



A Public Consultation on Secondary Mental Health services in Sandwell

Redesigning further improvements to secondary
mental health services for both Adults and Older
Adults in Sandwell.

Consultation period 2nd December 2013
to 28th February 2014.

If you live in Sandwell and are interested in the future of local mental health services do take the time to:

- Read this consultation document
- Come to one of our consultation events
- Comment on our proposals



Black Country Foundation NHS Foundation Trust (BCPFT)

is the local Secondary NHS Foundation Trust (organisation) that provides secondary mental health services for Sandwell and Wolverhampton. This document and consultation ONLY relates to Sandwell.

Sandwell and West Birmingham Clinical Commissioning Group (CCG)

is the local NHS body responsible for commissioning health care services and improving people's health and well-being across Sandwell. It also takes an overview of primary care services (including GPs and pharmacists) and directly provides a number of community-based services.

Sandwell Adult Social Care

is the directorate of Sandwell Borough Council which deals with the Council's social services responsibilities for adults and their carers.

"Changing our Lives"

has been commissioned by BCPFT to assist people with mental health problems, together with their families and supporters, to participate in this consultation process and in the planning and implementation of its outcome.

Let us know what you think about our proposals by completing the response form at the end of this document.

Or you can:

- Access the response form online at: <https://www.surveymonkey.com/s/BCPFTMentalHealthPublicConsultation>
- Email us at: nhs.consultation@bcpft.nhs.uk
- Telephone your response to 0121 612 8126
- Come to one of our consultation events

(visit www.bcpft.nhs.uk, or call 0121 612 8126 for details, locations, dates and times of events.)

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Foreword

Mental health services in Sandwell have changed significantly for the better over the last few years. We have seen great improvements in the way people are treated for more severe mental health problems, in addition to a general increased focus and subsequent investment in community services as an alternative to treatment in hospital settings.

This consultation takes that journey one further step down the road to modern, effective mental health services. It asks you to consider changes in both adult and older adult secondary mental health services to improve their quality and to make them fit for purpose, given the NHS England drive and that of BCPFT to develop community services to reduce the reliance on inpatient settings in the future.

This will also enable us to make best use of the available money and allow further investment in modern community services.

The proposals in this document aim to balance the need for more care in the community with the needs of people who really do require a spell in an inpatient setting.

This consultation is only part of the story. We know from what people have told us that there are many other developments that they want to see. Following on from this formal consultation, we will work with carers, service users and other stakeholders to develop a longer term strategy for Sandwell's Secondary mental health services.

We want to do more to promote Secondary mental health services in the community and in doing so make people comfortable with mental health as a growing factor in people's lives today and in turn help in reducing stigma.

We will also want to explore the development of some more specialist services. We are sure that, through genuine partnerships (for instance Probation, Police, Local Authority through to the VCS), we can build on what has already been established in order to achieve the highest possible standards for our Borough's Secondary mental health service.

This direction has been co-produced with Sandwell and West Birmingham's CCG (our Commissioner for services). We welcome your views on this consultation and urge as many of you as possible to have your say as we need to know if we're headed in the right direction.

Thank you for reading this document and responding to the consultation. We will take your views into account and will publish a summary of the comments we have received, showing how those influenced our decisions, after the consultation has finished.

Debbie Mason, Divisional Director for Mental Health

What this consultation is about:

Over the last decade or so Secondary mental health services have been changing significantly and at pace within the Trust responding to Primary Care and now newly emerging Clinical Commissioning Group (CCG) priorities, which have reflected the needs of the local population. The work of our staff in these services has changed, so that today:

- More care is provided in, or closer to, a person's own home.
- Support, treatment and intervention can be provided as early as possible in the care pathway.
- Care is tailored to take more account of the individual's own needs and wishes where at all feasible and clinically appropriate.
- We have better access to modern medication.
- Professionals from health, social care and other agencies work together throughout our mental health teams.
- There is an increase in evidence-based treatments.

We seek in this redesign to continue the focus on providing services to people in or near their own homes, and ultimately putting in place a transformation of service redesign to deliver this vision. This consultation is predominately about changes to how patients are referred into Secondary Care, how we as a Trust access and manage the most appropriate care pathway for the patient and expedite this care, and how our community setting is such that where appropriate patients can be supported to live with greater independence in or near their home.

