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 **Your experiences of support and services for older people with mental health needs in Swansea Bay**

**Our proposals to create a single integrated service across Swansea Bay for older people with mental health needs, and**

**Our proposals to reduce and change use of beds**

**Response Form**

**Please complete this form and return to us by**

**midnight on 12th September, 2021**

**Introduction**

There are 4 sections to this response form:

Section 1 - covering your experiences of support and services for older people with mental health needs in Swansea and Neath Port Talbot.

Section 2 - your responses to the proposals to create a single integrated service across Swansea and Neath Port Talbot for older people with mental health needs.

Section 3 – your views on the proposals to reduce and change use of beds.

Section 4 - There are also some equality questions at the end, which help us to understand the impacts of these changes on the protected characteristic groups outlined in the Equality Act 2010.

Swansea Bay University Health Board will collate all responses received, ensuring all feedback from individuals is anonymous, but views from organisations may be published in full.

All of the questions are optional, and any information you provide in response to his engagement will be processed in line with the requirements of the UK Data Protection Act and the EU General Data Protection Regulation. Information will only be used to inform this consultation and any personal information which could identify you will be kept for no longer than 3 years after decisions have been made. For further information, please contact SBU.DPO@wales.nhs.uk.

**Section 1 –** **your experiences of support and services for older people with mental health needs in Swansea and Neath Port Talbot.**

**Question 1**

Have you or a family member / friend used our mental health services for older people in Swansea or Neath Port Talbot?

Yes [ ]

No [ ]

If you answered no, please go to question 4.

**Question 2**

If yes, what was your experience of the older people’s mental health services you received?

**Question 3**

How do you think we could improve these services in the future?

**Section 2 – Your responses to the Health Board’s proposal to establish a single integrated inpatient service to support older people with the highest level of mental health needs for the Region (i.e. Swansea Bay area). The single point of access to these services for the population of Swansea Bay would be Celyn Ward in Ysbryd y Coed at Cefn Coed Hospital with extended assessment / care provided in the other 2 wards within Ysbryd y Coed for the Swansea area and in the 15 refurbished beds at Tonna Hospital for the Neath Port Talbot area.**

**Question 4**

To what extent to do you agree / disagree with the proposal to establish a single, integrated inpatient service across Swansea Bay?

Choose one of the following answers:

Strongly disagree [ ]

Tend to disagree [ ]

Neither agree nor disagree [ ]

Tend to agree [ ]

Strongly agree [ ]

Don’t know [ ]

What comments / issues do you want the Health Board to consider about establishing a single, integrated inpatient service when it considers the outcome of this engagement?

**Section 3 – Your response to the Health Board’s proposal to reduce and change the use of beds for people with the highest level of mental health needs for the Region (i.e. Swansea Bay area).**

**Question 5**

To what extent to do you agree / disagree with the proposal reduce and change the use of beds?

Choose one of the following answers:

Strongly disagree [ ]

Tend to disagree [ ]

Neither agree nor disagree [ ]

Tend to agree [ ]

Strongly agree [ ]

Don’t know [ ]

**Question 6**

What comments / issues do you want the Health Board to consider in relation to the proposed reductions in beds when it considers the outcome of this engagement?

**Section 3 – Equality Considerations**

**As a public body, Swansea Bay University Health Board has a duty to take into account the impact of their decisions on people with protected characteristics under the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation) as well as the Human Rights Act 1998 and Welsh Language (Wales) Measure 2011.**

**Question 7**

Are there any groups protected under the Equality Act 2010 who you believe will be positively or negatively affected by the changes proposed for older peoples’ inpatient care for those with the highest level of mental health needs?

Yes [ ]

No [ ]

If no, please go to the Section 4 – Information about you.

If yes, what are your concerns and how can we reduce any negative impacts on these protected characteristic groups?

