



# Arts, Health and Wellbeing Centre Showcase Event @City Campus, GL1 1RP 5th November 2025, 2 to 4.30pm



## The Arts Health & Wellbeing Centre

# Our Vision

Facilitating ground-breaking research that will support practice innovation and improvement, and the application of the latest health technologies

Making the most of pioneering health and wellbeing approaches, and delivering intervention-based projects that test and improve outcomes and quality of care

Providing current and future health and social care workforce, people and communitis in Gloucestershire with exceptional and creative learning and training opportunities



## Our journey so far

23 Small grants allocated for research & evaluation

**6 Funded PHD Students** 

5 Cohorts – Research, Evaluation & Audit Module (approx. 60 staff)

Business case approved
Creative Health Clinics run
by Creative Health
Consortia – Jan 2026

Launched Professional
Doctorate, Health & Social
Care – 3 Allied Health
Professionals

AHWC Learning Offers – 6 workshops (Sept to Dec 25)

Launch of Risking Happiness 2 Film

Risking Happiness 2 - Reckless Kettle

Dementia Education Training Films

https://youtu.be/ta96PrIA-VE



#### The 10 Year Health Plan

- The 10 Year Health Plan for England was published in early July 2025
- The Plan describes a vision for health, based around the 3 shifts:
  - Hospital to community
  - Analogue to digital
  - Sickness to prevention





#### What Next?



- More dates for workshops in 2026, increase range & variety
- Work up content for a 5 day module in creative health
- Creative Health clinics commence January 2026
- Develop immersive experiences to respond to health and wellbeing needs
- Round 3 of small grants but focus on research evidence into practice and delivery within AHWC
- Developing our linkages with BNSSG ICB's research team as part of cluster working





Embedding an evaluation culture within a Primary Care Network to support the development of a Frailty Integrated Neighbourhood Team

Rachel Merrit, Business Manager, North and South Gloucester Primary Care Network



# Matter of Focus training



Date	Workshop title	Content
20 <sup>th</sup> November 2024	Context Mapping and Success Stories (2 hours)	Understanding the context of our work and what helps/hinders its delivery
11 <sup>th</sup> December 2024	Outcome Mapping (2 hours)	Developing an outcome map for our Falls Prevention Project
7 <sup>th</sup> January 2025	OutNav Orientation Session (1 hours)	An introduction to Matter of Focus' software for reporting on our project
15 <sup>th</sup> January 2025	Data Audit and Gaps (2 hours)	Reviewing the data we will be collecting and addressing any gaps

#### Attended by:

#### **NSG PCN Staff:**

- Clinical Director
- Business Manager
- Operations Manager
- Project Manager
- 2 x Frailty Nurses
- Occupational Therapist
- 3 x Care Coordinators
- Social Prescribing Link Worker

#### **Practice staff:**

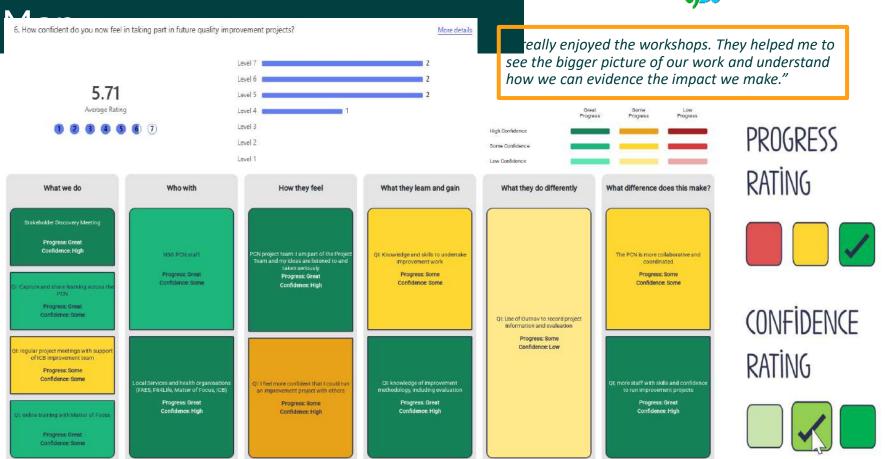
- 2 x Practice Managers
- **GP**
- HCA
- 3 x Administrators

