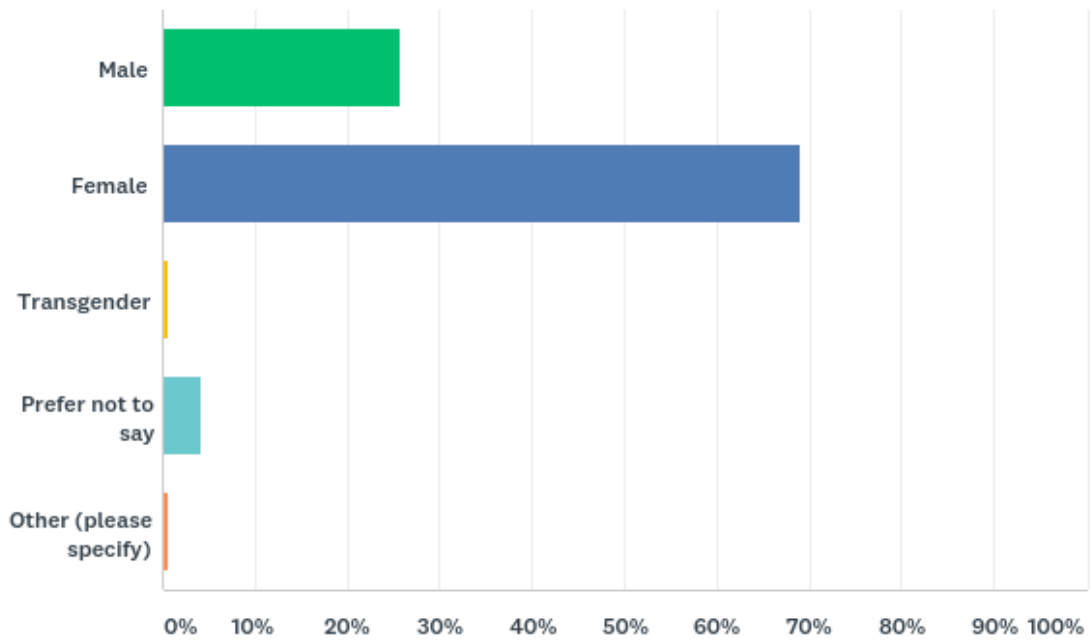
The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities.



Age Group	Count	Percentage %
Physical disability (please describe)	25	13.44%
Sensory disability e.g. Deaf, hard of hearing, Blind, visually impaired (please describe)	5	2.69%
Mental health need	38	20.43%
Learning disability or difficulty	2	1.08%
Long term illness (please describe)	19	10.22%
Other, please describe	6	3.23%
Prefer not to say	8	4.30%
I don't consider myself to have a disability	114	61.29%
	<i>Total</i>	186
	<i>Skipped</i>	6

The majority of respondents (114, 61.29%) did not consider themselves to have a disability. Of those that did report to have a disability, 20.43% (38) stated that they had a mental health need.

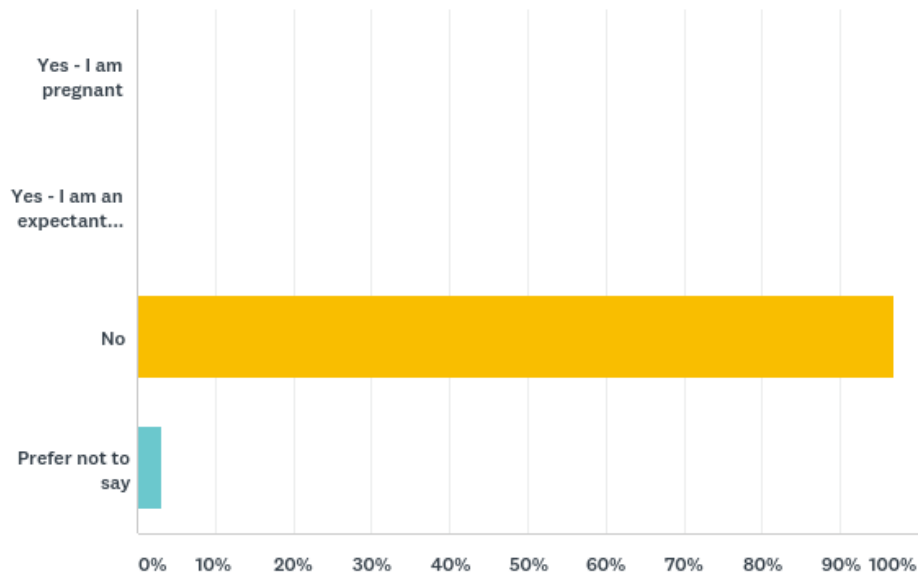
Gender identity



Gender Identity	Count	Percentage %
Male	48	25.67%
Female	129	68.98%
Transgender	1	0.53%
Prefer not to say	8	4.28%
Other (please specify)	1	0.53%
	<i>Total</i>	187
	<i>Skipped</i>	5

Most respondents (129, 68.98%) advised that they were female.

