

Rehabilitation and Recovery Services for Mental Health in Kirklees

NHS Greater Huddersfield and North Kirklees Clinical Commissioning Groups (CCGs), who buy (commission) health care for local people, want to improve local mental health services. The CCGs will work with Kirklees Local Authority to gather views on;

- The type of Rehabilitation and Recovery services, including supported accommodation people would like to see (this would include looking at the current service based at Enfield Down)
- What good community services for mental health could look like, including help to keep people well and the type of support that needs to be in place

The CCGs, Local Authority and current providers will work together to develop future services using the views of local people.

What type of Rehabilitation services do we have now?

Enfield Down based in Honley, provides a service for people who have long term complex mental health needs. In addition there are 43 people who are receiving services in accommodation outside the Kirklees area.

What happens in the community now?

People in the community who require rehabilitation services are supported by 'Community Mental Health teams'. Many of the people supported this way will also have used specialist hospital inpatient facilities.

We want local people to tell us what else we need to do to ensure that we can support people in the local community with complex mental health needs. We also want local people to help make sure that the services we buy (commission) are right for all our population, not just those who use services now.

We need your help to make sure we have the right services in our local area. Please help by either completing the survey below or online at: <http://www.smartsurvey.co.uk/s/RehabandRecovery/>
If you need support to give your view or prefer to tell us your story please contact us by text or phone on **07554415818** or email zubair.mayet@greaterhuddersfieldccg.nhs.uk

We look forward to your response. The **survey closes on Tuesday 23rd October 2018.**

1. About you

1a. Please tell us the first part of your postcode e.g. HD2

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1b. Are you (tick all that apply)

Someone who has used services/patient	
A carer	
A member of staff	
A member of a voluntary or community group	
A patient advocate	
Other (please tell us)	

2. About the Rehabilitation and Recovery and accommodation you would like to see

2a. Please tell us what good accommodation for people with complex mental health needs could look like? *(think about the location, how you would be able to use the service, what it would offer and who might work there)*

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2b. Please tell us what other things we should consider if we want to provide accommodation? *(think about things such as your culture, religion or personal situation)*

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3. About support in the community

3a. Please tell us about the support you get now? (tick yes to all that apply. If you want to tell us more please do)

	Yes	Does not apply to me
Support from family and friends		
Support from my GP		
Support from my pharmacist		
Support from mental health professionals		
Support from a social worker		
Voluntary and community group support		
Peer support – support from people who are in similar situations		
Information leaflets		
Website		
Supported accommodation		
Other (please tell us)		

3b. Please tell us more about the support you have received

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3c. Can you tell us what you think already works well in the community?

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3d. What do you think makes a good community service? (Please tick all that apply)

Services that are closer to home	<input type="checkbox"/>
Having a clear pathway to recovery and having clear goals	<input type="checkbox"/>
Community Team member (e.g. Care co-ordinator)	<input type="checkbox"/>
Occupational Therapy	<input type="checkbox"/>
Psychology support	<input type="checkbox"/>
Peer support and support from people who have used mental health services	<input type="checkbox"/>
Feeling safe where I live	<input type="checkbox"/>
A caseworker to develop a care plan	<input type="checkbox"/>
Having family and carers involved in care plan development	<input type="checkbox"/>
Access to services when my mental health gets worse	<input type="checkbox"/>
Having the right support at home	<input type="checkbox"/>
Having Independent advocacy support	<input type="checkbox"/>

3e. What else would make a good community service? Please give any ideas or suggestions such as the treatment or support available, who you could see or talk to and any other support that could be in place and who could provide that support

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4. Improving what we have now

4a. Is there anything about mental health rehabilitation and recovery that could be improved now?

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4b. Is there anything else that you would like to tell us about mental health that we have not asked about, but you want us to consider?

5. Please complete this section if you use services now

Please tell us where you receive Rehabilitation and Recovery Services and who supports you (tick all that apply)?

5a. I am supported in the community by a;

- Care co-ordinator Specialist team Other tell us more

5b. Please tell us if you (please tick one option)

- Receive services in Kirklees (please go to 5d)
 Receive services out of Kirklees (please answer 5c and 5d)

5c. If you receive services out of Kirklees, what would help you move back to Kirklees?

5d. What would help you move from hospital into the community?

6. If you have been given a code by a member of 'Community Voices' please write your code here:

Thank you for taking the time to complete this survey, your views are very important to us.

Equality Monitoring Form

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules.

This information will be kept confidential. Please try to answer all the questions

1. What sex are you?

- Male Female
 Prefer not to say

2. How old are you?

Example	42
Yours	

- Prefer not to say

3. Which country were you born in?

- Prefer not to say

4. Do you belong to any religion?

- Buddhism
 Christianity
 Hinduism
 Islam
 Judaism
 Sikhism
 No religion
 Other (Please specify in the box below)

- Prefer not to say

5. What is your ethnic group?

Asian or Asian British:

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Other Asian background (please specify)

Black or Black British:

- Caribbean
 African
 Other Black background (please specify)

Mixed or multiple ethnic groups:

- White and Black Caribbean
 White and Black African
 White and Asian
 Other mixed background (please specify)

White:

- English/Welsh/Scottish/Northern Irish/British
 Irish
 Gypsy or Irish Traveller
 Other White background (please specify)

Other ethnic groups:

- Arab
 Any other ethnic group (please specify)

- Prefer not to say

6. Do you consider yourself to be disabled?

- Yes No
 Prefer not to say

Type of impairment:

Please tick all that apply

- Physical or mobility impairment**
(such as using a wheelchair to get around and / or difficulty using their arms)
- Sensory impairment**
(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition**
(such as depression or schizophrenia)
- Learning disability**
(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long term condition**
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say

7. Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- Yes No
 Prefer not to say

8. Are you pregnant?

- Yes No
 Prefer not to say

9. Have you given birth in the last 6 months?

- Yes No
 Prefer not to say

10. Please select the option that best describes your sexual orientation.

- Bisexual (both sexes)
 Gay (same sex)
 Heterosexual/straight (opposite sex)
 Lesbian (same sex)
 Other
 Prefer not to say

11. Is your gender identity the same as the sex you were assigned at birth?

- Yes No
 Prefer not to say

Thank you for taking the time to complete this form.

Please hand this questionnaire to the person or organisation who gave it to you or post to the following FREEPOST address below (no stamp needed)

FREEPOST RTHC-ARSS-ABXC (16)
ENGAGEMENT TEAM Greater Huddersfield Clinical Commissioning Group
Broad Lea House, Dyson Wood Way, Bradley
HUDDERSFIELD, HD2 1GZ

Please return this form by Tuesday 23rd October 2018, thank you