

**SERVICE FRAMEWORK FOR MENTAL HEALTH AND WELLBEING**

**2018-2021**

**Consultation Response Questionnaire**

*March 2018*

**CONSULTATION RESPONSE QUESTIONNAIRE**

You can respond to the consultation document by e-mail or letter.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

**By proceeding with this questionnaire and submitting it to the Department you are giving your consent to the use and storage of your personal details as described in Appendix 1.**

Responses should be sent to:

E-mail: [serviceframeworks@health-ni.gov.uk](mailto:serviceframeworks@health-ni.gov.uk)

Written: Quality Regulation, Policy & Legislation Branch

DoH

Room D1

Castle Buildings

Stormont Estate

Belfast, BT4 3SQ

Tel: (028) 9052 2358

**Responses must be received no later than 5pm on 31 May 2018**

I am responding: as an individual

on behalf of an organisation

(please tick a box)

|  |  |
| --- | --- |
| Name: |  |
| Job Title: |  |
| Organisation: |  |
| Address: |  |
|  |  |
| Tel: |  |
|  |  |
| e-mail: |  |

Background

The Service Framework for Mental Health and Wellbeing was originally launched in December 2010. It has recently been subject to a fundamental review and also to an independent review by the Regulation and Quality Improvement Authority (RQIA).

The revised Framework includes 9 standards, which cover: access to mental health services; assessment, formulation and diagnosis; personal well-being planning; care and treatment; staying engaged and self-management; and research and development.

The Framework has been developed by people with lived experience, carers, advocates, voluntary and community organisations and professionals involved in commissioning and providing care.

Purpose

This questionnaire seeks your views on the revised Service Framework for Mental Health and Wellbeing, and should be read in conjunction with the document which includes the draft standards. It is particularly important to know whether the proposed standards will ensure that health and social care services are safe, effective and person-centred.

All Service Frameworks incorporate a specific set of standards that are identified as generic. The generic standards were subject to a public consultation which closed on 6 August 2012. The standards have since been finalised and agreed. We are therefore not seeking comment on these standards as part of this consultation. The relevant standards are clearly marked as generic throughout the document.

The consultation questionnaire

The questionnaire can be completed by an individual health professional, stakeholder or member of the public, or it can be completed on behalf of a group or organisation.

**Part A:** provides an opportunity to provide some general feedback on the service framework document and should be completed by all respondents.

**Part B:** provides an opportunity for respondents to give additional feedback relating to specific standards and/ or sections of the service framework.

**Part A – General feedback on the document (all respondents please complete this part).**

**Q1.** Please indicate your views on the following statement (please tick response)

“In general the language and organisation of the document is easy to follow.”

Strongly agree  Agree  Neither  Disagree  Strongly disagree

|  |
| --- |
| Comments: |

**Q2.** Please indicate your views on the following statement (please tick response)

“The standards covered by the service framework are important for those with Mental Health Needs”.

Strongly agree  Agree  Neither  Disagree  Strongly disagree

|  |
| --- |
| Comments: |

**Q3.** Please indicate your views on the following statement (please tick response)

“Overall this framework will provide an opportunity to help set priorities for commissioning services for Mental Health and wellbeing”.

Strongly agree  Agree  Neither  Disagree  Strongly disagree

|  |
| --- |
| Comments: |

**Q4.** Which of these 9 standards will have the greatest impact on the health and wellbeing of people who use Mental Health services, and why?

|  |
| --- |
| Comments: |

**Q5**. Which of these 9 standards might affect existing or potential health inequalities for people in Northern Ireland, and how? Please consider social, economic and geographic challenges in response to this question.

|  |
| --- |
| Comments: |

**Equality implications**

Before completing this section, please refer to Appendix 2 which relates to equality of opportunity, and the guidance regarding this produced by the Equality Commission for Northern Ireland.