What we mean by mental health services

These are a range of health and social care services meeting three main areas of need:

Mental distress or common mental health problems

Depression and anxiety are sometimes described as 'mental distress' or 'common' mental health problems. At any given time nearly one person in every six is experiencing mental distress as a result of events in their lives.

Acute functional mental illnesses

These include schizophrenia or a particular type of depression called bi-polar disorder and are often described as 'functional' disorders. This is because they so severely affect the ability to function in society. They are much less common, affecting about one person in a hundred.

Organic disorders

Conditions such as dementia are known as 'organic' disorders, because they are linked to visible changes in the brain. Dementia usually affects older people and becomes more common with age. About one person in sixteen of those over the age of 65 will develop some degree of dementia, increasing to about one person in five of those over the age of

85. Dementia can develop in people under 65, but is less common, affecting about one person in a thousand.

The experience of any of these conditions is also affected by:

- The events in our lives which have a negative impact on our mental health, often in childhood.
- The availability of universal services such as leisure, housing, employment; as well as having family, friends, and a meaningful place in the community.
- People's general health and social wellbeing, related to a combination of lifestyle, confidence and motivation and the sensitivity of mainstream services.

There is a wide range of different services provided by primary care, social services, specialist NHS services (such as Community Mental Health Teams) and the voluntary sector, all working closely together.

These can be summarised as:

Outreach care where the staff member goes to see the person in their own home, or another setting away from the provider's base. Examples include 'floating support', crisis intervention, some psychological therapies, assertive outreach and psychiatric liaison in hospital.

Centre based where the service user visits the service in an office, clinic, or centre. Examples include brief interventions, psychological therapies, day care (though these options are reducing), user & carer forums.

24 hours a day/seven days a week (24/7) continuous professional care which may be (*within Sandwell, currently, the 24/7 element only applies to Adult services):

- In the person's home (home treatment)
- Supported living services or support in a care home
- Short term crisis admissions
- Inpatient care for comprehensive assessment, treatment, and behavioural management.
- Long term specialist settings for people with longer term needs for rehabilitation or units for people who have committed crimes because of their mental health problems.

People with mental distress usually receive services in primary care (some of which are provided through BCPFT services). People with more severe mental illnesses usually receive services close to where they live, from their GP and often supported by a referral to Secondary provision (BCPFT).

The changes proposed:

The proposed Adult and Older Adult Secondary Mental Health framework for Sandwell has evolved through extensive discussions with Older Adult Psychiatry, Adult Psychiatry and associated mental health teams and practitioners in the Trust, in addition to the Sandwell and West Birmingham Clinical Commissioning Group (CCG). The model being offered in this Executive Summary has been co-produced with commissioners and as such compliments the strategic direction of Primary Care services which would dovetail and interlink with Secondary Mental Health Services.

The model reflects identified NHS best practice and will assist in making the Sandwell model one which is deemed better practice both regionally and nationally; a model which is reflective and adaptable to change. In essence the model frontloads senior clinical resource at the point of referral designed to expedite the right care at the right time and where possible at a location that's feasibly preferred by the service user. A front loaded system designed to also reduce bureaucracy and duplication.



The model looks to:

- Enhance Crisis and Home Treatment functions across the adult lifespan to reduce the reliance on older adult inpatient beds, and to provide care closer to home where feasible and clinically appropriate.
- Develop a vision for a 'Single Point of Referral' team which covers the complete adult lifespan with no upper age limit, and to streamline the triage/assessment approach for referrals (routine through to crisis) providing greater clarity regarding access routes and consistency in response.
- Strengthen and integrate community services across the adult lifespan through an emphasis on multi-disciplinary working providing greater clarity around function, emphasise transition between secondary and primary care, and to create capacity for complex and specialist secondary care delivery.

Our Proposals

In this section we summarise the reasons why we need to change services and then set out our proposals in more detail. Additional background information can be obtained through our website www.bcpft.nhs.uk.

Context:

The Mental Health care pathway in Sandwell delivers life changing outcomes and the Black Country Partnership Foundation Trust is central to this, specifically for Secondary Mental Health care. Supporting up to 12,000 people a year BCPFT have developed the scope and breadth of resource, expertise and experience to make sure that service users have the very best of care possible and that where possible crisis interventions are preventable where possible. This strategy is looking to manage and organise our teams in a way which seeks to capitalise upon this.