**Section 4 - Information about you (anonymous):**

Are you:

Providing your own personal response [ ]

Submitting a response on behalf of an organisation [ ]

***TICK ONLY ONE BOX FOR EACH QUESTION***

**What was your age on your last birthday?**

|  |
| --- |
| [ ]  Under 16 |
| [ ]  16 -24 |
| [ ]  25 – 34 |
| [ ]  35 – 44 |
| [ ]  45 – 54 |
| [ ]  55 – 64 |
| [ ]  65 – 74 |
| [ ]  75 or over |
| [ ]  Prefer not to say |

**Gender**

 **Which of the following describes how you think of yourself?**

|  |
| --- |
| [ ]  Female |
| [ ]  Male |
| [ ]  Other/I prefer to use my own term |
| [ ]  Prefer not to say |

**Which of the following best describes your ethnic group or background?**

|  |  |
| --- | --- |
| **White**[ ]  Welsh / English / Scottish/ Northern Irish / British[ ]  Irish[ ]  Gypsy or Irish Traveller[ ]  Any other white background (please describe)…………………………………………………….**Mixed/Multiple ethnic groups**[ ]  White and Black Caribbean[ ]  White and Black African[ ]  White and Asian[ ]  Any other mixed/multiple ethnic background (please describe): ………………………………………………….....**Asian/Asian British**[ ]  Indian[ ]  Pakistani[ ]  Bangladeshi[ ]  Chinese[ ]  Any other Asian background (please describe) ……………………………………………………..**Black/African/Caribbean/Black British**[ ]  African[ ]  Caribbean[ ]  Any other black/African/Caribbean background (please describe) ………………………………………………………**Other ethnic group**[ ]  Arab[ ]  Any other ethnic group (please describe)[ ]  Prefer not to say |  |

**Disability**

 Are your day-to-day activities limited because of a health problem or disability

 which has lasted, or is expected to last, at least 12 months?

|  |
| --- |
| [ ]  Yes, limited a lot. |
| [ ]  Yes, limited a little. |
| [ ]  No. |
| [ ]  Prefer not to say. |

**Sexual Orientation**

|  |
| --- |
| [ ]  Bisexual |
| [ ]  Gay  |
| [ ]  Heterosexual  |
| [ ]  Lesbian |
| [ ]  Other/I prefer to use my own term |
| [ ]  Prefer not to say |

**Marriage and Civil Partnership**

 What is your legal marital or same-sex civil partnership status?

|  |
| --- |
| [ ]  Never married and never registered in a same sex civil partnership. |
| [ ]  Married. |
| [ ]  Separated, but still legally married. |
| [ ]  Divorced. |
| [ ]  Widowed. |
| [ ]  In a registered same-sex civil partnership. |
| [ ]  Separated, but still legally in a same-sex civil partnership. |
| [ ]  Formerly in a same-sex civil partnership which is now legally dissolved. |
| [ ]  Surviving partner from a same-sex civil partnership.[ ]  Prefer not to say |

**Religion**

 What is your religion?

|  |
| --- |
| [ ]  No religion. |
| [ ]  Christian (all denominations). |
| [ ]  Buddhist. |
| [ ]  Hindu. |
| [ ]  Jewish. |
| [ ]  Muslim. |
| [ ]  Sikh. |
| [ ]  Any other religion (please describe) |

**Pregnancy and Maternity**

 Are you currently pregnant or have you been pregnant in the last year?

|  |
| --- |
| [ ]  Yes |
| [ ]  No  |
| [ ]  Prefer not to say. |

 **In the past year, have you taken?**

|  |
| --- |
| [ ]  Maternity leave. |
| [ ]  Additional paternity leave (e.g. more than 2 weeks). |
| [ ]  Adoption leave.[ ]  Prefer not to say. |

**Gender Identity**

 **At birth were you described as…**

(Please tick one option)

|  |
| --- |
| [ ]  Male |
| [ ]  Female |
| [ ]  Intersex |
| [ ]  Prefer not to say |

 **Which of the following describes how you think of yourself?**

(Please tick one option)

|  |
| --- |
| [ ]  Male |
| [ ]  Female |
| [ ]  In another way: \_\_\_\_\_\_\_\_ |
| [ ]  Prefer not to say |

**Thank you for taking the time to complete this response form which needs to be returned by midnight on 12th September, 2021.**

**Email it to us:** SBU.engagement@wales.nhs.uk

**Post it to us:** Chief Executive

 Swansea Bay University Health Board

 One Talbot Gateway

 Baglan SA12 7BR

**Or complete online via the Health Board’s website**

**If you have any queries please contact us by emailing using the address above or phone us on (01639) 683355.**