

**NHS Wolverhampton Clinical Commissioning Group (WCCG)**

**A public consultation on:**

**Moving three Assessment and  
Treatment Learning Disability in-  
patient beds at Pond Lane Hospital to  
existing services in Dudley, Walsall  
and Sandwell**

**Monday 4 July 2016 to Monday 22 August 2016**

## Executive Summary

This report highlights the evaluation of the Public Consultation on moving three Assessment and Treatment Learning Disability in-patient beds at Pond Lane Hospital to existing services in Dudley, Walsall and Sandwell. The consultation took place from Monday 4 July 2016 to Monday 22 August 2016.

### **The consultation process**

Over 300 Stakeholders representing inclusive and varied organisations were invited to feedback their views on the consultation by completing an online questionnaire, hard copies and an easy read version were also available. Nineteen people completed the questionnaire.

Two events were held, the first was a public drop in session which took place on 7 July. Five people attended the event.

Service users who had been inpatients during the past 18 months, their, families and carers were invited to a second event which took place 18 August 2016. This event also included a sensory room and specially (for this consultation) an independent advocacy group was commissioned consisting of an expert by experience and independent professional advisor. Seven people attended.

### **Questionnaire analysis**

Most people chose Option 1 (9 people) to permanently close the inpatient service.

The second largest group chose Option 2 (7 people) to keep the beds at Pond Lane.

Three people chose to close the in-patient service and only have a community home treatment model of care.

This means that 12 respondents would be in agreement with permanently closing the beds at Pond Lane.

The majority of responders identified themselves as either professionals, where eight people responded (42.1%) or members of the public where again eight people responded (42.1%). These groups were represented by 50% more than the next highest group who were Carers at 4 respondents (21.1%).

**Q1. If this proposal to close the beds at Pond Lane goes ahead the impact on me will be:**

No impact 10 people (52.6%)

Negative impact 5 people (26.3%)

Positive impact 4 people (21.1%)

Therefore 14 people are not concerned over the impact on them.

**Q2. If the inpatient service is kept at Pond Lane, what impact will this have on you?**

No impact 11 people (57.9%)

Positive impact 6 people (31.6%)

Negative impact 2 people (10.5%)

**Q3. If the inpatient service is moved out of Wolverhampton to Dudley, Walsall and Sandwell, what impact travel wise will this have on carers and families of service users?**

Most patients (10) said that if the service moved out of Pond Lane it would have a negative impact travel wise (52.6%). One person (5.3%) said it would have a positive impact travel wise. 8 people said there would be no impact on them travel wise if the service moved. Therefore 9 people did not have concerns over the impact on them travel wise if the service was closed at Pond Lane.

**Q4. Question four asks people to tell us of any other comments that they would like to be considered:**

The six written comments received in answer to question 4 express a concern that if the beds do not remain at Pond Lane, loss of service provision will ensue. One respondent comments that these services are for the most vulnerable people and another respondent worries that closing the beds will lead to a reduction in resources. Concerns are also raised about need to travel further to visit relatives.

Two respondents do not understand why the service cannot remain in Wolverhampton. One person feels that the decision to close the beds had already been made prior to the consultation:

## **Conclusion**

- When considering the Options, although more people are in favour of Option 1 to close the beds (9 people) the difference between those choosing Option 2 to keep the beds (7 people) is only a margin of 2 people in favour. However, when we take into consideration Option 3 to have only a community model of care the overall margin in favour of not keeping beds open in Pond Lane is 12, therefore the margin in favour is three.
- When considering the impact respondents felt the closure of the Pond Lane service would have on them, the majority of participants told us that the closure would have no impact on them 52.6% (ten people). Five people (26.3%) felt they would experience a negative impact and 21.1% of respondents felt the closure would have a positive impact on them. Therefore, in total 14 people felt that the impact of closing the beds at Pond Lane would not cause them concern.
- Most respondents felt that the Pond Lane service remaining would have no impact on them, neither, positive or negative.
- Ten respondents were concerned about the impact having to travel further if the Pond Lane beds were closed would have on them. However, 9 people in total did not

express concern around the impact travel would have on them if the beds at Pond Lane were to close

- Some people expressed concern about the potential loss of a local service if the Pond Lane service was closed. The main concern is having to travel further to visit loved ones. There is also a concern that if the service moves elsewhere the loss of more local community services will follow and the need for support and advice will not be met. One person is also concerned that in an emergency the further distance will delay a rapid response.

## Recommendations

1. It is recommended that the commissioners note the concerns highlighted in the report before making final decisions on the option to take forward:
  - **Travel issues:** Initial feedback from service users and their families highlighted that travel to the beds (if placed outside of the city) may be a concern, but this was raised as a possible concern for other families, as it wasn't an issue for the families involved in the pre-engagement. Stakeholders noted that relocation of the services to be closer to associated services and thereby potentially secure service improvements was acknowledged as probably of merit. 52.6% of survey respondents that if the beds were moved, there would be a negative impact on them in terms of travelling out of Wolverhampton. Written responses suggested that extra support could be offered:
  - **Options:** 12 people chose Options 1 and 3, therefore it would seem that a total of 12/19 people would be in agreement with not to keep beds at Pond Lane.
  - **Impact of closure:** 14 survey respondents indicated that the impact of the closure of Pond Lane site would not cause them concern.
2. It is also recommended that this report is published and circulated to those who took part in the consultation, with thanks to them for the time they spent responding and for their very useful input.

## Introduction

### Who we are

NHS Wolverhampton Clinical Commissioning Group (WCCG) is responsible for commissioning healthcare services for people with learning disabilities and/or autism.

### The service currently provided at Pond Lane

The Black Country Partnership NHS Foundation Trust (BCPFT) provides three inpatient beds in Wolverhampton at Pond Lane Learning Disability Assessment and Treatment Service, for people with learning disabilities who require admission to hospital because of a mental health problem, or a behaviour that is labelled as challenging. These beds are in a five-bedded hospital.

Pond Lane site is isolated from the Trust's other services for people with learning disabilities and this raises environmental, clinical and staffing concerns which have an impact on the delivery of the service to this very vulnerable group. The CCG and the provider NHS Trust feel that a clinically safer and more viable service could be provided at BCPFT's other Learning Disability Inpatient services in Dudley, Sandwell and Walsall.

At the moment the three beds in Pond Lane are temporarily closed to new admissions.

### The Case for Change

Pond lane is a five bedded assessment and treatment unit situated in the Park Field area of Wolverhampton. As a hospital site it is isolated from any of the other BCPFT services including In-patient provision. The service provides specialist assessment and treatment In-patient services to male and female adults with learning disabilities and additional complex health needs, such as autistic spectrum disorders, mental health difficulties and / or challenging behaviour.

Working with the Wolverhampton Clinical Commissioning Group the Black Country Mental Health Partnership Trust wishes to relocate the three Pond Lane In-patient beds to services provided at Dudley, Sandwell, and Wolverhampton. This will involve the closure of the three In-patient beds at Pond Lane. This action is required because the very low numbers of beds provided within the service are somewhat isolated from other Trust services and this raises environmental, clinical and staffing safety concerns which are impacting upon the delivery of the service to this very vulnerable group. A clinically safer and more viable service could be provided from the BCPFT Learning Disability In-patient services in Dudley, Sandwell and Walsall where other Wolverhampton patients are in receipt of In-patient services currently. All of these services are less isolated; provide a critical mass of service provision that offers clinically and environmentally safer services, and all are easy accessible by public transport.

In recent years Wolverhampton Clinical Commissioning Group has reduced the level of commissioned activity at Pond Lane Hospital from five beds to three in line with reduced levels of demand for Wolverhampton patients. Reduction in bed numbers is in keeping with the “Transforming Care- national response to Winterbourne View” which will require a reduction in bed based services for people with a learning disability and / or autism. The revenue from the reduced bed based capacity at Pond Lane is already being invested in an alternative community model which will deliver assertive outreach support and interventions providing increased care and support for patients and their families from Wolverhampton in their own homes. In addition to this local service development Wolverhampton CCG is part of the Black Country Transforming Care Partnership which has developed and submitted a robust implementation plan to NHS England which will deliver further service change and transformation over the next three years resulting in more community based services including bespoke packages of care.