Secondary Mental Health services provided by BCPFT span both Sandwell and Wolverhampton. The transformation being proposed in this public consultation is ONLY for Sandwell.

West Birmingham and Sandwell's Clinical Commissioning Group have started to put in place transformational plans within the Primary Care sector; the opportunity to transform Secondary Care at this time is therefore valuable. Co-producing a strategic vision for our services with the Clinical Commissioning Group and planning the future care pathway for Mental Health in Sandwell provides the Trust an informed and aligned opportunity to represent and serve our service users at every stage of the model frame development.

Rationale for change

The change required within Sandwell is transformational, this is required to ensure services become even more efficient and can keep a pace of changes within Primary Care and the demographic we serve. Without transformational change there would be an outlying risk regarding the sustainability of existing services, a system which could not serve a growth in demand and more complex cases within existing structures whilst providing best practice provision and care for our service users.

Behind the initiation of change within mental health services within Sandwell lies a number of national, regional and local important drivers. Transformational change in this context is not solely refined to Secondary Care, it requires a whole market economy approach and this has been initiated at commissioner level. The outline business case reflects the aspirations of the Trust and the CCG in delivering the very best of care with a growing focus on outcomes, care closer to home and recovery / increase in people's health and well-being. This strategy is progressive, inclusive and requires needed action across the economy to smooth the transition to and from interventions and to and from primary to secondary and back to primary again.

The predominate drivers of change which have influenced the business case are:

- Newly formed Clinical Commissioning Group (CCG) priorities.
- Increasing demand for our services

- Financial constraints to meet unprecedented demand
- Change in culture – commissioner expectations, World class and outcomes based commissioning
- Payment by results systems needing to be embedded within Secondary Mental Health systems
- The need to put in place clearly defined referral and discharge pathways between partners to enhance the service user experience.
- Responsive to a growing number of complex needs

These key drivers are not sole entities they come with a range of sub headings requiring more than a quick fix in the current system. Change in this respect is proactive and not based on a system that is broken. Positive and best practice will be taken from the existing models within the Trust as well as nationally and built into the new model framework as this is developed further and consulted upon.

These drivers have provided a context, scope and identified the immediate needs which the new model within Sandwell will have to accommodate.

CCG Commissioning Priorities

The Sandwell and West Birmingham Health economy is facing significant financial challenges and a resolve to this in their current strategy is to deliver on their strategic aim of 'care closer to home', as well as ensuring best use of resources as part of a whole economy transformation programme. There is a drive to commission evidence based services which offer best value for money and meet the changing local healthcare needs.

The commissioning intentions for the Black Country Foundation Trust will reflect the dual ambitions of both commissioners and providers to develop a single point of referral to a range of integrated services (the menu of choice) which meet people with specialist needs requirements. It is important that there is a move to recognise the similarity of the inherent issues of organisation and delivery to those of chronic disease management and to offer a more holistic service with a bio-psychosocial approach. The commissioning intentions reflect the need to integrate strategies that seek to improve social capital, promote economic regeneration and increase and improve access to learning as a means of reducing reliance on medical models of intervention.

It reflects the reductions in reliance on institutional provision, whether acute or long term care home provision, by developing more imaginative methods of providing diversity and care closer to, and in, the home and reflects the importance of managing the pathway of care within Primary Care.

Related Key Commissioning Priorities Intentions

1. Develop a 24 hour 7 days a week crisis response service for people at risk to themselves or others across all ages. This is to build on the existing work and to have

one single number which responds and enables access to an experienced clinician appropriately. This work will include review of existing crisis and PLS team and recommendations for reconfiguring.