#### **External attendees:**

- Active Gloucestershire Senior Project Officer
- Fit For Life
- Gloucestershire ICB Improvement Community Programme Manager
- Gloucestershire ICB Project Manager (MSK, Pain and Falls CPGs)

## OutNav Project Outcome





# Community Events



#### Three community events held at the start of 2025

Stallholders included FAES, Adult Education, Carers Hub, Fire Service, Healthy Lifestyles, Alzheimer's Society, Parkinson's UK, and local community groups

"Good to see so many people interested in their wellbeing in the area helping themselves"

"Lots of interesting information and smiley people"





Following the events, 70% of patients said they knew which services were there to support them if they have a fall.

58% of patients were planning to make changes in their lifestyle, including; exercise/strength and balance, diet, adaptation to the home.









# Falls Pathway

North and South Gloucester
Primary Care Network

Weekly Patient Search from Falls Coding Protocol



Search results to Frailty Care
Coordinator for review



Discuss Case List with Frailty Team at Monday Morning MDT Meeting



#### Given Self Management Information

Simple Trip No Injury

Send Text with link to Self Mgt and Wellbeing Information

### Referral to Falls Clinic

Refer patients with >2 Falls in the last 6 months

Frailty Team to refer directly

Contact patient to advise referral made

#### \*Referral to Pharmacist for SMR

If meets 1 of the following criteria:

Hypotension, or >8 Oral meds, or >2 Pain meds

Only 1 SMR per clinic (20 minutes)

Phone Patient to inform Send confirmation letter

#### Referral to ICT Service

CC@H Physio OT Reablement

For short term support to recover from illness or injury

(eg, broken arm after simple fall with no long term contributing conditions)

#### Referral to Living Well Team

Frailty Team input

Frailty Nurse review OT review

Onward referral to Practice Care Coordinator or Social Prescribe as required

#### \*\*Referred to own GP for clinical review

Multiple chronic conditions

No recent GP review

Multifactorial fall

# Falls Pathway - Data



Since July 2025, 333 different patients have been reviewed following the addition of a falls code to their patient record.

80% of patients did not require input, with 29% currently under the care of our Frailty Team when coded.

20 new patients have been referred to our Frailty Team

2 to their GP

2 to the Falls Clinic and ICT services

2 for a Structured Medication Review with a Pharmacist

## Pat's Story





- 78 years old, lives alone in a 2 storey property, supported by family who live nearby
- Arthritis, chronic pain, CKD, PMR
- A fall in 2023 fractured wrist
- Fall in August 2024 resulting in a hospital admission
- Community OT: Stair rails, wheeled trolley for indoors, stick walking stick for outdoors. But her mobility is worsening
- Loss of confidence and fear of falling, stopped going to church and seeing friends

## Pat's Story



#### Pat attended the Live Longer Better event:

- met some friends who she hadn't seen for a while
- had coffee, met new people and visited lots of stalls
- had a blood pressure check
- she booked a medication review with the PCN Pharmacy Team
- PCN Frailty team will visit her in her home
- Pat has arranged to attend a strength and balance class with her friends
- She arranged for the Fire Brigade to visit her to carry out a home fire safety check.

Her family are amazed by the change overnight!

'She was animated, went to church. Looking forward to strength and balance with friends; may go to the Whittle afterwards!'

'What's happened to Nan?'







Kim Tiffney, Operational Lead
Specialist Community Perinatal Mental Health
Team and the Birth Anxiety and Trauma
Service (previously MMHS)
Gloucestershire Health and Care NHS

Gloucestershire Health and Care NHS
Foundation Trust

working together | always improving | respectful and kind | making a difference



## **Background**

Women who have mental health problems during pregnancy or in the first year after giving birth (the perinatal period) can face challenges in seeking professional help.

