



Older people's mental health inpatient services public consultation.

Consultation survey.

Once you have information about the proposed changes please fill out the survey and return it using the envelope provided, which has our freepost address already printed (no stamp needed).

Or you can:

Fill out the survey online at: www.southwestyorkshire.nhs.uk/opsconsultation

If you do need any support or help to complete the survey call us on our freephone number - 0800 587 2108 – leave a message and someone will get back to you as soon as they can.

Please visit our website - www.southwestyorkshire.nhs.uk/opsconsultation for the consultation closing date.

We will use all the feedback we receive to inform our decision. Our decision will also consider clinical outcomes, best use of estates, finance, workforce, and equality considerations. We hope to make a decision no later than Autumn 2024.

Thank you so much for taking the time to give us your views.

In partnership with:

South West Yorkshire Partnership NHS Foundation Trust

NHS West Yorkshire Integrated Care Board

Section 1: Tell us who is completing the survey:

Q1. I am answering these questions as (Please tick all that apply)

- ☐ I am someone living with dementia.
- ☐ I am someone living with functional mental health needs.
- ☐ I care for someone living with dementia.
- ☐ I care for someone living with functional mental health needs.
- ☐ I am a member of staff working in the older people mental health service.
- ☐ I work in healthcare.
- ☐ I work in social care - including care homes.
- ☐ I work for a voluntary or community organisation.
- ☐ I am a member of the public.
- ☐ I am a Governor or member of South West Yorkshire Partnership Foundation Trust
- ☐ Other, please tell us

Q2. Before you complete the survey. How did you get information about the proposed changes? (Please tick all that apply)

- ☐ I read the full document.
- ☐ I read the summary document.
- ☐ I read the easy read document.
- ☐ I attended a public meeting in person.
- ☐ I attended a public meeting online.
- ☐ I was informed by a local voluntary and community group.
- ☐ I was informed by an advocate.
- ☐ I visited the website.
- ☐ I watched a film/ animation about the proposed changes.
- ☐ Other, please tell us

Q3. Thinking about the information you received, do you need more information?

- ☐ No
- ☐ Yes
- ☐ Don't know

If you answered yes or don't know please visit our website www.southwestyorkshire.nhs.uk/opsconsultation or contact us on our freephone number 0800 587 2108 for more information on the proposed changes before completing the survey.

Section 2: About the proposed changes

Q4. When thinking about older people mental health services, we would like to understand what you think is most important to you.

Please rank each statement from 1-7 in order of importance, with 1 being most important and 7 being least important.	
	People should be cared for as close to home as possible.
	People should only be admitted to hospital when they need specialist care and support.
	People living with dementia should be cared for on a separate ward to people living with functional mental health needs.
	People with functional mental health needs should be cared for on a separate ward to people living with Dementia.
	People should be cared for in a safe supported environment.
	People should only be moved to a different ward if it is essential for their care.
	People should be cared for by staff who are familiar to them.

Q5. Thinking about option 1a - The option can be found on page 26 of the full consultation document and page 4 of the consultation summary document. **How much do you agree with the following statement?**

Q5a. Option 1a will improve the care available to people living with dementia.

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q5b. Option 1a will improve the care available to people living with a functional mental health need.

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q5c. Option 1a would offer the right care for patients with mental health needs.

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q5d. Option 1a would mean that services offer value for money.

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q5e. Please tell us more about your response. We would be very keen to hear from you particularly if you have disagreed with any of the statements for option 1a.

Q6. Thinking about option 1b - The option can be found on page 26 of the full consultation document and page 4 of the consultation summary document. **How much do you agree with the following statement?**

Q6a. Option 1b will improve the care available to people living with dementia?

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q6b. Option 1b will improve the care available to people living with a functional mental health need.

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q6c. Option 1b would offer the right care for patients with mental health needs.

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q6d. Option 1b would mean that services offer value for money.

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q6e. Please tell us more about your response. We would be very keen to hear from you particularly if you have disagreed with any of the statements for option 1b.

Q7. Thinking about option 2 - The option can be found on page 27 of the full consultation document and page 5 of the consultation summary document. **How much do you agree with the following statement?**

Q7a. Option 2 will improve the care available to people living with dementia?

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q7b. Option 2 will improve the care available to people living with a functional mental health need.

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q7c. Option 2 would offer the right care for patients with mental health needs.

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q7d. Option 2 would mean that services offer value for money.

- ☐ Strongly agree.
- ☐ Agree
- ☐ Not sure
- ☐ Disagree
- ☐ Strongly disagree

Q7e. Please tell us more about your response. We would be very keen to hear from you particularly if you have disagreed with any of the statements for option 2.

Q8. As a Trust we want to make sure that our proposals help us deliver services that are sustainable (last) and that we have considered any environmental impacts. Do you think we have considered everything?

- ☐ Yes
- ☐ Not sure
- ☐ No

If you answered Not sure or No Please tell us more

Q9. Thinking about all the proposals, is there anything else you want to tell us?

Section 3: Travel Transport and Parking

Q10. How long would you expect to travel for specialist inpatient dementia care?

- ☐ Up to 30 minutes
- ☐ Between 30 – 45 minutes
- ☐ 45 to 60 minutes
- ☐ Over 60 minutes

Q11. How long would you expect to travel for functional inpatient mental health care?

