



Black Country Transforming Care Programme

Improving services for adults
with learning disabilities

Engaging with you

Thursday 21st March to Thursday 23rd
May 2019 (midnight) 2019.



Black Country Transforming Care Programme

Improving services for adults with learning disabilities

Engaging with You

**Thursday 21 March to Thursday 23 May
2019 (midnight).**

Contents

Foreword	4
Introduction.....	6
Who is involved in the Black Country TCP?	8
The current situation in the Black Country	9
How the community model works	10
Black Country Transforming Care Partnership – new patient pathway.....	11
Community Learning Disability Service	12
Assessment and treatment beds.....	12
Intensive support service	13
Forensic support service	13
Identifying the best location for assessment and treatment beds	15
Have your say	16
Please take a few minutes to complete the questionnaire below:	18
Patient and public survey.....	18
Improving services in the Black Country for people with learning disabilities	18
Jargon Buster	33
Thank you.....	35
Do you need any further help?.....	35

Foreword

Foreword

Welcome to our engagement on transforming care for people with learning disabilities in the Black Country.

Following the investigation into abuse at Winterbourne View in 2015 and other similar hospitals, there has been a cross-government commitment to move all people with learning disabilities who were inappropriately placed in such institutions into community care.

The local NHS clinical commissioning groups, the organisations that plan and pay for many of our health services, in partnership with the local authorities, have been working to make improvements in care and support following the Winterbourne investigation.

The Transforming Care Programme was established to build on that work and accelerate progress to transform care and support for people with learning disabilities and/or autism. It is a nationally mandated programme that is being rolled out across the country.

In the Black Country our work in this area aims to:

- Improve quality of care for people with learning disabilities
- Improve quality of life for people with learning disabilities
- Enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay

Our work so far has focused on areas such as:

- Early intervention to minimise the development of challenging behaviours
- Crisis prevention to provide the right kind of support to prevent and reduce instances of crisis
- Addressing crises by responding effectively to stabilise an individual's situation
- Ensuring effective discharge to avoid repeat hospital admissions.

All of this means developing more community-based teams with specially trained social workers, nurses, psychologists, psychiatrists and other staff working more closely together around the needs of the child, young person or adult and their family. With fewer hospital admissions, we are intending to free up resources from existing assessment and treatment units which can be invested in the community model.

This public engagement exercise is seeking people's views on the community-based services that have been put in place in the Black Country and the impact on specialist inpatient assessment and treatment beds for adults with learning disabilities.

It follows the service-user engagement that was carried out between April 2016 and July 2018 to develop and test the community services. It will ensure people living in the Black Country, regardless of which area they live in, have had the same opportunity to share their thoughts and views on the services and support we are putting in place for adults with learning disabilities.

The Black Country Transforming Care Programme is also developing services around autism and for children and young people and will engage separately on these pathways.

I would encourage anyone with an interest to take the time to read through this document and contribute to local plans to transform care by completing the short survey on page 17.

Alternatively, you can complete the survey and view this engagement document online at: [Survey – Black Country Transforming Care Programme 2019](#).

If you would like to meet us to discuss anything outlined in the proposals before you complete the survey, please attend one of the public meetings highlighted on page 16.

- West Bromwich – Monday 8 April 2019, 1.30-3.30pm
- Wolverhampton – Tuesday 9 April 2019, 10am-12pm
- Walsall – Thursday 11 April 2019, 4-6pm
- Dudley – Thursday 2 May 2019, 5.30-7.30pm

Hafsha Ali
Programme Director
Black Country Transforming Care Programme

Introduction

This document describes the current Black Country position of the national Transforming Care Programme (TCP) for adults with learning disabilities, who display behaviour that challenges, including those with a mental health condition. It also sets out aims and proposals for the future.

Behaviour that challenges means people harming themselves or other people, or damaging property and things. It sometimes leads to people with learning disabilities getting into difficulties with the police and criminal justice system.

TCP is only concerned with low and medium secure hospital services, not high secure services.

The Transforming Care Programme is about making sure more people are supported to receive health assessment and treatment in the community and close to home wherever this is possible. Assessment and treatment will be provided by community teams with specially trained social workers, nurses, psychologists, psychiatrists and other staff. Service users will only go to hospital because their health needs cannot be met safely in the community at that time. That hospital care will be high quality specialist care and stays will be for the shortest time possible.

The Black Country TCP has been working with people with learning disabilities and their families and carers to develop and deliver a new community model of care that maintains their rights, respect and dignity. People who require assessment and treatment in an inpatient setting will still have access to beds in the Black Country.

However, because we are investing in a community model, we need fewer assessment and treatment beds. Clinicians and other experts have analysed the existing assessment and treatment units and believe the unit that best meets the requirements for a safe and effective service is Penrose House in Sandwell.