### **Listening to our patients, their families, Carers and stakeholders**

During May and June 2016 BCPFT engaged with patients, Carers and other stakeholders to find out their views on the possibility to move the services

permanently from Pond Lane to the other locations. All feedback was considered and a decision made by WCCG and BCPFT to continue to Public consultation. The consultation took place from **Monday 4 July 2016 to Monday 22 August 2016**.

### The pre-consultation engagement process – what people said

Pre-consultation engagement was undertaken from 16 May - 6 June 2016 with patients, families, carers and service commissioners. Two events were held specifically for service users, their families and carers and views scoped from WCCG and BCPFT stakeholder lists (which total over 300 organisations such as Healthwatch and Wolverhampton Voluntary Sector Council). Both BCPFT and WCCG have membership schemes which were also targeted for their general views on the possible proposal. Views were also sought from staff within BCPFT and City of Wolverhampton Council. Invitations were sent out from BCPFT to patients and their carers/families admitted in the last eighteen months along with a link to the consultation document and questionnaire and a briefing including information on how to get involved with the consultation was emailed to all stakeholders.

*Initial feedback from service users and their families highlighted that travel to the beds (if placed outside of the city) may be a concern, but this was raised as a possible concern for other families, as it wasn't an issue for the families involved in the pre-engagement. Feedback from local stakeholders noted that it would be preferable to stay local for convenience for service users and their families, but noted that relocation of the services to be closer to associated services and thereby potentially secure service improvements was acknowledged as probably of merit.*

### The consultation process

The consultation took place from 04 July 2016 to Monday 22 August 2016. Below are the various communication and engagement methods:

#### How we let people know about the consultation

Week commencing 4 July 2016:



- Distribution of a printed and pdf consultation document, an easy read version in both printed and pdf version including survey and an online version of survey. Distributed to Mencap, Social Workers, Pond Lane outpatients waiting area, A4I, Scott House outpatients and Dudley Ridgehill Centre.
- Live webpage on both WCCG website and BCPFT website outlining consultation including links to online surveys, public event poster and pdf consultation documents.
- Link to consultation webpage on Healthwatch Wolverhampton website
- 4 July – 22 August 2016 – Tweet schedule implemented advertising consultation, online survey and public event
- 05 July 2016 email out to WCCG stakeholders informing them about the consultation and links to the webpage and online survey.
- 29 July 2016 - Healthwatch advertised our consultation to their members via email.

### Engagement events

Two engagement events took place during the consultation period. The first was a drop-in public event which took place 7 July 2016 at the Brickkiln Community Centre, Cherry Street, WV3 0QW. To let as many people as possible know about the event information, including posters, was sent to all stakeholders. Examples include, Mencap, Social workers, Pond Lane outpatients waiting areas. Five people attended the event, statutory agencies present included BCPFT, City of Wolverhampton Council, WCCG and Healthwatch.

Service users who had been inpatients during the past 18 months, their, families and carers were invited to a second event which took place 18 August 2016. This event also included a sensory room and specially (for this consultation) an independent advocacy group was commissioned consisting of an expert by experience and independent professional advisor.

### Key stakeholders

Over 300 Stakeholders representing inclusive and varied organisations were invited to feedback their views on the consultation. *These organisations represented the*

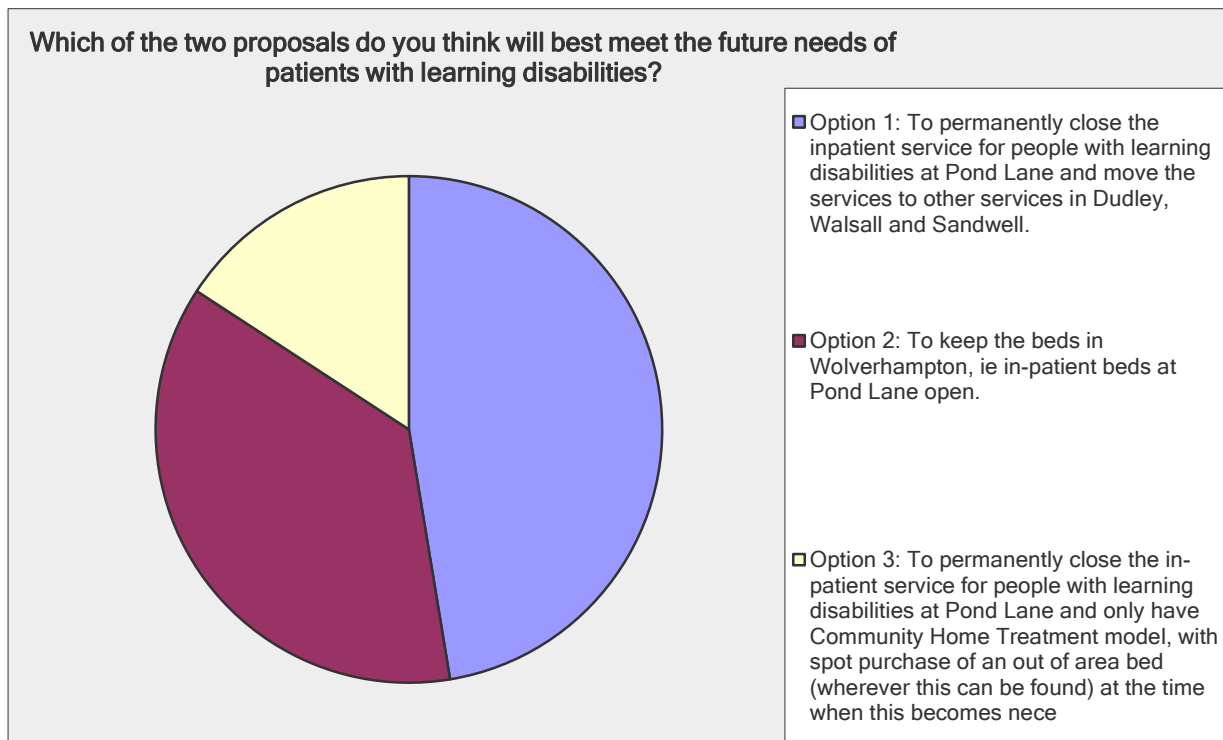
nine protected characteristics as outlined in the Equality and Diversity Act 2010 (the full stakeholder list can be seen Appendix A).

### Feedback from completed questionnaires

The following section of the report analyses the feedback received from the 19 completed questionnaires received. Not all respondents answered all the questions, and this accounts for some different totals in answers to some questions.

### Analysis of questionnaire responses

**Which of the three proposals do you think will best meet the future needs of patients with learning disabilities?**



Answer Options	Response Percent	Response Count
Option 1: To permanently close the inpatient service for people with learning disabilities at Pond Lane and move the services to other services in Dudley, Walsall and Sandwell.	47.4%	9
Option 2: To keep the beds in Wolverhampton, ie in-patient beds at Pond Lane open.	36.8%	7

Option 3: To permanently close the in-patient service for people with learning disabilities at Pond Lane and only have Community Home Treatment model, with spot purchase of an out of area bed (wherever this can be found) at the time when this becomes necessary.	15.8%	3
If you wish, please give a reason for your choice.		8
<b>answered question</b>		<b>19</b>
<b>skipped question</b>		<b>0</b>

### Commentary

The table and graph show that the largest group of people answering the questionnaire, 9 people in total (47.4%), chose Option 1 to permanently close the inpatient service. The second largest group voted to keep the beds in Wolverhampton (36.8%), 7 people. It is interesting to note that the difference in opinion between Option 1 and Option 2 is only two people. However, three people chose Option 3, to close the Pond Lane in-patient service for people with Learning Disabilities and only have a community Home Treatment model of care (15.8%).

*Therefore it would seem that a total of 12 people would be in agreement with not to keep beds at Pond Lane.*

In answer to this question respondents were also asked to express their views by adding any additional comments. As seen in the seven comments received people were:

- Concerned about having to travel further to visit relatives and friends if they needed hospital admission ( three comments), although one further respondent did mention good public transport links (one comment)

*Out of area option would have an impact on families/carers ie visiting, network of people already established in Wolverhampton*

*Best to be in the community but if it became necessary for someone to go as an inpatient then families need to be able to get to their family member as easy as possible*

*it's ner to their famley*

*The services mentioned being assessable by public transport is good.*

- In two cases supportive of the community model
- In support of having beds provided more centrally (one comment)

*Too many beds across Black Country. Pond Lane is least viable as smallest. Inpatient units need 'critical mass' in order to offer flexible and competent services*

*Option 3 maintains the learning disabled person in a familiar home environment rather than moving to an institutional setting i.e. pond lane or similar. spot purchase when required is a better solution.*

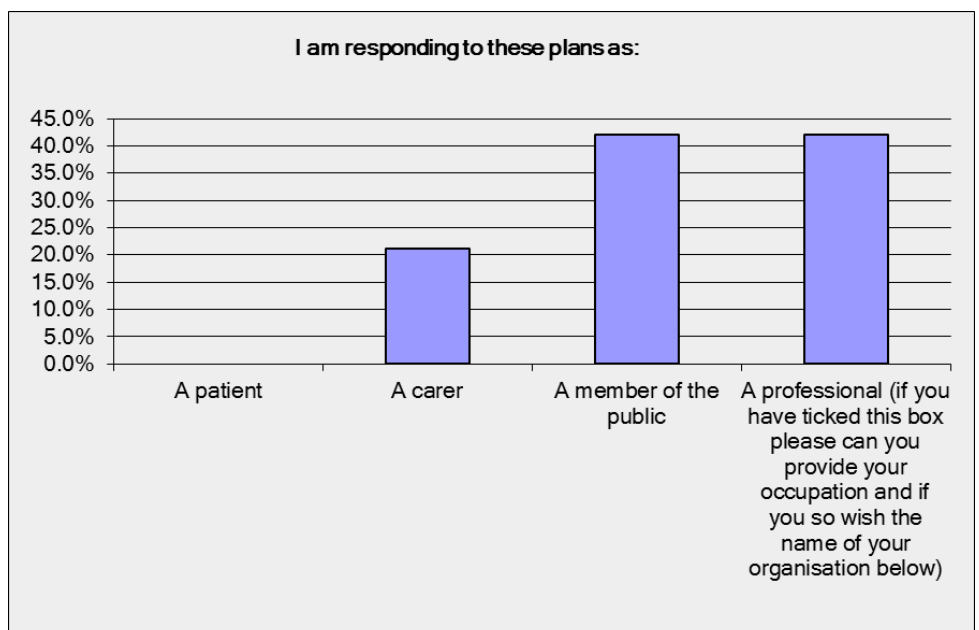
*My only proviso is that the community Home Treatment model must be individually tailored to the person's requirements bearing in mind also the support and respite needs of relatives who are caring.*

The comments above are recorded as verbatim.

To understand the mix of respondents the following question asked people to identify themselves as a patient, Carer, a member of the public, a professional, by representing an occupation or organisation.

**I am responding to these plans as:**

A patient; a Carer; a member of the public; a professional; occupation/organisation



I am responding to these plans as:		
Answer Options	Response Percent	Response Count
A patient	0.0%	0
A carer	21.1%	4
A member of the public	42.1%	8
A professional	42.1%	8
Occupation and organisation		8
<b>answered question</b>		<b>19</b>
<b>skipped question</b>		<b>0</b>

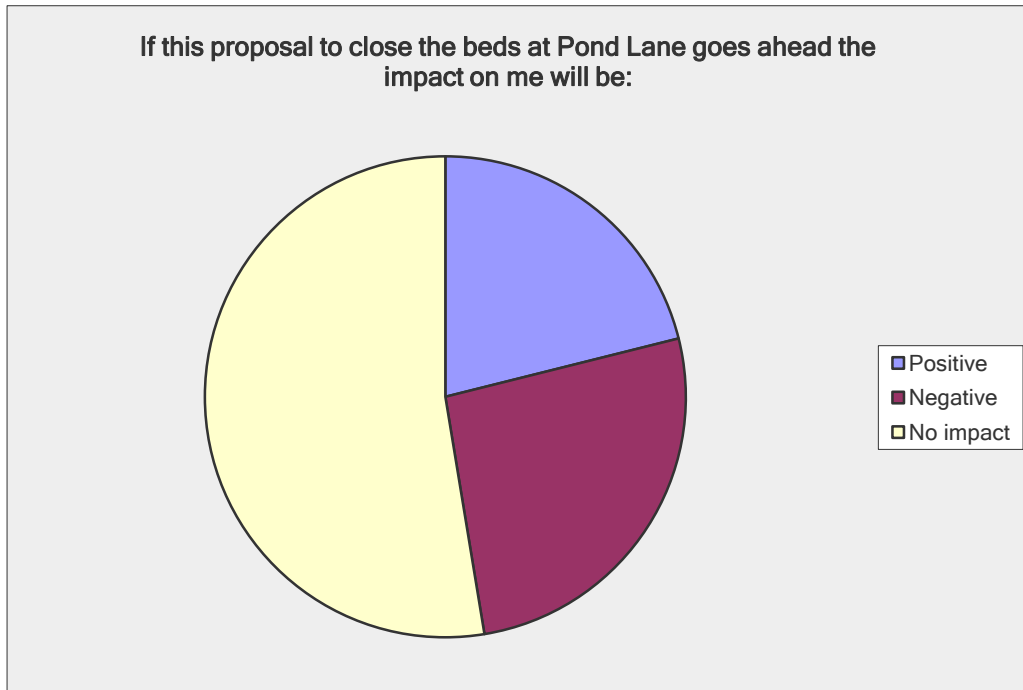
### Commentary

This table shows the statistics of survey responders. The majority of responders identified themselves as either professionals, where eight people responded (42.1%) or members of the public where again eight people responded (42.1%).

*These groups were represented by 50% more than the next highest group who were Carers at 4 respondents (21.1%).*

*Unfortunately, no one identifying themselves as a patient responded to the questionnaire. As an easy read version of the questionnaire was available and experts in attendance to help with communication at the patient only event it may be supposed that patients were happy to let their Carers, families and professionals respond, although this cannot be ascertained as fact.*

**Q1. If this proposal to close the beds at Pond Lane goes ahead the impact on me will be:**



Answer Options	Response Percent	Response Count
Positive	21.1%	4
Negative	26.3%	5
No impact	52.6%	10
If you wish, please explain your reasons for saying this here		7
<b>answered question</b>		<b>19</b>
<b>skipped question</b>		<b>0</b>

### Commentary

The table above shows the impact respondents felt the closure of the Pond Lane service would have on them. The majority of participants told us that the closure would have no impact on them 52.6% (ten people). Five people (26.3%) felt they would experience a negative impact and 21.1% of respondents felt the closure would have a positive impact on them. *Therefore, In total, 14 people felt that the impact of closing the beds at Pond Lane would not cause them concern.*

Seven written comments on impact were received. One person felt the closure of the beds at Pond Lane would ensure more support and resources were available to people in the community and hopefully prevent admission. Most concerns were around the loss of a local service and its perceived benefits (5 comments) and one comment on increased workload if the service moves:

*Not having a service that can respond immediately and give advice and guidance.*

*Being able to get to family member essential*

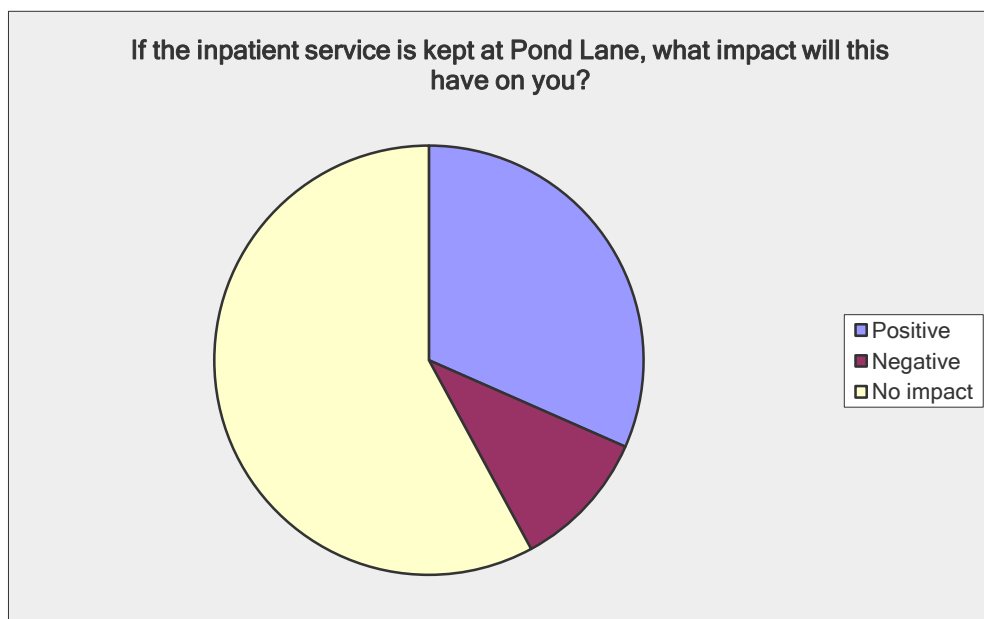
*I have a fear of services being reduced for the community. This is not a personal issue.*

*I know someone who's relative has benefitted from Pond Lane and the fact it is a small, local facility*

*OT is well placed to provide services that are not offered by any other profession. Denying these services to clients by way of removing the service is not only denying them medical treatment but also the opportunity to enhance their daily living skills and general well-being.*

*My workload likely to increase if inpatients move to my service.*

**Q2. If the inpatient service is kept at Pond Lane, what impact will this have on you?**



If the inpatient service is kept at Pond Lane, what impact will this have on you?		
Answer Options	Response Percent	Response Count
Positive	31.6%	6
Negative	10.5%	2
No impact	57.9%	11
If you wish, please explain your reasons for saying this here		4
<b>answered question</b>		<b>19</b>
<b>skipped question</b>		<b>0</b>

### Commentary

*More than half of the people (11), who answered this question felt that the Inpatient service staying at Pond Lane would have no impact on them (57.9%).*

*Six people out of 19 who answered the question felt the Inpatient service staying at Pond Lane would have a positive impact on them (31.6%).*

*Two people felt it would have a negative effect (10.5%).*

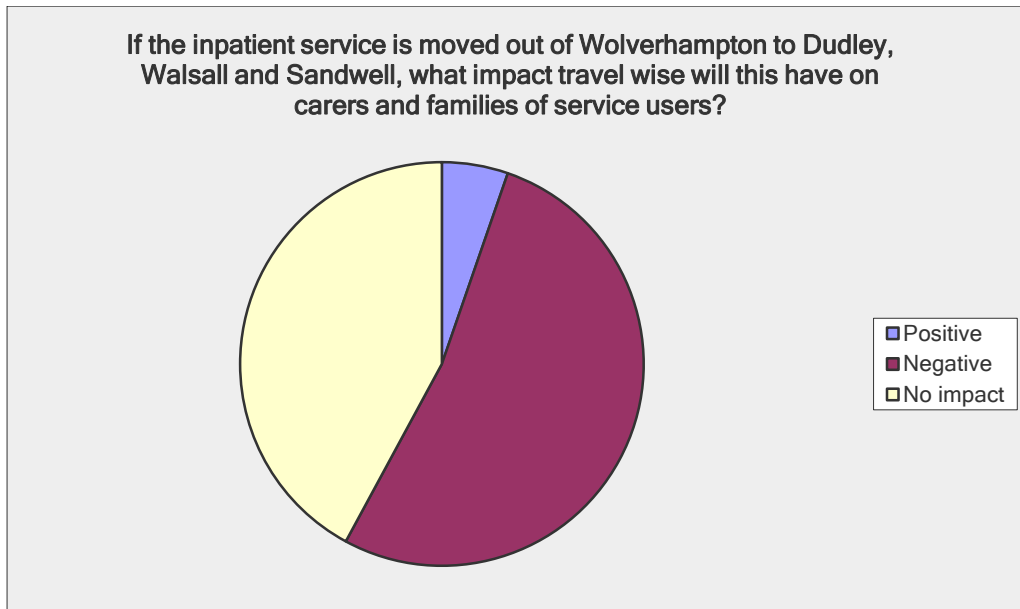
Two people sent written comments in response to this question, both of which highlighted concerns around the perceived loss of services if the beds did not remain in the local area.

*Having a service in Wolverhampton that can respond in an emergency or can give advice and guidance*

*A service in Wolverhampton for Wolverhampton people*



**Q3. If the inpatient service is moved out of Wolverhampton to Dudley, Walsall and Sandwell, what impact travel wise will this have on carers and families of service users?**



**If the inpatient service is moved out of Wolverhampton to Dudley, Walsall and Sandwell, what impact travel wise will this have on carers and families of service users?**

Answer Options	Response Percent	Response Count
Positive	5.3%	1
Negative	52.6%	10
No impact	42.1%	8
If you wish, please explain your reasons for saying this here		8
<b>answered question</b>		<b>19</b>
<b>skipped question</b>		<b>0</b>

### Commentary

*As demonstrated in the table, the majority of respondents to this question, ten people (52.6%) felt that if the beds were moved there would be a negative impact on them in terms of travelling out of Wolverhampton.*

However as eight people (42.1%) felt travelling further would have no impact on them and one person (1.3%) felt travelling would have a positive impact on them we can conclude that nine people did not feel they would experience any negative impact on travelling if the service was provided outside Wolverhampton.

*The seven written responses received in answer to this question all raise concerns around having to travel further although one respondent does suggest that extra support could be offered:*

*Some carers may not have vehicles ie cars. Have to rely on public transport. This could have financial implications.*

*Families may have to travel slightly further this will appear negative but extra support could be offered*

*Many will have to travel further. Some carers may be elderly or rely on public transport.*

*Certainly negative for patients and carers from Wolverhampton.*

*Disastrous. It's hard enough organising visiting within the city. The closer a loved one the better.*

*The importance of having a regular contact with family and friends will only help the patient recover. Financial pressure of travelling around Wolverhampton. Unable to visit twice daily*

*Obviously*

Question four asks people to tell us of any other comments that they would like to be considered:

**Q4. Any other comments? Please use the space if you have any additional comments.**

*Vulnerable peoples services are being omitted or decreased. Vulnerable people in Wolverhampton deserve better care.*

*I hope that this will not lead to reduction in resources as there is a need to promote health and independence in the community*

*I wonder if this consultation should have been undertaken at the outset of the proposal to move these beds. Had that been so I would have had more confidence in the process. As it is I am left with a sense of a fait accompli being performed as the process is now (possibly) irreversible. Your email and this questionnaire give no background into the rationale behind the proposal.*

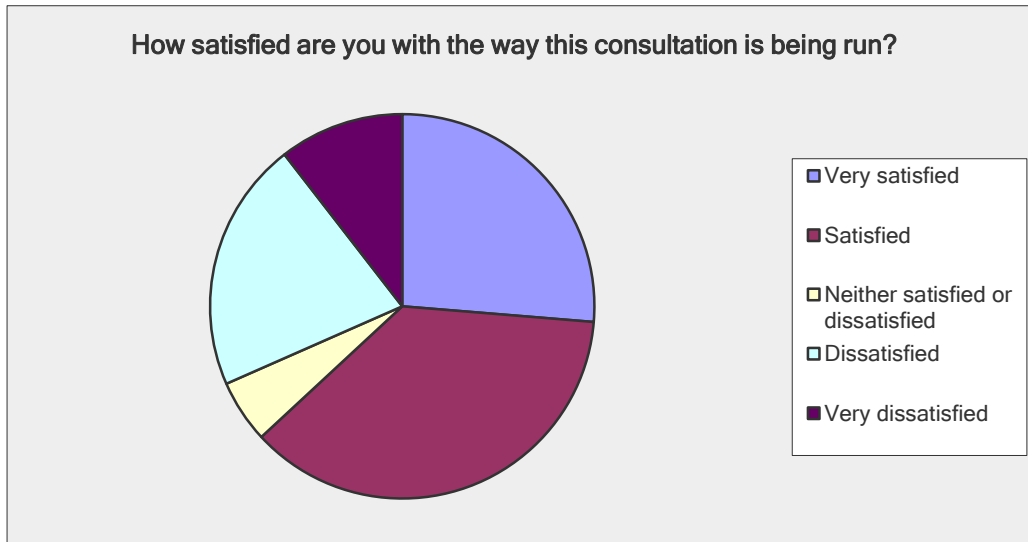
*dont mind the change*

*Why not close the same services in Dudley, Sandwell and Walsall they can travel to Wolverhampton. What about the commitment to having care close to home and family.*

*I do not understand why the service is being moved in the first place. If it is viable for the above boroughs to offer this service, I do not understand the drivers preventing Wolverhampton from offering it.*

*The six written comments received in answer to question 4 express a concern that if the beds do not remain at Pond Lane, loss of service provision will ensue. One respondent comments that these services are for the most vulnerable people and another respondent worries that closing the beds will lead to a reduction in resources. Concerns are also raised about need to travel further to visit relatives. Two respondents do not understand why the service cannot remain in Wolverhampton. One person feels that the decision to close the beds had already been made prior to the consultation.*

**Q5. How satisfied are you with the way this consultation is being run?**



How satisfied are you with the way this consultation is being run?		
Answer Options	Response Percent	Response Count
Very satisfied	26.3%	5
Satisfied	36.8%	7
Neither satisfied or dissatisfied	5.3%	1
Dissatisfied	21.1%	4
Very dissatisfied	10.5%	2
<b><i>answered question</i></b>		<b>19</b>
<b><i>skipped question</i></b>		<b>0</b>

**Commentary**

*More than 50% of respondents (63.1%) were very satisfied or satisfied.*

## Conclusion

- When considering the Options, although more people are in favour of Option 1 to close the beds (9 people) the difference between those choosing Option 2 to keep the beds (7 people) is only a margin of 2 people in favour. However, when we take into consideration Option 3 to have only a community model of care the overall margin in favour of not keeping beds open in Pond Lane is 12, therefore the margin in favour is three.
- When considering the impact respondents felt the closure of the Pond Lane service would have on them, the majority of participants told us that the closure would have no impact on them 52.6% (ten people). Five people (26.3%) felt they would experience a negative impact and 21.1% of respondents felt the closure would have a positive impact on them. Therefore, in total, 14 people felt that the impact of closing the beds at Pond Lane would not cause them concern.
- Most respondents felt that the Pond Lane service remaining would have no impact on them, neither, positive or negative.
- Ten respondents were concerned about the impact having to travel further if the Pond Lane beds were closed would have on them. However, 9 people in total did not express concern around the impact travel would have on them if the beds at Pond Lane were to close
- Some people express concern about the potential loss of a local service if the Pond Lane service was closed. The main concern is having to travel further to visit loved ones. There is also a concern that if the service moves elsewhere the loss of more local community services will follow and the need for support and advice will not be met. One person is also concerned that in an emergency the further distance will delay a rapid response.

## Recommendations

1. It is recommended that the commissioners note the concerns highlighted in the report before making final decisions on the option to take forward:
  - **Travel issues:** Initial feedback from service users and their families highlighted that travel to the beds (if placed outside of the city) may be a concern, but this was raised as a possible concern for other families, as it wasn't an issue for the families involved in the pre-engagement. Stakeholders noted that relocation of the services to be closer to associated services and thereby potentially secure service improvements was acknowledged as probably of merit. 52.6% of survey respondents that if the beds were moved, there would be a negative impact on them in terms of travelling out of Wolverhampton. Written responses suggested that extra support could be offered:
  - **Options:** 12 people chose Options 1 and 3, therefore it would seem that a total of 12/19 people would be in agreement with not to keep beds at Pond Lane.
  - **Impact of closure:** 14 survey respondents indicated that the impact of the closure of Pond Lane site would not cause them concern.
2. It is also recommended that this report is published and circulated to those who took part in the consultation, with thanks to them for the time they spent responding and for their very useful input.

Equalities monitoring

**Q6. Please state the first letters and numbers of your postcode, eg, WV1**

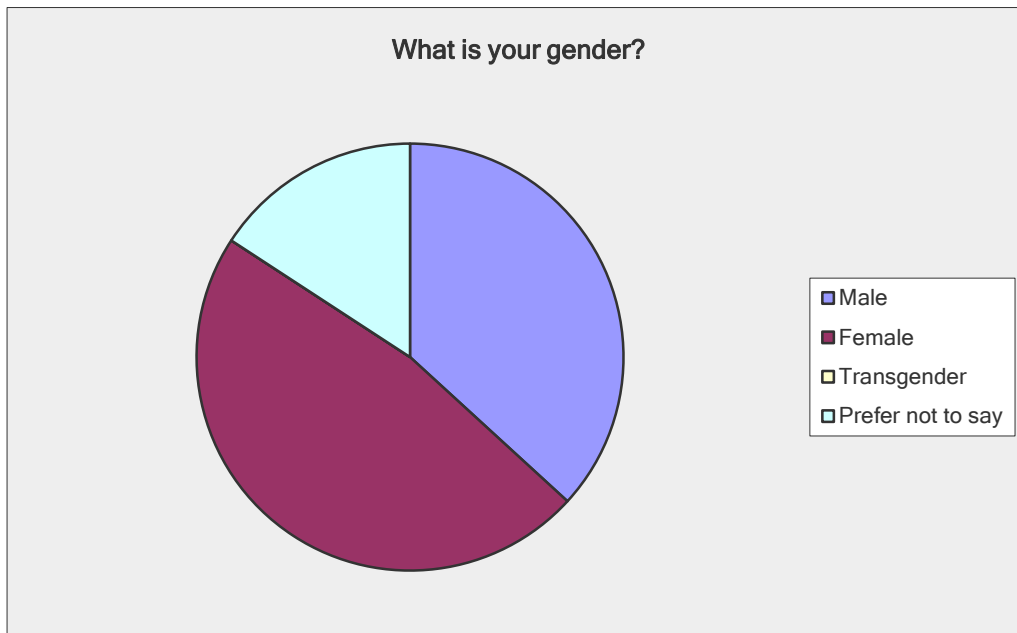
Response
WV2
WV1
Wr1
wV1
WV1
ST17
WV4
WV6
WV10
WV10
wv10
WV10
WS5
WV1
WV4
B68
WV3
WV6

Please state the first letters and numbers of your postcode, eg, WV1.	
Answer Options	Response Count
	18
<i>answered question</i>	<b>18</b>
<i>skipped question</i>	<b>1</b>

**Commentary**

The table above shows the postcode/location of the respondents. *The majority of respondents were from the WV1 and WV10 area.*

**Q7. What is your gender?**

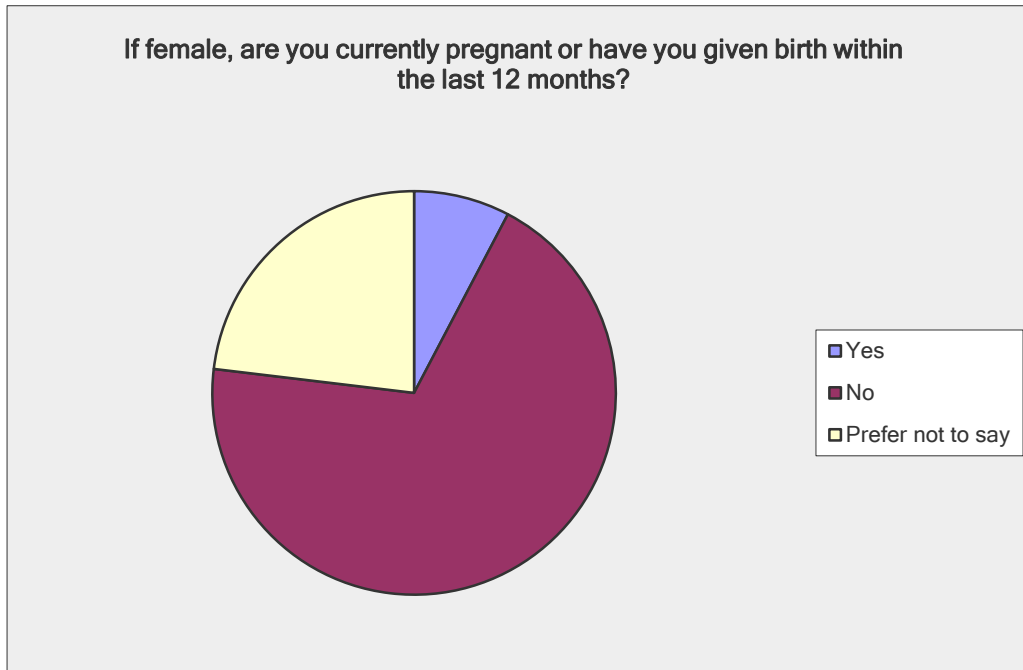


What is your gender?		
Answer Options	Response Percent	Response Count
Male	36.8%	7
Female	47.4%	9
Transgender	0.0%	0
Prefer not to say	15.8%	3
<b><i>answered question</i></b>		<b>19</b>
<b><i>skipped question</i></b>		<b>0</b>

Two more women than men answered the questionnaire, three people preferred not to say.



**Q8. If female, are you currently pregnant or have you given birth within the last 12 months?**

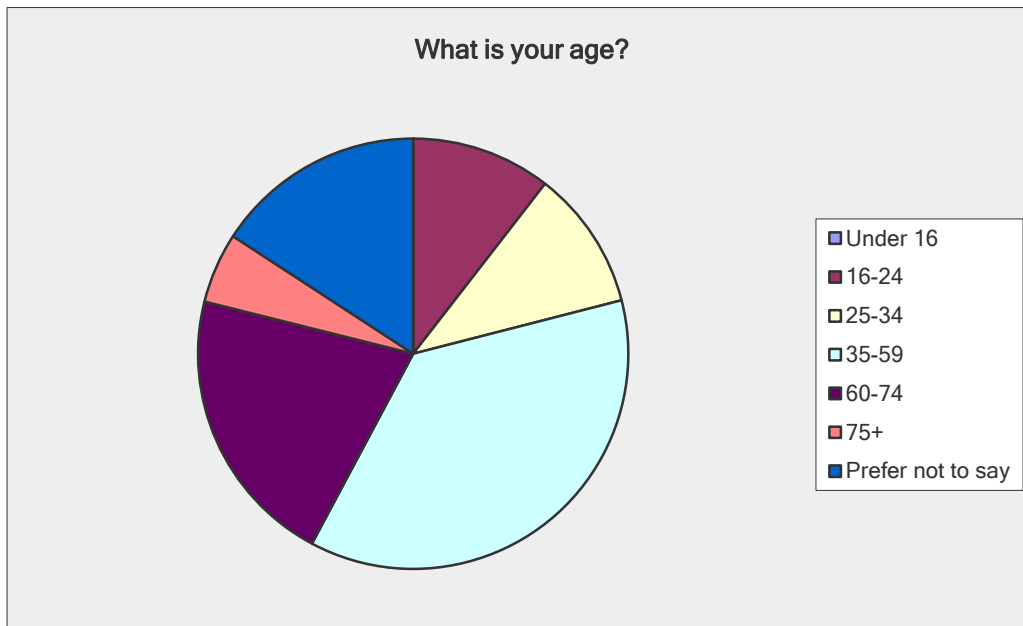


**If female, are you currently pregnant or have you given birth within the last 12 months?**

Answer Options	Response Percent	Response Count
Yes	7.7%	1
No	69.2%	9
Prefer not to say	23.1%	3
<b><i>answered question</i></b>		<b>13</b>
<b><i>skipped question</i></b>		<b>6</b>

Only one person completing the survey was pregnant.

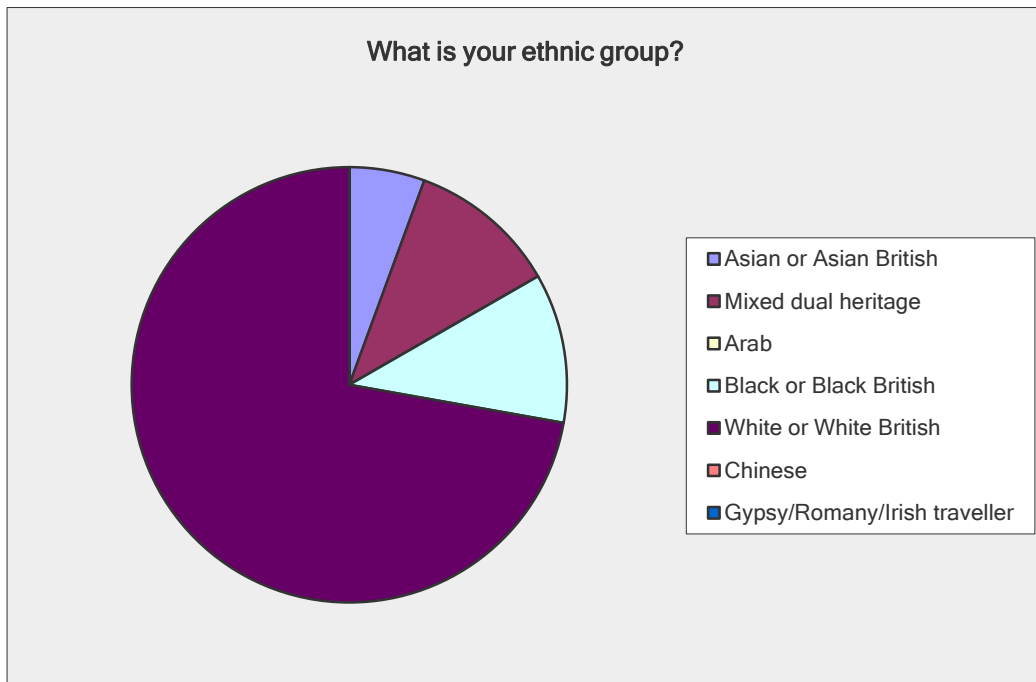
**Q9. What is your age?**



What is your age?		
Answer Options	Response Percent	Response Count
Under 16	0.0%	0
16-24	10.5%	2
25-34	10.5%	2
35-59	36.8%	7
60-74	21.1%	4
75+	5.3%	1
Prefer not to say	15.8%	3
<b>answered question</b>		<b>19</b>
<b>skipped question</b>		<b>0</b>

The majority of those completing the survey were aged between 35 and 79.

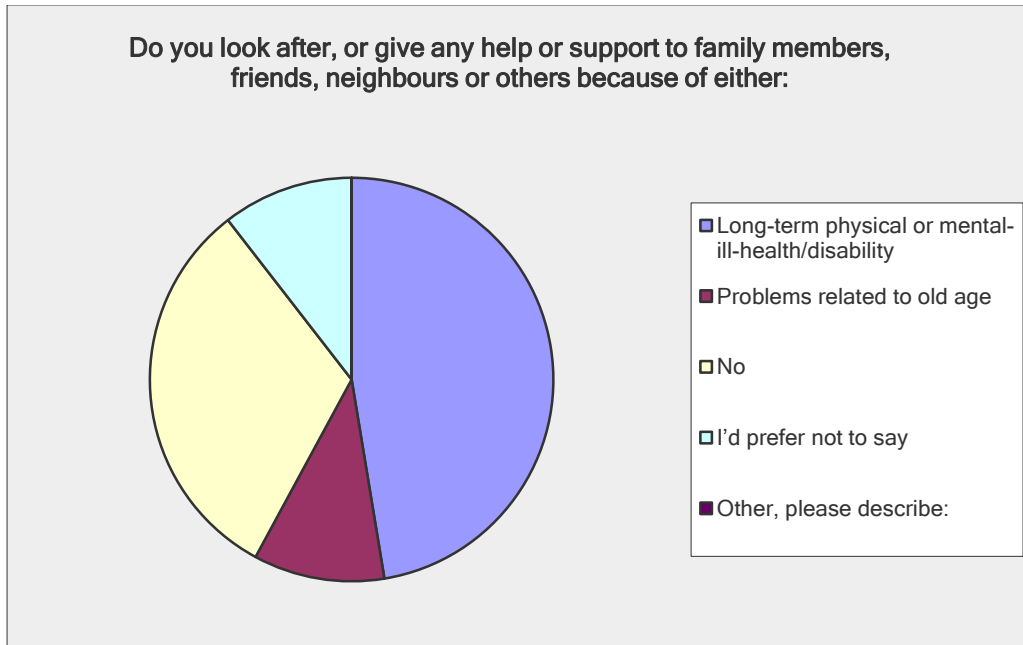
**Q10. What is your ethnic group?**



What is your ethnic group?		
Answer Options	Response Percent	Response Count
Asian or Asian British	5.6%	1
Mixed dual heritage	11.1%	2
Arab	0.0%	0
Black or Black British	11.1%	2
White or White British	72.2%	13
Chinese	0.0%	0
Gypsy/Romany/Irish traveller	0.0%	0
Other (please specify)		0
<b>answered question</b>		<b>18</b>
<b>skipped question</b>		<b>1</b>

13 people out of the 18 people who responded to this question were White or White British, one Asian or Asian British people responded and two people of Mixed dual heritage.

**Q11. Do you look after, or give any help or support to family members, friends, neighbours or others because of either:**



**Do you look after, or give any help or support to family members, friends, neighbours or others because of either:**

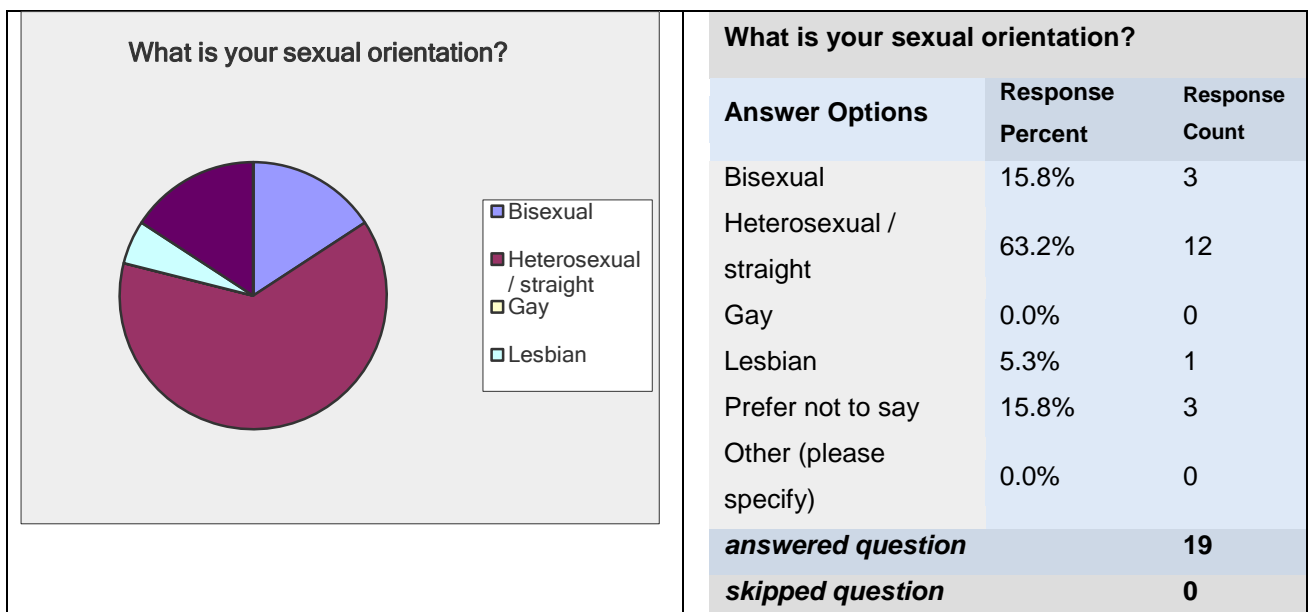
Answer Options	Response Percent	Response Count
Long-term physical or mental-ill-health/disability	47.4%	9
Problems related to old age	10.5%	2
No	31.6%	6
I'd prefer not to say	10.5%	2
Other, please describe:	0.0%	0
<b>answered question</b>		<b>19</b>
<b>skipped question</b>		<b>0</b>

**Q12. 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?**

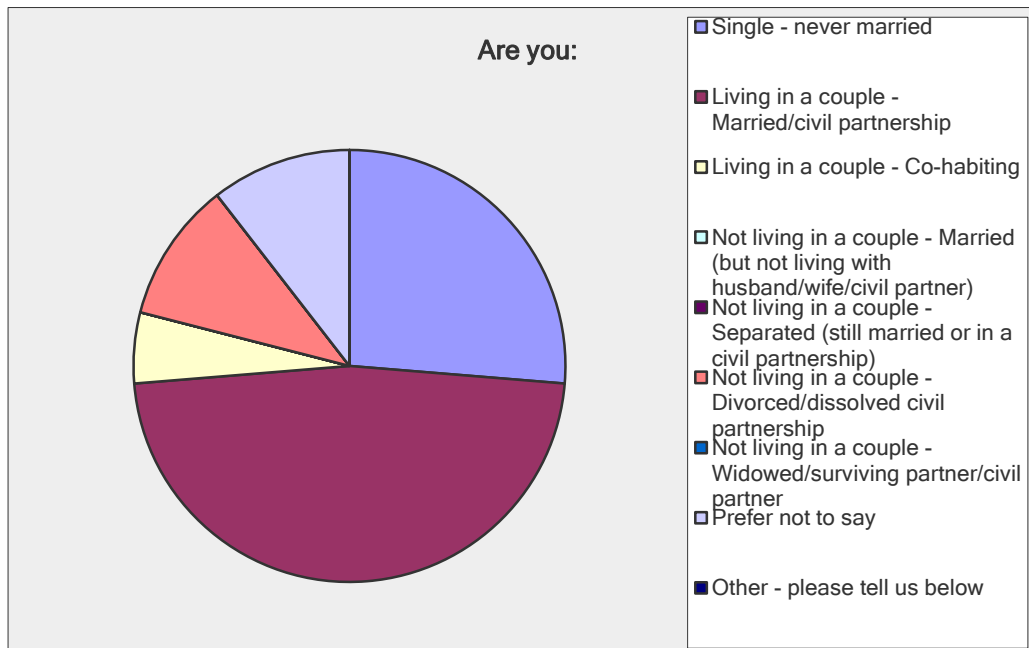
Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply)

Answer Options	Response Percent	Response Count
Vision (such as due to blindness or partial sight)	0.0%	0
Hearing (such as due to deafness or partial hearing)	15.8%	3
Mobility (such as difficulty walking short distances, climbing stairs)	0.0%	0
Dexterity (such as lifting and carrying objects, using a keyboard)	0.0%	0
Ability to concentrate, learn or understand (learning disability/difficulty)	0.0%	0
Memory	0.0%	0
Mental ill-health	10.5%	2
Stamina or breathing difficulty or fatigue	0.0%	0
Social or behavioural issues (for example, due to neuro diverse conditions such as autism, attention deficit disorder or Aspergers' syndrome)	0.0%	0
No	68.4%	13
Prefer not to say	5.3%	1
Any other condition or illness, please describe:	0.0%	0
<b>answered question</b>		<b>19</b>
<b>skipped question</b>		<b>0</b>

**Q13. What is your sexual orientation?**

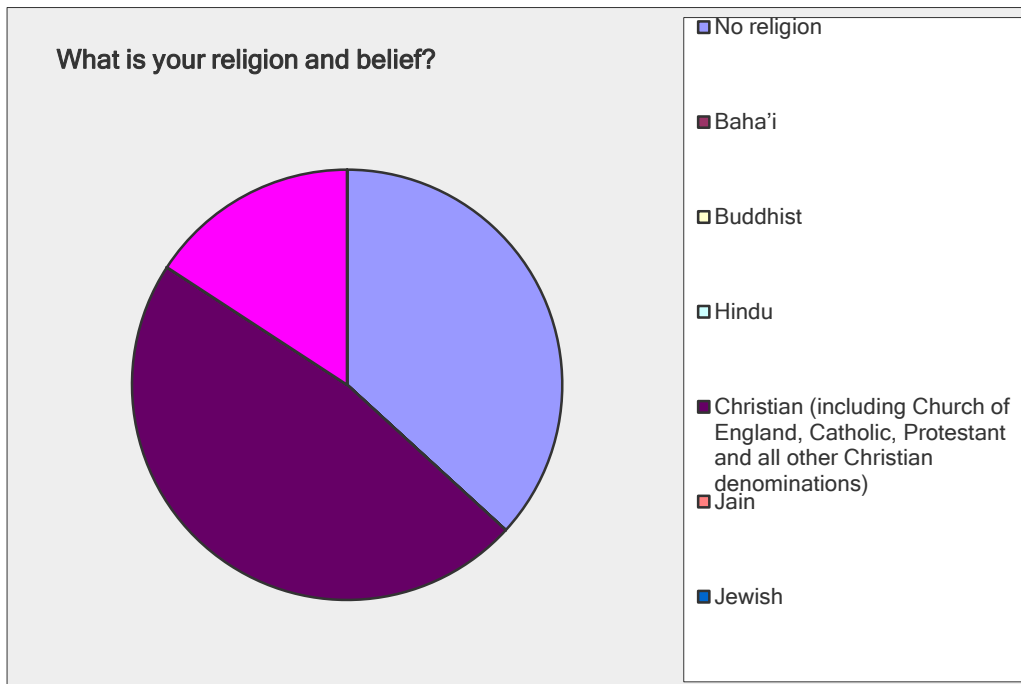


**Q14. Are you:**



<b>Are you:</b>		
<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Single - never married	26.3%	5
Living in a couple - Married/civil partnership	47.4%	9
Living in a couple - Co-habiting	5.3%	1
Not living in a couple - Married (but not living with husband/wife/civil partner)	0.0%	0
Not living in a couple - Separated (still married or in a civil partnership)	0.0%	0
Not living in a couple - Divorced/dissolved civil partnership	10.5%	2
Not living in a couple - Widowed/surviving partner/civil partner	0.0%	0
Prefer not to say	10.5%	2
Other - please tell us below	0.0%	0
<b>answered question</b>		<b>19</b>
<b>skipped question</b>		<b>0</b>

**Q15. What is your religion and belief?**



What is your religion and belief?		
Answer Options	Response Percent	Response Count
No religion	36.8%	7
Baha'i	0.0%	0
Buddhist	0.0%	0
Hindu	0.0%	0
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	47.4%	9
Jain	0.0%	0
Jewish	0.0%	0
Muslim	0.0%	0
Sikh	0.0%	0
Prefer not to say	15.8%	3
Other (please specify)	0.0%	0
<b>answered question</b>		<b>19</b>
<b>skipped question</b>		<b>0</b>

**APPENDIX 1**

**Stakeholders list**

A41 - Action for Independence
Action for Diabetes
Adult Social Care Access Point
African Caribbean Community Initiative (ACCI)
African Women of Substance
Against Group Closures
Age UK
All Nations
All Saints Action Network (ASAN)
Alzheimer's Society
Anchor Trust
Animal Assisted Therapy
Aquarius (Adults)
Aquarius (Young People)
Aspiring Futures
Autism West Midlands
Awaaz - Dost
Awaaz (Asian Women's Adhikar Association)
Beacon Centre for the Blind
Believe 2 Achieve
Beth Johnson Foundation
Better Understanding of Dementia for Sandwell (BUDS)
Between You and Me (SEVA)
Bhai Lalo Gurmat Parchar Society
BID Services for Deaf People
Black Country Visual Arts
Blakenhall Action Community Forum (BACF)
BME Housing Consortium
BME United
Brain Tumor Support Group
Brickkiln Dunstall Gateway Club
Breast Cancer Action Group
Buddha Vihara
Cameroonian Community of Wolverhampton

Carer Support Team
Catch 22
Changing Our Lives
Chinese Welfare and Information Centre
Citizens Advice Bureau - Bilston
Citizens Advice Bureau - County Court
Citizens Advice Bureau - Low Hill
Citizens Advice Bureau - Wolverhampton
Compton Hospice
Creative Support Wolverhampton Women's Wellbeing Centre
Darlington Street Methodist Church
Deafblind UK
Deon Jordan Foundation
Desire of Nations
Early Years Childcare & Play Service
Eating Disorder Service
Educare
Equalities Officers
Equality and Diversity Forum
Escape Productions
Eyes to Success
First Person Plural
Friends, Families and Travellers
Gender Matters
Get Connected
Gloucester Street Community Centre
Good Shepherd Ministry
Guru Nanak Gurdwara
Guru Nanak Satsang Gurdwara
Guru Nanak Sikh Gurdwara
Guru Nanak Sikh Temple
Headway (Black Country)
Healthwatch
Healthy Gay Life
Hear our Voice
Hearing Voices
Home Start
Hope Community Project
Hope into Action: Black Country
Improving Futures
Include Me TOO



Islamic Society of Britain (ISB)
Jamia Masjid Bilal and Muslim Community Centre
Jobcentre Plus Wolverhampton
Kic FM
Let us Play
LGBT Network Wolverhampton
Life Direct
Life Spring Church
Local Neighbourhood Partners
Local Neighbourhood Partners (Whitmore Reans)
MacMillan BID Services for Deaf People
MacMillian Cancer Information and Support
Madina Masjid
MENCAP
Mental Health Plus
Midland Heart
Moreland Trust
Mosque and Shia Muslim Community and Welfare Centre
Multiple Sclerosis Therapy Centre
Muslim Educational Trust
Nanaksar Thath Isher Darbar
Navjeevan Project
Nehemiah-UCHA
Netmums (Wolverhampton and Walsall)
Neville Garratt Centre for independent living
Newhampton Arts Centre
No Panic
Omega Care for Life
One Voice-Action for Disability
Over 50's Deaf Group
Over Eaters Anonymous
P3 Charity - Direct Access Pathway Service
Patient Advisory Cancer Team (PACT)
Parkinson's (Early Onset)
Parkinson's (Older)
Partnership

Platform 51
Positive Action 4 Mental Health (PA4MH)
Positive Participation Ltd
Quakers
Ramgarhia Board and Temple
Ramgarhia Sabha
Red Cross
Refugee and Migrant Centre Ltd
Remploy
Revive
Rethink Community Support Service
Royal Voluntary Service
Sai Bab Mandir Wolverhampton
Samaritans
Scope
Shaan
Shine (Midlands Region)
Sickle Cell and Thalassaemia Support Project
Sikh Gurdwara
Social Steam Engine
St Georges House (Hub)
St Peter and St Paul
St Peter's Collegiate Church
Support for over 50's
Support Group for Autism (Adults)
Tabernacle Baptist Church
Terrence Higgins Trust
The Golden Years Project
The Haven Wolverhampton
The Himmatt
The Kaleidoscope Group
The Key Team
The Polish Community Centre
The Sahara Centre
The Way Youth Zone
The X2Y LGBT Youth Organisation
Thomas Pocklington Trust
TLC College
Voice 4 Parents
VoiceAbility Black Country
Wednesfield Diabetes Group
Welfare Reform

West Midlands Caribbean Parents and Friends Association
West Midlands Consortium Services for Travelling
West Midlands Pensions Convention
West Park User Group
Wolverhampton Black Strategic Health Group
Wolverhampton Church Association for the Deaf
Wolverhampton Connexions Centre
Wolverhampton Coronary Aftercare Support Group
Wolverhampton Ethnic Minority Council
Wolverhampton Health Advocacy Complaints Service
Wolverhampton Improving Futures
Wolverhampton Improving Futures - Warstones
Wolverhampton Improving Futures - Bilston
Wolverhampton Improving Futures - Haven
Wolverhampton Improving Futures - Heath Town
Wolverhampton Interfaith Council
Wolverhampton LD partnership board
Wolverhampton Mental Health Empowerment Team
Wolverhampton Mosque
Wolverhampton Muslim Forum
Wolverhampton Over 50's Forum
Wolverhampton Parent Partnership Service
Wolverhampton Pensioners Association
Wolverhampton People's Parliament
Wolverhampton Pioneer Ministries
Wolverhampton Rheumatology Support Group
Wolverhampton Sickle Cell Care & Social Activity Centre
Wolverhampton Sports Specialist Centre

Wolverhampton University
Wolverhampton Urdu Centre
Wolverhampton Voluntary Sector Council (WVSC)
Wolverhampton Wellbeing Service
Wolverhampton WVSC Empowerment Team
Wolverhampton WVSC Drug Service User Involvement Team
Wolverhampton Young Carers
Wolverhampton Young Minds
Wolves Disabled Supporters Association
Women of Wolverhampton (WOW)
YMCA
Your Helping Hands
Youth Offending Service
Youth Organisations of Wolverhampton (YOW)
YWCA
Zebra Access
Zebra Uno Ltd
Elder Asians
Engagement Youth Empowerment Service
Mental Health Empowered Team
Positive Action for Mental Health
Samaritans
St Georges
Wolverhampton Coronary Aftercare Support Group
Wolverhampton Ethnic Minority Council
Black Country Partnership NHS Foundation Trust Members, Wolverhampton Constituency, Gold member status (53)
BCPFT Public Governors