Previous research has found the problem is more pronounced for women from Black African, Asian and White Other backgrounds.

They had poorer access to services in the community than White British women.

They were also more likely to be detained in hospital (involuntary admission) for severe problems requiring urgent treatment.





## **Project Aim & Scope**

**Aim:** To improve access to and experience of the perinatal pathway for South Asian women during the perinatal period.

**Project Scope**: First targeting South Asian Women living in Gloucester (Barton/Tredworth neighbourhoods)





#### **Methodology**

A structured Quality Improvement (QI) approach has been used to understand the problem by involving the right people, gathering and understanding data, testing ideas in a structured way, all to bring about measurable improvement.

Quality Improvement training has been facilitated by a QI Lead.

Monthly project group meetings/QI training sessions have been held from Autumn 2024 to date.

"Quality improvement is about giving the people closest to issues affecting quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement."

**The Health Foundation 2021** 





## **Our Project Team**

#### **Project Team**

Kim Tiffney (Project Lead), Tanya Stacey (QI Lead), Amber Takle-Webb (QI Practitioner), Martyn Price (Project Manager), Suemyya Vaid, Sumaiya Patel, Fajeela Patel, Nafla Nazreen, Badiee Alkhatib, (all Community Outreach Workers), Michelle Jose (Health Visitor), Kay Davis (Midwife)







#### What we have done

- Visited Elders Groups and Lads and Dads to raise awareness across generations
- Visted the Jamal Al Karim Mosque and engaged with community leaders
- Attended various engagement events including the Moomins Picnic,
   Jamaica Day, Big Health Day and Health Checks at the Mosque
- Visited Al Ashraf Primary and Nursery and attended the school fete
- Joined the ICB Bus in Asda and Gloucester Cross
- Visited Nelson's Trust Daughter volunteers now
- Arranged an Engagement Event at the Friendship Café with representation from across the perinatal pathway in Gloucestershire





#### **Gloucestershire Health and Care**

**NHS Foundation Trust** 



Raising Awareness at Asda, Gloucester





### Findings (1)

#### Learning from patients' and carers' feedback

Members of ethnic minority groups articulated that when completing feedback, they often tick they are white British, this is for two reasons:

- 1. They feel they will be personally identified if they put their true ethnicity.
- 2. They feel their feedback is taken more seriously if they say they are White British

We need to consider how we address the above so that we can reliably understand and address differences in experiences.





#### **Gloucestershire Health and Care**

**NHS Foundation Trust** 







# Findings (2)

#### Learning linked to accessibility of services

- There is an assumption that if someone verbally speaks a language, they can read that language.
- There is an assumption that interpreted letters read well, but complex language cannot be translated easily, and there may not be appropriate words in the translated language for mental health. Letters are sometimes not actually understandable.
- Quality of interpreters is variable
- There is a fear linked to obtaining/retaining visas to remain in the UK.
   This fear drives some individuals to say that English is their first language.
- Lack of trust and fear about children being taken into care





#### ARE YOU PLANNING, EXPECTING, OR HAD A BABY RECENTLY?

Join us at our event to get information, advice, and support.

# SATURDAY, 27TH OF SEPTEMBER 2025

#### 1.00pm-4.00pm

FRIENDSHIP CAFÉ @ CHEQUERS BRIDGE, GLOUCESTER GL4 6PR

What you'll find at the event:

- √keeping well in pregnancy
- √Having a positive birth
- √ Wellbeing following birth
- √your parenting journey
- √ Visit our stands for information & guidance
- √Interpreters in Urdu, Gujarati, Tamil, Arabic & Sylheti

Light Refreshments available

TO BOOK, CONTACT OUR COMMUNITY OUTREACH TEAM:

FAJEELA+44 7574 424975

NAFLA-+447913029825









# Findings (3)

#### **Cultural Competency Theme**

- Respecting appropriate clothing when entering someone's home.
   Dressing culturally inappropriately for the family you are visiting can lead to barriers for male family members who may want to contribute.
- Health professionals should find out information about cultural norms themselves, prior to a home visit (e.g. by using Google), as it takes energy for the patient to educate professionals on cultural questions. Consequently, the patient may have less energy for the appointment itself.
- Being aware of complexities within households of the immediate family, for example, in-laws, it is deemed disrespectful to go against what inlaws are advising.