The purpose of this engagement is to seek your views on the following:

- The introduction of a new community model for people with learning disabilities that provides enhanced support in the community
- The permanent closure of specialist inpatient beds at Ridge Hill Hospital, Dudley and Orchard Hills/Daisy Bank, Walsall. (These are beds that are reserved for assessing and treating people with learning disabilities and are not connected to general hospital services.)
- The preferred clinical option to locate a single assessment and treatment centre at West Bromwich, Sandwell
- The impact (positive and negative) of proposed changes on service users, family members and carers and what support you feel needs to be in place to make the new model successful.

At the end of this document we ask you what you think of these plans and what we should consider when making changes, by filling in a short survey. We will use this feedback to ensure we understand the impact of our community model and are able to take any mitigating action – should it be necessary.

Who is involved in the Black Country TCP?

The Black Country TCP covers Dudley, Sandwell, Walsall and Wolverhampton. Partners include:

Clinical Commissioning Groups

- Dudley CCG
- Sandwell and West Birmingham CCG
- Walsall CCG
- Wolverhampton CCG

Local Authorities

- City of Wolverhampton Council
- Dudley Council
- Sandwell Metropolitan Borough Council
- Walsall Council

Provider(s)

- Black Country Partnership Foundation Trust (BCPFT)
- Wider social care market

Also participating in the programme are current service users, their families and the organisations that provide services for them.

The current situation in the Black Country

The Black Country is home to approximately 17,000 adults, over the age of 18 years who have a learning disability including 1,000 people with a severe learning disability and 300 who display behaviour that challenges¹.

We have already started to deliver a strengthened community model for people with learning disabilities that is designed to support people to stay in the community near their family and friends by ensuring services work together across health and social care, secure settings and other services in the Black Country.

The community model includes: an intensive support service to help avoid unnecessary hospital stays; a forensic support service for people involved in the criminal justice system, or likely to become so. See page 9 for more detail.

However, there will still be a need for short-term inpatient assessment and treatment beds for some people with learning disabilities to help them through a specific health need that cannot be managed in the community. Within the Black Country, we are reducing the number of specialist beds from 28 to 10. This is based on the national recommendation to provide 10-15 beds per 1m population.

In the Black Country we currently have one active assessment and treatment unit at Penrose House, Small Heath Lane Hospital in West Bromwich which has 10 beds and can treat men and women in separate facilities. In addition, community-based teams from Black Country Partnership NHS Foundation Trust support adults with learning disabilities.

Smaller assessment and treatment units at Ridge Hill Hospital (Dudley) and Orchard Hills/Daisy Bank (Walsall) are currently not in use following a clinical assessment of these provisions in January 2017. The assessment raised environmental, clinical and staffing concerns about the assessment and treatment services at these sites. Patients who were using these beds have been discharged and are being treated in the community. In 2016 three learning disability assessment and treatment in-patient beds at Pond Lane Hospital, Wolverhampton were closed, following a public consultation.

¹ Projecting Adult Needs and Service Information, Institute of Public Care, Oxford Brookes University

How the community model works

The Black Country Transforming Care Programme (TCP) has been working with people with learning disabilities, their families and carers to agree and deliver a community model of care based on the following principles