- ☐ Up to 30 minutes
- ☐ Between 30 – 45 minutes
- ☐ 45 to 60 minutes
- ☐ Over 60 minutes

Q12. How do you travel (tick all that apply)

- ☐ I drive a petrol/ diesel car.
- ☐ I drive an electric/ hybrid car.
- ☐ Petrol/diesel car – as a passenger
- ☐ Electric/hybrid car – as a passenger
- ☐ Taxi
- ☐ Bus
- ☐ Train
- ☐ Patient transport
- ☐ Walk
- ☐ Bicycle
- ☐ Electric Bicycle
- ☐ Motorbike
- ☐ Other, please tell us

Q13. Is there anything else you think we should consider about travel, transport, and parking and how easy it is for you to travel.

Equality Monitoring Form

It is important to us that all communities across Calderdale, Kirklees and Wakefield have their say in shaping local services.

Equality monitoring collects data about people, it is important for us to collect and analyse this data to make sure we provide the right services. This information helps us understand which communities' views are being heard and which are not.

Your information will be protected and stored securely in line with data protection rules and no personal information will be shared. Please answer the questions below, some questions may feel personal, you do not have to answer any questions you do not want to.

1. What is the first part of your postcode? Example HD6, WF13:

☐ Prefer not to say

2. What is your gender? (Please tick one option)

☐ Man

☐ Woman

☐ Non-Binary

☐ Prefer Not to say

☐ I describe my gender in another way. (Please tell us)

3. How old are you? Example 42:

☐ Prefer not to say

4. What country were you born in? (Please tick one option)

- ☐ United Kingdom
- ☐ Prefer Not to say
- ☐ Other country: (Please tell us):

5. What is your religion? (Please tick one option)

- ☐ No religion
- ☐ Christian (including Church of England, Catholic, Protestant and all other denominations)
- ☐ Muslim
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Sikh
- ☐ Prefer not to say
- ☐ Other religion (please tell us):

6. What is your ethnic group? (Please tick one option)

☐ Prefer not to say

Asian or Asian British

☐ Pakistani

☐ Bangladeshi

☐ British Indian

☐ Chinese

☐ Any other Asian background (Please tell us):

Black, Black British, Caribbean, or African

☐ Caribbean

☐ African

☐ Any other Black background (Please tell us):

Mixed or multiple ethnic groups

☐ White and Black Caribbean

☐ White and Black African

☐ White and Asian

☐ Other Mixed background (Please tell us):

White

☐ English, Welsh, Scottish, Northern Irish or British

☐ Irish

☐ Gypsy or Irish Traveller

☐ Roma

☐ Other White background (Please tell us):

Other ethnic groups

☐ Arab

☐ Any other ethnic background (Please tell us):

7. Are you disabled?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

8. Do you have any long-term conditions, impairments or illness? (Please tick all that apply or go to next question if not relevant)

- ☐ Prefer not to say
- ☐ **Physical or mobility impairment:** (such as using a wheelchair, difficulty walking or using your hands)
- ☐ **Hearing impairment:** (such as being D/deaf or hard of hearing)
- ☐ **Sight impairment:** (such as being blind or partially sighted)
- ☐ **Mental health condition:** (such as having depression, schizophrenia, bipolar disorder)
- ☐ **Learning, understanding, concentrating or memory:** (such as Down's Syndrome, stroke or head injury)
- ☐ **Neurodivergent conditions:** (such as autism, ADHD and / or dyslexia)
- ☐ **Long term conditions:** (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- ☐ Other: (please write in):

9. Are you a carer? (Do you provide unpaid care or support to someone who is older, disabled or has a long-term condition)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

10.What is your sexual orientation?

- ☐ Bi / Pansexual
- ☐ Gay
- ☐ Lesbian
- ☐ Heterosexual / Straight
- ☐ Asexual
- ☐ Prefer not to say
- ☐ I prefer to use another term (please tell us):

11.Are you Trans? (Trans is a term used to describe people whose gender identity is not the same as the sex registered at birth.)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

12.The cost of living can impact experiences of health and outcomes can you tell us about your current financial situation? (Please tick one option)

- ☐ **Very comfortable** (I have more than enough money for food and bills and a lot left over)
- ☐ **Quite comfortable** (I have enough money for food and bills, and **some** left over)
- ☐ **Just getting by** (I have just enough money for food and bills and **nothing** left over)
- ☐ **Really struggling** (I don't have enough money for food and bills and sometimes **run out** of money)
- ☐ **I don't know**
- ☐ **Prefer not to say**

(We ask this question to help us understand the impact of income on experiences of services or health)

13.Are you pregnant or have you given birth in the last 12 months?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

14.Are you a parent / primary carer of a child or children, if yes, how old are they? (Please tick any that apply)

- ☐ No
- ☐ 0 to 4
- ☐ 5 to 9
- ☐ 10 to14
- ☐ 15 to19
- ☐ Prefer not to say

15.What is your relationship status? (Please choose one option)

- ☐ Married or Civil Partnership
- ☐ Live with partner
- ☐ Single
- ☐ Widowed
- ☐ Other
- ☐ Prefer not to say

Thank you for taking the time to complete this survey.

If you need more space to respond, please feel free to add more paper.