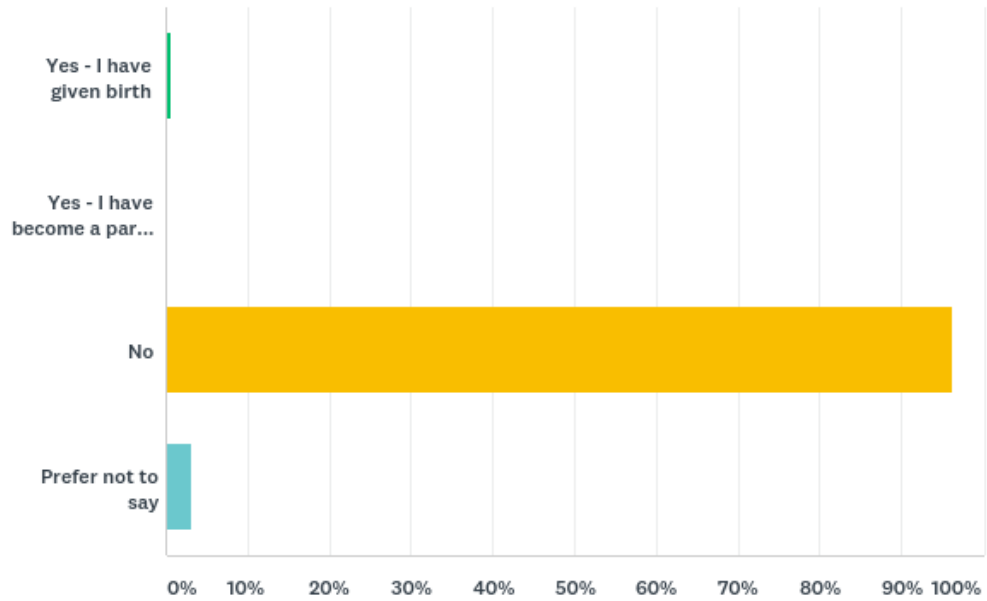
Pregnant or are the parent of an expectant child



Answer	Count	Percentage %
Yes - I am pregnant	0	0.00%
Yes - I am an expectant parent	0	0.00%
No	181	96.79%
Prefer not to say	6	3.21%
	<i>Total</i>	187
	<i>Skipped</i>	5

None of the respondents (0%) reported to be pregnant or an expectant parent.

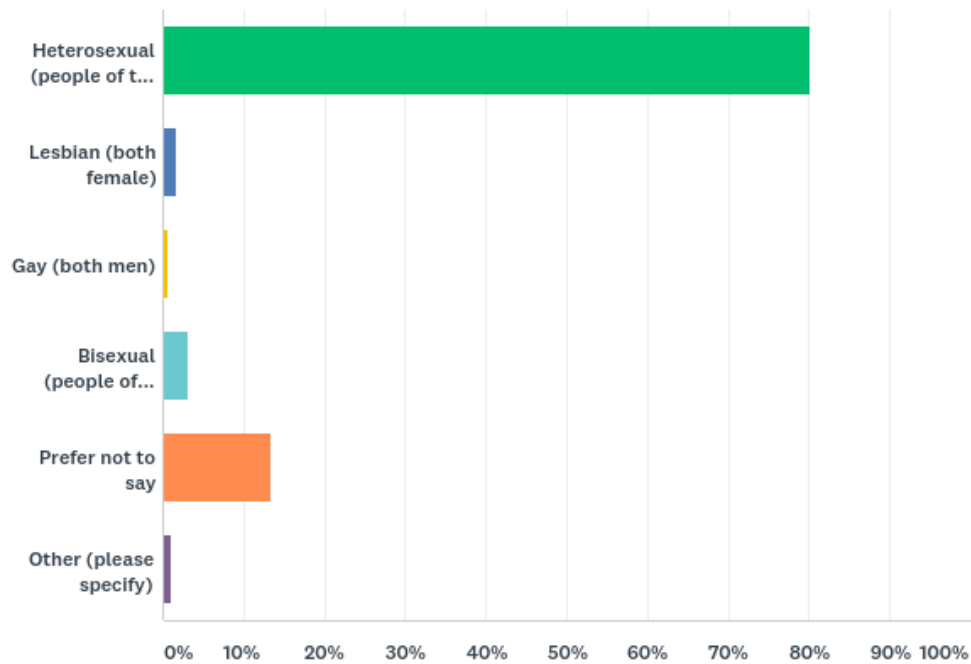
Recently given birth or have become a parent to a newborn baby (within the last 26 weeks)