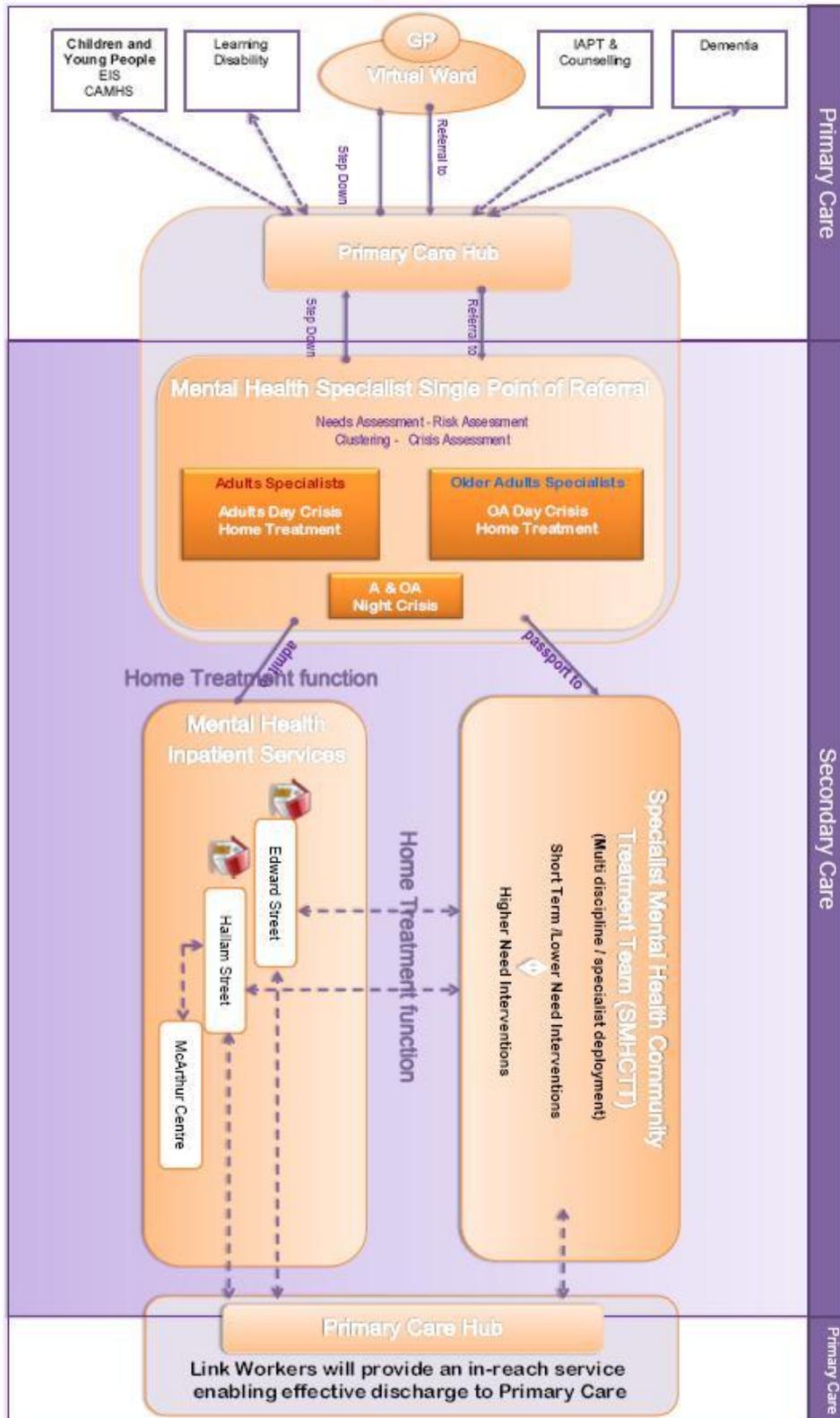
2. Development of psychiatric liaison service which is non A and E based. This will be linked to short term assessment beds within the community including A and E existing staff and a dual diagnosis service. This is to be all ages and also include dual diagnosis. It will be an integrated service which is co-located.
3. Discharge process – Agree clear methodology for movement of stable group which includes agreeing draft discharge pathway.
4. Specifications across whole service to be reviewed in year to reflect financial lines and activity.
5. Counselling services – to build on development to meet specification and ensure performance is reflected through use of core ten system and integrated into primary care model.

What will change

The model being proposed will deliver greater efficiency, a respected and sought after front loaded Single Point of Referral for GP's to utilise and engage with resourced with senior medical leads. Enhanced by quicker transition to either inpatients or a newly established multi-disciplinary Specialist Community Mental Health Treatment Team where resource is matched to need at the point of entry; as opposed to the current system where a service user may have different waiting lists to see different teams.