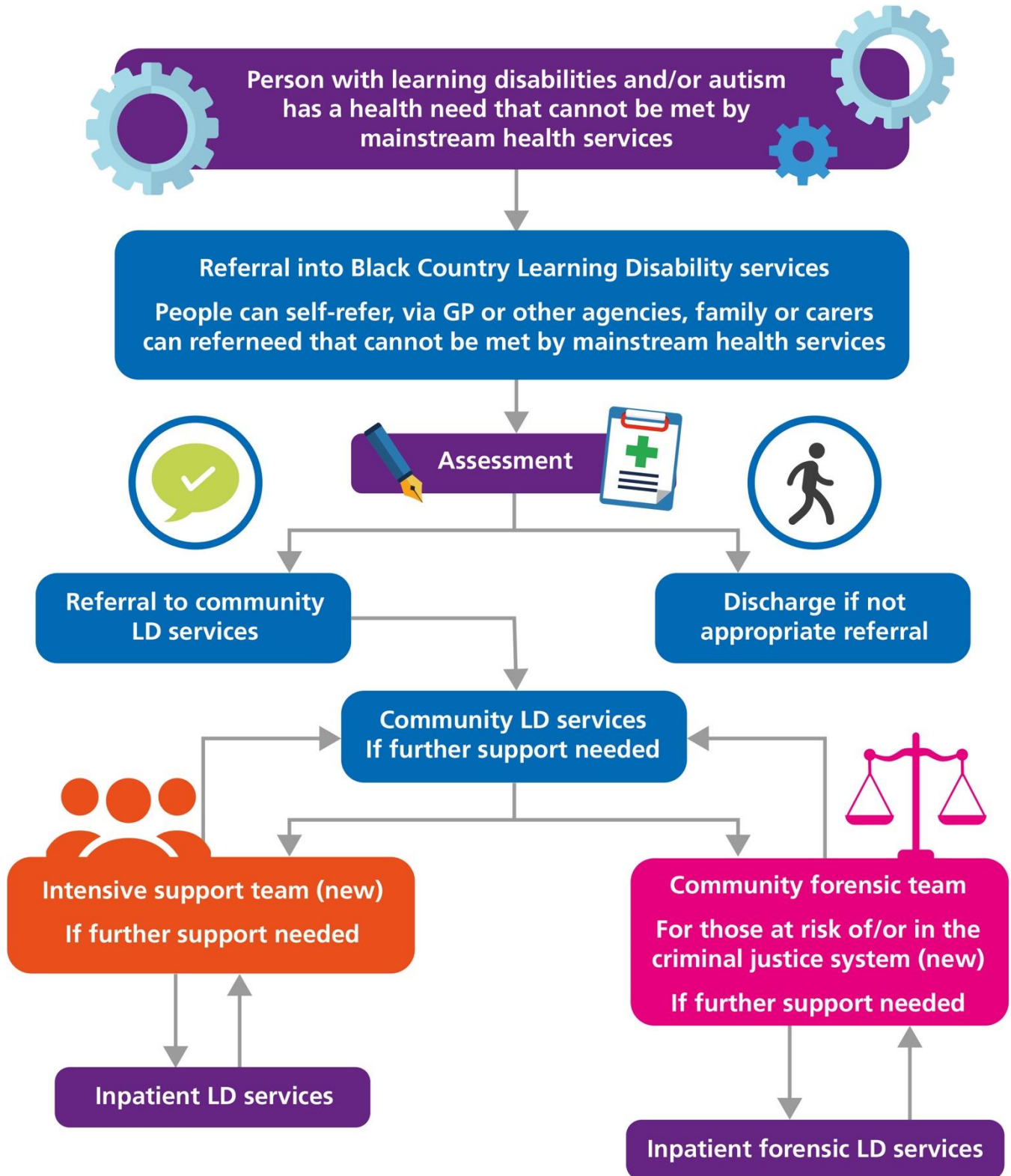
- Involving people with learning disabilities in their own care
- Better identification of people at risk who may need intensive support
- Support for families and carers to keep people in their own home environment

Through this work, we are ensuring services are available for people with learning disabilities in the right place, at the right time and delivered in the right way

We believe the best way to deliver services for people with learning disabilities is in the community, through the following services and the pathway can be seen on page 10.

- Community learning disability service
- Assessment and treatment beds
- Intensive support service
- Forensic support service

TCP Black Country LD services patient pathway



Community Learning Disability Service

There are four community learning disability teams, one in each of the four Black Country and West Birmingham localities, Dudley, Sandwell, Walsall and Wolverhampton. The teams aim to provide a flexible, proactive, co-ordinated and integrated service for people over 18-years-old who have a diagnosed learning disability, are unable to access mainstream services and/or require access to a specialist health team.

The service enables service users to:

- Be as independent as possible, in the least restrictive way
- Avoid unnecessary hospitalisation
- Be discharged in a timely manner from hospital inpatient care
- Be supported to access their physical and mental health care in a way that meets their individual needs as far as possible
- To live as independently as possible in the community
- Be involved in decision making about their care
- Receive timely and accessible interventions when experiencing psychiatric, psycho-social, behavioural and/or pharmacological problems.

In addition, the service supports families and carers by improving communications methods and mechanisms and helping them to navigate the assessment process and meet the demands of caring.

It also supports staff and professionals who deliver the service by providing specialist training to enable them to support the needs of service users effectively.

Assessment and treatment beds

This is a 24-hour inpatient acute assessment and treatment service for people with learning disabilities and complex health needs.

The aim of acute learning disability inpatient services is to provide the following three core functions of support:

- The holistic assessment of and treatment for mental illness or disorder in an individual with a learning disability and associated emotional and behavioural distress, where it cannot be safely or appropriately managed in the community
- A safe place where people feel they are able to take steps towards their recovery
- Reintegration of the individual back into the community after hospital treatment including provision of support/guidance to families and carers in conjunction with Community Learning Disability and Intensive Support Teams.

Intensive support service

The Community Intensive Support Team provides a flexible, proactive, co-ordinated and integrated service, for people over 18 years-old, who have a diagnosed learning disability, are unable to access main stream services and/or require a specialist intervention team.

As with the Community Learning Disability Service, this service aims to prevent unnecessary hospitalisation, ensure timely discharge from inpatient care and support service users to live as independently as possible. In addition, the service enables:

- Early detection and timely early interventions at referral, working with community teams
- Intensive response to crisis
- Working alongside multi-disciplinary teams to assess and develop plans to support service users in managing challenging behaviours
- Planning of strategies to prevent future crisis, working with community teams
- Assessment of family carers' needs to support them with the demands of caring during periods of crisis
- Timely and accessible intervention for patients experiencing psychiatric, psycho-social, behavioural and/or pharmacological problems.

Forensic support service

The Community Forensic Team provides a flexible, proactive, co-ordinated and integrated service for people over 18 years-old with a diagnosed learning disability who are either subject to the criminal justice system or at significant risk of becoming so, are unable to access mainstream services and/or require a specialist forensic team.

In summary the service:

- Provides timely and accessible intervention to clients with active and ongoing forensic and psychiatric, psycho-social, behavioural or pharmacological needs, and consultation to the people who support them
- Promotes the qualities and values of the national Good Lives Model of offender rehabilitation
- Enables the highest level of independence possible, in the least restrictive way
- Prevents and avoid unnecessary hospitalisation.
- Facilitates timely discharge from hospital inpatient forensic care.
- Signposts and supports families and carers in accessing extra help with the demands of caring and involvement with the criminal justice system.

Identifying the best location for assessment and treatment beds

We recognise there will be times when some people with learning disabilities who may have autism need to go into a hospital bed. We know that when this happens, people want to be as close to home as possible, therefore retaining some assessment and treatment beds in the Black Country is a priority.

Our aim is to develop a single state of the art assessment and treatment centre that can provide the high level of care service users need with the focus on getting them back into the community, near their family and friends, as soon as possible.

As part of this process, senior clinicians and other relevant professionals The Black Country Partnership NHS Foundation Trust reviewed the three available units at Penrose House (Sandwell), Daisy Bank Unit (Walsall) and Ridge Hill Unit (Dudley) to determine which could best deliver the national TCP approach.

The clinicians concluded that both the Dudley and Walsall sites were inappropriate to deliver the new model of care for people with learning disabilities because:

- Both sites are in isolated community locations
- Neither affords a safe level of clinical support including emergency response to clinical incidents
- The physical environment at each of the two sites is inappropriate for managing the transformation of care.

The review also showed that Penrose House does allow for an emergency response from the MacArthur unit and Gerry Simon Clinic along with the surrounding support infrastructure. The review has therefore concluded that Penrose House is the clinically safest and most appropriate site for TCP assessment and treatment beds.

Have your say

We believe the Transforming Care Programme model of care we have outlined is the right one. We want to be sure we have captured all your thoughts and concerns before we ask our clinical commissioners to agree to the permanent closure of assessment and treatment beds in Dudley and Walsall. This will enable us to take any supportive action needed to ensure our community model delivers the best possible care for people in the Black Country with learning disabilities.

Throughout this eight-week engagement period, we will be talking to local councillors, MPs, GPs, NHS staff, specialist schools and advocacy services to seek their views too.

Now that we have described the national programme, the local situation and our plans for the future in the Black Country, we would like to know what you think about it. Your views are very important and will be used to understand any action needed as a result of inpatient bed closures, and to further shape community support.

This public engagement exercise runs from **Thursday 21 March to Thursday 23 May**.

You can get involved through a variety of different methods:

- **Attending one of our engagement events**
 - Yemeni Community Association in Sandwell Limited, Greets Green Access Centre, Tildasley Street, West Bromwich, B70 9SJ. Monday 8 April 2019, 1.30-3.30pm
 - Molineux stadium, Waterloo Road, Wolverhampton, WV1 4QR. Tuesday 9 April 2019, 10am-12pm
 - Bescot Stadium, Bescot Crescent, Walsall, WS1 4SA. Thursday 11 April 2019, 4-6pm
 - DY 1 Community building, Stafford Street, Dudley, DY1 1RT. Thursday 2 May 2019, 5.30-7.30pm
- Completing the questionnaire at the end of this document (Page 15) and posting it to **Freepost NHS QUESTIONNAIRE RESPONSES**
- Visiting: <https://www.surveymonkey.co.uk/r/careprogramme> and **completing the survey online**. If viewing this document online you can access the survey by clicking the following link [Survey – Black Country Transforming Care Programme 2019](#)
- **Inviting a representative from the engagement team to your meetings**, if you belong to a group or organisation. If you would like somebody to attend to speak to your members, colleagues, friends or staff please call 0121 611 0611.

Your views will feed into a full report which will be considered by the Transforming Care Programme Board as soon as possible once the engagement has been completed. The Programme Board will then make a recommendation to each Clinical Commissioning Group to inform decision making on the future of learning disability services in the Black Country.

Please take a few minutes to complete the questionnaire below:

Patient and public survey

Improving services in the Black Country for people with learning disabilities

Black Country Transforming Care Programme 2019 Survey

Q1. What impact do you feel it will have if care and support is being delivered in your community as outlined in the introduction to this survey, rather than in hospital?

- Positive Impact
- No Impact
- Negative Impact
- Prefer not to answer

Q2. What impact do you feel it will have if care and support is being delivered in the community rather than in hospital for a person with a learning disability displaying challenging behaviours?

- Positive Impact
- No Impact
- Negative Impact
- Prefer not to answer

Please tell us the reason for your answer:

Q3. What impact do you feel it will have if care and support is being delivered in the community rather than in hospital for a service user's family members or carer?

- Positive Impact
- No Impact
- Negative Impact
- Prefer not to answer

Please tell us the reason for your answer:

By treating more people with learning disabilities in the community we are reducing the need for inpatient beds but we will need some. Clinicians believe the unit that can best provide a safe and effective service is Penrose House, Small Heath Lane Hospital in West Bromwich, Sandwell. This site can treat men and women in separate facilities and has access to emergency services 24/7. Locating the unit here will mean the accommodation at Ridge Hill in Dudley and Orchard Hills/Daisy Bank in Walsall will remain closed

Q4. If the assessment and treatment centre was based at Penrose House what would the impact be for you?

- Positive
- Negative
- No impact

Please explain the reason for your answer:

Q5. If the assessment and treatment centre was based at Penrose House what would the impact be for family/carers?

- Positive
- Negative
- No impact

Please explain the reason for your answer:

Questions about the community model

The following three questions – Q6, Q7 and Q8 – ask about the importance of specific support for people with learning disabilities in different circumstances:

- To reduce the likelihood and severity of challenging behaviour
- In times of crisis
- When moving between hospital and community/home

We will use this information to inform further development of our community model.

Q6. How important are the following services in giving early help to reduce the likelihood of challenging behaviour being displayed, and the frequency and severity of challenging behaviour?

Please specify how important each type of support is by ticking the appropriate box.

Support Services	Very Important	Important	Not important	Not important at all
Support with daily life activities – help with day to day living e.g. washing, dressing, cooking, shopping				

Communication – help communicating with people				
Behaviour – help to understand which situations lead to challenging behaviour and how to avoid them or stop them getting worse				
Personal support / being active in the community – help with making relationships and playing a part in family and community life				
Environment / home life - help with getting a good quality of life e.g. participating in wider activities, the opportunity to follow interests, trying new things				
Help to have the best physical environment. E.g. housing				
Help to deal with changing environments e.g. moving home, moving out of hospital, the right kind of housing				
Family carer support/ additional support - giving breaks to those being cared for, and their carers				
Information and advice – good information and advice to help make good decisions and to know what support is available				

Please provide further details about your answers above and also tell us about any particular support that you feel would make a real difference:

Q7. When a crisis happens, how important are the following services to prevent hospital admission?

Please specify how important each type of support is by ticking the appropriate box.

Support Services	Very Important	Important	Not important	Not important at all
Support with daily life activities - help with day to day living e.g. washing, dressing, cooking, shopping				
Communication - help communicating with people				
Behaviour - help to understand which situations lead to challenging behaviour and how to avoid them or stop them getting worse				
Personal support/being active in the Community - help with making relationships and playing a part in family and community life				
Environment/ home life – help with getting a good quality of life e.g. participating in wider activities, the opportunity to follow interests, trying new things				
Help to have the best physical environment – e.g. housing				
Help to deal with changing environment: moving home, moving out of hospital, the				

right kind of housing				
Family carer support / additional support - giving breaks to those being cared for, and their carers; Support with helping a child progress to adulthood				
Information and advice - good information and advice to help make good decisions and to know what support is available				

Please provide further details about your answers above and also tell us about any particular support that you feel would make a real difference:

Q8. When someone is discharged from hospital, how important are the following services to prevent them going back in?

Please specify how important each type of support is by ticking the appropriate box.

Support Services	Very Important	Important	Not important	Not important at all
Support with daily life activities – help with day to day living e.g. washing, dressing, cooking, shopping				
Communication – help				

communicating with people				
Behaviour – help to understand which situations lead to challenging behaviour and how to avoid them or stop them getting worse				
Personal support / being active in the community - Help with making relationships and playing a part in family and community life				
Environment / home life – help with getting a good quality of life e.g. Participating in wider activities, opportunities to follow interests, trying new things				
Help to deal with changing environments e.g. moving home, moving out of hospital the right kind of housing				
Help to have the best physical environment e.g. housing				
Family carer support / additional support – giving breaks to those being cared for, and their carers				
Information and advice – good information and advice to help make good decisions and to know what support is available				

Please provide further details about your answers above and also tell us about any particular support that you feel would make a real difference for people when they moving out of hospital and into the community:

Q9. In your experience what stops or delays a person getting the right support in the community? (For example, not enough funding for community services being available or in place).

Q10. From your experience please tell us what can go wrong with being supported/ supporting someone in the community? (For example, not having the support in place for the person early on).

Q11. Are you answering this survey as a:

- Service user
- Carer of a service user
- Family member of a service user
- Clinician working with service users
- Member of the public
- Other – please state

Q12. How satisfied are you with the way this public engagement exercise is being run?

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied
- Prefer not to answer

If you wish to expand on your answer please use the space below.

Q13. How did you find out about this public engagement exercise?

- Poster
- In a voluntary/community organisation
- At a learning disability day service
- Newspaper
- Social media (Facebook/Twitter)
- Drop-in event
- Someone stopped you in the street (NHS Outreach Engagement Team)
- Radio
- NHS or Council website
- A friend or family member told me
- Other

If other, please tell us how you heard:

Equalities monitoring

We recognise and actively promote the benefits of diversity and we are committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Q14a. Which area/district do you live in?

My area/district is:

- Dudley
- Sandwell
- Walsall
- Wolverhampton
- Other

If you have selected 'other' please specify the area/district below:

.....

Q14b. Please tick your postcode from the list below

Dudley Postcodes																	
B62	2	<input type="checkbox"/>	B63	1	<input type="checkbox"/>	B64	5	<input type="checkbox"/>	B65	0	<input type="checkbox"/>	DY1	1	<input type="checkbox"/>	DY1	9	<input type="checkbox"/>
	8	<input type="checkbox"/>		2	<input type="checkbox"/>		6	<input type="checkbox"/>		8	<input type="checkbox"/>		2	<input type="checkbox"/>		0	<input type="checkbox"/>
	9	<input type="checkbox"/>		3	<input type="checkbox"/>		7	<input type="checkbox"/>		9	<input type="checkbox"/>		3	<input type="checkbox"/>			
				4	<input type="checkbox"/>								4	<input type="checkbox"/>			
DY2	0	<input type="checkbox"/>	DY3	1	<input type="checkbox"/>	DY4	7	<input type="checkbox"/>	DY5	1	<input type="checkbox"/>	DY5	9	<input type="checkbox"/>	DY6	0	<input type="checkbox"/>
	7	<input type="checkbox"/>		2	<input type="checkbox"/>		8	<input type="checkbox"/>		2	<input type="checkbox"/>					6	<input type="checkbox"/>
	8	<input type="checkbox"/>		3	<input type="checkbox"/>		9	<input type="checkbox"/>		3	<input type="checkbox"/>					7	<input type="checkbox"/>
	9	<input type="checkbox"/>		4	<input type="checkbox"/>					4	<input type="checkbox"/>					8	<input type="checkbox"/>
DY6	9	<input type="checkbox"/>	DY7	5	<input type="checkbox"/>	DY8	1	<input type="checkbox"/>	DY8	5	<input type="checkbox"/>	DY9	0	<input type="checkbox"/>	WV1	1	<input type="checkbox"/>
				6	<input type="checkbox"/>		2	<input type="checkbox"/>		9	<input type="checkbox"/>		7	<input type="checkbox"/>		4	<input type="checkbox"/>
							3	<input type="checkbox"/>					8	<input type="checkbox"/>			
							4	<input type="checkbox"/>					9	<input type="checkbox"/>	WV4	6	<input type="checkbox"/>

If you live in Dudley and your post code is not listed, please write it here below:

.....

Walsall Postcodes											
WS1	<input type="checkbox"/>	WS5	<input type="checkbox"/>	WS9	<input type="checkbox"/>	WS13	<input type="checkbox"/>	WV12	<input type="checkbox"/>	B43	<input type="checkbox"/>
WS2	<input type="checkbox"/>	WS6	<input type="checkbox"/>	WS10	<input type="checkbox"/>	WS14	<input type="checkbox"/>				
WS3	<input type="checkbox"/>	WS7	<input type="checkbox"/>	WS11	<input type="checkbox"/>	WS15	<input type="checkbox"/>	WV13	<input type="checkbox"/>	B74	<input type="checkbox"/>
WS4	<input type="checkbox"/>	WS8	<input type="checkbox"/>	WS12	<input type="checkbox"/>						

If you live in Walsall and your post code is not listed, please write it below:

.....

Wolverhampton Postcodes											
WV1	<input type="checkbox"/>	WV4	<input type="checkbox"/>		<input type="checkbox"/>	WS11	<input type="checkbox"/>	WV14	<input type="checkbox"/>	WV16	<input type="checkbox"/>
WV2	<input type="checkbox"/>	WV5	<input type="checkbox"/>	WV8	<input type="checkbox"/>	WS12	<input type="checkbox"/>	WV15	<input type="checkbox"/>		
WV3	<input type="checkbox"/>	WV6	<input type="checkbox"/>	WV9	<input type="checkbox"/>	WS13	<input type="checkbox"/>				
				WV10	<input type="checkbox"/>						

If you live in Wolverhampton and your post code is not listed, please write it below:

.....

Sandwell Postcodes											
B16	<input type="checkbox"/>	B21	<input type="checkbox"/>	B63	<input type="checkbox"/>	B67	<input type="checkbox"/>	B71	<input type="checkbox"/>	WS1 4NH	<input type="checkbox"/>
B17	<input type="checkbox"/>	B42	<input type="checkbox"/>	B64	<input type="checkbox"/>	B68	<input type="checkbox"/>	DY4	<input type="checkbox"/>	WS5	<input type="checkbox"/>
B18	<input type="checkbox"/>	B43	<input type="checkbox"/>	B65	<input type="checkbox"/>	B69	<input type="checkbox"/>	WS10	<input type="checkbox"/>	WV14	<input type="checkbox"/>
		B62	<input type="checkbox"/>	B66	<input type="checkbox"/>	B70	<input type="checkbox"/>				

If you live in Sandwell and your post code is not listed, please write below:

.....

Q15. What is your gender?

- Male
- Female
- Transgender
- Prefer not to say

Q16. If female, are you currently pregnant or have you given birth within the last 12 months?

- Yes
- No
- Prefer not to say

Q17. What is your age?

- 16-24
- 25-34
- 35-59
- 60-74
- 75+

Q18. What is your ethnic group?

- Arab
- Asian or Asian British
- Black or Black British
- Chinese
- Gypsy/Romany/Irish traveller
- Mixed dual heritage
- White or White British
- Prefer not to say
- Other (please specify)

Q19. Do you look after, or give any help or support to family members, friends, neighbours or others. Please note this is not referring to the person you care for if you have specified carer or if you are completing this survey on behalf of someone else?

- Long-term physical or mental-ill-health/disability
- Problems related to old age
- No
- Prefer not to say
- Other, please describe

Q20. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply)

- Vision (such as due to blindness or partial sight)
- Hearing (such as due to deafness or partial hearing)
- Mobility (such as difficulty walking short distances, climbing stairs)
- Dexterity (such as lifting and carrying objects, using a keyboard)
- Ability to concentrate, learn or understand (Learning Disability/Difficulty)
- Memory
- Mental ill-health
- Stamina or breathing difficulty or fatigue
- Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- No
- Prefer not to say

Any other condition or illness, please specify

Q21. What is your sexual orientation?

- Bisexual
- Heterosexual/straight
- Gay
- Lesbian
- Prefer not to say

Any other (please specify)

Please continue

Q23. Are you:

- Single
- Never married or partnered
- Living in a couple
- Married/civil partnership Co-habiting
- Not living in a couple
- Married (but not living with husband/wife/civil partner)
- Separated (still married or in a civil partnership) Divorced/dissolved civil partnership)
- Widowed/surviving partner/civil partner
- Prefer not to say
- If other, please specify.....

Q24. What is your religion and belief?

- No religion
- Baha'i
- Buddhist
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- Prefer not to say
- If other, please specify.....

Thank you for taking the time to read this and tell us what you think.

Please send your completed questionnaire to:

Freepost NHS QUESTIONNAIRE RESPONSES

Please ensure that you write the address as shown, so that the Post Office's machines can read the address automatically. You just need this address, which will be delivered to us.

• Alternatively you can complete the questionnaire online by going to

[Survey – Black Country Transforming Care Programme 2019](#)

• If you wish to email us in connection to any responses or to get in touch please email:
agem.communications@nhs.net.

Jargon Buster

If there are any parts of this document you do not understand, you might find it helpful to read these definitions.

- **Assessment and treatment units:** Specialist assessment and treatment in a therapeutic environment. People placed in Assessment and Treatment Units may be voluntary patients or they may be admitted under the Mental Health Act. They may have mental health problems and/or present seriously challenging behaviours, and they may be admitted from their home or as a 'step-down' from a secure unit. Some have more security features than others. Some are more community-based than others.
- **Autism:** Autism is a lifelong, developmental disability (from birth) that affects how a person communicates with and relates to other people, and how they experience the world around them.
- **Challenging behaviours:** Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.
- **Commissioning:** Commissioning is the planning and purchasing of NHS services to meet the health needs of a local population.
- **Community based assessment and treatment services:** Advice, assessment and short term treatment for mental health concerns.
- **Crisis:** A crisis is an emotional and physical response to some precipitating event or series of events that for a person with a learning disability or autistic spectrum disorder and who displays challenging behaviour, disrupts the current care and support situation. The crisis happens when something is experienced that is so hurtful, challenging, or threatening that the person concerned feels overwhelmed. For a person with a learning disability or autistic spectrum disorder who displays challenging behaviour, a crisis often causes a placement breakdown, with the person unable to continue in their current placement. It may also be a mental health crisis, when the person concerned feels their mental health is at breaking point. For example this may include hitting and kicking, throwing items, severe withdrawal and other behaviours which may result in them coming into contact with the criminal justice system e.g. the police.
- **Inpatient bed:** a hospital patient who occupies a bed for a least one night in the course of treatment, examination or observation.
- **Learning disability:** A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complex information and interact with other people.
- **Locked and unlocked rehabilitation services:** is a whole systems approach to recovery from mental illness that maximises an individual's quality of life and social inclusion by enhancing skills, promoting independence and autonomy in order to give them real

opportunity for the future that may lead to successful community living through appropriate support.

The service provides high levels of therapeutic care underpinned by evidence-based practice in keeping with industry norms, where this is published or is custom and practice. This will include a comprehensive assessment of the needs of the individual in order to devise an individualised treatment programme that will address social, physical, intellectual and mental health needs within a specific and measurable care plan, regularly collated and reviewed through the CPA framework.

The maintenance of a safe, sound and secure environment for all is paramount. It is expected that the level of security will be based on individual patient need, the responsibility to protect others, and/or prevention of harm to self. Service delivery will take account of patient diversity, meeting the needs of gender, cultural and religious diversity through policies and practices that positively respect the patient's gender, cultural, religious and spiritual preferences.

- **Low and medium secure hospitals:** Low secure provision provides a care and treatment environment for individuals who present a less physical danger to others. Security arrangements should impede rather than completely prevent those who wish either to escape or abscond. Low secure provisions will have a greater reliance on staff observation and support rather than physical security measures. Low Secure Services are not Psychiatric Intensive Care Units. Low Secure services should emphasise access to community services, and promote a philosophy of community integration.

Medium secure provision provides a care and treatment environment for individuals who present a serious but less immediate danger to others. Physical security with security protocols and procedures, supported by high levels of staff should be sufficient to deter all but the most determined to escape or abscond. These environments should meet the needs of those who are not yet ready for leave into the community, but with an emphasis on graduated use of community facilities when possible.

Each secure mental health provider will ensure, through the Care Programme Approach process that each individual patient will receive high-quality care and treatment which meets their needs and supports their recovery.

- **Mental health condition:** Mental health problems range from the worries we all experience as part of everyday life to serious long-term conditions.
- **NHS clinical commissioning groups:** NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
- **NHS England Specialised Commissioning:** Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million. These services tend to be located in specialised hospital trusts that can recruit a team of staff with the appropriate expertise and enable them to develop their skills.
- **Quality of life:** the standard of health, comfort, and happiness experienced by an individual or Group.
- **Rehabilitation:** Intensive rehabilitation support for people with severe and enduring mental health problems, in a community setting. Service users are supported to engage in recovery focused interventions which include: practical assessment of activities of daily living;

tenancy support needs; family education and interventions; symptom management and treatment; medication education and management; developing wellness recovery plans; community engagement.

- **Respite care:** Can mean short term residential care – where the person you care for goes to stay in a care home or other residential setting for a short time; getting more paid help at home – this could be via paid workers helping with care or getting more help with tasks around the home; getting someone to keep the person you care for company whilst you go out - sitting and befriending services; doing something you enjoy; the person you care for taking part in activities outside the home taking a holiday with or without the person you care for.
- **Secure hospitals:** The NHS or private organisations run secure hospitals. If you are in a secure hospital, you will usually be under a section of the Mental Health Act. Secure units are gender specific so there will be separate wards for men and women. There are adolescent units too, for people under 18 years. There are different levels of secure hospitals - low, medium and high security.

Thank you...

Thank you for taking the time to read this and tell us what you think.

Please send it to:

Freepost NHS QUESTIONNAIRE RESPONSES

Please ensure that you write the address as shown above, so that the Post Office's machines can read the address automatically. You just need this address, which will be delivered to us.

Alternatively, you can complete the questionnaire online by going to any of the four CCGs involved in this engagement:

- [Dudley CCG](#)
- [Sandwell and West Birmingham CCG](#)
- [Walsall CCG](#)
- [Wolverhampton CCG](#).

If you wish to email us in connection to any responses or to get in touch, please email agem.communications@nhs.net.

Do you need any further help?

We can provide versions of this document in other languages and formats such as Braille and large print on request. If you need this document presented in another format please telephone 0121 611 0611.

Dudley CCG
Sandwell and West Birmingham CCG
Walsall CCG
Wolverhampton CCG.