Answer	Count	Percentage %
Yes - I have given birth	1	0.53%
Yes - I have become a parent to a newborn baby	0	0%
No	180	96.26%
Prefer not to say	6	3.21%
	<i>Total</i>	187
	<i>Skipped</i>	5

Most people who completed the survey stated that they had not recent given birth or had become the parent of a newborn baby.

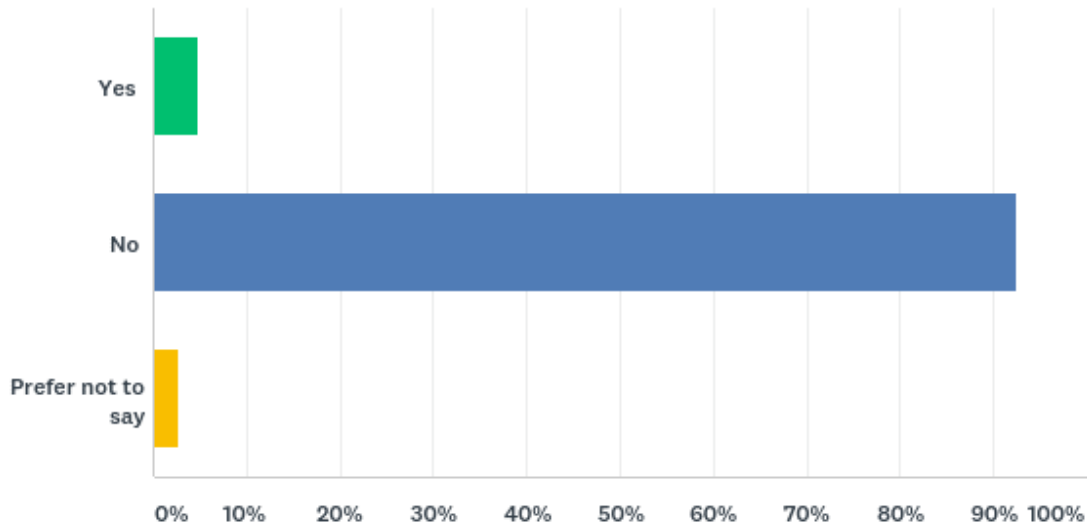
Sexual orientation



Answer	Count	Percentage %
Heterosexual (people of the opposite sex)	150	80.21%
Lesbian (both female)	3	1.60%
Gay (both men)	1	0.53%
Bisexual (people of either sex)	6	3.21%
Prefer not to say	25	13.37%
Other (please specify)	2	1.07%
	<i>Total</i>	187
	<i>Skipped</i>	5

Most respondents (150, 80.21%) stated that they were heterosexual.

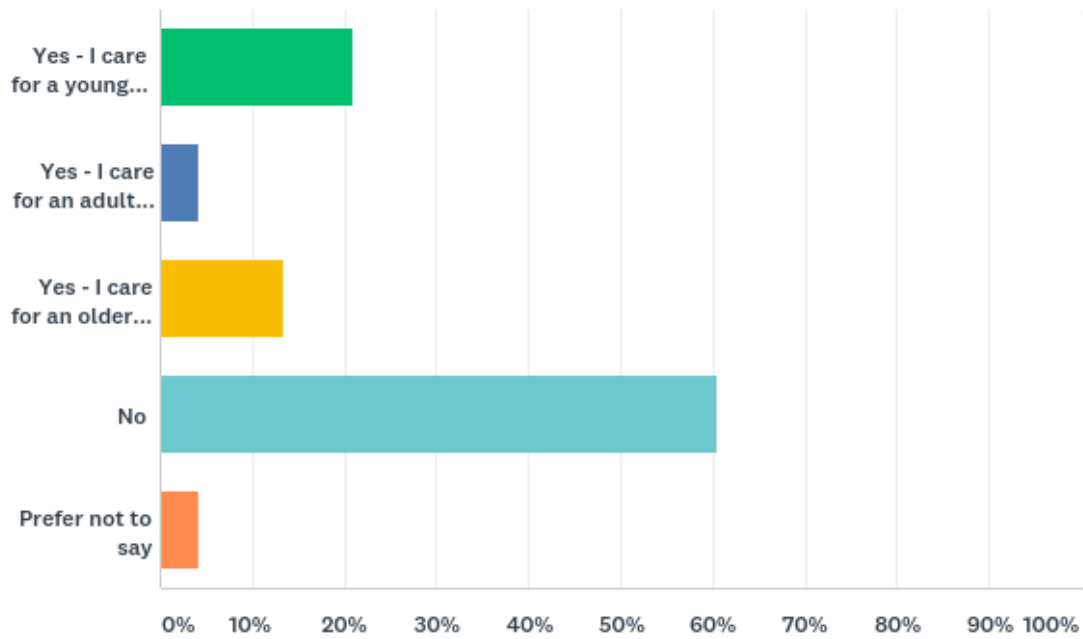
Serviced in the armed services



Answer	Count	Percentage %
Yes	9	4.81%
No	173	92.51%
Prefer not to say	5	2.67%
<i>Total</i>		187
<i>Skipped</i>		5

Only 4.81% (9) of respondents reported to have served in the armed services.

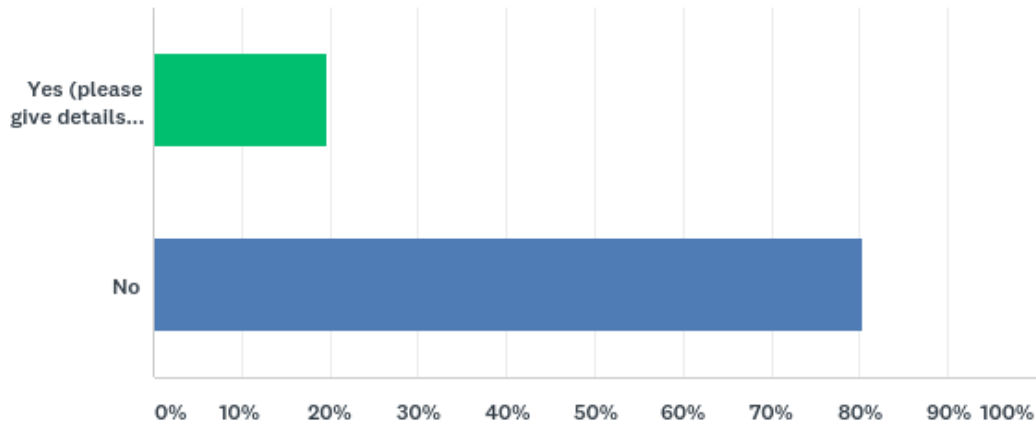
Carer status



Answer	Count	Percentage %
Yes - I care for a young person(s) aged between 0 – 24	39	20.86%
Yes - I care for an adult(s) aged between 25 – 49	8	4.28%
Yes - I care for an older person(s) aged over 50	25	13.37%
No	113	60.43%
Prefer not to say	8	4.28%
	<i>Total</i>	<i>187</i>
	<i>Skipped</i>	<i>5</i>

The majority (113, 360.43%) of respondents stated that they did not care for anyone.

Answering this survey on behalf of a staff group or organisation



Answer	Count	Percentage %
Yes (please give details below)	36	19.67%
No	147	80.33%
	<i>Total</i>	183
	<i>Skipped</i>	9

36 people (19.67%) reported to have answered the survey on behalf of an organisation. The organisations that gave their views were:

Organisations	
Age UK H&W	Mental Health
Alton Street Surgery / South and West PCN	NHS Herefordshire Mental Health & Learning Disability Service
Bromsgrove and Redditch Councils	North Worcestershire Basement Projects
Carers	Occupational Therapy - The Cart Shed Charity
Children's Services, Herefordshire	Our Way Self Advocacy
Citizens Advice	Ombersley Medical Practice Patient Participation Group
Elgar House Surgery	Simply Limitless
FE College	Social services adult's locality team
Garage Art Group in Evesham	The Fold Care Farm
Heart of Worcestershire College	Voluntary and Community Sector provider
Herefordshire mental health services	Worcester City Council
Herefordshire Council, Adult Social Care	Worcestershire Acute Hospitals
Unspecified GP surgery	Worcestershire County Council Adult Learning
Maggs Day Centre	Worcestershire Health and Care NHS Trust
Marches Counselling Service	Wyre Forest District Council