Within Primary Care there are developments in terms of a potential to operate a Primary Care Hub which will filter/screen service users into our system ensuring only 'Secondary' related service users are pass-ported into our services. Within this Hub we will be looking as a Trust to support and potential allocate senior clinical resource to support initial judgements. In addition the potential development of Link Workers will support discharge from secondary back to Primary or other community resources.

The model



Benefits

The benefits of this model are multiple for the service user, the Trust as well as for the integration of Primary and Secondary Care provision within Sandwell. Benefits sought have been inspired by the recent customer survey for Mental Health within the Trust (2012/13). The main benefits of implementing a Single Point of Referral and a Specialist Mental Health Community Treatment Team would include:

- A more clearer and robust care pathway across the adult lifespan leading to a seamless approach in service delivery; a single entry point for GP's to refer into and a high clinical level of expertise to diagnose at the point of referral and passport immediately to an inpatient setting or Specialist Mental Health Community Treatment Team. (* Currently GPs can access any part of the care pathway which has the risk of leading to inappropriate admissions at different parts of the secondary care pathway.)
- Greater clarity around acute admission and discharge criteria (Clinical management of gatekeeping inpatient beds).
- Internal workforce development opportunities, a multi-disciplinary approach and a resourced team enabled to manage and coordinate responses for multi-complex cases
- Improved case management as a result of access to a multi-disciplinary team with appropriate competencies and capacity (* currently teams work as individual entities meaning each mental health team would operate the own waiting lists).
- Reduction of inappropriate admissions through improved community team crisis management (* currently there is a small proportion of inappropriate admissions being supported in Secondary Care that could be managed effectively in Primary Care, enabling resources to be better allocated in Secondary Care if this was reduced) .
- Introduction of out-of-hours services across the lifespan, and shift of care closer to home (* currently there is no formal 24 hour crisis support for Old Age).
- Greater partnership working and integration between teams, removing communication and administrative barriers.
- Solid foundation for preparing the care pathway for the MH tariff (Payment by Results).
- Greater clarity and purpose around the role and importance of community teams.

**See back of document for consultation questionnaire.*

How the model will become operational post consultation:

Following consultation we will be in a position as a Trust to identify the resource requirements of this model; in other words an understanding of what skills to be placed where in the model and the numbers required to support efficient delivery. The consultation will help to form a vision of the model, and feedback will be fed into this skills mix process.

Finance / Cost Improvement Plan

The Black Country Partnership NHSFT is faced with a very challenging Cost Improvement Programme (CiP) in 2013-14 equating to circa £6.7m. The Sandwell Secondary Mental Health Service Redesign is one of a number Transformational Schemes against which cost savings have been targeted. It is envisaged that the Service Redesign can deliver the scheme's savings target without compromising the quality of service provision to our service users.

Programme Objectives:

Reducing isolation for people using services and improving the care pathway and its outcomes for patients, their carers and families is critical. Our general strategy – to keep services closer to home as much as possible - should therefore help to reduce the risk of isolation for people with mental ill-health. More people will receive services without needing admission to hospital.

Hospital accommodation is used as a last resort to deliver mental health services for a small number of people. The evidence is that even short hospital stays can disconnect some people from their circles of support and increase their sense of social isolation.

By transforming what we do and working with the Clinical Commissioning Group on this transformation agenda in partnership we assist in the remodelling and execution of Primary Care in Sandwell. In the interest of carers and service users this business case sets out the vision, principles and framework for the new Sandwell model.

The Trust is well positioned to reform and with support from the consultation implement this model which is designed at the heart to deliver the highest levels of care and support for those needing Secondary care provisions.

How we put these priorities together

A wide range of statutory agencies, people who use services, carers, GPs and the voluntary and independent sectors have been engaged with initially on key services over the last few years, the results of the conversations have led to proposals being shaped to meet new CCG commissioning priorities. The proposals were also formed on current national best practice and NICE guidelines picking up on key issues (including the Francis Report).

The Transformation Team have working collaboratively with the commissioning CCG and clinical leads within the Trust on a progressive model which meets the expectations of CCG and a model which is clinically favoured by the Trusts.

All BCPFT teams affected by the Re-design have been engaged with within the Trust and there are current working groups which are providing the detail of the required skills mix and working protocol too.