Community Engagement Event held on Saturday 27<sup>th</sup> September 2025 at the Friendship Café, Barton





## Challenges encountered

- Competing demands and priorities reduced engagement from other services
- Key performance indicators tend to focus on numbers rather than quality of services
- Stigma about mental health is still a huge issue and the current social climate is contributing to increased negative experiences for Muslim women
- Capacity and time required to break down barriers, build trust and make sustained progress
- Lack of commitment long term with substantive contracts and funding





#### **Next Steps**

- Set up a focus group with community midwifes to get their views and feedback as they have not been able to attend project group meetings
- Obtain data from our trust's Talking Therapies Service in terms of how many people from the South Asian community access their service, and how accessible they find the online referral form.
- Set up focus groups to develop a cultural competency resource pack for professionals
- Review learning from the community engagement event which was held at the Friendship Café in Barton at the end of September
- Ongoing community engagement to raise awareness of perinatal mental health and support available
- Feedback to the Trust through PCREF, Improving Care Group





# Thank you









# Barriers to accessing free or low-cost talking therapies for disabled people in Gloucestershire

Debbie Worral, Research Health & Wellbeing Manager
And Harriet Roberts, Research Coordinator
LeDeR Project Coordinator, Inclusion Gloucestershire



# Background



# Inclusion Gloucestershire October 2022 Big Survey

- Worries and pressures associated with being disabled impacted on mental health
- Over half worried about accessing support for mental health
- One to one talking therapy preferred
- Barriers included lack of appropriate services



# Aims



What are the barriers to accessing free or low-cost talking therapies for disabled people in Gloucestershire?

What services are available?

Based on participants experiences, what recommendations do we have to make accessing these services more equal for disabled people?



# Method



#### Semi structured interviews

- Aged 18 or over
- Disabled Living in Gloucestershire
- Used or attempted to use a free or low-cost talking therapy within the past 5 years in Gloucestershire.

User led by experts with lived experience of disability/receiving support from talking therapy services.



# Findings



Providing reasonable adjustments

Treating disability as important in therapy



The impact of living with a disability

# Providing Reasonable Adjustments

- People were not asked about their disability or reasonable adjustments
- Being refused reasonable adjustments or the service could not provide them.
- Disability requirements were not made despite individuals requesting adaptations to the way the service was provided to them.

# Providing Reasonable Adjustments



- People were not able to receive a service or the same standard of service that everyone else does due to their diagnosis.
- Therapists not experienced or qualified to work with someone with their disability

# Providing Reasonable Adjustments

- Being refused a service due to an (inactive) serious mental illness
- Difficulty accessing a service that met their needs, they were either left with no suitable service or gave up trying.
- The criteria outlined for people to access talking therapies isn't always clear.

# Treating disability as important in therapy

- Very little or no time spent talking about their disability/reasonable adjustments
- Not sharing disability or reasonable adjustment information with people taking over their therapy
- Therapists forgetting about someone had a disability
- Presumptions/limiting beliefs or unrealistic expectations of patients

# The impact of living with a disability

Therapists appeared to not believe the participants experience of living with their condition

Inability to accommodate transport barriers



 Having a low income meaning that even income related/low cost therapy is unaffordable



# Outcomes



- Findings shared at Partnership Boards, Clinical Programme Groups, and with Talking Therapy Providers and Commissioners
- Held a coffee morning with a variety of services to share the research and see what they can do to help
- Some Talking Therapy Providers to review training programmes to ensure diversity and difference is fully inclusive of disability and increase training of therapists
- We will review the actions shared with us after 3 months.





You can read the full report on our website:

https://www.inclusiongloucestershire.co.uk/

research-strategy-and-partnerships/

Any questions?

# **Break and viewing of posters**