**Q6.** What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories?

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |
| --- |
|  |

Minor Major None

If you have indicated minor or major, please provide details:

|  |
| --- |
|  |

**Q7.** Are there opportunities for the Framework to better promote equality of opportunity for people within the Section 75 equalities categories?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

|  |
| --- |
| Comments: |

**Q8.** To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion or racial group?

|  |
| --- |
|  |

|  |
| --- |
|  |

|  |
| --- |
|  |

Minor Major None

If you have indicated minor or major, please provide details:

|  |
| --- |
| Comments: |

**Q9.** Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

|  |
| --- |
| Comments: |

**Q10a.** In relation to the Rural Impact Assessment Screening, are there any issues which you believe need to be addressed which haven’t been or any comment you wish to make on what is contained in the current screening document?

|  |
| --- |
| Comments: |

**Q10b.** Do you have additional data which would assist us in making the Rural Impact Assessment more robust?

|  |
| --- |
| **Comments:** |

**Q11.** Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to the revised Service Framework for Mental Health and Wellbeing.

|  |
| --- |
| Comments: |

**Thank you for your comments. This is the end of Section A. Do you wish to make specific comments on individual sections or standards? Y/ N**

**Part B – Feedback relating to specific standards and/or sections of the service framework.**

|  |  |
| --- | --- |
| **Please tick which sections or subsections you are providing feedback on** | |
| Section 1 – Introduction |  |
| Section 2 – Implementing the Service Framework |  |
| Section 2.1 – Introducing Standard One – Access to Mental Health Services |  |
| Section 2.1 - Standard One: SS1 – Access to Mental Health Services  SS1.1 – I can access Mental Health Services when I need them |  |
| Section 2.1 – Standard One: SS1 – Access to Mental Health Services  SS1.2 – I receive appropriate information about what happens next when I am referred to Mental Health Services |  |
| Section 2.2 – Introducing Standard Two – Assessment, Formulation and Diagnosis |  |
| Section 2.2 – Standard Two: SS2 – Assessment, Formulation & Diagnosis  SS2.1 – I have an assessment undertaken including personal safety assessment where appropriate, and I a given my diagnosis, where relevant, in a timely manner |  |
| Section 2.3 – Introducing Standard Three – Personal Wellbeing Planning |  |
| Section 2.3 – Standard Three: SS3 – Personal Wellbeing Planning  SS3.1 – With my consent, I jointly develop and receive a Personal Wellbeing Plan (PWP), which includes a Personal Safety Plan where appropriate |  |
| Section 2.4 – Introducing Standard Four – Care and Treatment |  |
| Section 2.4 – Standard Four: SS4 – Care & Treatment  SS4.1 – I receive appropriate care and treatment according to my assessed needs |  |
| Section 2.4 – Standard Four: SS4 – Care & Treatment  SS4.2 – I will review with staff progress against my Personal Wellbeing Plan (PWP) on a regular basis |  |
| Section 2.5 – Introducing Standard Five – Staying Engaged and Self-Management |  |
| Section 2.5 – Standard Five: SS5 – Staying Engaged & Self-Management  SS5.1 – I am involved in my own self-management and any decision to discharge me from Mental Health Services and I know how to re-enter services when I need to |  |
| Section 2.5 – Standard Five: SS5 – Staying Engaged & Self-Management  SS5.2 – Mental Health Services ask me and my family/ carers for feedback about my care experience to improve quality of service |  |
| Section 2.6 – Introducing Standard Six – Research and Development |  |
| Section 2.6 – Standard Six: R1 – Research and Development  R1 – All HSC Services promote, conduct and use research to improve the current and future health and wellbeing of the population |  |
| Section 3 – Monitoring the Service Framework |  |
| Section 4 – Supporting References |  |
| Section 5 – Bibliography |  |
| Section 6 - Appendices |  |

**Q(i).** Please indicate your views on the following statement (please tick response)

“It was easy to locate my specific standard/section of interest in the Service Framework document.”

Strongly agree  Agree  Neither  Disagree  Strongly disagree

|  |
| --- |
| Comments: |

**Q(ii).** Service frameworks are viewed as active documents which evolve over time to include new scientific evidence for improving care. Are you aware of any key evidence or other information which is missing, and which would alter the nature of this particular section/ standard?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

|  |
| --- |
| Comments: |

**Q(iii).** Please indicate your views on the following statement (please tick response)

“The Service Indicators, user Experience Indicators (EFF), and the expected performance levels are reasonable, and they will help progress towards achieving the overarching standard(s).”

Strongly agree  Agree  Neither  Disagree  Strongly disagree

|  |
| --- |
| Comments: |

**Q(iv).** Please indicate your views on the following statement (please tick response)

“I plan to use this standard to improve my practice, or services, for people with Mental Health needs.”

Strongly agree  Agree  Neither  Disagree  Strongly disagree

|  |
| --- |
| Comments: |

**Q(v).** Please use the box below to insert any further comments, recommendations or suggestions you would like in relation to this particular standard or section.

|  |
| --- |
| Comments: |

**This is the end of Section B. Thank you for your comments. To submit your response questionnaire please click here.**

**Responses must be received no later than 5pm on 31 May 2018**

*Appendix 1*

*Freedom of Information Act 2000 – confidentiality OF consultationS*

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor’s Code of Practice on the Freedom of Information Act provides that:

* the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department’s functions and it would not otherwise be provided
* the Department should not agree to hold information received from third parties “in confidence” which is not confidential in nature
* acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

For further information about confidentiality of responses please contact the Information Commissioner’s Office (or see web site at: [**http://www.informationcommissioner.gov.uk/**](http://www.informationcommissioner.gov.uk/)). For further information about this particular consultation please contact Mark Anderson (contact details are shown on page 2).

*Data Protection Act (DPA) and the EU General Data Protection Regulation (GDPR)*

Being transparent and providing accessible information to individuals about how we may use personal data is a key element of the Data Protection Act (DPA) and the EU General Data Protection Regulation (GDPR). The Department of Health (DoH) is committed to building trust and confidence in our ability to process your personal information.

Your name, address and e-mail details have been sought and will be used by the Department for the purposes of this consultation only. This will allow us to contact you, if required, and to collate data on who is responding to the consultation.

Your personal information will be held on an Electronic Document and Record Management System (EDRMS) for a period of 5 years. The Department will ensure compliance with Article 5(d) of GDPR[[1]](#footnote-1) which requires that personal data is erased without delay when no longer required. Effective management of records from when they are created, how they are stored and used, through to their disposal or archive is in place. The destruction of records is determined by the Department’s approved retention policy Good Management, Good Records (GMGR). Accessed here:

<https://www.health-ni.gov.uk/topics/good-management-good-records>

We sometimes need to share the personal information we process with the individuals themselves and also with other organisations. Where this is necessary we are required to comply with all aspects of the Data Protection Act (DPA).

**What rights do you have?**

* You have the right to obtain confirmation that your data is being [processed, and access to your personal data](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-of-access/)
* You are entitled to have personal data [rectified if it is inaccurate or incomplete](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-to-rectification/)
* You have a right to have personal data [erased and to prevent processing](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-to-erasure/), in specific circumstances
* You have the right [to ‘block’ or suppress processing](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-to-restrict-processing/) of personal data, in specific circumstances
* You have the right to [data portability](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-to-data-portability/), in specific circumstances
* **You have the right to** [object to the processing](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/right-to-object/)**,** in specific circumstances
* **You have rights in relation to** [automated decision making and profiling](https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/individual-rights/rights-related-to-automated-decision-making-including-profiling/)

**How to complain if you are not happy with how we process your personal information**

**If you are unhappy with any aspect of this privacy notice, or how your personal information is being processed, please contact the Department’s Data Protection Officer at the address above.**

**If you are still not happy, you have the right to lodge a complaint with the Information Commissioner’s Office (ICO):**

**Information Commissioner’s Office**

Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Tel: 0303 123 1113

Email: casework@ico.org.uk

<https://ico.org.uk/global/contact-us/>

*Appendix 2*

Section 75 of the Northern Ireland Act 1998 requires the Department to “have due regard” to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to “have regard” to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

In keeping with the above statuary obligations and in accordance with guidance produced by the Equality Commission for Northern Ireland, the Department has carried out a preliminary equality screening exercise to determine if the standards proposed in the revised Service Framework for Mental Health and Well Being are likely to have a significant impact on equality of opportunity and should therefore be subjected to an Equality Impact Assessment (EQIA). The Department has concluded that an EQIA is not required. This decision will be revisited following the completion and evaluation of the public consultation.

Produced by:

Department of Health,

Castle Buildings, Belfast BT4 3SQ

Telephone (028) 90522358

<http://www.dhsspsni.gov.uk>

**MARCH 2018**

1. ***personal data shall be:***

   *d) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay* [↑](#footnote-ref-1)