The Trust Transformation Board and subsequent Executive Committee have signed off the pre-consultation transformation plan; and the CCG have also got to a stage where these plans are being tabled at appropriate bodies to gain sign off. Working plans are in place to work very closely with patients and the carers and families to understand the benefits, risks and challenges of the redesign; these will be central to the working group detail of skills mix and working protocol.

The consultation document has been presented to Sandwell's Health Scrutiny and Overview Committee on the 21st November 2013 and was agreed as appropriate..

Equality and diversity

We need to deliver a range of mental health services and facilities for people with mental health needs. Sandwell's population is varied and we need to make sure that our services meet the needs of all groups. An Equality Impact Assessment has been completed making sure that all 9 national equality strands are supported and reflected upon within any transformation plans.

The 9 strands of equality:

- Age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; sexual orientation.

Let us know what you think:

The closing date for the consultation is 28th February 2014.

We would like as many people as possible to have the opportunity to tell us what they think about our proposals and we are sending the consultation document out to, or through:

- Sandwell and West Birmingham Clinical Commissioning Group
- Other service user and carer networks
- Voluntary, community and faith (third sector) organisations
- Sandwell Health & Wellbeing Overview & Scrutiny Committee
- Sandwell Local Policing Unit
- Sandwell Probation
- NHS and Adult Social Care staff
- Staff organisations, trade unions and professional bodies
- General Practitioners (GPs)
- Members of Parliament (MPs)
- Independent sector providers
- Libraries
- Local media

If you know of any individual or organisation who might like a copy, or want extra copies yourself, please ring us on 0121 612 8126 or email nhs.consultation@bcpft.nhs.uk .

Further information on the background to this consultation is available on our website www.bcpft.nhs.uk

How to contact us

You can let us know what you think about our proposals by:

- Completing the response form at the end of this document
- Completing our survey monkey questionnaire:
<https://www.surveymonkey.com/s/BCPFTMentalHealthPublicConsultation>
- Accessing online survey at: www.bcpft.nhs.uk
- Writing to us at:

Mental Health Transformation Team
BCPFT NHS
Delta House
Greets Green Road
West Bromwich
West Midlands
B70 9PL

- Emailing us at: nhs.consultation@bcpft.nhs.uk
- Telephoning your response to 0121 612 8126
- Coming to one of our consultation events (details available on www.bcpft.nhs.uk, by telephone 0121 612 8126)

If you would like some help to complete the response form, please telephone Changing our Lives on 0300 302 0770

Freedom of Information:

We are bound by the rules of the Freedom of Information Act (2000). This means that we may publish or release all the information contained in your response. If you ask us to keep information you give us confidential, we can only do so in line with our obligations under the Act.

Consultation events:

We are holding four specific events at various locations in Sandwell, in addition to a detailed patient, carer and family consultation programme for more information contact Changing Our Lives. These events will give local people an opportunity to tell us what they think about the specific proposals and learn about other services and organisations that support mental health and wellbeing.

These events will focus on the following stakeholders:

- Clinical professional organisations referring into and linking into Secondary Mental Health Services

- Non clinical professional stakeholders referring into and linking into Secondary Mental Health services
- Voluntary and Community Sector organisations, Community, Religious and Spiritual Groups
- Open Public meeting
- Specific focused work is being carried out with patients, their carers and families over the timeframe of this public consultation; and will continue throughout any prospective implementation phase when required..

If you belong to an organisation that cannot attend a consultation and would like more information about our proposals please contact us.

What happens next

We will take into account all the views expressed and comments received. The analysis of the responses to the consultation will be carried out by the Transformation Programme Team within the Trust.

Although we will not be able to respond to every individual, we will publish a summary of the outcome of the consultation showing how those responses have views have influenced our decisions.

This summary will be posted on our website www.bcpft.nhs.uk; alternatively you can request a paper copy by telephone or email.

Following this formal consultation we will continue to work with service users and carers, local clinicians, voluntary and support organisations, public representatives and partner organisations on a range of measures designed to further improve mental health and wellbeing throughout Sandwell.

Our consultation process will:

- Consult widely throughout the process, allowing a minimum of 13 weeks at least once during the development of the policy.
- Be clear about what the proposals are, who may be affected, what questions are being asked and the timescale for responses.
- Ensure that the consultation is clear, concise and widely accessible.
- Give feedback regarding the responses received and how the consultation process influenced the policy.
- Monitor the organisation's effectiveness of the consultation, including through the use of a designated consultation co-ordinator.
- Ensure that the consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if required.

If you have any comments about these principles in relation to the consultation process, please write to:

Mental Health Transformation Team
BCPFT NHS
Delta House
Greets Green Road
West Bromwich
West Midlands
B70 9PL

Sandwell Borough's Health & Wellbeing Overview and Scrutiny Committee has a formal role in the consultation process and have checked that:

- Our proposals are in the best interests of the health service and the people of Sandwell.
- The content of the consultation and the time allowed for it are satisfactory.

We will share the feedback we receive on this consultation with the Committee and will respond to any recommendations the Committee makes at the end of the consultation.

The closing date is 28th February 2014.

Black Country Partnership NHS Foundation Trust Secondary Mental Health care in Sandwell

Public Consultation Questionnaire: Please complete this questionnaire or visit <https://www.surveymonkey.com/s/BCPFTMentalHealthPublicConsultation> for an electronic version of the same questionnaire.

Section 1: Single Point of Referral

Qu. 1. Do you agree that a single point of referral will provide a clearer and robust care pathway for the patient / service user?

Yes - No

(please circle)

Qu. 2. Do you agree that having a single entry point at a high clinical level for GP's to refer into will reduce the risk of inappropriate admissions at different parts of the care pathways?

Yes - No

(please circle)

Qu. 3. Do you agree that a 24 hour out-of-hours service would be beneficial to our patients regardless of age?

Yes - No

(please circle)

Section 2: Specialist Mental Health Community Treatment Team (SMHCTT)

Qu. 4 The SMHCTT will focus on providing appropriate resource at the right time, right place with the potential to reduce waiting lists. Should this be a priority within this team.

Yes - No

(please circle)

Qu. 5. Do you agree that the Specialist Mental Health Community Treatment Team vision of supporting people in the community whilst minimising the unnecessary referral to an inpatient setting needs to be a priority for the Trust?

Yes - No

(please circle)

Section 3: In your opinion do these changes support the Trust's Vision, Values and Goals?

The Black Country Partnership NHS Foundation Trust is passionate about its Vision, Values and Goals. We are keen to make sure that the changes proposed in this consultation reflect and embrace these.

Vision, Values and Goals

Vision strapline: Our community: you matter, we care

Vision statement: To work with local communities to improve health and well-being for everyone

Values

Honesty and Openness - we will act in a transparent way that supports honesty and openness

Empowerment - we will empower: people who use services; carers and staff

Dignity and Respect - people who use services, carers and staff will be treated fairly, with dignity and respect, appreciating their individuality

Goals

To reduce inequality by recognising diversity and celebrating difference

To improve and promote the health and well-being of local communities

To provide high quality care, in the right place, at the right time

To put people and their families at the heart of care

Qu. 8: Do you agree that the proposals to implement a single point of referral and a specialist mental health community treatment team which will provide care closer to home where feasible and support easier referrals, promotes the Trusts Vision, Values and Goals?

Yes - No

(please circle)

Qu. 9 Is there anything else that we need to consider? If so please make a note of this in the box below. *(If you need more space please attach appropriate pages to this questionnaire referencing the question number at the top of the page.)*

Thank you for your time in completing this questionnaire. Your comments are welcomed, and will be fed into the final decision making process for Secondary Mental Health provision in Sandwell.

Equality and Diversity Section – you do not need to complete this part of the form if you wish not to, but it would help us to better analyse the responses received.

Qu. 9a. Are you responding as an organisation or as an individual? (tick one box only)

- Organisation
- Individual

If you are an organisation write in the name then go straight to Qu. 9C, thank you.

Qu. 9b. How would you describe yourself? (tick one box only)

- a mental health user
- an unpaid carer/supporter
- a member of NHS staff
- a member of social care staff
- a member of the public

other:

Qu. 9c. Are you Male or Female (please delete as appropriate)

Qu. 9d. What age group are you in?

- 18 or under
- 19 – 40
- 41 - 60
- 61 - 80
- 81 or over

Qu 9e. What is your ethnic origin?

- White British
- Other White Background
- Mixed Background
- Asian / Asian British
- Black / Black British

Chinese

Other:

Qu. 9f. Could you let us have the first part of your post code? (for instance B70): _____

Notes: