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SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE
Wednesday 29 January 2020
10.00 am Taunton Library Meeting Room, Paul Street, Taunton, TA1 3XZ

To: The members of the Scrutiny for Policies, Adults and Health Committee

Cllr H Prior-Sankey (Chair), Cllr M Healey (Vice-Chair), Cllr P Clayton, Cllr M Caswell, Cllr A Govier, Cllr B Revans, Cllr A Bown and Cllr G Verdon

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 21 January 2020

For further information about the meeting, please contact Jennie Murphy on 01823 357628, JZMurphy@somerset.gov.uk or Julia Jones on 01823 357628 democraticservices@somerset.gov.uk

Guidance about procedures at the meeting follows the printed agenda and is available at (LINK)

This meeting will be open to the public and press, subject to the passing of any resolution under Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.

This agenda and the attached reports and background papers are available on request prior to the meeting in large print, Braille, audio tape & disc and can be translated into different languages. They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers

Are you considering how your conversation today and the actions you propose to take contribute towards making Somerset Carbon Neutral by 2030?

RNID typetalk

AGENDA

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 29 January 2020

**** Public Guidance notes contained in agenda annexe ****

1 **Apologies for Absence**

- to receive Member's apologies.

2 **Declarations of Interest**

Details of all Members' interests in District, Town and Parish Councils will be displayed in the meeting room. The Statutory Register of Member's Interests can be inspected via the Community Governance team.

3 **Minutes from the previous meeting held on 04 December 2019** (Pages 7 - 12)

The Committee is asked to confirm the minutes are accurate**.**

4 **Public Question Time**

The Chairman will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting. **These questions may be taken during the meeting, when the relevant agenda item is considered, at the Chairman's discretion**.

5 **MTFP (Medium Term Financial Planning)** (Pages 13 - 38)

To consider the report.

6 **Family Safeguarding** (Pages 39 - 54)

To consider the report.

7 **Somerset Health Protection Assurance Report** (Pages 55 - 74)

To consider the report.

8 **Fit For My Future Update - CCG Consultation Strategy and Consultation on acute mental health in-patient beds for adults of working age** (Pages 75 - 120)

To consider the report.

9 **Fit For My Future - Engagement Consultation on Neighbourhoods and Community Settings of Care** (To Follow)

To consider the report.

Item Scrutiny for Policies, Adults and Health Committee - 10.00 am Wednesday 29 January 2020

Possible exclusion of the press and public

PLEASE NOTE: Although the main report for this item not confidential, supporting appendices available to Members contain exempt information and are therefore marked confidential – not for publication. At any point if Members wish to discuss information within this appendix then the Committee will be asked to agree the following resolution to exclude the press and public:

Exclusion of the Press and Public
To consider passing a resolution having been duly proposed and seconded under Schedule 12A of the Local Government Act 1972 to exclude the press and public from the meeting, on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, within the meaning of Schedule 12A to the Local Government Act 1972:

Reason: Information relating to the financial or business affairs of any particular person (including the authority holding that information).

10 **Scrutiny for Policies, Adults and Health Committee Work Programme** (Pages 121 - 122)

To receive an update from the Governance Manager, Scrutiny and discuss any items for the work programme. To assist the discussion, attached are:

- The Committee's work programme
- The Cabinet's forward plan Link to Somerset forward Plan

11 **Any other urgent items of business**

The Chair may raise any items of urgent business.

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Guidance notes for the meeting

1. **Inspection of Papers**

Any person wishing to inspect Minutes, reports, or the background papers for any item on the Agenda should contact the Committee Administrator for the meeting – Jennie Murphy on Tel: 01823 359500 or 01823 355529 or Email: jzmurphy@somerset.gov.uk or democraticservices@somerset.gov.uk They can also be accessed via the council's website on **www.somerset.gov.uk/agendasandpapers**

2. **Members' Code of Conduct requirements**

When considering the declaration of interests and their actions as a councillor, Members are reminded of the requirements of the Members' Code of Conduct and the underpinning Principles of Public Life: Honesty; Integrity; Selflessness; Objectivity; Accountability; Openness; Leadership. The Code of Conduct can be viewed at: **http://www.somerset.gov.uk/organisation/key-documents/the-councils-constitution/**

3. **Minutes of the Meeting**

Details of the issues discussed and recommendations made at the meeting will be set out in the Minutes, which the Committee will be asked to approve as a correct record at its next meeting.

4. **Public Question Time**

If you wish to speak, please tell Jennie Murphy the Committee's Administrator - by 5pm, 3 clear working days before the meeting (Thursday 23 January). All Public Questions must directly relate to an item on the Committee's agenda and must be submitted in writing by the deadline.

If you require any assistance submitting your question, please contact the Democratic Services Team on 01823 357628.

At the Chair's invitation you may ask questions and/or make statements or comments about any matter on the Committee's agenda – providing you have given the required notice. You may also present a petition on any matter within the Committee's remit. The length of public question time will be no more than 30 minutes in total.

A slot for Public Question Time is set aside near the beginning of the meeting, after the minutes of the previous meeting have been signed. However, questions or statements about any matter on the Agenda for this meeting may be taken at the time when each matter is considered.

You must direct your questions and comments through the Chair. You may not take a direct part in the debate. The Chair will decide when public participation is to finish.

If there are many people present at the meeting for one particular item, the Chair may adjourn the meeting to allow views to be expressed more freely. If an item on the Agenda is contentious, with a large number of people attending the meeting, a representative should be nominated to present the views of a group.

An issue will not be deferred just because you cannot be present for the meeting. Remember that the amount of time you speak will be restricted, normally to two minutes only.

5. **Exclusion of Press & Public**

If when considering an item on the Agenda, the Committee may consider it appropriate to pass a resolution under Section 100A (4) Schedule 12A of the Local Government Act 1972 that the press and public be excluded from the meeting on the basis that if they were present during the business to be transacted there would be a likelihood of disclosure of exempt information, as defined under the terms of the Act.

7. **Recording of meetings**

The Council supports the principles of openness and transparency. It allows filming, recording and taking photographs at its meetings that are open to the public - providing this is done in a non-disruptive manner. Members of the public may use Facebook and Twitter or other forms of social media to report on proceedings and a designated area will be provided for anyone wishing to film part or all of the proceedings. No filming or recording may take place when the press and public are excluded for that part of the meeting. As a matter of courtesy to the public, anyone wishing to film or record proceedings is asked to provide reasonable notice to the Committee Administrator so that the relevant Chair can inform those present at the start of the meeting.

We would ask that, as far as possible, members of the public aren't filmed unless they are playing an active role such as speaking within a meeting and there may be occasions when speaking members of the public request not to be filmed.

The Council will be undertaking audio recording of some of its meetings in County Hall as part of its investigation into a business case for the recording and potential webcasting of meetings in the future.

A copy of the Council’s Recording of Meetings Protocol should be on display at the meeting for inspection, alternatively contact the Committee Administrator for the meeting in advance.

SCRUTINY FOR POLICIES, ADULTS AND HEALTH COMMITTEE

Minutes of a Meeting of the Scrutiny for Policies, Adults and Health Committee held in the Taunton Library Meeting Room, Paul Street, Taunton, TA1 3XZ, on Wednesday 4 December 2019 at 11.15 am

Present: Cllr H Prior-Sankey (Chair), Cllr P Clayton, Cllr A Govier, Cllr B Revans and Cllr A Bown

Other Members present: Cllr D Huxtable, Cllr G Fraschini, Cllr L Leyshon, Cllr M Chilcot and Cllr H Davis.

Apologies for absence: Cllr M Healey, Cllr M Caswell and Cllr G Verdon

232 **Declarations of Interest** - Agenda Item 2

There were no new declarations.

233 **Minutes from the previous meeting held on 06 November 2019** - Agenda Item 3

The minutes were agreed.

234 **Public Question Time** - Agenda Item 4

Eilleen Tipper

1. Five out of eight of the providers received a judgement of 'Requires Improvement' on how safe they were: it was the worst performing element across the system. What are the causes of this poor performance: is it training, capacity, failure of governance or organisational problems across the Somerset system?

2. How will the CCG support these providers in changing these judgements in the implementation of their Action Plans?

235 **CCG Quality, Safety and Performance Report** - Agenda Item 5

The Committee discussed a report that provided an update on the Somerset Clinical Commissioning Group (CCG) Integrated Quality, Safety and Performance. The CCG has established performance monitoring meeting with all providers of healthcare services, this paper gave a summary of the escalation issues for quality, safety and performance against the constitutional and other standards for the period April to September 2019.
The Report looked at some key areas: -

1. **Infection Prevention and Control**: -
   - Tackling anti-microbial resistance (AMR) is a global concern for human health and working together is essential to ensure antibiotics remain effective. The CCG has nominated an AMR Senior

Responsible Officer (SRO) for the strategic executive oversight and leadership to implement a cross system agenda that is collaborative and inclusive of both health and social care colleagues.

- More than 50% of E-Coli infections occur in people outside of hospital settings. A goal has set for a 50% reduction by March 2024 with a 25% reduction by March 2021.
- To “dip or not to dip” a Quality Improvement evidenced-based algorithm for diagnosis of urinary tract infections (UTI) instead of reliance in urine dip-sticks (which has a low threshold for anti-biotic treatment) is being rolled out across the system, including Care Homes.

2. Continuing Healthcare (CHC)

- In April 2018, a historic backlog of 436 assessments was first identified. Since then the assessment backlog has been reduced significantly (-99.81%), with one assessment remaining as at 1 October 2019.
- Somerset performance against NHS England’s 28 Day Quality Premium (Target 80%) has significantly increased, with performance output recorded for July 2019 at 78% and August 2019 at 75%.
- The 2019-20 CHC budget is set at £47.997m, an increase of 2.4% compared to 2018-19, the £2.5m year to date (YTD) overspend comprises £1.9m back dated payments associated with clearance of the 450 plus historic assessments which reduced focus on timely assessments causing an additional £1.4m Fast Track costs.

3. **Somerset Treatment Escalation Plan: -**

- People facing end stage disease or at risk of clinical deterioration may find it difficult to communicate their wishes about their care. Currently only 4% of people discuss the type of care they would or would not like to receive in an emergency.
- Somerset Treatment Escalation Plan & Resuscitation Decision Form (STEP) is a document designed to help communication between healthcare professionals outlining an individual treatment plan, focusing on which treatments may or may not be the most helpful for individuals should they deteriorate. A variety of treatments can be considered such as antibiotic therapy or mechanical ventilation and the plan must include a resuscitation decision.
- Treatment Escalation Plans (TEPs) are an important document to ensure that every person has their ceiling of care considered and documented formally, in line with the national initiative.
- There are a number of projects in Somerset that are currently supporting improved use of the STEP. A local audit of 10 homes supported by Listening and Responding in Care Homes (LARCH), on a graduated basis since November 2018 shows that between 2017/18 and 2018/19 the year-on–year number of admissions to hospital of care home patients not supported by LARCH rose by 40%, whereas the year-on–year number of admissions for care homes supported by LARCH fell by 20%.

4. Maternity and Neonatal Safety – Supporting the Long-Term Plan

- To improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation

- To achieve the national ambition, set out in Better Births of reducing the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during or soon after birth by 20% by 2020.

5. Integrated Urgent Care Service

- The Integrated Urgent Care Service went live on 25 February 2019. This service is delivered by Devon Doctors Ltd with Care UK providing the NHS 111 element.
- For August 2019 (latest published IUC ADC data available), calls answered within 60 seconds performance (KPI2) was at 86.3% against a target of 95% (July 2019: 90.9%) alongside being over threshold (<5%) for abandoned call volumes at 6.1% (July 2019: 3.5%). Unvalidated data for September 2019 indicates an improved position for both KPIs. The Somerset 111 service continues to be the best performing service within the South West.
- The CCG announced that the brand name for the Somerset Integrated Urgent Care Service (IUCS) is 'Meddcare Somerset'. Although the IUCS is being rebranded, it will continue to be operated by Devon Doctors Ltd. Both Devon Doctors and the CCG has been keen to create a unique identity which would differentiate between the Devon and Somerset services and be recognised as a provider of high-quality urgent care.

6. Ambulance

- Category 1 mean performance fell short of the 7 minutes mean target with performance of 8.1 minutes (YTD 7.8mins), compared to 7.5 mins in both May and June. Category 1 90th Percentile performance exceeded the target at 15.5 minutes against a 15 minute target (YTD 14.8 mins).
- Category 2 performance continues to be an area of challenge and increasing concern within Somerset and across the South Western Ambulance Service NHS Foundation Trust (SWASFT) patch. Whilst there appeared to be some initial improvement earlier in the year, a gradual decline since May 2018.
- Category 3 and 4 performance also continues to be areas of concern with declining performance since May 2018, though lower response times noted compared to June 2019.

The Report contained details on the demands placed on Somerset Hospitals and the impact that had on the units. The number of Somerset patients attending either an A&E (Accident and Emergency) Department or Minor Injuries Unit (MIU) has increased by 4.7%. All main Providers on a YTD basis have experienced varying levels of increased demand ranging between 1.9% (Taunton and Somerset NHS Foundation Trust) to 9.5% Yeovil District Hospital NHS Foundation Trust); this is compared to South West Regional growth of -2.4% and national growth of 2.0%.

Somerset Hospitals have seen a 0.4% increase the level of emergency admissions when compared the cumulative period April to September 2019 to the same period in the previous year (this equates to 150 additional admissions) with Taunton and Somerset NHS Foundation Trust experiencing a reduction in emergency admissions, while Yeovil District Hospital NHS Foundation Trust has experienced an increase in demand. This compares to a 0.1% reduction in demand nationally and a 1.1% reduction in demand regionally. The aspiration in 2019/20 is for the 3.7% underlying growth to be

fully mitigated; in September 2019 the daily rate of emergency admissions was 200 which is an increase upon the previous month of 187; despite this increase in September SCCG remains 0.6% below (better) than plan (2.5% below the zero and 0.4% above the non-zero length of stay plans).

The Report also contained updates on cancer treatment Psychological Therapies, Adult Community Mental Health Services and improvements to some of the Mental Health Services through successful Mental Health bids.

The Committee discussed the report and examined some of the detail. They were interested to know why so many of the local NHS Trusts were reported as being 'Requires Improvement' in the 'Safe' category. The Committee were informed that this was around staffing levels in A&E for specialist staff such as Children's Nurses. The Committee challenged the statement that only 4% of people discuss the type of care they would like in the event of an emergency and it was confirmed that it was 4% of the whole population not 4% of those in a care home.
The Committee were interested to know if the opening of the full service at the Bridgwater Minor Injuries Unit (MIU) had resulted in a reduction in footfall at Musgrove Park Hospital (MPH). They were informed that the number of simple cases had indeed reduced but the result of this was MPH was now dealing with all the more complex cases and as a result the 4-hour target was more challenging without the volume of simple patients helping to keep the average time under this target. This target is being reviewed nationally as it was set some time ago and the data supporting it does not lead to better treatment. Part of this review will be to understand the relationship between demand on GP appointment, the use of the 111 service and Minor Injuries Units.

The Committee thanks the CCG for providing such a comprehensive and clear report and were pleased to note that most of acronyms were fully explained. As we approach the usual winter challenges the Committee was assured to know that plans were in place to manage the increase in demand.

The Somerset Scrutiny Committee for Policies, Adults and Health:

Considered and commented on the report and agreed that the performance of the CCG in Somerset should be kept under such close scrutiny.

236 **Adult Social Care Performance Report** - Agenda Item 6

The Committee started their deliberations by congratulating Mel Lock on her appointment as Director of Adult Social Care following a national competition for the post.

The Committee discussed a report on the performance of Adult Social Care. The report followed on from previous reports provided to Scrutiny Committee and highlighted key performance activity and indicators relating to Adult Social Care. The report was supported by an accompanying appendix which provided further detail in relation to some of those indicators being monitored closely by the service and helps to evidence the improvements and areas for further development identified within the covering report. The update included initial

analysis of the 2018/19 Adult Social Care Outcomes Framework (ASCOF) figures, published by NHS Digital on 22 October 2019.

The committee discussed the report and both the achievement s and challenges. They were interested to know what was planned of address the areas where performance was not meeting the targets – such as South Somerset.

The Committee noted that the percentage of people with learning difficulties who are supported into employment was below the national average. They also discussed the indicators from Carers indicating that they did not feel fully supported. It was hoped that the workshop prior to the Committee meeting today was a starting point to address this and some positive progress would be made.

At this point the meeting was no longer quorate.

The remaining members of the Somerset Committee for Policies, Adults and Health: -

Asked for the slides to be shared and recorded that they were pleased with the progress being made.

237 **Annual Report of the Public Health Director** - Agenda Item 7

The remaining members of the Committee had a presentation setting out the annual report for from the Director of Public Health. The focus of the report this year is prevention. This report takes a broad overview of 'prevention'.

Prevention is about Improving Lives, it's about getting on the front foot and preventing or delaying negative circumstances from happening. The report argues that prevention at the 'high' (and expensive) end of need, is the most effective way to improve the lives of those that experience the worst outcomes and free up resources, enabling investment in prevention at lower levels of need. The report gives many case studies of good practice in the county. Above all, it shows that prevention is 'everybody's business'.
The report is going to be released in the form of an e-book. Doing it this way will mean it can contain video recordings of case studies and recordings be leaders in Somerset health and care.
The Committee were given a presentation on the benefits of the prevention agenda; shifting the costs from those whose health has deteriorated significantly with preventable complications towards benefitting a larger percentage of the population and supporting them to maintain or improve their health.
Initiatives such as working with Natural England to promote the use of Areas of Outstanding Natural Beauty (AONB) in Somerset to encourage groups to access the outdoors to support wellbeing.

The remaining members of the Committee agreed that Public Health should not be seen in isolation and supported the positive approach to improving lives.

238 **Scrutiny for Policies, Adults and Health Committee Work Programme** - Agenda Item 8

The Committee considered and noted the Council's Forward Plan of proposed key decisions in forthcoming months including Cabinet meetings up to date.

The Chair invited the remaining members of the Committee to consider the Work Programme and offer suggestions for area of Scrutiny for the Committee for inclusion in the forward programme.

239 **Any other urgent items of business** - Agenda Item 9

There were no other items of business.

(The meeting ended at 12.45 pm)

CHAIR

Somerset County Council
Scrutiny for Adults & Health Committee
– Wednesday 29th January 2020

Medium Term Financial Plan for Adults Services
Lead Officer: Sheila Collins
Author: Sheila Collins, Interim Director of Finance
Contact Details: 01823 359028
Cabinet Member: Mandy Chilcott, Cabinet Member for Resources
Division and Local Member: All

1. Summary

1.1 The report summarises the key messages from the Medium-Term Financial Plan (2020-23) Strategy Report considered and approved by Cabinet on 18 December 2019. It also includes an overall assurance narrative from the Director for Adult's Services and the Director for Public Health alongside more details about the key areas of focus for transformation in the next few years, and further explanation of the reasons for movements in levels of spend and funding between years over the MTFP period. All of this is to enable effective Scrutiny of relevant service areas ahead of the more detailed budget report being presented to Cabinet and Full Council in February 2020.

1.2 A year ago, the Council recognised the need to address its financial challenges in 2018/19 and the importance of setting a robust budget for 2019/20 as well as laying foundations for the financial plans for 2020/21 and 2021/22. This report now continues that process and re-visits the indicative figures for 2020/21 and 2021/22 and looks ahead to 2022/23 as well.

1.3 Significant improvements have been to the MTFP process since last year to ensure robust budgets are set over the medium term, including but not exclusively:

- Challenge sessions held (Chaired by the Chief Executive) to ensure evidence backed budget pressures;
- Wider stakeholder engagement to improve awareness of financial challenges;
- Use of scenario planning to ensure a range of options are considered;
- Multi-year approach to optimise longer term planning, to ensure a focus on all three years, and;
- Continued tight financial control of in-year budgets.

More details were included in the MTFP Strategy Report [resented to Cabinet on 18 December 2019 and more information will be included in the Place Scrutiny committee report being presented on 5 February 2020. These

improvements mean that, as far as possible, all the known funding and service demand pressures have been reflected in the budget alongside proposals for transforming services and achieving productivity efficiencies and a balanced budget has been produced for the 2020/21 with a relatively modest short-fall for 2021/22 and 2022/23. The resulting budget proposals for 2020/21 and indicative budgets for the latter two years, for each service for which this Scrutiny Committee is responsible are detailed in the report.

1.4 By way of context, it is important to be aware that since the Cabinet Strategy paper was considered by Cabinet, the Provisional Local Government Financial Settlement has been published by the Ministry of Housing, Communities and Local Government (MHCLG), on 20 December 2019. The Final Settlement can be expected in the new year, although significant change is not anticipated. Alongside the core funding announcements issued in the Settlement, the Council has also received confirmation of several Special and Service specific grants from Government departments. The County's District authorities (the Council Tax collecting authorities) have further up-dated their estimates for the numbers of properties liable for Council Tax next year. Additionally, the service has continued to develop detailed proposals for its areas of focus for transformation and details are now included. If relevant, any implications from the most recent budget monitoring information (month 8) have been factored into the future year's budgets. These may be up-dated further if there is significant change over the winter months. It is important to also be aware that some final figures are not yet known, for example business rate levels and final budgets figures may therefore alter by the time of the February 2020 Budget report.

1.5 The MTFP Strategy recognised that the Council declared a climate change emergency in February 2019 and is now working with partners to develop a Climate Emergency Strategy. When this strategy is adopted, the Council will need a financial strategy that is flexible enough to reflect agreed priorities. Pending this strategy, no specific activities have been factored into the indicative budget proposals at this stage.

1.6 Whilst full and final details for the funding that the Council expects to receive will be included in the Cabinet and Full Council reports being prepared for February 2020, all funding known at this stage has been included in this report. However, the main focus of this report is on understanding the services spending requirements and areas of transformation required to be delivered for Services falling within this Committee scope.

1.7 It is important for Members to understand the on-going risks within approved budgets, the levels of reserves, balances and contingencies, as well as the mitigations aimed at limiting the impact on core services, especially those

prioritised in the County Plan. Relevant links will be drawn out in the detail below.

2. Issues for consideration

2.1 In the context of paragraphs 2.2 to 2.4 below, the Committee is requested to give consideration to the proposed budget for 2020/21 and indicative budgets for 2021/2022 and 2022/23 for Adults Services and Public Health budgets. The Committee is asked to review specific proposals for changes from previous years, so that they can comment on them, offer assurance to Cabinet and/or identify any matters for consideration that they would like to highlight to the Cabinet.

2.2 Against a gross revenue budget of more than £700m annually, and a net revenue budget needed for 2020/21 of £338m, (as reported in December 2019), the MTFP Strategy paper showed a balanced budget for 2020/21 and a relatively modest shortfall of £9.5m for 2021/22 and 2022/23 in total. Some more information has become available since then, although this doesn't significantly alter the overall position across the MTFP period. Before the full Council meeting in February 2020 further information may become available that alters the position more. Regardless of any more changes, the current overall budget position is dependent upon delivery of each services budget proposals in full, so it is important to be sure that plans are robust and delivered and assumptions sensible. Throughout the budget planning process, all key assumptions have been tested, reviewed and challenged by officers as far as possible.

2.3 As at month 8 the budget monitoring report showed £6.2m of the corporate contingency not yet allocated. However, this was before winter and there are some adverse service variations that could alter the position before the end of the year. Depending on the end of year position, it may be possible to improve the Councils financial resilience beyond the level planned in the budget report for full Council in February 2020.

2.4 In the meantime, this paper sets out the relevant service pressures and movements included within the balanced budget position as well as details of the relevant service transformation activities.

3. Background

3.1 Indicative Service Revenue Budgets 2020-23: Adult Services

Table 1 below includes the total net budget for Adult Services for the MTFP period (2020-23). These budgets reflect the previous indicative budgets

agreed by full Council in February 2019 adjusted for expected movements since then. Ahead of consideration of individual movements (in section 3.5. below), the Director of Adult Services assurance is set out below the table.

The total increase for Adult Services budgets across the MTFP is 10%. This reflects the on-going demands for services. More details are set out in section 3.5**.**

Table 1: Three-year budget for Adult Services by service compared to the current 2019/20 budget

Service	2019/20 Budget £	2020/21 Proposed Budget £	2021/22 Indicative Budget £	2022/23 Indicative Budget £
Commissioning	13,595,100	15,270,000	18,020,000	20,770,000
BCF/Pooled Budget Income	(57,833,400)	(60,666,700)	(60,666,700)	(60,666,700)
Adult Social Care	75,301,000	74,989,000	74,927,000	74,927,000
Mental Health	14,741,000	15,377,000	16,127,000	16,877,000
Learning Disabilities	49,620,300	50,620,300	51,620,300	52,620,300
Discovery	30,732,300	31,038,300	31,664,300	32,264,300
Pensions Deficit Adjustment*	(1,222,400)	(1,222,400)	(1,222,400)	(1,222,400)
Pay Changes (Cumulative)*	0	911,900	1,534,981	2,165,545
Total	**124,933,900**	**126,317,400**	**132,004,481**	**137,735,045**
Year on year increase (%)		*1.2%*	*4.5%*	*4.3%*
Cumulative increase (%)		*1.2%*	*5.7%*	*10%*

**Note: Due to timings, these adjustments have not yet been analysed across services*

3.2 Director of Adult Services Comments and Overview

The Adult Social Care budget is based on the continued delivery of the Promoting Independence Strategy and subsequent transformation programme described below. It also relies on the continued support of the health system through the Better Care Fund and additional funding to support winter resilience.

Demand continues to grow in the over 85 population and we are also seeing a notable change in the upper age of the population. If this continues to be a growth area, we will need to consider the financial implications of this. We are monitoring this closely on a monthly basis and this pressure may result in a need for additional funding through the corporate contingency fund next year. Grant Thornton have provided helpful challenge in terms of demographic growth to achieve a more realistic demand forecast resulting in a more secure budget for Adult social care.

3.3 Indicative Service Revenue Budgets 2020-23: Public Health

Table 2 below includes the total net budget for Public Health Services for the MTFP period (2020-23) as funded by the Council. These budgets reflect the previous indicative budgets agreed by full Council in February 2019 adjusted for expected movements since then. Ahead of consideration of individual movements (in section 3.5. below), the Director of Public Health assurance is set out below the table.

Table 2: Three-year indicative budget for Public Health Services compared to the current 2019/20 budget.

2019/20 Budget £	2020/21 Proposed Budget £	2021/22 Indicative Budget £	2022/23 Indicative Budget £
1,137,700	2,096,900	1,519,144	1,634,760

3.4 The above figures relate to the County funding that is managed by the Public Health Team. Other public health services are funded through the Public Health Grant from the Department of Health and Social Care. This Councils funding is used to fund two service lines, Community Safety/Domestic Abuse and Volunteering. The Domestic Abuse service has recently been recommissioned within this budget. The volunteering function was brought back into the Council in 2018/19 and the service has undergone some restructuring to ensure it continues to grow volunteering and remain within this financial budget.

3.5 Requirement to Spend Assumptions (Revenue): Adult Services

This section sets out changes to the requirements to spend by Adult services having considered service demands, inflation, progress in delivery of previously agreed plans and looked forward at future planned transformation and efficiency plans.

The movements represent changes from the existing MTFP (2019-22) agreed in February 2019 and adopted the previously Cabinet agreed key principles of ensuring robust, transparent budgets are set for forward years budgets. This will place the Council in the best position to effectively monitor service spending needs and funding.

Table 3 below sets out the movements for changes to spending requirements for each of the three years of the MTFP: 2020/21, 2021/22 and 2022/23 and the paragraphs below then explain the rationale for each movement with relevant supporting activity information.

Table 3: Movements for Adult Services over the MTFP period by type

Movement Type	2020/21 £	2021/22 £	2022/23 £
Demography *	1,360,000	1,750,000	1,750,000
Inflation (General)	1,574,000	2,800,000	2,800,000
Inflation (Contractual)	506,000	626,000	600,000
Pay (Including Increments, NI & Pension)	911,900	623,081	630,564
Prior Year Unachievable Savings	685,000	0	0
Savings / Transformation / 1%	(3,907,000)	(112,000)	(50,000)
Reserves / Other Changes	253,600	0	0
Total	**1,383,500**	**5,687,081**	**5,730,564**

**note: the movements between each year is incremental. For example, in 2020/21 demography is forecast to increase by £1.360m, and then a further £1.750m in the following year, and finally by £1.750m in 2022/23.*

3.5.1 **Demography £1.360m/£1.750m/£1.750m**

Older People/Mental Health £0.360m/£0.750m/£0.750m

Demographic growth and the aging population in Somerset continue to be a challenge for Adult Social Care. The service has been transforming over the past few years to support people's outcomes in a different way and this has led to a reduction in the use of Residential placements in particular. Despite the reduction in the number of new placements, costs are increasing as people remain in existing placements for longer. In the last year the council have seen a month on month growth in the numbers of people still residing in

residential homes compared to the last 2 years. This equates to an additional 63 places over the last 7 months at a full year cost of £1.300m. Should this trend continue it would equate to an additional 108 places for the year at a cost of £2.2m.

There has also been an increase in the use of short-term interim placements as a pathway to facilitate discharge from hospital. These placements are of benefit to the whole Health and Social Care system and ensure people can be discharged from hospital as quickly as possible. The additional cost is adding to the pressure on the Adult Social Care budget.

It is estimated that the over 85 years old population of Somerset will increase by 2% a year over the period of this MTFP. Using these figures, it was predicted that the financial cost of this demographic growth would be £1.467m. This figure was reduced to £0.750m in line with the transformational change the service is implementing. However, due to the increased length of people staying in residential/nursing care, and the age of entry increasing to on average between 85-89 years old this reduction may not be achieved. It must be noted that these average monthly increases are before winter information is available.

The amount allocated in year 1 is less than future years due to £0.390m of the Improved Better Care Fund being available to partially fund this. This money is already in the Adult Social Care base budget so the additional to be allocated for 2020/21 has been reduced.

Learning Disabilities £1.000m/£1.000m/£1.000m

There is continuing growth in the cost of Learning Disabilities services and the original calculation suggested an increased cost of £2.076m for 2020/21. As with Older People services this figure was reduced at the initial planning stage in line with mitigating activities planned by the service. The Council always estimate the growth in this area based on transitions from Children's Services as well as people's needs changing this. However, the costs can vary significantly, for example: an individual moved to Somerset this year, and there is a cost of around £0.250m for a full year. These factors add risk to the ability for the service the remain within indicative budgets.

As well as the additional funding allocated by the Council there is additional funding of £0.333m from Somerset Clinical Commissioning Group in accordance with the Pooled budget agreement. There is an independent review of this agreement being undertaken which could affect future funding arrangements. However, the Council has no indication at this stage whether there will be a change.

3.5.2 **Inflation (General) £1.574m/£2.800m/£2.800m**

The Inflation calculation is based on a 2% increase across all Adults services. These include the main areas of spend which are Residential placements, Nursing placements and Care at Home. The service has begun discussions with providers via the Registered Care Providers Association and these will continue throughout January. The recently announced increase of 6.2% to the National Living Wage (£8.21 to £8.72) has put pressure on providers of Adult Social Care and this legislative decision will be factored into those fee discussions.

The amount allocated in year 1 is less than future years due to £1.226m of the Adult Social Care Council Tax precept from 2019/20 being available to partially fund this. This money is already in the Adult Social Care base budget so the additional to be allocated for 2020/21 has been reduced.

3.5.3 **Inflation (Contractual) £0.506m/0.626m/0.600m**

Contractual inflation for the Discovery contract is fixed at 2% for the lifetime of the contract. The above figures relate to years 4, 5 and 6 of the 6-year contract. The contract continues to deliver efficiencies in line with the original cost model and the commissioning intentions of Somerset County Council.

3.5.4 **Pay (Including Increments, NI & Pension) £0.912m/£0.623m/0.631m**

Pay changes based upon the latest staffing establishment, national pay award of 2.75% and the results of the tri-annual pensions revaluation.

3.5.5 **Prior Year Unachievable Savings £0.685m/£0.000m/£0.000m**

The prior year saving relates to the Technology and People (TAP) programme and was reversed in last year's MTFP and reported to this Scrutiny committee at that time. The programme closed before the anticipated end date due to the financial imperative focus which reviewed future MTFP saving targets and reset the 2019/20 budget. This resulted in a decision to reabsorb the future years savings attributed to TAP into the overall organisational target.

3.5.6 **Savings / Transformation / 1% -£3.907m/-£0.112m/-£0.050m**

The savings figure is broken down into 4 categories. Prior Year unachievable (£0.685m as explained above), Savings identified during previous MTFP's, New Transformation savings and New Service Efficiency savings.

Savings identified and agreed during the 2018/19 MTFP process are £1.700m from Discovery contract efficiencies, £0.219m from changes to the Extra Care Housing model and £0.100m in relation to recommissioning of complex Dementia Care Home support. The last one was originally due to be achieved during 2019/20 but was subsequently delayed by a year.

The service has identified 3 Transformation savings totalling £0.266m for 2020/21. More details are in section 3.7 below.

Service efficiency savings have also been identified which will save £0.937 in 2020/21 with additional savings in 2021/22 and 2022/23.

An efficiency saving based on a vacancy factor of £0.400m. There has been an underspend in salaries spend for a number of years.

Further efficiencies achieved through the Discovery contract have created an additional saving of £0.200m. This is in line with the changes in commissioning intentions for people with a Learning Disability and the cost model of this contract.

The remaining efficiency savings will be achieved through continuing the change in commissioning of Residential Care (£0.250m), a Community focussed redesign of Mental Health Day Services (£0.025m), and changes in the Digital options available to the Finance and Benefits Team when assessing people's contribution to their support (£0.062m).

3.5.7 **Reserves / Other Changes £0.254m/£0.000m/£0.000m**

The £0.254m is a technical adjustment relating to an increase in the Adult Social Care Council Tax base which led to an increase in the amount received for Council Tax precept in 2019/20. This increase was not allocated directly to the service in 2019/20 and this adjustment amends that for 2020/21.

3.6 Requirement to Spend Assumptions (Revenue): Public Health

3.6.1 This section sets out changes to the requirements to spend by Public Health services having considered service demands, inflation, progress in delivery of previously agreed plans and looked forward at future planned transformation and efficiency plans.

The movements represent changes from the existing MTFP (2019-22) agreed in February 2019 and adopted the previously Cabinet agreed key principles of ensuring robust, transparent budgets are set for forward years budgets. This

will place the Council in the best position to effectively monitor service spending needs and funding.

Table 4 below sets out the movements for changes to spending requirements for each of the three years of the MTFP: 2020/21, 2021/22 and 2022/23 and the paragraphs below then explain the rationale for each movement with relevant supporting activity information.

Table 4: Public Health Movements

Movement Type	2020/21 £	2021/22 £	2022/23 £
Pay (Including Increments, NI & Pension)	167,200	114,244	115,616
Savings / Transformation / 1%	100,000	0	0
Reserves / Other Adjustments *	692,000	-692,000	0
Total	**959,200**	**-577,756**	**115,616**

**note: the 'Reserves/Other Adjustments' is one off, therefore the Public Health budget is forecast to increase by £0.692m, in 2020/21 and then reduce by this amount in the following year.*

3.6.2 **Pay (Including Increments, NI & Pension) £0.167m/£0.114m/£0.116m**

Pay changes based upon the latest staffing establishment, national pay award of 2.75% and the results of the tri-annual pensions revaluation.

3.6.3 **Savings / Transformation / 1% £0.100m/£0.000m/£0.000m**

This is the reversal of a one-off saving attributed to Public Health for 2019/20 and the budget is now re-instated back to the base budget for 2020/21.

3.6.4 **Reserves / Other Changes £0.692m/-£0.692m/£0.000m**

An allocation from the Public Health Earmarked reserve has been made to fund the Neighbourhood's initiative. £0.090m will be needed to fund the Neighbourhoods Officer post along with £0.067m of the money allocated to undertake this work.

There is a project underway to replace the RIO client database system that is currently used by Public Health Nursing staff. £0.175m of reserves are needed to 2020/21 to fund this replacement.

It is anticipated that £0.360m will be required in 2020/21 from the Prevent Fund Earmarked reserve to fund various preventative initiatives such as 'Pause'.

All of the above adjustments are for 2020/21 only and are reversed back out of the budget in year 2 of this MTFP.

3.7 Areas of focus for Transformation and productivity efficiency

3.7.1 Adult Services have several initiatives planned to be delivered throughout the MTFP period (2020-23) that will alter how those services are delivered and have an impact on the future need to spend in those areas. The initiatives and financial implications are summarised in **Table 5** below and then further explanation of each is set out in the following paragraphs. **Appendix A, B & C** includes further details about each initiative for consideration.

Table 5: Summary of the areas of transformation

Transformation Savings	2020/21 £	2021/22 £	2022/23 £
Mental Health Transformation	164,000		
Brain in Hand	52,000		
Steps to Independence	50,000		
Total	**266,000**		

3.7.2 The service has identified 3 areas of transformation that will change the way in which services are delivered, particularly in relation to Mental Health and Learning Disabilities services.

Mental Health Transformation savings of £0.164m will be achieved through promoting independence and preventing the need for someone to be placed in a Residential Home. The savings figure is based on preventing 5 placements.

Adoption of 'Brian in Hand' assistive technology to pilot amongst people with Learning Disability or Mental Health to help achieve their outcomes. The service has purchased 30 licences to run this pilot and aim to make savings of £0.052m.

Steps to Independence is a model which looks to support adults with a Learning Disability to become more independent, by developing life skills and requiring less support in the medium to longer term. A saving of £0.050m has been identified against this model which will improve the outcomes for those involved.

3.8 Revenue Funding Assumptions

3.8.1 This section considers the core funding assumptions affecting the services for Adult Services and Public Health. The wider council funding assumptions, such as Council Tax, Business Rates and Revenue Support Grant will be included in the Place Scrutiny report.

3.8.2 It is important to be aware that the Governments Financial Settlement is for 2020/21 only, meaning there is currently uncertainty over funding levels for the latter two years of the MTFP period.

3.8.3 **Tables 6 & 7** below include a summary of the key service specific grants affecting Adult Services and Public Health followed by a narrative about each explaining the basis for the assumptions and identifying any risks associated with them.

Table 6: Indicative Adult Social Care Service-related grants

	2020/21 £	2021/22 £	2022/23 £
Better Care	12,515,500	12,515,500	12,515,500
Improved Better Care Fund	20,187,000	20,187,000	20,187,000
Winter Funding	2,497,500	2,497,500	2,497,500

The MTFP (2020-23) assumption regarding Adult Social Care grant funding is that it will remain at the same level as 2019/20. Better Care Fund, Improved Better Care Fund and Winter Pressures Grant are all vital funding streams for the service and any reduction in the amounts made available by Central Government or the NHS will result in a reduction in services available.

Table 7: Indicative Public Health Service-related grants

	2020/21 £	2021/22 £	2022/23 £
Public Health Grant	20,176,000	20,176,000	20,176,000

The government have not yet announced the Public Health Grant figures for 2020/21. This is still being debated at a national level. Given this uncertainly, the MTFP (2020-23) and in the absence of any other information, the assumption has been made that the grant will remain as 2019/20.

4. Consultations undertaken

4.1. Any proposals requiring consultation will not proceed until relevant consultations have been completed.

5. Implications

5.1. There are significant financial implications, and these are identified throughout the report.

5.2. The detailed proposals for transformation can be seen in **Appendix A, B & C.** These details any legal implications associated with each change proposal.

6. Background papers

6.1. Revenue Budget 2020/21 and MTFP Strategy Report to Cabinet 18 December 2019.

Note: For sight of individual background papers please contact the report author

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Transformation Proposal

Service Area:	Adult Social Care Mental Health
Director:	Mike Hennessey Assistant Director A&H Operations
Strategic Manager	Dave Partlow
SAP Node	ECA

1. Description of transformation proposal:

The Adult Social Care (ASC) services that support people with Mental Health needs is continuing to develop in line with the Council Promoting Independence strategy. The services continues to focus on the transformation to ensure that services are well aligned with other ASC services and that opportunities are maximised to promote the independence and mental well-being of the people of Somerset.

All ASC services have a vision which is promoting independence at every opportunity. Within Mental Health, this visions is often translated into the Recovery Model. The recovery model is a person-centered approach to mental health care. At its core is two premises, one,

It is possible to recover from a mental health condition
The most effective recovery is person centred.

In Somerset the strengths-based approach focuses on the strengths the individual, their family, social networks and communities. Also, central to our approach, is what matters to individuals and their families. We continue to empower people to take control of their lives and their care and support, work with people and their communities to identify and provide sustainable local solutions to help them stay as well as possible and as resilient and as independent as possible, for as long as possible.

The transformational programme incorporates activities which will:

- Enhance the Community Connect Model development,
- Align the 'front door' with the wider ASC,
- Engage with and develop the provider market.

Residential spend in 2018/19 in MH £4.261m, at year end this equated to 132 placements. This spend produces an average cost per person of £32,280. MH transformation will enable the service to prevent 5 admissions into residential care and this will generate benefits of £164,000

2a. Benefits (Non-Financial) and Opportunities

- Increased awareness of Community Connect model / increased appropriate use of Community Connect
- Practice development within the service
- Reduction in unmet need
- Reduction in detentions (repeat and longer period in between) / crisis prevention
- Maximising's individuals independence

2b. Financial Benefits - Will be completed by Finance

Financial benefits identified should be evidence based and financial analysis should be undertaken which establishes how each future benefit is measured and signed off. Please also include any costs and income including Capital Costs, Capital Receipts, Estimate of Redundancy costs, Estimate of Resource costs to deliver.

Financial Year	Financial benefits (to the nearest £100)	Income Generated	Cost Involved	Total	Ongoing or One-off?
2020/21	£164,000	£	-£	£164,000	Ongoing
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
Total	**£**	**£**	**-£**	**£**	

3. Transformation investment and Support required

Please include information about leverage funding/match funding from external sources as well as any additional resources required e.g. Finance, HR, legal, IT, procurement, project management.

Not required; delivery currently being absorbed by existing resources with the Adults Transformation Programme.

Investment Type	Yes/no	Amount of Investment Needed	Year	Or any Additional support needed at no cost.
Financial				
HR				
Legal				
ICT				
Procurement				
Change				

Business Support				
other				

4. Any Risk or Impact on residents, businesses and other organisations & Impact on other services we provide (please include and legal issues identified):

No risks or impacts identified on residents, businesses or other services nor staff/public consultation required.

5. Timescale to deliver key milestones:	
Reduction in placement (1)	June 2020
Reduction in placement (1)	September 2020
Reduction in placement (1)	December 2020
Reduction in placement (2)	March 2021

6. Confidence level: (MOVE DOWN)

Please indicate a level of confidence in delivering the proposal. Please also provide a brief explanation for the chosen confidence level.

Confidence Level	*Please Tick*	*Confidence Level*	*Please Tick*
25%- Remote		75% - Probable	Y
50%- Unlikely		100%- Certain	

Explanation here:
Significant work has been undertaken to improve provider engagement and engage them in discussions regarding the need to develop innovative and collaborative practice. We therefore have a high level of confidence in being able to achieve the savings identified.

Financial benefits & investment validated (Y/N)	**By whom (Sign)**	**Date**
Sign off from Operations Director	Mike Hennessey	17.02.2019

Equalities Sign off	Tom Rutland	20.12.19
Finance Sign off	James Sangster	16.12.2019

For internal information only:

Information has been sent to and acknowledge by (Y/N)	**By whom**	**Date**
Legal		
Insurance		
HR		

Transformation Proposal – Brain in Hand

Service Area:	Adults
Director:	Mel Lock
Strategic Manager	
SAP Node	ECA

1. Description of transformation proposal:
Adoption of 'Brain in Hand' assistive technology, 30 licenses purchased with a view to pilot amongst people with Learning Disability or Mental Health as their primary need to help achieve their outcomes. The app will look to increase people's independence, reduce anxiety, increase confidence, remember events and help them feel supported, reducing the need for paid for support in the future.

2a. Benefits (Non-Financial) and Opportunities
• Helping people gain independence and remain independent • Person centred care • Delivering services locally • Focus on prevention • Exploring digital solutions • Short term intervention which is high quality and outcome focussed • System wide financial benefits across health and social care • Opportunity to explore how this could work in Children's

Financial benefits identified should be evidence based and financial analysis should be undertaken which establishes how each future benefit is measured and signed off. Please also include any costs and income including Capital Costs, Capital Receipts, Estimate of Redundancy costs, Estimate of Resource costs to deliver.

Financial Year	Financial benefits (to the nearest £100)	Income Generated	Cost Involved	Total	Ongoing or One-off?
2020/21	£52,000	£	-£	£52,000	Ongoing
2021/22	£	£	-£	£	

2022/23	£	£	-£	£	
Total	**£**	**£**	**-£**	**£**	

3. Transformation investment and Support required

Please include information about leverage funding/match funding from external sources as well as any additional resources required e.g. Finance, HR, legal, IT, procurement, project management.

Not required; delivery currently being absorbed by existing resources with the Adults Transformation Programme.

Investment Type	Yes/no	Amount of Investment Needed	Year	Or any Additional support needed at no cost.
Financial				
HR				
Legal				
ICT				
Procurement				
Change				
Business Support				
other				

4. Any Risk or Impact on residents, businesses and other organisations & Impact on other services we provide (please include and legal issues identified):

No risks or impacts identified on residents, businesses or other services nor staff/public consultation required.

5. Timescale to deliver key milestones:	
Identify users	December 2019
Set up complete	January 2020
Go live	February 2020
Checkpoint	June 2020
Checkpoint	October 2020
Checkpoint	January 2020
Evaluation	April 2021

6. Confidence level: (MOVE DOWN)

Please indicate a level of confidence in delivering the proposal. Please also provide a brief explanation for the chosen confidence level.

Confidence Level	*Please Tick*	*Confidence Level*	*Please Tick*
25%- Remote		75% - Probable	X
50%- Unlikely		100%- Certain	

Explanation here:

Case study shared from Kirlees County Council detailing system savings. Needs to be tested within Somerset and means tested at first checkpoint.

Financial benefits & investment validated (Y/N)	**By whom (Sign)**	**Date**
Sign off from Strategic Manager	Tim Baverstock	16.12.2019
Equalities Sign off	Tom Rutland	20.12.2019
Finance Sign off	James Sangster	16.12.2019

For internal information only:

Information has been sent to and acknowledge by (Y/N)	**By whom**	**Date**
Legal		
Insurance		
HR		

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Transformation Proposal – Steps to Independence

Service Area:	Adults
Director:	Mel Lock
Strategic Manager	
SAP Node	ECA

1. Description of transformation proposal:
Steps to Independence is a model which looks to support adults with a learning disability to become more independent, by developing life skills and requiring less support in the medium to longer term, via focussed activities such as preparing for work, cooking, housework, shopping, keeping well and finding work. This model broadens our offer when considering how we might meet a persons outcomes. Operational staff will identify those people who will benefit from this short-term intervention during their review.

2a. Benefits (Non-Financial) and Opportunities
• Help people gain independence and remain independent • Person centre approach • Short term intervention which is high quality and outcome focussed rather than ongoing care and support • Broadening commissioning offer

2b. Financial Benefits - Will be completed by Finance

Financial benefits identified should be evidence based and financial analysis should be undertaken which establishes how each future benefit is measured and signed off. Please also include any costs and income including Capital Costs, Capital Receipts, Estimate of Redundancy costs, Estimate of Resource costs to deliver.

Financial Year	Financial benefits (to the nearest £100)	Income Generated	Cos Involved	Total	Ongoing or One-off?
2020/21	£50,000	£	-£	£50,000	Ongoing
2021/22	£	£	-£	£	
2022/23	£	£	-£	£	
Total	**£**	**£**	**-£**	**£**	

3. Transformation investment and Support required

Please include information about leverage funding/match funding from external sources as well as any additional resources required e.g. Finance, HR, legal, IT, procurement, project management.

Not required; delivery currently being absorbed by existing resources with the Adults Transformation Programme.

Investment Type	Yes/no	Amount of Investment Needed	Year	Or any Additional support needed at no cost.
Financial				
HR				
Legal				
ICT				
Procurement				
Change				
Business Support				
other				

4. Any Risk or Impact on residents, businesses and other organisations & Impact on other services we provide (please include and legal issues identified):

No risks or impacts identified on residents, businesses or other services nor staff/public consultation required.

5. Timescale to deliver key milestones:

Pilot complete	December 2019
Checkpoint	April 2020
Checkpoint	August 2020
Checkpoint	December 2020
Checkpoint and evaluation	March 2021

6. Confidence level: (MOVE DOWN)

Please indicate a level of confidence in delivering the proposal. Please also provide a brief explanation for the chosen confidence level.

Confidence Level	*Please Tick*	*Confidence Level*	*Please Tick*
25%- Remote		75% - Probable	
50%- Unlikely		100%- Certain	x

Explanation here:
Kent County Council adopted a similar model; review of their case studies and figures has been conducted.
Delivered a small pilot during September – December 2019 to understand how this could work in Somerset.

Financial benefits & investment validated (Y/N)	**By whom (Sign)**	**Date**
Sign off from Strategic Manager	Tim Baverstock	16.12.2019
Equalities Sign off	Tom Rutland	20.12.2019
Finance Sign off	James Sangster	16.12.2019

For internal information only:

Information has been sent to and acknowledge by (Y/N)	**By whom**	**Date**
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HR		

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Family Safeguarding:

January 2020

Rowina Clift-Shanley – Strategic Children's Commissioner
Claire Winter – Deputy Director, Children's Services

Improving Lives – SCC Vision

- Our overriding aim, as captured in our County Vision, is to improve lives.
- We need to change if we are to continue achieving our aim within the financial realities of modern local government.
- Through hard work and tough decisions, we have a degree of financial stability for the short-term. We need to build on that and plan ahead, so we can become the confident, ambitious and improving organisation that we wish to be.
- We must focus on a new approach that enables us to improve lives earlier, faster and in a way that's more joined up with our partners.
- We need to create a sustainable organisation, a culture that encourages innovation and values staff.

What does SCC want to do?

- Prevent rather than react.
- Manage demand by working alongside our communities to make best use of all Somerset's available assets, providing the best possible outcomes and enabling our communities to be strong and resilient.
- Plan ahead, so we manage potential demand and have the right services where and when we need them, making the best use of every Somerset pound.

What is Family Safeguarding?

Bringing adult workers into integrated teams with children's workers to strengthen the whole family in order that children can remain with birth families and not come into care.

- Delivers improved outcomes for families and reduces the Care Population – both in prevention and return home.
- Delivers support to families when they need it, reducing escalation and long-term trauma.
- Presents an opportunity for a culture shift – innovation, empowerment and staff feeling more valued.
- Allows us to evidence impact on wider system. Reduced demand on emergency services (NHS & the Police), prevention savings to Adult Services (Mental Health & Drug services).
- Recognised Practice Model for effective family intervention – assurance that our ambition is well placed.
- Addresses Ofsted's criticisms of 'less than good' multi-agency working between services for vulnerable families - improving lives faster.

Hidden Harm

In 2015 Public Health Somerset published a ‘Hidden Harm’ needs assessment (http://www.somersetintelligence.org.uk/hidden-harm.html), this highlights the issue of mental health, substance misuse and domestic abuse in households with children across Somerset, identifying areas of overlap between the three factors.

'Improving the conditions for vulnerable children across Somerset is best achieved by improving the life chances of the most vulnerable fastest.' (2016/16 Somerset JSNA – Children and Young People)
http://www.somersetintelligence.org.uk/cyp/

What is the demand?

January 2015 - 'Hidden Harm' needs assessment, there were 465 children in Somerset with a Child Protection plan in place, 18% had all three hidden harm factors.

August 2019 - of 3735 Children in need of Protection or support in Somerset 14% (528 cases) had all three hidden harm factors.

Social work assessments identified that 70% (2,600) of these children had at least one 'hidden harm' parental factor identified.

- 41% - domestic abuse (1530 children)
- 40% - adult mental health (1500 children)
- 21% - adult drug misuse (784 children)
- 18% - adult alcohol misuse (672 children)

Model for area teams:

As Is

- Assessment Team 1
- Assessment Team 2
- Safeguarding 1
- Safeguarding 2
- Safeguarding 3
- CLA Team 1
- CLA Team 2

To Be

- Assessment 1 (including Adult Practitioners)
- Family Safeguarding 1 (including Adult Practitioners)
- Assessment 2 (including Adult Practitioners)
- Family Safeguarding 2 (including Adult Practitioners)
- Wider Safeguarding
- CLA Team Permanence outside of family
- CLA Team Re-unification

2 x Psychologists

Half of the County Each

Reflective Supervision

Integrated teams enhanced by Adults Practitioners:

2 x Domestic Abuse Worker Victims
2 x Domestic Abuse Perpetrators
2 x Substance Misuse Worker
2 x Adult Mental Health Worker

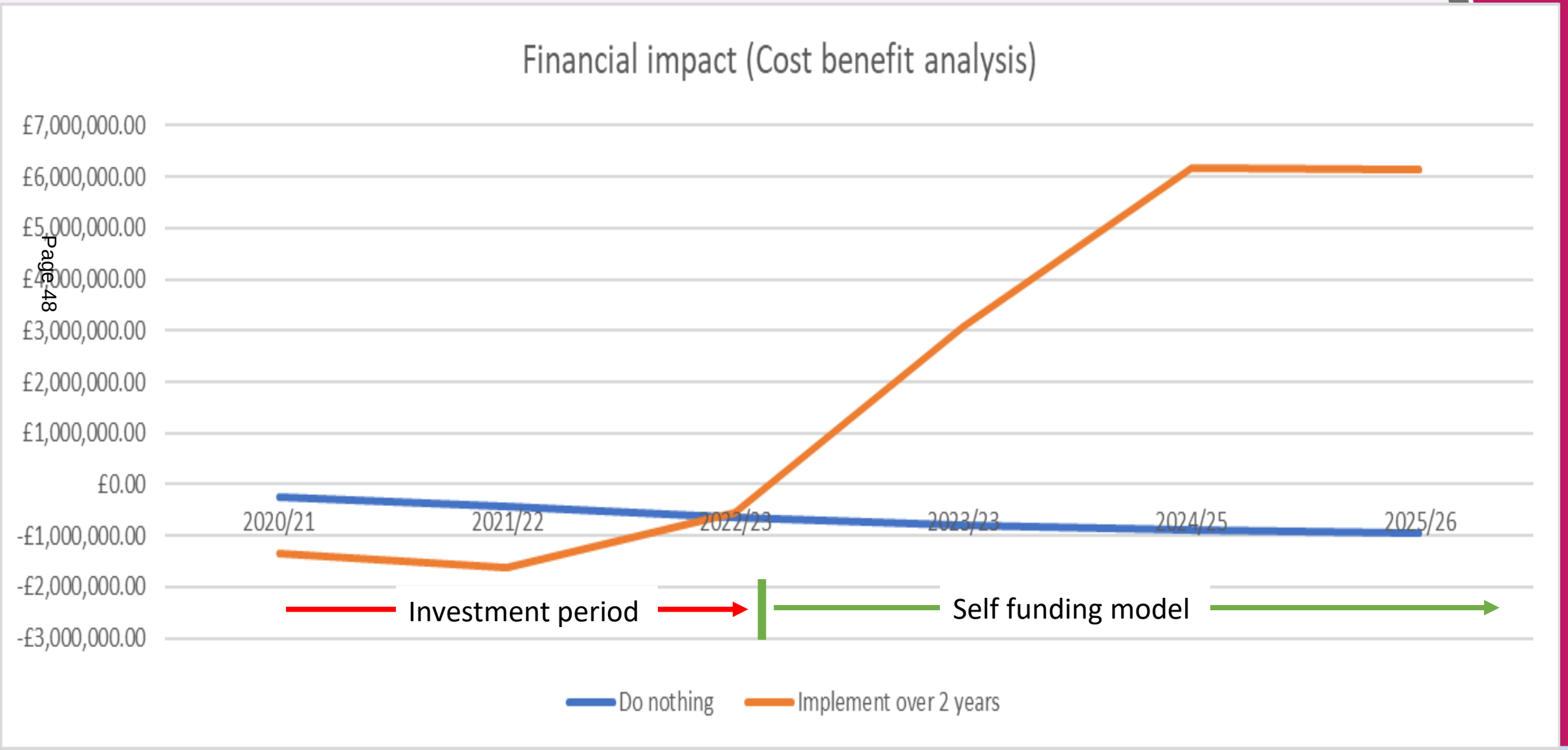
Implementation timescales

Year 1 - 20/21 –South Somerset and Bridgwater offices

Year 2 – extend implementation county wide to include Mendip and West Somerset and Taunton

A financially sustainable model:

£3.5m investment required over 3 years (from social care grant monies) to deliver savings over future years



Service User Outcomes

Children experience less trauma

More children remain with their birth family

Reduction in parents with:

- Alcohol dependency
- Drug dependency
- Unmanaged mental health issues
- Domestically abusive relationships

Fewer children need to be in the care of the Local Authority

Workforce Outcomes

Local skills development in order to resource roles that there are currently a shortage of locally.
More working together across professional disciplines; greater job satisfaction
Reduced vacancies in social work posts (currently 18)
Reduced dependence on locums as Somerset becomes a more attractive LA to work for with its change in culture and practice

SCC Outcomes

Reduction in spend on placements for Children Looked After
Reduced re-referral rates as we get the right work completed first time
Improved relationship with families and communities, increased trust.
No or minimal increase in Child Protection Plans
Resilience in Commissioning across SCC as specialisms are shared, a common understanding is achieved and a reduction in potential for single points of failure.

Somerset System Outcomes

Reduction in Accident and Emergency Attendance for families that are worked with
Reduction in Anti-social behaviour for families that are worked with
Reduced Police Call Outs for Domestic Incidents
Resilience in Commissioning across the system as specialisms are shared.
Improved health outcomes and reduction of escalating demand
As families stabilise there is the potential for families to increase their income

Conditions for Success:

Partnership continue to buy-in to the approach and support alignment

Unified commitment from SCC's Senior Leadership Team and Cabinet

Stable leadership supporting the model – system, operational, commissioning

Childrens Services at 'Requires Improvement'

Key Risks

- Family Safeguarding needs organisational commitment to the vision and transformation which is matched with investment and commitment of resources.
- Family Safeguarding implementation timescales needs to be considered alongside likely future Ofsted inspection timelines, to avoid a situation whereby services are inspected at a time of significant change
- The Information Governance Board, established under the Health and Wellbeing Board must be able to deliver capability for Transform information sharing as this is paramount to understanding and articulating the whole system impact.

Somerset Health Protection Forum

Assurance Report

January 2020

Contents

Introduction

Health Protection seeks to prevent or reduce harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation[1].

The Somerset Health Protection Forum comprises professional partners, across agencies, holding health protection responsibilities. The Forum has a collective role to provide assurance on behalf of the Director of Public Health, to the Health and Wellbeing Board.

Working alongside accountability structures of individual partner organisations, the aim of the Health Protection Forum is to ensure effective and integrated systems are in place for protecting population health, with specific reference to: communicable diseases; environmental hazards; infection prevention and control; resilience; and screening and immunisation.

Providing a mechanism for strategic multi-agency working, the forum enables professional discussion in relation to maintaining effective and efficient health protection systems across Somerset. This ensures that, as a collective of responsible organisations, challenges, risks and opportunities are identified prioritised and addressed as efficiently as possible.

The purpose of this report is to give an overview of the work that has taken place during the past 12 months, the key issues and risks arising, and the priorities for the year ahead.

[1] PHE, *Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public health Functions and Entry to Premises by Local Healthwatch representatives) Regulations 2013*, 2013.

1. Strategic Action Plan Priorities 2019

To ensure the Health Protection Forum has a focused agenda and forward plan, a Strategic Action Plan is developed annually. This identifies the priorities and actions to be taken across the system over the coming 12 months, as approved by the Health and Wellbeing Board.

The priorities for 2019 were categorised by the following subjects: **Communicable Diseases, Environmental Hazards, Infection Prevention and Control, Resilience and Screening an Immunisations.** Progress against the agreed actions is summarised as follows:

1.1 Communicable Diseases

Ensuring robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system was an important priority for 2019. Core activity continued throughout 2019 which included:

- Maintain a system overview of outbreak management processes and response;
- Ensure robust multi-agency outbreak management plans are in place to support individual organisational arrangements; and
- Review significant outbreaks, making recommendations where appropriate.

During 2019, we have had 195 situations/issues/clusters that span a broad range of threats to public health ranging from chlorine releases and fumes at a shopping village, to Norovirus/Flu outbreaks in schools and care homes, Shiga Toxin-producing E-coli (STEC) outbreaks and cases of meningococcal disease and Tuberculosis, which requires contact tracing and screening.

In 2019 the UK lost its 'measles free' status due to the increased number of confirmed cases and evidence that there was transmission of a strain of the disease within the country. During 2019, Somerset only had one case of measles, which was linked to a measles outbreak in Devon, despite the increasing prevalence of measles within the UK. The Somerset Immunisations Group have prioritised work to roll out the Measles and Mumps elimination strategy within Somerset.

TB remains a concern within Somerset, with 2019 seeing several complex cases of multi drug resistant TB. Even though Somerset has a low incidence of TB, there is still significant pressure on the system when faced with a TB case. Work is currently taking place to ensure the system has the resources and processes in place to effectively manage TB cases in Somerset.

In 2017 71% of cases with drug sensitive TB completed their treatment by 12 months and 11% of TB drug sensitive patients died.

Progress against the agreed priorities to improve the resilience of the Communicable disease arrangements in Somerset are documented below:

Priority 1: Support Public Health England to finalise the Incident and Outbreak Response Framework

There is still a delay in the publication of the South West Public Health England Incident and Outbreak Response Framework. In light of this, it was agreed that Somerset will review the Somerset Health Protection Memorandum of Understanding (MoU) to ensure Somerset arrangements are robust.

Priority 2: Support and advise on actions required for local implementation of Incident and Outbreak Framework

A new Single Case Management Plan has been finalised which supports the Environmental Health Teams with their response arrangements, this has been implemented and is working well.

Priority 3: Review and agree the Somerset Health Protection Memorandum of Understanding

The MOU has been reviewed and agreed by partners. As a consequence of the MOU review, further work is being progressed by Somerset CCG and Public Health to include operational arrangements for a number of Communicable diseases outbreaks that are a threat within Somerset, to ensure appropriate commissioning arrangements are in place for mass screening, prophylaxis and treatment. This work builds on the progress that has been made to ensure that all responding organisations are fully aware and capable of their requirements during a communicable disease incident/outbreak.

Communicable Disease Priorities for 2020:

To continue progress, the following communicable disease priorities are proposed for the 2020:

- Continue to support PHE to finalise the Incident and Outbreak Response Framework
- Continue to work with the CCG to ensure commissioned services are in place to respond to outbreaks
- Translate the TB service specification into the clinical service delivery
- Ensure People with Blood Borne Viruses (Hepatitis B and Hepatitis C) are identified and supported by appropriate services in Somerset

- Develop a Burden of Disease Joint Strategic Needs Assessment (JSNA) to inform system commissioning and provide assurance that the system has capacity and training to support this work

1.2 Environmental Hazards

The priority to ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health are supported was progressed during 2019. The core activity that supports this priority include:

- Maintain oversight of environmental hazards posing a threat to population health (health and safety, food hygiene and standards, air, land, and water)
- Ensure robust multi-agency incident management plans are in place to support individual organisational arrangements; and
- Review significant incidents, making recommendations where appropriate.

Progress against the 2019 agreed priorities are documented below:

Priority 1: Support targeted projects to review and improve water quality in vulnerable institutions such as educational establishments

Wessex Water and Bristol Water committed to improving water quality in vulnerable institutions such as educational establishments. A project that supported this commitment has been completed to identify and replace lead piping and fittings in Somerset schools and nurseries.

Within Somerset a total of 35 schools and nurseries were inspected but none showed any lead exceedances. However, there were a number of water fittings regulations contraventions identified which required rectifying by the school.

Wessex Water and Bristol Water are already planning further activity for the next 5 year period starting in 2020.

Priority 2: Support adoption of the Somerset Air Quality Strategy and projects identified to improve air quality

In February 2019, Somerset County Council declared a climate emergency and committed to preparing a strategy by the end of 2019. There is a significant overlap between air quality and climate change, so the work undertaken to date on air quality has been fed into the climate change plan.

In the meantime, the recommendations within the Air Quality Strategy are being applied in practice:

- Major planning applications now frequently include an air quality assessment.
- Transporting Somerset and SCC Procurement are considering whether changes can be made to make the fleet greener including contracted providers. One change already made is that all pool cars are now petrol rather than diesel.
- All new contracts now contain air quality as a consideration in the social value element of the contracts.
- The Air Quality website will be going live imminently.

Priority 3: Raise awareness of the impact on health from housing standards and support local initiatives as appropriate

This work has not progressed during 2019

Environmental Hazards Priorities for 2020:

- Explore working with the Housing Partnership on environmental hazards relating to housing. Consider establishing a task and finish group to identify work around minimising the health impact of cold homes, improving housing standards and messages specific to infectious disease threats.
- Respond to Climate Change Emergency/deliver air quality strategy. Link in with the JSNA that is focused on Climate Change.

1.3 Infection Prevention and Control

During 2019, it was agreed to ensure infection prevention and control priorities address local need and reflect national ambition. The core activity that contributes to this priority include:

A Somerset Strategy for the Prevention and Control of Infection has been produced, for a system wide approach. The purpose of this document is to set out the CCG's and Somerset system responsibility and objectives for infection prevention and control and the work plan to ensure these are met.

Progress against the 2019 agreed priorities are documented below:

Priority 1: Identify initiatives to improve infection prevention and control amongst vulnerable populations

At the beginning of 2019, PHE colleagues highlighted that Somerset is experiencing higher than average levels of IGAS (Invasive Group A streptococcal) infections. The case fatality is high and estimated to be 16% at 7 days in the UK.

Due to the high number of cases an action plan was developed. Actions within the plan are progressing well across partner organisations and rates are returning back to expected levels, but work will continue throughout 2020. An example of a poster circulated to hospitals and GPs throughout Somerset is included in Annex A.

Priority 2: Raise awareness of the national strategy to address antimicrobial resistance and support / develop local initiatives as appropriate

The Somerset Infection Prevention Antimicrobial Assurance Committee (SIPAAC) is in place to gain assurance from all providers across the system. Within this Health Care Associated Infection data, Infection Prevention and Control and Antimicrobial Resistance updates and work plans from each NHS provider are discussed and peer reviewed as necessary. The Infection Prevention and Control Teams across the system continue to work closely with public health and social care colleagues to ensure a health and social care community-wide approach to Infection Prevention and Control. However, this system is extremely stretched and there are difficulties responding to community outbreaks that are beyond the health and care system boundaries, such as in homeless hostels.

All organisations are encouraged to review local data including antibiotic prescribing to understand up-to-date surveillance activity. These processes help identify any common themes and priority areas for action. The CCG has nominated an Anti-Microbial Resistance Senior Responsible Officer (SRO) for the strategic oversight and leadership to implement a cross system agenda that is collaborative and inclusive of both health and social care colleagues. This has resulted in Somerset performing extremely well against AMR metrics. Clinicians in Somerset are some of the lowest prescribers in the country of broad-spectrum antibiotics, which is a good outcome.

Infection Prevention and Control Priorities for 2020:

- SIPPAC to continue to provide assurances to DPH regarding infection, prevention and control in Somerset.
- Somerset needs to continue to tackle the rising numbers of Gram negative Bacteraemia through:
    - Delivering the invasive Group A streptococcus Action Plan
    - Delivering the CCG Gram Negative Action plan.
    - Delivering a snapshot audit of Ecoli cases.

1.4 Resilience

During 2019, it was a priority to ensure local and regional emergency response arrangements are in place to protect the health of the population. Core activity that also continued throughout the year includes:

- Maintain an overview of local emergency planning, resilience and response workstreams;
- Review significant incidents, making recommendations where appropriate.

There have been no major incidents in Somerset during 2019.

There have been no Emergency Planning exercises relating to the Hinkley Point site during 2019, however the new REPPIR 2019 regulation have resulted in some changes. Most significantly, Somerset County Council is now responsible for determining the Designated Emergency Planning Zone (DEPZ) that surrounds the power station, where additional preparedness measures are in place. A detailed consultation took place in Autumn 2019 with the affected communities and responding organisations it was concluded that the DEPZ will remain at 3.5 km with a few minor changes in the boundary. Further work is required during 2020, to ensure compliance with the REPPIR 2019 regulations, by May 2020. Specifically, this needs to find a solution to radiological monitoring capacity, which we have been waiting for guidance on.

The Somerset system was involved with the planning and response to the Glastonbury Festival 2019 which went smoothly despite the warm weather. Planning is underway for the 2020 Festival and particular focus will be on the increase of people licensed to be on site compared to previous years.

Progress against the 2019 agreed priorities are documented below:

<u>Priority 1: Maintain a system wide understanding of priorities and challenges within the emergency planning, resilience and response community</u>

Throughout 2019, BREXIT planning has been a focus for health organisations within the Local Health Resilience Partnership. Organisations have been assessing the risks facing them in terms of supply chains (eg, medicines, vaccine and clinical consumables), workforce, and research, and looking at mitigatory actions to reduce the impact of these risks. Work continues to take place ahead of the 2020 BREXIT deadline.

Priority 2: Support activity and coordination between local groups and regional forums

The Health Protection Forum maintains links with local resilience groups to ensure any priorities identified are addressed within the context of the wider system. As many of these forums have wide geographical and organisational coverage, the Somerset Health and Social Care Emergency Planning Group exists to support and coordinate local tactical health and care EPR activity. Key areas of local planning for 2019 have included trust capacity coordination; communicable diseases; mass casualty response; mortuary provision and 4x4 transport.

It has been a priority to support and provide representation for the following local and regional forums:

- Health Protection Forum
- Avon & Somerset Local Health Resilience Partnership
- Local Resilience Forum
- Somerset Health & Social Care Emergency Planning Group

Resilience Priorities for 2020:

- Continue to provide assurance to DPH that the Health and Care system is resilient
- Members to partake in LHRF/LRF exercises
- Design a solution to ensure Radiation Monitoring capacity in place, should an incident occur
- Mass casualty planning
- Monitoring the impact of EU Exit process

1.5 Screening and Immunisations

It is a priority of the Forum to ensure screening and immunisation programmes meet national standards and reflect local priorities for increasing uptake. The core activity that continue includes:

- Monitor local performance of all screening and immunisation programmes;
- Work across the Public Health system to reduce inequalities in accessibility of services and raise local awareness, encouraging uptake of all programmes; and
- Review programme performance and make recommendations for improvement where appropriate.

1.5.1 Screening

Current screening programmes cover:

- Cancer screening (breast, bowel and cervical);
- Adult screening (abdominal aortic aneurysm and diabetic eye); and
- Antenatal and new-born screening (foetal anomaly, infectious diseases in pregnancy, sickle cell and thalassaemia, new-born and infant physical examination, new-born blood spot and new-born hearing)

Each quarter NHS England provides a report to the Health Protection Forum to provide assurance to the DPH that the local population is achieving the expected coverage according to national targets, in summary:

1.5.1.1 Cancer Screening

Breast cancer screening rates in Somerset at 77% (compared with England of 74.9%) is good and above the lower threshold target but is a drop from the previous year. Cervical cancer screening coverage amongst 25-49 year olds in Somerset remains under the lower threshold but still higher than national rates. A national campaign was launched on 5th March 2019 as part of the 30th Anniversary of the programme. This is national campaign across PHE, NHSE and the cancer charities. The bowel cancer screening rate is 62.4%, is higher than national rates and achieves the target level of 60%.

Indicator	Lower Threshold	Standard	Geography	2016	2017	2018	2019
Cancer screening coverage - breast cancer	70	80	Somerset	77.4%	77.9%	77.0%	N/A
			England	75.5%	75.4%	74.9%	N/A
Cancer screening coverage - cervical cancer (25-49)	75	80	Somerset	72.3%	72.3%	72.3%	73.9%
			England	70.2%	69.6%	69.1%	69.8%
Cancer screening coverage - cervical cancer (50-64)	75	80	Somerset	78.8%	77.6%	76.5%	76.4%
			England	78.0%	77.2%	76.2%	76.2%
Cancer screening coverage - bowel cancer	55	60	Somerset	62.2%	62.7%	62.4%	N/A
			England	57.9%	58.8%	59.0%	N/A

Figure 1: Cancer Screening coverage

1.5.1.2 Antenatal & New-born Screening

A Yeovil District Hospital Quality Assurance visit was undertaken on the 19th March, there were no high-level recommendations required. Good progress is being made against the recommendations made.

Musgrove hospital will undergo a QA visit on the 17th September 2020.

Indicator	Lower Threshold	Standard	Geography	2015/16	2016/17	2017/18
Newborn blood spot screening - coverage	≥95%	≥99%	Somerset	95.9%	N/A	N/A
			England	95.6%	96.5%	96.7%
Newborn hearing screening - coverage	≥98%	≥99.5%	Somerset	99.7%	N/A	99.7%
			England	98.7%	98.4%	98.9%
Newborn and infant physical examination screening - coverage	≥95%	≥99.5%	Somerset	N/A	N/A	N/A
			England	94.9%	93.5%	95.4%

Figure 2: Child Screening coverage for Somerset and England

1.5.1.3 Adult Screening

Somerset Partnership continues to perform well with Diabetic Eye Screening coverage and uptake remaining high. Extra support has been provided to enable the clinical lead to perform all their functions and a number of areas of good practice where identified at the last programme board which are being shared at regional forums.

A QA visit is planned for April 2020.

Indicator	Lower Threshold	Standard	Geography	2015/16	2016/17	2017/18
Abdominal Aortic Aneurysm screening - coverage	≥45%	≥50%	Somerset	87.1%	86.5%	87.2%
			England	79.9%	80.9%	80.8%
Infectious diseases in pregnancy screening - HIV coverage	≥95%	≥99%	Somerset	N/A	N/A	N/A
			England	99.1%	99.5%	99.6%
Sickle Cell and Thalassaemia screening - coverage	≥95%	≥99%	Somerset	N/A	N/A	N/A
			England	99.1%	99.2%	99.6%
Diabetic eye screening - uptake	≥75%	≥85%	Somerset	N/A	N/A	N/A
			England	83.0%	82.2%	82.7%

Figure 3: Adult Screening coverage for Somerset and England

1.5.2. Immunisations

There is a national childhood and adult immunisation programme, that are offered through primary care, school nursing and for some vaccines through pharmacies and midwifery in Somerset. Coverage is broadly in line with the national average however there has been another decline across most antigens.

Childhood vaccination uptake rates continue to fall nationally and locally. Of particular concern are the boosters given by the age of five. This is being reviewed nationally and a measles and rubella elimination strategy launched with the aim of achieving MMR uptake above 95% in both eligible children and non-vaccinated older cohorts who had lower uptake when children.

HPV vaccination for boys commenced from September 2019. Boys aged between 12 and 13 in England will be given a vaccine to protect them against HPV-related cancers. Gender neutral communication materials are being distributed to relevant parties.

Indicator	Lower Threshold	Standard	Geography	2016/17	2017/18	2018/19
Population vaccination coverage - Hepatitis B (1 Year old)			Somerset	100.0%	100.0%	83.3%
			England	N/A	N/A	N/A
Population vaccination coverage - Dtap/IPV/Hib (1 Year old)	90	95	Somerset	94.0%	95.1%	93.2%
			England	93.4%	93.1%	92.1%
Population vaccination coverage - PCV	90	95	Somerset	94.1%	95.0%	93.5%
			England	93.5%	93.3%	92.8%
Population vaccination coverage - Hepatitis B (2 Years old)			Somerset	100.0%	100.0%	100.0%
			England	N/A	N/A	N/A
Population vaccination coverage - Dtap/IPV/Hib (2 years old)	90	95	Somerset	96.7%	96.9%	96.5%
			England	95.1%	95.1%	94.2%
Population vaccination coverage - MMR for one dose (2 years old)	90	95	Somerset	93.8%	94.3%	92.1%
			England	91.6%	91.2%	90.3%
Population vaccination coverage - PCV booster	90	95	Somerset	94.3%	93.1%	92.1%
			England	91.5%	91.0%	90.2%
Population vaccination coverage - Hib/MenC booster (2 years old)	90	95	Somerset	94.2%	93.2%	92.2%
			England	91.5%	91.2%	90.4%
Population vaccination coverage - Flu (2-3 years old)	40	65	Somerset	46.8%	48.8%	55.2%
			England	40.2%	44.0%	44.9%
Population vaccination coverage - MMR for one dose (5 years old)	90	95	Somerset	96.2%	95.8%	95.3%
			England	95.0%	94.9%	94.5%
Population vaccination coverage - MMR for two doses (5 years old)	90	95	Somerset	90.3%	91.5%	89.1%
			England	87.6%	87.2%	86.4%
Population vaccination coverage - HPV coverage for one dose (females 12-13 years old)	80	90	Somerset	83.3%	80.1%	N/A
			England	87.2%	86.9%	N/A
Population vaccination coverage - HPV coverage for two doses (females 13-14 years old)	80	90	Somerset	80.4%	76.9%	N/A
			England	83.1%	83.8%	N/A

Figure 4: Somerset Childhood Immunisation Coverage

There is a decline in the shingles vaccination uptake locally and nationally. Opportunities are being reviewed internally to ensure when the cohort age is streamlined (due 2020) maximum efforts are taken to improve uptake. Additional materials for GP practices are being sought to promote the vaccine amongst those eligible.

Indicator	Lower threshold	Standard	Geography	2016/17	2017/18	2018/19
Population vaccination coverage - PPV	60	75	Somerset	67.7%	67.6%	N/A
			England	69.8%	69.5%	N/A
Population vaccination coverage - Flu (at risk individuals)	55	55	Somerset	48.5%	48.5%	47.4%
			England	48.6%	49.7%	48.0%
Population vaccination coverage - Flu (Over 65's)	75	75	Somerset	70.5%	72.2%	72.7%
			England	70.5%	72.9%	72.0%
Population vaccination coverage - Shingles vaccination coverage (70 years old)	50	60	Somerset	N/A	50.5%	N/A
			England	N/A	44.4%	N/A

Figure 5: Somerset Adult Immunisation Coverage

Priority 1: Improve understanding of uptake rates through health equity audit outcomes and access to granular data

To improve understanding of uptake rates, a Health Equity Audit took place looking at the breast cancer screening service and uptake. In summary the findings of the audit showed the following:

- Approximately 88,346 women were invited to be screened in the period 2016/17 to 2018/19. Of these, 63,803 attended screening. Overall uptake of breast screening for the 3-year period was 72.22%.
- Patients not registered at a GP practice had the lowest uptake (12.29%) with 29 practices below the Somerset average for overall uptake (72.22%). The Primary Care Network with the lowest overall uptake (64%) has been identified for follow up action.
- There is lower uptake in urban populations (70.18%) than in rural populations (73.42%). Uptake for the Prevalent screening round (44.07%) is lower than for the Incident screening round (81.45%), with younger women less likely to engage in screening.
- Uptake of screening decreases with increasing levels of deprivation. I.e. the more deprived the practice population the lower the uptake. There is lower uptake in practices with a higher percentage of BME patients.

Recommendations have been made to reduce inequality in uptake with an action plan currently being developed in partnership between the Provider, Public Health England, NHS England and the Council.

Priority 2: Improve understanding of screening programme effectiveness in vulnerable groups such as those with learning difficulties

The Somerset Immunisations Group continue to work to improve data sharing between organisations to support understanding of effectiveness of screening programmes in vulnerable groups. An example of this is the immunisations data for children looked after.

Priority 3: Improve uptake of the seasonal flu vaccination for those working directly with vulnerable service users

A Somerset County Council staff vaccination programme is underway to ensure all frontline health and social care staff are vaccinated against the flu virus. Lessons from previous years have been considered and informed the decision to develop a flu vaccination programme that is based on the expenses process, to claim back vaccine received in a pharmacy of choice. This method has meant that there is comprehensive data that can be analysed and individual contact with staff members that have been identified as eligible. However, as with previous years, the biggest challenge of the programme is convincing staff that they should receive the vaccination. So far this year (and there is a lag in data due to the expenses process) 106 SCC staff have been vaccinated.

The national flu programme will continue as per previous years with the aim to improve the uptake rates of the flu vaccine within at-risk groups. Priority has been given to support this programme to ensure the system is effective in delivering the vaccinations and communication are joined up to ensure consistent messages reach all eligible Somerset residents.

The uptake rates for the 2018/19 flu season are reported below:

	Somerset (%)				England (%)			
	15/16	16/17	17/18	18/19	15/16	16/17	17/18	18/19
Over 65s	70.5	70.5	72.4	72.7	71.0	70.5	72.9	72.0
At Risk (under 65s)	42.9	48.5	48.1	47.4	45	48.5	49.7	48.0
Pregnant Women	42.5	43.9	47.1	46.7	42	44.9	47.0	45.2

Screening and Immunisation Priorities for 2020:

- Refine quarterly Screening and Immunisations assurance to HPF.
- Somerset Immunisations group to deliver on the local elements of the Measles Elimination Strategy
- Establish Somerset Screening Group to deliver NHS Long Term Plan ambitions around cancer screening
- Improve Children Looked After vaccination data
- Flu (improve uptake of at-risk flu vaccination rates).

2. Priorities for 2020

In summary, the following list of Health Protection priorities for 2020, have been proposed:

2.1 Communicable Diseases

Ensure robust communicable disease incident and outbreak response arrangements are in place and embedded across the Somerset system.

Carrying this priority forward into 2020, key actions include:

- Continue to support PHE to finalise the Incident and Outbreak Response Framework
- Continue to work with the CCG to ensure commissioned services are in place to respond to outbreaks
- Translate the TB service specification into the clinical service delivery
- Ensure People with Blood Borne Viruses are identified and supported by appropriate services in Somerset
- Develop a Burden of Disease Joint Strategic Needs Assessment (JSNA) to inform system commissioning and provide assurance that the system has capacity and training to support this work

2.2 Environmental Hazards

Ensure initiatives to reduce or mitigate the impacts of environmental hazards on population health are supported and prioritised.

Building on existing organisational priorities, key actions include:

- Explore working with the Housing Partnership on environmental hazards relating to housing. Consider establishing a task and finish group to identify work around minimising the health impact of cold homes, improving housing standards and messages specific to infectious disease threats.
- Respond to Climate Change Emergency/deliver air quality strategy. Link in with the JSNA that is focused on Climate Change

2.3 Infection Prevention and Control

Ensure infection prevention and control priorities address local need and reflect national ambition. Recognising areas for improvement identified during 2019 and the context surrounding infection prevention and control, key actions include:

- SIPPAC to continue to provide assurances to DPH regarding infection, prevention and control in Somerset.
- Somerset needs to continue to tackle the rising numbers of Gram negative Bacteraemia through:
    - Delivering the invasive Group A streptococcus Action Plan
    - Delivering the CCG Gram Negative Action plan.

Delivering a snapshot audit of Ecoli cases

2.4 Resilience

Ensure local and regional emergency response arrangements are in place to protect the health of the population.

Working closely with local and regional forums, key actions include:

- Continue to provide assurance to DPH that the Health and Care system is resilient
- Members to partake in LHRF/LRF exercises
- Design a solution to ensure Radiation Monitoring capacity in place, should an incident occur
- Mass casualty planning
- Monitoring the impact of EU Exit process

2.5 Screening and immunisation

Ensure screening and immunisation programmes meet national standards and where work is required to increase uptake, reflect local priorities to achieve national standards.

In support of the existing screening and immunisation programme in Somerset, key actions include:

- Refine quarterly Screening and Immunisations assurance to HPF.
- Somerset Immunisations group to deliver on the local elements of the Measles Elimination Strategy
- Establish Somerset Screening Group to deliver NHS Long Term Plan ambitions around cancer screening
- Improve Children Looked After vaccination data
- Flu (improve uptake of at-risk flu vaccination rates

3. Conclusion

In summary the Director of Public Health is assured that systems are in place to protect the health of the population, however there are opportunities during 2020 to strengthen these and ensure that particularly vulnerable populations are reached by heath protection interventions.

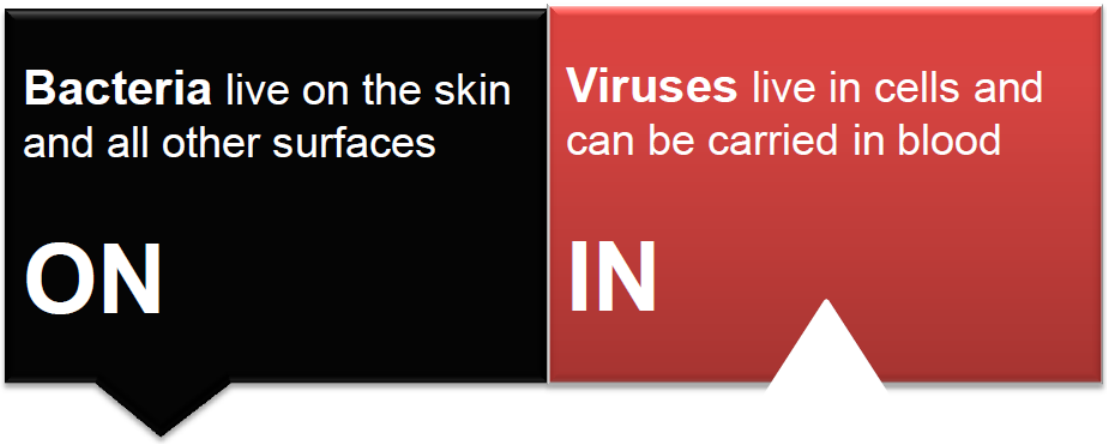
Throughout 2019 there has been a significant drive to ensure that the system is able to cope with all health protection challenges that arise. Working with partners, particular attention has been given to all agreements and contractual arrangements to ensure all roles and responsibilities and relationships are clear and to highlight any gaps in service provision. This work will ensure that the Somerset system is robust and prepared for all eventualities.

Identified gaps in the system are captured throughout this document and reflected within the 2020 strategic priorities. Progression of these priorities over the next 12 months will strengthen an already robust and effective system.

ANNEX A

Infections are increasing in the SW

There are two main types of infection that can get into your body when you inject drugs
-bacteria and viruses



To reduce the risk of infection –

- **Always wash your hands and the injecting site with soap and water before you start**
- **Use new needles each time**
- **Do not lick your needles**
- **Seek medical help as soon as you feel unwell**

Take extra care washing your hands and keep your injecting sites clean. If you have any of these symptoms:

Wound site redness

Muscle aches

Fever

Please ask for help, seek medical advice as soon as you can

You can call NHS 111 for confidential advice

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Somerset County Council
Scrutiny for Policies, Adults and Health Committee

Update on the Fit for my Future: CCG Consultation Strategy and Consultation on acute mental health inpatient beds for adults of working age

Lead Officers: Maria Heard, Fit for my Future Programme Director
Dr Alex Murray, Clinical Lead, Fit for my Future
Author: Jane Harris
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Cabinet Member:
Division and Local Member:

1. Summary

1.1 Fit for my Future is a strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by Somerset Clinical Commissioning Group and Somerset County Council, and includes the main NHS provider organisations in the county.

1.2 This report presents our engagement and consultation strategy which was approved by our Governing Body on 16 January 2020 and sets out the progress we have made since our last report to the Somerset County Council Adult Health and Overview Scrutiny Committee on our mental health work programmes.

1.3 In the update on mental health it sets out how we are undertaking public consultation on the future locations of inpatient mental health beds for people of working age and how the new model of care is developing. It updates the members of the committee on:

- what has happened since the last update
- the consultation on the future location of inpatient mental health beds for people of working age
- next steps.

2. Issues for consideration / Recommendations

2.1 Members are asked to consider and comment on the report and support next steps. Somerset County Council Scrutiny for Policies, Adults and Health Committee and individual members are invited to formally respond to our consultation and engagement activities.

3. CCG consultation strategy

3.1 The strategy outlines how we will make sure that any proposed service change is well planned and managed which will lead to better decision making and effective implementation.

3.2 Our consultation strategy aims to show how we will carry out formal public consultation to make sure everyone who lives and works in Somerset has the opportunity to have a say in the future of local health services.

3.3 The duty to involve the public under section 242 of the NHS Act 2006 raised the bar for the way NHS organisations are expected to consult and engage with people and respond to the feedback received. The Health and Social Care Act 2012 strengthens

this expectation.

3.4 For each formal public consultation we deliver, we will co-design a specific consultation strategy with an identified stakeholder reference group which is tailored to the particular issues subject to consultation.

3.5 The Consultation Strategy was approved by the Governing Body on 16 January 2020 who agreed that it should be considered by the Somerset County Council Health Overview and Scrutiny Committee. Comments on the Consultation Strategy are welcomed from members and will be carefully considered.

4. Consultation on the future of acute mental health inpatient beds for adults of working age

4.1 There has been a history of under-investment in Somerset's mental health services and we are determined to redress the balance and place equal value on the importance of physical and mental health services. That's why we're increasing our investment in mental health, so we can develop a more complete service with a stronger focus on prevention and early help to keep people well wherever possible, and to provide the best care in the right settings for those who become unwell.

4.2 People who have used mental health services in the past or are using them now have helped us shape our new model of care; they have told us that we need to make it easier for them to access our service, and to reach a whole system of support through just one referral.

4.3 Our overall vision for mental health, and the new mental health model, is innovative. We are enhancing, and investing in, services that are already there, introducing new ones closer to where people live, and making them wholly accessible at every step of the way.

4.4 Acute mental health inpatient services for adults of working age are just one part of this whole system of care, a very important component for the relatively small number of people facing the most acute mental health issues. We need to ensure that we provide this care in the safest possible way. This isn't about money or a reduction in service; in fact we'll be investing more to improve the acute mental health inpatient service. We're very proud of the dedication and quality of the staff providing these services, but we recognise that it is simply not possible to provide the safest possible care if we continue to operate from three different locations, two of which have stand-alone wards with limited support available, and one of which is a long way away from an emergency department.

4.5 We believe there is a better solution. This would involve providing our acute inpatient services from two sites and not three.

4.6 **Reasons for changing our current configuration of services**

The central issue under deliberation has been how to provide the optimal inpatient care for those who require treatment for an acute psychiatric episode. We currently have four wards providing acute inpatient mental health care for adults of working age; Rydon 1 and 2 in Taunton (adjacent to other mental health wards), Rowan ward in Yeovil and St Andrews ward in Wells. Two of our four wards for adults of working age in Somerset are 'standalone' wards, meaning that there is not an adjacent mental health ward where support can be drawn upon at times of need. These wards are St Andrews in Wells and Rowan in Yeovil. In addition, St Andrews ward in Wells is a long way from the nearest emergency department – 45 minutes from St Andrews ward to Royal United Hospital in Bath, compared with several minutes journey time from services located in Yeovil and Taunton, and has limited out of hours support.

4.7 The key concerns we have are summarised as follows:

Lack of local support
Having single wards can cause problems with safe staffing and management of patient risk. When two wards are close to each other, staff from one ward can provide support to the other whenever there is a problem. When there is only one ward, staff have no immediate back-up and have to resort to calling the police or an ambulance. This is the case in St Andrews ward in Wells and Rowan ward in Yeovil.

Distance from an emergency department
Inpatients in an acute mental health ward will at times require acute medical support following harm to themselves or others in addition to routine medical care, therefore distance from an Emergency Department is important and can impact on the outcome of treatment due to the time taken to reach the appropriate service. Wells is 22 miles away from the nearest District General Hospital and it can take 45 minutes to reach hospital by ambulance. In comparison, Yeovil and Taunton are several minutes away from the nearest Emergency Department.

Out of hours medical cover
Specialist mental health and medical cover is inconsistent across our three sites. On Rowan ward, Yeovil and Rydon wards 1 and 2, Taunton, onsite cover is provided round the clock by junior doctors and consultants. On St Andrews ward, Wells, mental health specialist cover is available Monday to Friday from 9am – 5pm; out of hours cover is provided by a GP and out of hours mental health support is available from the on-call psychiatrist by phone.

4.8 In summer 2019 we held a one day workshop with a group of staff, service users, carers, voluntary sector organisations and other stakeholders to work through and appraise three options on the future location of inpatient mental health beds. This workshop was independently facilitated by Participate. These were:

Option 1 – Stay the same
- Retain wards where they are with the same functions, bed numbers and invest in the buildings where needed to bring them up to modern expectations of inpatient services

Option 2 – Relocate Wells service to Yeovil
- Move St Andrews ward, Wells and create two wards using existing ward space at Rowan/Holly Court. This would require some refurbishment to enable the change

Option 3 – Relocate Yeovil service to Wells
- Move Rowan ward, Yeovil and create two wards, refurbishing or rebuilding the existing Phoenix ward

4.9 In Autumn 2019 a clinical review of our proposal was undertaken by the South West Clinical Senate. The Senate panel of clinicians is drawn together from across the south west to give a detailed clinical view of the strength of the case for change, the options for consideration and the evidence to support them. The Clinical Senate supported our case for change and proposals.

4.10 On 21 October 2020, the final stage of the NHS service reconfiguration assurance process, NHS England and Improvement considered whether the case for change and proposals demonstrate evidence to meet five core tests including strong public and patient engagement, consistency with current and prospective need for patient choice, and support for the proposals from clinical commissioners. This was approved.

4.11 After considering all the evidence, our preferred option is to move the beds from St

Andrews Ward in Wells to Yeovil, alongside the existing Rowan Ward. Stakeholders who attended the one day stakeholder workshop arrived at the same view.

4.12 The reason why moving the beds from St Andrews Ward in Wells to Yeovil is our preferred option is because:

Quality of care – outcomes and safety

- It's close to the Emergency Department at Yeovil District Hospital, compared to St Andrews Ward in Wells which is 22 miles or 45 minutes away from the nearest Emergency Department at Bath Royal United Hospital

- A risk management protocol is required for Wells which results in around 40 patients a year having to be admitted first to Taunton and then to Wells. Some of the highest risk patients remain at Taunton due to its proximity to an Emergency Department. Even if two wards were to be located at Wells instead of Yeovil, a small number of patients with high risk of self-harm would still need to be retained at Taunton due to Wells' distance from an Emergency Department

Travel time for patients, their carers and visitors

Moving beds from Wells to Yeovil: On average, a person previously admitted to Wells would face a longer journey of an extra 6 minutes if they had to go to Yeovil instead; 77 patients in all would have a longer journey time, 28 of them with an increase of more than 20 minutes.

Moving beds from Yeovil to Wells: On average, a person previously admitted to Yeovil would face a longer journey of an extra 7 minutes if they had to go to Wells. 145 of them in all would be affected, 111 of them with a journey increase of more than 20 minutes.

Workforce sustainability

Lack of medical training accreditation at St Andrews ward in Wells creates challenges for recruitment and retention of medical staff, including both the inability to employ junior doctors and retain consultant staff. This means it has not been possible to provide out of hours medical cover, and patients cannot be admitted to Wells after 3pm Monday to Friday. Yeovil already has training accreditation and junior doctors are on site to support admissions and assessments 24hours a day.

Impact on equalities

Patient engagement and operational staff from Somerset Partnership looked at the potential impact of the options on equalities but did not find any factors which appeared to differentiate between the move of beds to Yeovil or to Wells.

Deliverability

The work required to create two wards at Yeovil would take eighteen months to deliver compared to two years for the work to be completed on the Wells site.

Affordability and value for money

The capital investment cost (bricks and mortar) of moving beds to Yeovil would be significantly less at £5,030,000 than moving beds to Wells, where the capital cost would be £7,166,000. The day to day running costs – the revenue budget requirement – is around £250,000 less for Yeovil than for Wells.

4.13 We understand the proposed move of St Andrews Ward from Wells to Yeovil will be a concern for people in the north of the county, and especially in the Mendip area. However safety is paramount, and clinicians are unanimous in their view that the

colocation of the St Andrews and Rowan Wards in Yeovil is in their opinion the safest option.

4.14 In the consultation document we have set out the evidence we have gathered for all three options, with the help of Somerset Partnership, the service provider, that has helped us to come to a view.

As part of our wider mental health service improvement, supported by the recent award of Trailblazer status to Somerset and including an additional £13million funding over the next 3 years, we are currently launching additional community mental health services, including a crisis café in Mendip (and one in Bridgwater), extended Home Treatment and Community Mental Health Teams, and greater support for people with mental health concerns from prevention through to those with severe mental illness.

4.15 **Implications of our proposal**

The preferred option for mental health inpatient beds will not involve a reduction of acute mental health inpatient beds but rather a change in the location of the beds.

- This option will create two wards of 16 beds, including two extra care areas that can be used to support particular additional requirements at times of greatest need.
- The wards will be equal in size, have round the clock medical cover and be affordable from within existing resources.
- The existing s136 place of safety provision will continue unaffected by these changes.

4.16 Additional services and support will be made available for people in the north of Somerset which will include:

- **Increase the skill mix and capacity of community based mental health teams and home treatment teams** – more psychiatrists, psychologists, and community psychiatric nurses, enabling safe and effective care for more people at home
- **Appoint 'Recovery Partners'** – people with lived experience to work alongside Community Mental Health Teams and Home Treatment Teams
- **Improve partnerships and joint-working with voluntary and social enterprise organisations** - such as Heads Up in Mendip area, Village Agents, MIND and others
- **Develop 2 Crisis Cafes, one in the Wells/Mendip area (the other in Bridgwater)** - to provide safe space for people experiencing mental health distress, and support for people at or before they reach crisis point; they'll be open at times of peak need.

4.17 **Public consultation**

On 16 January 2020 the Somerset Clinical Commissioning Group Governing Body approved a decision to go to public consultation on the proposed changes to the location of inpatient mental health beds for people of working age in Somerset. The period of consultation runs from 17 January to 12 April 2020.

4.18 Through the consultation we aim to reach not just the general population but all of those with an interest in mental health service for adults of working age to hear their views about the proposals, including service users, carers and their families. A detailed stakeholder mapping exercise has been undertaken to support this.

4.19 Emails have been sent to community and voluntary sector groups across the county to seek their views. We are attending Talking Cafes and holding a series of drop-in sessions at the locations of the inpatient mental health wards in Yeovil, Wells and Taunton.

4.20 We are also working with key stakeholders to facilitate feedback and contributions from people with learning disabilities, serious mental illness and other groups who may struggle to have their voice heard.

4.21 We are inviting people in the Mendip and Yeovil areas to attend public meetings to listen to any concerns they may have.

4.22 We are attending libraries across the county during the day, evenings and on Saturdays to raise awareness, gather feedback and answer questions.

4.23 We are holding a series of pop-up sessions at health and care sites across the county including community hospitals, GP surgeries (particularly those in more rural areas) etc. We are also holding pop-up sessions at local colleges to reach our younger populations.

4.24 Information on the consultation and details of how people can get involved has been sent to all Parish Clerks for cascading through parish newsletters and websites.

4.25 A media briefing has been held with local and regional journalists and a series of interviews have been facilitated.

4.26 We are delivering our detailed plan for promoting the consultation on social media. This includes:

- Boosted posts on Instagram and Facebook targeting key demographics
- Seeking the support of local influencers to raise awareness of the consultation
- Posting in local Facebook groups and community pages to raise awareness of the consultation.

4.27 **Next steps**

The public consultation on mental health will run until 12 April 2020. Weekly reviews of reach and outcomes will take place and the consultation plan will be flexed as necessary to extend reach and support involvement.

4.28 The feedback from the public consultation will be independently analysed by Participate, an organisation with expertise in consultation and engagement, and a full report of the consultation and analysis will be published later this year. This will directly inform the decision making business case which is scheduled to be presented for approval in Autumn 2020.

4.29 Further updates will be presented to the Somerset County Council Adult and Health and Overview Scrutiny Committee following the conclusion of the consultation period.

5. Background papers

5.1 The consultation documents for the mental health public consultation are published on the Fit for My Future website www.fitformyfuture.org.uk

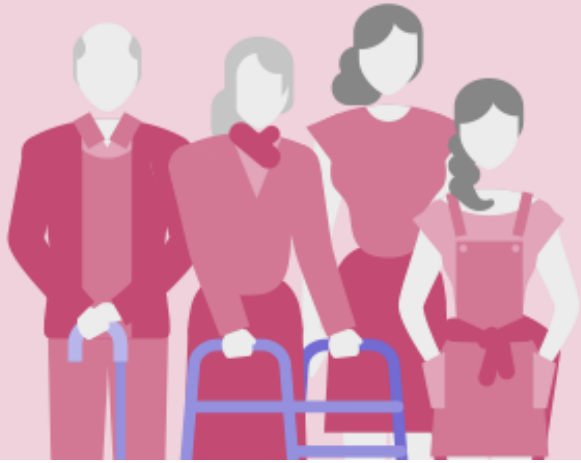
5.2 The engagement documents for community based health and care services engagement are also on the Fit for My Future website.

Note: For sight of individual background papers please contact the report author

January 2020

Fit for my future – consultation on acute mental health inpatient beds for adults of working age

Maria Heard and Alex Murray



The Somerset Vision

In Somerset we want people to live healthy independent lives, supported by thriving communities with timely and easy access to high quality and efficient public services when they need them.

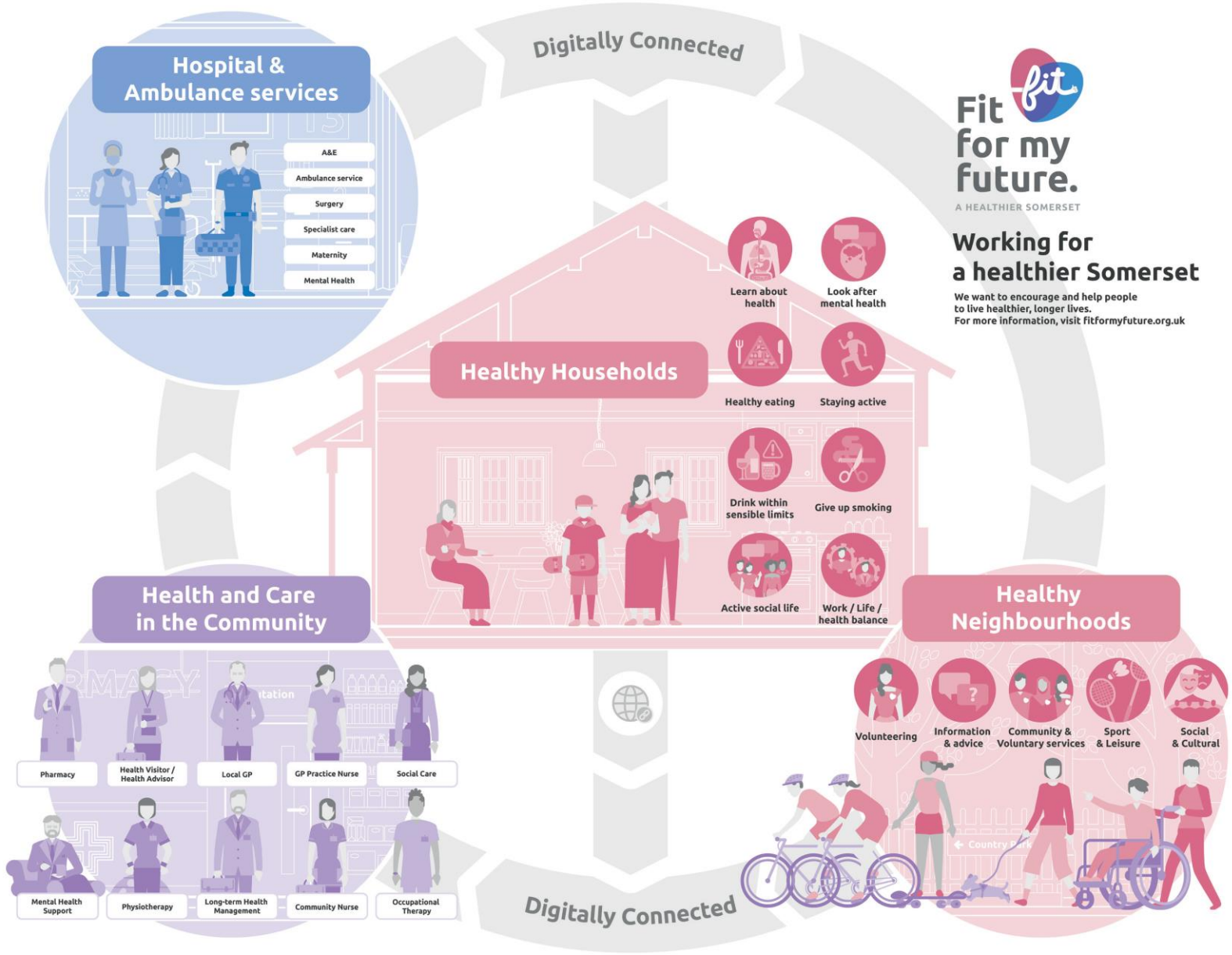
.

Fit for my Future

For the people of Somerset this means they will receive a different model of care within their community, as close to home as we are able to achieve, that is safe, effective and equitable wherever people live within the county. We will achieve this by:

- Shifting our focus towards prevention
- The promotion of positive health and wellbeing and tackling inequalities
- Moving to more integrated, holistic services based on the need of the individual and supporting their independence
- Recognising that mental health is as important as physical health
- Shifting resources from hospital inpatient services towards community based services, supporting people in their own homes
- Providing the right care at the right time by the right person, properly resourced

Fit for my future



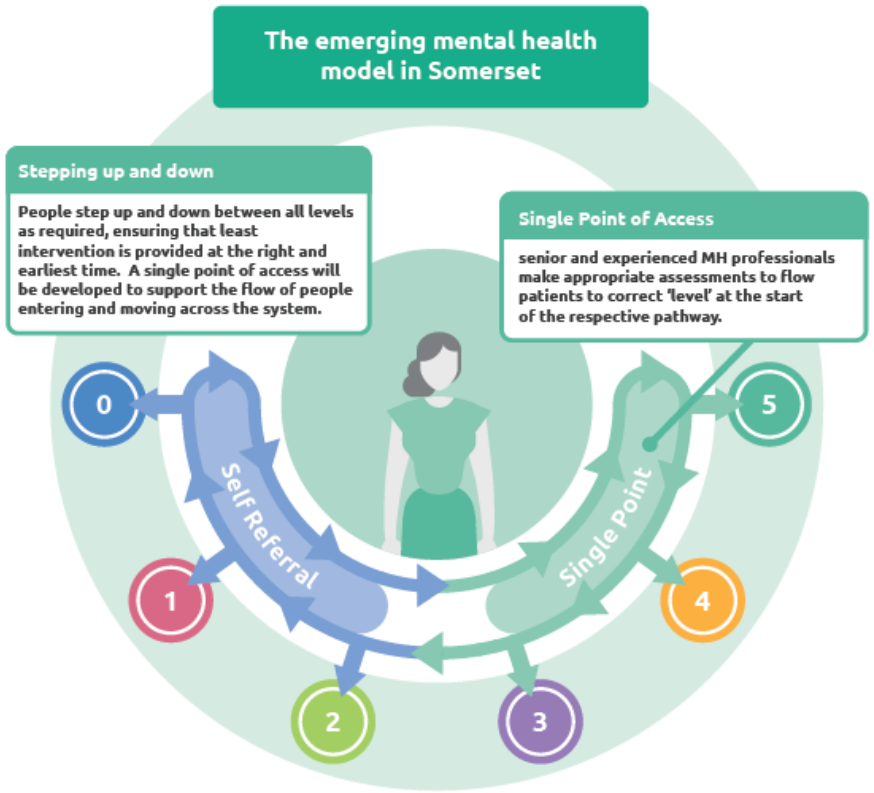
Public consultation on the future configuration of adult acute inpatient mental health beds

Why do we need to focus on our mental health services?

- We know there is inequity in provision and spending between physical and mental health services
- It's thought that over 70,000 of people in Somerset have a mental health problem at any one time:
    - Around 2,400 people are in touch with specialist treatment services
    - Approximately 46,000 people are registered with their GP as having depression
- Mental health conditions are becoming increasingly complex; suicide is on the increase (both known and not known to mental health services) - sometimes the person involved hasn't sought help from health services at all
- Patients, carers & staff say it's difficult to get access to the right services at the right time
- We need to place a greater focus on prevention and recovery with the needs of the person at the centre

The Mental Health Model in Somerset

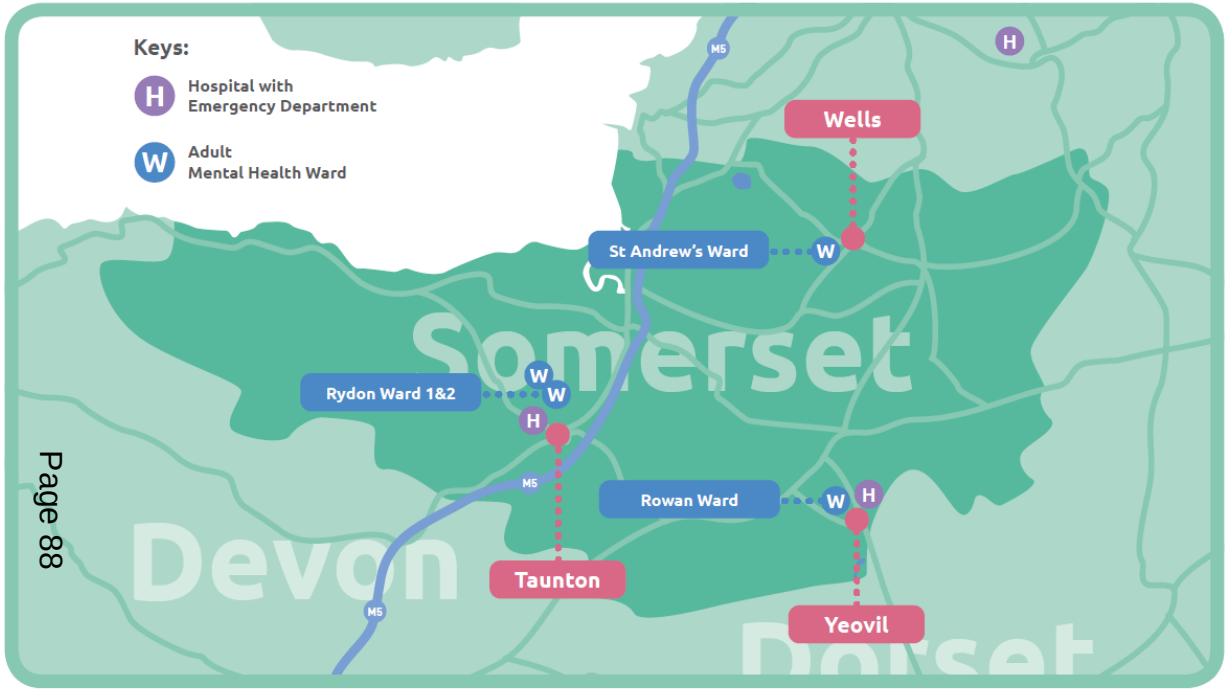
Long term conditions, including frailty, are health conditions that can't at present be cured but can be controlled by medication and other treatment or therapies.



What does each levels means?

Offer 0 Promoting positive mental atnd emotional wellbeing	Building and supporting inclusive communities, understanding what makes people ill, tackling social issues leading to health inequalities eg life expectancy.	Thriving
Offer 1 Emotional Wellbeing Support	Community based support including social and leisure activities that promote emotional wellbeing, often provided by people who have experience of mental health issues.	Coping
Offer 2 Timely support and early intervention	Improving access to psychological (talking) therapies for anxiety and depression including the use of digital technology. Supporting people with long term conditions and symptom management to meet physical and mental health needs.	Getting help
Offer 3 Specialist Therapies Service	Additional support for people with more complex needs eg experience of previous trauma, who would benefit from specialist talking therapies.	Getting help
Offer 4 Community Services	Specialist recovery-focused multi-disciplinary mental health support for people with higher level mental health needs including psychosis, severe depression and personality disorders.	Getting more help
Offer 5 Acute/Urgent Care including Home Treatment and inpatient beds	Crisis and urgent care support to avoid admissions to hospital eg Crisis Cafes and Home Treatment Teams. Inpatient beds for those who require support in a hospital setting.	Risk Support

Where are the acute mental health inpatient beds now?



Wards	Rowan (Yeovil)	Rydon One (Taunton)	Rydon Two (Taunton)	St Andrews (Wells)	TOTAL
Bed Numbers	18	15	15	14	62

- Adjacent to Rydon Ward in Taunton is Holford Ward, a Psychiatric Intensive Care Unit with 10 beds, a S136 place of safety suite, and two older people's mental health wards.
- Adjacent to Rowan Ward in Yeovil is a S136 place of safety suite

Which wards are being considered in the consultation?

- **Rowan Ward, Yeovil**: 18 beds, plus s136 Place of safety
- **Holly Court, adjacent to Rowan Ward**: previously an inpatient ward, it will need to be refurbished to bring it back into operation

- **St Andrews Ward, Wells**: 14 beds
- **Phoenix Ward**, **adjacent to St Andrews**: currently derelict, it would need extensive refurbishment or rebuilding altogether to bring it back into operation.

Both Rowan Ward and St Andrews ward are ‘stand alone’ mental health units i.e. they have no other mental health unit near by.

Fit for my future.

Why we need to review acute inpatient beds: the critical Issues

1. **‘Stand alone’ wards:** There are no other inpatient ward staff close by to support in times of crisis: Rowan and St Andrews Wards are ‘stand-alone’ wards (not adjacent to another ward) and rely on police to support ward staff in times of difficulty.

2. **Medical cover out of hours**: medical cover is provided round the clock by junior doctors at Taunton and Yeovil but not at St Andrews Ward. As a result patients can’t be admitted to Wells after 3pm Monday to Friday or out of hours, and there’s no facility for acute psychiatric assessment outside of these hours (psychiatric telephone support out of hours only) so high risk patients need to remain in Taunton or Yeovil.

3. **Distance from an Emergency Department and acute medical support**: St Andrews closest ED is at Bath RUH, 22 miles / 45 minutes by ambulance compared to just minutes for Taunton and Yeovil wards. Recovery from serious suicide attempts is potentially compromised; by the time required to access medical support with recovery potentially dependent on severity of attempt & time taken for ambulance to reach ED, as a result high risk patients are admitted & remain at either Taunton or Yeovil

Three options we considered

Option 1 – stay the same
Keep all four wards in the same locations with the same functions & bed numbers; invest in buildings to bring them up to modern standard

Option 2 – Relocate Wells service to Yeovil
Relocate St Andrews Ward, Wells, & create two wards using existing ward space at Rowan / Holly Court; would require some refurbishment to enable the change

Option 3 – relocate Yeovil service to Wells
Relocate Rowan Ward, Yeovil, and create two wards, refurbishing or rebuilding the existing Phoenix Ward adjacent to St Andrew's

Our preferred option is Option 2.

Implications of moving St Andrews beds to Yeovil

- This option will create two wards of 16 beds, including two extra care areas that can be used to support particular additional requirements at times of greatest need.

- The wards will be equal in size, have round the clock medical cover and be affordable from within existing resources.

- The existing s136 place of safety provision will continue unaffected by these changes.

Why is this our preferred option?

Distance from an Emergency Department:

- St Andrews Ward is 22 miles / 45 minutes away from the nearest ED at Bath RUH; Rowan Ward is 1 mile away from Yeovil ED

Risk management and safety:

- Even were there to be two wards at St Andrews, Wells (Option 3), a number of patients with high risk of self-harm or complex physical conditions would still need to stay at Taunton to be close to an ED
- For the same reason the S136 suite couldn't be moved to Wells; capacity of these units is already stretched at times

Availability of out of hours cover:

- Yeovil and Taunton have psychiatric cover on site at all times, including out of hours, and accredited Clinical Practice Supervisors to oversee training
- Wells doesn't have 24/7 psychiatric cover and doesn't have accreditation due to its size and isolation

Other key considerations in our thinking

Travel and transport

We analysed the travel times of 321 patients who used Wells & Yeovil services in 2018/19 to compare the options:

- **Transferring Wells beds to Yeovil** – **77** patients would face longer journey time; **28** of them an increase of more than 20 minutes
- **Transferring Yeovil beds to Wells** – **145** patients would face longer journey time; **111** of them an increase of more than 20 minutes

Workforce:

- The size of St Andrews Ward & lack of supporting infrastructure make it less appealing for senior consultant psychiatrists
- Wells can't provide placements to trainee psychiatrists because there are no accredited Clinical Practice Supervisors to oversee their training & the lack of infrastructure means there isn't the breadth of experience for trainees to develop the full range of competencies & skills they need

Affordability & value for money:

- **Capital** (bricks and mortar) **costs** – Option **2:Yeovil £4.791m** Option 3: **Wells £7.166m**;
- **Revenue** (day to day running) **costs** – **Yeovil £4,266,880 ; Wells £4,523,350**;

Services for people in the north of Somerset if St Andrews Ward is relocated?

We will:

- **Increase the skill mix and capacity of community based mental health teams & home treatment teams** – more psychiatrists, psychologists, & community psychiatric nurses, enabling safe and effective care for more people at home

- **Appoint 'Recovery Partners'** – people with lived experience to work alongside Community Mental Health Teams and Home Treatment Teams

- **Improve partnerships and joint-working with voluntary & social enterprise organisations** - such as Heads Up in Mendip area, Village Agents, MIND and others

- **Develop 2 Crisis Cafes, one in the Wells/Mendip area (the other in Bridgwater)** - to provide safe space for people experiencing mental health distress, and support for people at or before they reach crisis point; they'll be open at times of peak need.

Mental Health Consultation

We would like to know what you think

By having conversations and asking you to share your thoughts, we will be able to:

- Understand what is most important to you about mental health services in Somerset
- Understand the issues and challenges you and your family experience in the way our mental health care system works now.
- Share with you the opportunities we have and why we think making changes will give you better community and ward based services.
- Check out our thinking so far and hear your views; we want to know whether there is anything we have missed, not thought of, or could do differently.

Thank you – Any questions?

fitformyfuture.org.uk

Fit for my Future, Somerset CCG, Wynford House, Lufton Way, Lufton, Yeovil BA22 8HR

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Fit for my future.
A HEALTHIER SOMERSET

SOMERSET County Council

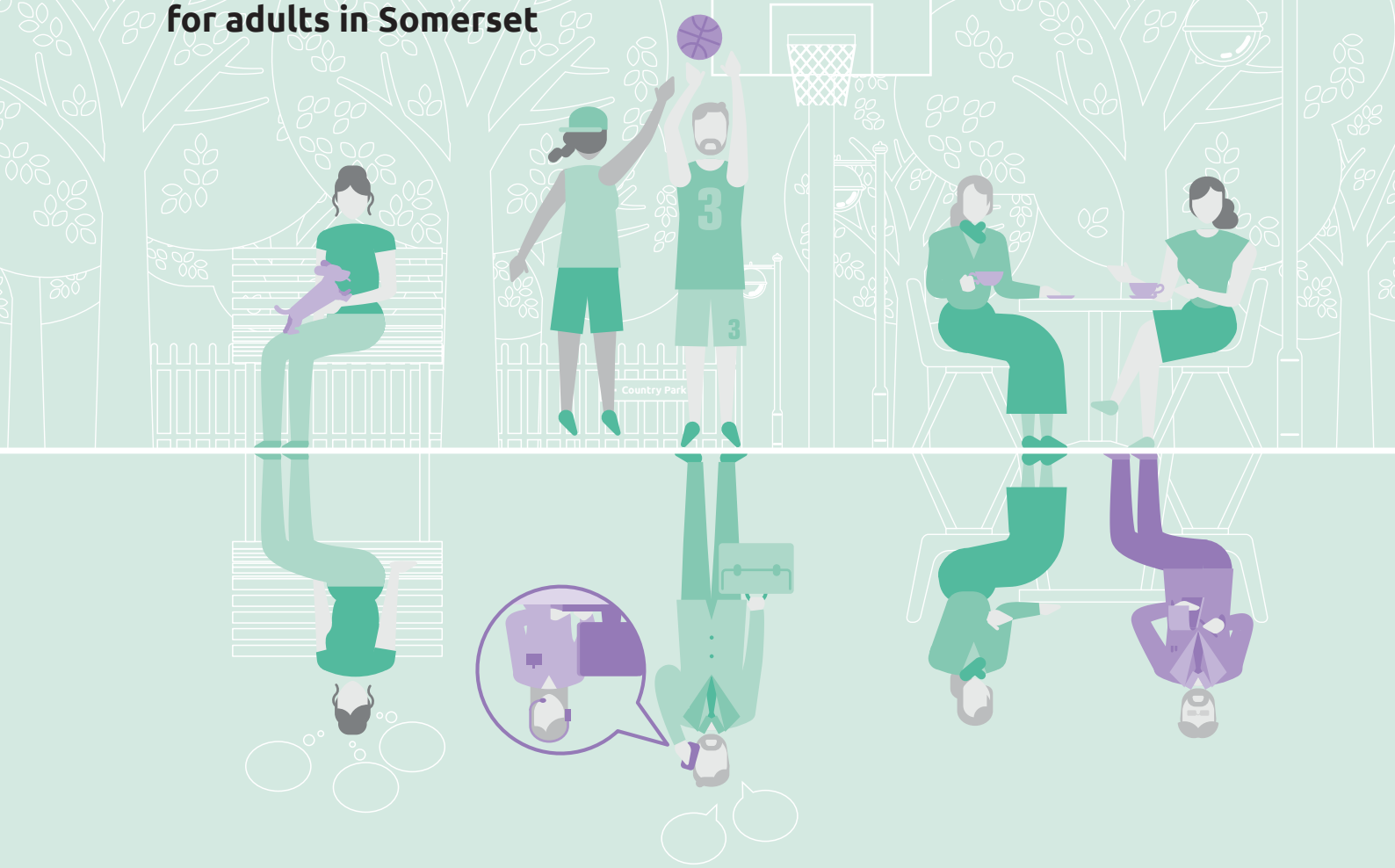
NHS

Consultation document

January 2020

Improving mental health services

for adults in Somerset



Our proposals for changing acute inpatient mental health services for adults of working age

visit

fitformyfuture.org.uk

What this document is about

We are running this consultation to gather feedback from local people about the future locations of acute mental health beds for people of working age. We explain our proposals on pages 34 – 41.

We also want to tell you about the new and enhanced community-based services which will be in place as soon as we have recruited the people to run them. You can find out more about our new mental health model and how it will work on pages 27 – 33.

We want to hear what people think and we would particularly like to hear your views about the future locations of acute mental health beds within Somerset. We explain how you can share your views and be involved on page 46.

Contents

Foreword

There has been a history of under-investment in Somerset's mental health services and we are determined to redress the balance and place equal value on the importance of physical and mental health services. That's why we're increasing our investment in mental health, so we can develop a more complete service with a stronger focus on prevention and early help to keep people well wherever possible, and to provide the best care in the right settings for those who become unwell.

This commitment is made against a backdrop of the serious financial challenges we face as a health and care system in Somerset, and nationwide. We must continue to look for ways of delivering our services in a more cost effective and cost efficient way, whilst maintaining, and improving, their quality. However, whilst this is our aim in nearly every other area of healthcare, we are spending more money on mental health provision, and improving quality at the same time.

People who have used mental health services in the past or are using them now have helped us shape our new model of care; they have told us that we need to make it easier for them to access our service, and to reach a whole system of support through just one referral.

Our overall vision for mental health, and the new mental health model, is innovative. We are enhancing, and investing in, services that are already there, introducing new ones closer to where people live, and making them wholly accessible at every step of the way.

Acute mental health inpatient services for adults of working age are just one part of this whole system of care, a very important component for the relatively small number of people facing the most acute mental health issues. We need to ensure that we provide this care in the safest possible way. This isn't about money or a reduction in service; in fact we'll be investing more to improve the acute mental health inpatient service. We're very proud of the dedication and quality of the staff providing these services, but we recognise that it is simply not possible to provide the safest possible care if we continue to operate from three different locations, two of which have stand-alone wards with limited support available, and one of which is a long way away from an emergency department.

We believe there is a better solution. This would involve providing our acute inpatient services from two sites and not three. We know that people will be concerned about extra travel times for service users and visitors, but we believe safety must be paramount, and that the potential change set out in this consultation will lead to safer services. Please do respond and tell us what you think of our proposal and about anything of importance to you that you want us to consider before we make a final decision on the way forward.

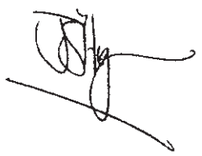
Dr Ed Ford
Chair, Somerset CCG

James Rimmer
Chief Executive, Somerset CCG

Support from our partners

We have worked closely with our partners throughout the development of this case for change and our new model for mental health, and they support our proposal for the future configuration of acute mental health inpatient services for adults of working age.

Peter Lewis
Chief Executive, Somerset Partnership NHS Foundation Trust
Chief Executive, Taunton and Somerset NHS Foundation Trust



Jonathan Higman
Chief Executive, Yeovil District Hospital NHS Foundation Trust

Pat Flaherty
Chief Executive, Somerset County Council

Introduction 01

This booklet has been prepared by Somerset Clinical Commissioning Group. We are responsible for planning and buying health services to meet the needs of people in Somerset, now and in the future. We have worked closely with Somerset County Council which is responsible for commissioning adult care and support services, and Somerset Partnership, which is responsible for providing mental health services in Somerset.

Transforming the mental health model of care

We recognise, across the system, that we need to enhance the quality of our mental health services. Over many years they have faced under-investment compared to physical health services, in common with many other mental health services across the country, and there are gaps in provision. There is not enough capacity, in particular in community based services, to support the demand and we also recognise that we need to do more to join up our services, across all levels of need and conditions. You can read more about the details of the different levels of support and treatments our new model will provide on page 27.

When we talked to people during our engagement in autumn 2018, 93% said mental health services should be given the same priority and focus as services for people with physical health conditions.

We have listened. Our new mental health model which you can read about in more detail later in this booklet is designed to ensure we support people more effectively in the early stages of their illness or condition with prevention and early intervention, and with far more integrated services.

There are some real changes in the way the new model will work:

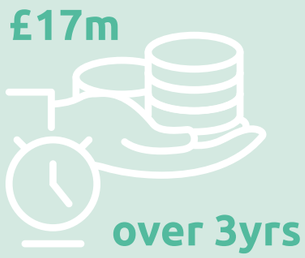
A single point of access into the system; there will be no 'wrong door'.

A service where people do not fall between the gaps.

Increased investment across the spectrum of care.

One of the key changes is the appointment of eight Recovery Partners, (people with lived experience themselves of mental health problems), to work in each team alongside existing team members in the delivery of care and treatment.

Some additional investment had already been agreed to fund a series of immediate service improvements, and a further £17million government funding over 3 years was awarded to us recently to support a number of 'Trailblazer' service improvements.



One of two Crisis Cafés will be located in the Mendip area in the north of the county. Crisis Cafés are a safe space where people who are emotionally distressed or in mental health crisis can speak freely and seek support just before they reach crisis point.

The funding also includes £758,000 for children's and young people's services, an important investment for the future.

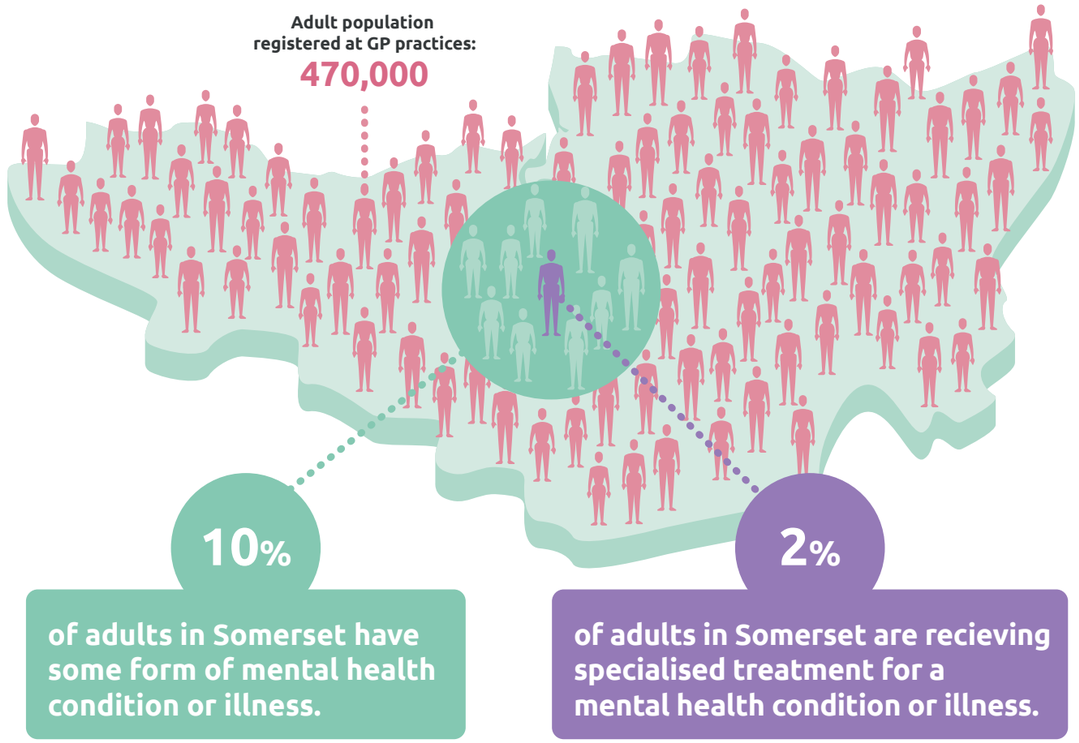
How much in total do we spend on mental health services?

Despite the financial challenges we face, Somerset Clinical Commissioning Group has made a commitment to invest more in mental health services. We recognise the impact of historic under-investment in these particular services, a common problem across the country.

Our expenditure on mental health services:

- Our total spend on mental health services is £63.7million.
- Early in 2019 a further investment of £5million was agreed to enhance Somerset's mental health services further, including £2.3million for new services.
- In addition to this, in total over the next three years, from 2019/20 to 2021/22, we will spend an additional £17,046,388 on transforming mental health services.

Our population need for mental health support



This diagram shows the number of people in our population having treatment of one sort or another for a mental health condition at any one time.

Why are we consulting?

Mental health charities and other partners have been involved in helping us to shape the new mental health model described above. Most of this involves enhancing and introducing new services but we recognise that we need to provide the best and safest in-patient care for people with the very greatest need.

That's why the focus of our consultation is on the changes we are considering to the location of our acute mental health inpatient wards for adults of working age. This is not about money. Nor are there any reductions in the number of beds. Instead, it's about changing the location of where some of them are.

It is important to us that we consider the views of local people about these proposals before we make a final decision on what changes to make.

We want to identify any information or evidence that we haven't already considered that could impact on the proposals.

Once the consultation process comes to an end, the final decision about any changes will be made by the Governing Body of Somerset Clinical Commissioning Group based on all the evidence and information available, including taking full account of the feedback from this consultation.

During our consultation we are committed to:

- Being open and honest.
- Making information available in a way that is easy to access and be understood by all.
- Communicating and engaging as widely as possible to encourage open, honest debate and feedback.
- Respectfully listening to all views and taking account of what you say.
- Actively seeking out all views by holding and attending meetings, drop-ins, focus groups and existing meetings of local groups.

After our consultation ends we are committed to:

- Obtaining a thorough and independent review of all the feedback we receive.
- Carefully considering how feedback impacts on the proposals we're consulting on.
- Producing and publishing a document which describes how we have responded to the key themes emerging from the consultation.

What are we consulting on?

The only part of our mental health services we are consulting on is a potential change in the location of the St Andrews acute mental health ward at Wells and moving it to Yeovil – the service that supports people with the most acute mental health conditions.

The change we are proposing will not see a reduction in beds. Nor is it a reflection of the quality of the service. The people who work in our acute mental health wards for adults of working age are remarkable and tireless in the support they give to patients.

However we do have concerns about patient and staff safety. Two of our four wards are in Taunton, a third is in Wells and a fourth is in Yeovil. The latter two are 'stand-alone' wards which means they are not close to other wards, and one of them is also a long way from the nearest emergency department.

The new investment and new mental health model we've described elsewhere in this booklet is not part of the consultation.

The key issues

Lack of local support

Having single wards can cause problems with safe staffing and management of patient risk. When two wards are close to each other, staff from one ward can provide support to the other whenever there is a problem. When there is only one ward, staff have no immediate back-up and have to resort to calling the police or an ambulance. This is the case in Yeovil and Wells.

Distance from an Emergency Department

Distance from an Emergency Department is also important. When a ward is a long way from an Emergency Department there are sometimes problems in getting emergency help for people when they need it urgently. This is a risk when patients attempt suicide or self-harm. Wells is 22 miles away from the nearest District General Hospital and it can take 45 minutes to reach the hospital by ambulance.

Out of hours medical cover

Mental health and medical cover is also inconsistent across the three sites. On Rowan Ward, Yeovil, and Rydon Wards 1 and 2, Taunton, onsite cover is provided by junior doctors round the clock and through core hours, by consultants. On St Andrews Ward, Wells, mental health specialist medical cover is available Monday to Friday from 9am to 5pm; out of hours medical cover is provided by a GP and out of hours mental health support is available from the on-call psychiatrist consultant by phone.

We have been reviewing options to overcome these challenges; we believe the best way forward would be to move the current St Andrews Ward in Wells to Yeovil, but we want to know what you think.

The view of the South West Clinical Senate

The Clinical Senate is a critical friend, bringing together a range of independent mental health and other medical specialists to take an overview of health and healthcare for local populations, and provide strategic, independent advice and leadership on how services should be designed to provide the best overall care and outcomes for patients. They gave the following comments after reviewing our case for change, the evidence and the options that emerged, as well as our new mental health model:

> ***"The Clinical Review Panel supports the proposal to move 14 adult inpatient mental health beds from Wells to Yeovil for the co-location of two wards. Pending consultation approval, a swift timeline for this is encouraged. Whilst not part of the proposal for consultation and therefore not explored in depth, the proposals for ongoing development of community mental health services were praised and encouraged, noting that these may impact on inpatient demand in the future."***
>
> South West Clinical Senate

Our vision for mental health services in Somerset

02

We want to support the health and wellbeing of the people of Somerset by changing the way we deliver health and care services, to become much more joined up and located in the community wherever possible, closer to where people live.

We know that people in Somerset want to see this too. During our engagement in autumn 2018, people told us they want a more joined up health and care system with, most importantly, the person at the centre. Whilst people who are acutely ill should be looked after in hospital, once they do not need inpatient care it's better for them to be looked after, with support, at home.

Almost all the people we spoke to also supported the need to give greater priority to helping people stay healthy in the first place through making different lifestyle choices and taking personal responsibility for their own health and wellbeing.

Our ambition for Fit for my Future, and for mental health services, recognises the importance of a greater focus on the prevention of ill health and the promotion of positive health and wellbeing, tackling health inequalities to ensure greater parity of esteem.

Our vision for mental health services

In Somerset, people with actual lived experience of mental health issues, their carers, doctors and other health and care professionals, and local community and voluntary organisations have worked together to develop a vision for future mental health services.

Since we talked to people in autumn 2018 a great deal of thinking has led to the development of a new vision and way of working for mental health services, based on some key commitments.

In designing and delivering our future mental health service, we are committed to:

Working closely with the person

concerned to develop the right support to address their needs.

Maximising each person's ability

to thrive in their life.

Delivering support closer to home

rooted in community neighbourhood settings and working alongside the person's own network of support.

Ensuring there is no 'wrong or closed door' to gaining support

if people need help, navigators will ensure the right place and access that is best for them.

Getting the level of support right first time

dissolving the boundaries between health and social care, as well as GP, community and more acute hospital based support.

Meeting the mental, emotional and physical healthcare needs of a person receiving support

we want to help people with a severe mental health condition to have a similar life expectancy as people with physical health conditions.

Working with a range of agencies,

including peer support, voluntary and community organisations to provide the best wrap-around support for each person.

Mental health and the NHS Long Term Plan

In January 2019, the NHS Long Term Plan* was published, setting out a blueprint for the future of the NHS over the next ten years. The plan describes how more investment in mental health care will be a key focus for the NHS going forward. It includes a series of specific commitments to improve mental health services.

Specific commitments to improve mental health services:

- Expanding the availability of specialist perinatal mental health services.
- A further expansion of the 'Improving Access to Psychological Therapies' service – talking therapies.
- Testing a new four-week waiting time target for community mental health teams.
- Development of a new integrated community-based service which includes psychological therapies, improved physical health care, employment support and support for self-harm.
- A single point of access and timely universal mental health crisis care for everyone.
- A new Mental Health Safety Improvement Programme to prevent suicide in inpatient units and offer support for people bereaved by suicide.

Our vision for mental health and our new mental health model which we describe in more detail on pages 27 – 33 is fully aligned with the NHS Long Term Plan and will support its implementation in Somerset.

***www.longtermplan.nhs.uk**

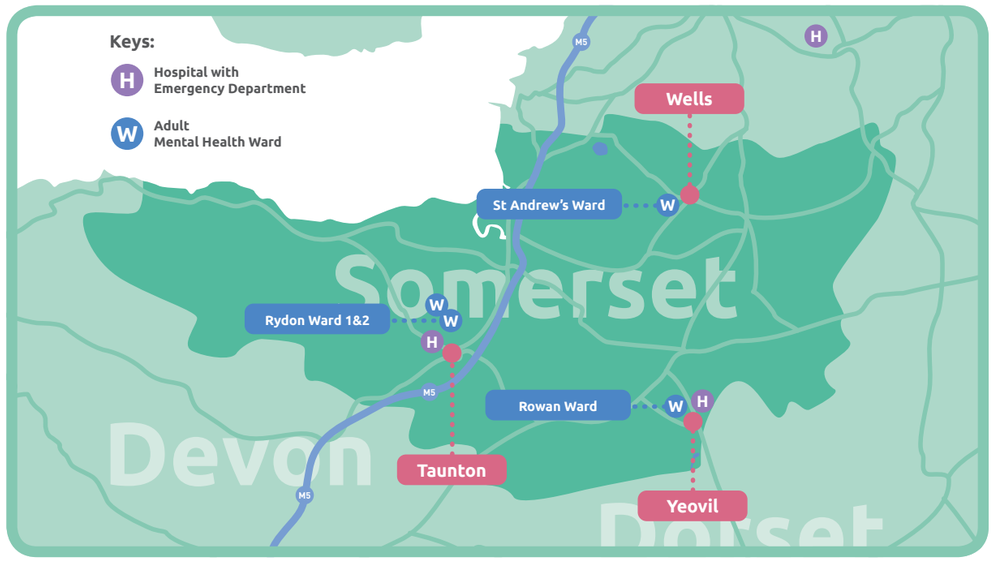
Why we need to change?

03

At the start of the Fit for my Future review of mental health services, a Mental Health and Learning Disabilities Board was created with membership spanning Somerset CCG commissioners of mental health services, operational and clinical staff from Somerset Partnership, providers of the service, and voluntary sector stakeholders representing service users, including MIND, Rethink and the Community Council for Somerset which drives the recruitment and expansion of the Village Agents service.

Together with the Fit for my Future programme, they have led the work to review acute mental health inpatient services for people of working age in Somerset, and to shape the new mental health model which you will read about later.

We have known for some time that we face challenges arising from the fact that our four acute mental health adult wards are spread over three separate and distinct locations – a two ward service at Taunton (Rydon Wards 1 and 2), and single wards at Yeovil (Rowan Ward) and Wells (St Andrews Ward). This means that these two wards are 'stand-alone' without the support of other inpatient wards close by.



In addition, we do not have consistency in the provision of out-of-hours medical cover, and proximity to an Emergency Department differs greatly for each location.

In summary therefore, there are three key risks that impact on the way our acute inpatient wards are working now:

Lack of support from staff in an adjacent ward for staff in 'stand-alone' wards at a time of crisis.

Distance from an Emergency Department when patients need emergency physical healthcare support.

Medical cover out of hours is limited, meaning that medical support is not always available when needed.

How the acute inpatient mental health wards are used

All the wards at Wells, Yeovil and Taunton provide a safe and therapeutic environment for people with acute mental health conditions who are in danger of harming themselves or others, where their condition can be assessed and stabilised before returning home with support from community mental health teams; between 20% and 25% of people who are admitted have Personality Disorders. Unlike other NHS services, patients are rarely given a choice about where to go; theirs is an urgent admission, prompted by some form of mental health crisis. Wherever possible, patients will be in a ward closest to where they live however patients in St Andrews Ward, Wells, are usually taken first to Taunton to be assessed and stabilised before moving on to Wells.

The following real incidents at St Andrews ward, Wells, have happened in the last three years (the names have been changed).

Tom's story

Admission to St Andrews with a diagnosis of paranoid schizophrenia

Tom's use of drugs in his early life had led to significant bowel problems. One day he was nauseous and constipated; his temperature was high and his skin clammy and he had an irregular heartbeat.

These symptoms are sometimes caused by a reaction to some antipsychotic drugs which can lead to a serious condition that needs rapid treatment. Staff called an ambulance but it was an hour and 45 minutes before support arrived to assess Tom and take him on the 45 minute journey to Bath Royal United Hospital, the nearest hospital with an Emergency Department. Once he was finally admitted, Tom spent several days receiving support in the surgical admissions unit.

Laura's story

Admitted in crisis to St Andrews with a diagnosis of Emotionally Unstable Personality and a history of overdoses

During the process to admit her to the ward, Laura went to the bathroom. When staff went to check on her safety they found her with leggings tied round her neck in a ligature and an empty paracetamol container. Laura was red, swollen and didn't respond to attempts by staff to speak to her, nor to pain stimuli. It took 45 minutes for the ambulance to arrive and another 45 minutes to get her to the Emergency Department at Bath Royal United Hospital (RUH) for attention.

Although it took 1 hour 30 minutes for her to receive the medical support she needed, she recovered.

Claire's story

Admitted to St Andrews after a serious attempt to end her life and with a diagnosis of Emotionally Unstable Personality Disorder

After returning to the ward from leave Claire was very sleepy and felt physically unwell. Her heartbeat was irregular, her pulse very fast, and she had a rising temperature; staff were concerned that a wound in her leg had the potential for sepsis.

It was 45 minutes before the ambulance arrived and, as in the other cases here, it took another 45 minutes to reach the Emergency Department at Bath RUH. After medical treatment at Bath RUH she recovered but as Laura and Claire's cases each demonstrate the risks are too high to be acceptable.

Distance from an Emergency Department

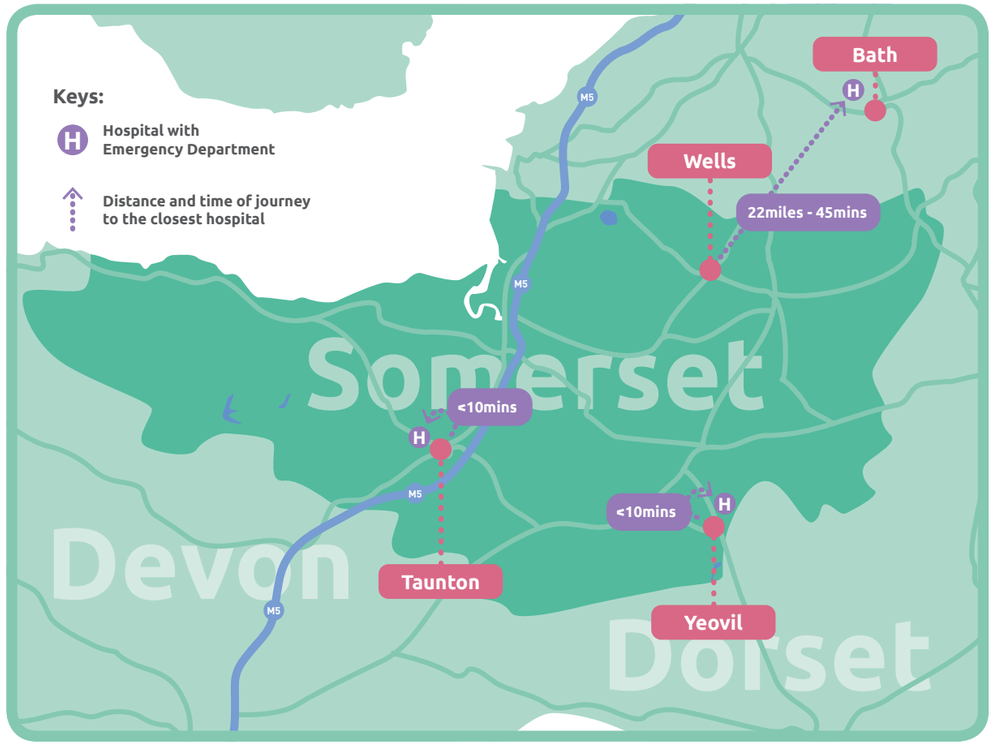
As the case studies demonstrate, this issue relates specifically to the ward and patients in St Andrews, Wells.

People staying on acute mental health wards can often pose a risk to themselves or others. Sometimes, despite all attempts by staff to prevent them harming themselves, they will try to attempt suicide or self-harm, or harm other patients or members of staff.

At times such as these, access to an Emergency Department can be critical to the ultimate outcome for the person concerned. People with significant mental illness also have a greater risk of physical ill health, including heart disease, respiratory illness and others.

As a result they're more likely than the general population to require urgent medical attention, particularly when they're acutely distressed and need swift access to emergency medical support.

The need for a patient to have such rapid access to an Emergency Department only happens occasionally, but when it occurs there is a potential threat to life if they don't receive swift attention.



Stand-alone wards

Often due to their condition, patients in acute mental health wards are a potential risk to themselves or to others. When an incident occurs, staff press a panic button to call other nursing staff from the ward, and from another ward close by if there is one, to help them manage the patient concerned, but also to reassure other patients and manage the ward as a whole.

Stand-alone wards face a particular problem when staff numbers are limited; availability to respond to calls for help, especially at weekends and out of hours can be a very real concern.

Our biggest problem is at St Andrews Ward in Wells where there may only be 3 or 4 people on duty at weekends and out of hours to respond to alarms, and only 4 or 5 people during normal working hours.

Although it's also stand-alone, Rowan Ward in Yeovil is larger and so has more staff on duty at any one time; staff from the home treatment team, located nearby, are also based on the ward at night and can offer help.

The two Rydon wards in Taunton offer the best support; staff from three adult wards, two of them acute wards for people of working age, are available to provide assistance if it is needed.

If an incident is due to violence and aggression the same protocol applies but if staff can't control the situation and staff and patients are at risk they will call the Police to help them regain control.

Staff working in the Rydon Wards in Taunton feel more supported in their ability to manage incidents themselves and to manage other patients on the ward knowing that other staff and resources are close by should they need to call for their support.

In contrast, some staff at St Andrews have expressed concerns, especially when patients have a significant history of self-harm and additional support is limited, particularly out of hours.

The absence of support from neighbouring wards and the dangers of reliance on Police support can cause problems as the following example shows.

George's story

Admitted to St Andrews with a history of Emotionally Unstable Personality Disorder

George was increasingly anxious and agitated as the time for his discharge drew closer and his behaviour towards staff became aggressive and violent; eventually he smashed an office window. Staff felt the situation was beyond their control and, since there were no other staff close by to provide support, they called the police who were unable to attend at that time.

Later in the day George's behaviour escalated and he threatened staff with an object and smashed a second window; this time after the call to the police was escalated through the on-call manager they agreed to attend as a priority when an officer was available. Four hours later the police had still not arrived; in the meantime staff had managed to calm George.

Whilst they were able to do so on this occasion, staff expressed their concerns about the difficulties in managing incidents such as this safely, for staff and other patients.

Medical Staffing

At the Taunton and Yeovil sites, medical staff are on hand to support at all times. In Wells support is limited to 9am-5pm, Monday to Friday.

Why is support from medical staff important?

When a patient is in crisis, staff will call upon a medical doctor, who looks after the urgent physical health of the patient. In the absence of such medical support being available out of hours at Wells, the risk of a patient's behaviour becoming more aggressive or agitated increases when one of the avenues for managing people in crisis – medication – is not permitted when medical staff are unavailable.

This lack of out of hours medical support also means patients can only be admitted directly to St Andrew's Ward between 9am and 3pm, Monday to Friday, to allow time for the patient to be fully assessed and a bespoke management plan put in place. Outside of those hours, admissions have to go to Taunton or Yeovil where provision from medical junior doctors is available round the clock. This means patients can face a lack of continuity of care and a longer stay as a result of the disruption of first going to Taunton for initial assessment and treatment and then being moved to Wells.

How often is medical assistance required?

Junior doctors on the wards in Taunton and Yeovil are called out of hours between 4 and 10 times per shift, usually for medical review, guidance and advice or to attend medical emergencies.

In Wells, the level of medical support required is less because the potential risk is assessed when the patient is being admitted and higher risk patients stay on one of the two Taunton wards, but there will always be a potential need for medical support at some stage whilst the patient is on the ward at St Andrews.

Why couldn't medical support be provided round the clock at Wells?

Unlike Taunton and Yeovil, Wells is not able to provide a placement to trainee psychiatrists because there are no accredited Clinical Practice Supervisors to oversee their training. In addition, the ward is too small to provide the breadth of experience that would allow trainees to fully develop the range of competencies and skills they need. The size of the ward and the lack of supporting infrastructure and research opportunities also make this a less appealing position for senior consultant psychiatrists. The situation has stabilised recently with the employment of two psychiatrists but could still pose a challenge in the medium to longer term.

Historically there have also been difficulties in attracting and retaining medical staff which has resulted in over-reliance on locum cover.

How does this affect patients?

Up to 40 patients a year are admitted to Taunton and then transferred to Wells. For the patient, moving to Wells after being assessed in Taunton means their care is disrupted and it can be upsetting for them after they have built relationships with staff in Taunton.

What do staff think?

Doctors and nurses supporting all of these wards have worked hard to minimise the risks described here, which particularly affect Wells as the smallest and most remote 'stand-alone' ward. A clinical 'risk management' protocol is in place for St Andrews Ward so high risk patients are admitted to Taunton first until their condition is assessed and they are stabilised. The consultant medical staff at Somerset Partnership who are responsible for the service recognise these challenges and expressed their views in a recent letter from Dr Sarah Oke, Medical Director for Adult Mental Health:

> ***"It is the unanimous view of the medical staff of Somerset Partnership that the current situation of a stand-alone inpatient acute adult ward in Wells is very unsatisfactory. … The reasons for this are well-known and have been repeatedly voiced. They include the risks of no on-call mental health medical staff, the lack of back-up from local wards for nursing staff in a psychiatric or medical emergency, the distance from DGH (District General Hospital) and the risks this poses as well as the ignoring of Parity of Esteem principles and recruitment and training problems."***
>
> **Dr Sarah Oke**
> **Medical Director for Adult Mental Health**

How many inpatient beds does our population need for the future?

The review looked at the number of beds we have now, which is comparable with the national average, and how many we might need in the future. With the introduction of the new model of care which you can read about on pages 27 – 33 – we will provide more care and support for people to continue to live in the community and a stay in hospital will only be necessary if someone's condition becomes critical.

Comparing our service to others across the country and considering future population change and demand projections, we think we have about the right number of beds at 62 for now. Our plan is to continue with the same number.

Somerset Partnership, our major provider of mental health services, manages the current need for acute beds within this number. Unlike many other areas in England, they ensure patients who need to be admitted to an acute ward for adults of working age are able to receive this care in Somerset, rather than going elsewhere out of the county.

As the impact of additional investment into our new community mental health model is truly embedded, we will review this again. Our ambition is to support more people in the community, and achieve a much greater focus on prevention and early treatment to help people to thrive and grow strong and, as such, we think we may need less inpatient beds in the future but we don't have the evidence to support this currently.

We expect our new mental health model to have two key benefits:

- Reduce the number of people who need to be admitted to acute wards in the first place
- Provide more effective support for patients following discharge so they don't need to be readmitted.

A new mental health model of care 04

In 2018, we reviewed our health budgets to invest in mental health services which led to the following new or enhanced services:

Psychiatric Liaison Service

in Musgrove Park and Yeovil District hospitals

Local perinatal support service

for women in the weeks immediately before and after birth

Eating disorder service

for young people

Expansion of children's and adults

community mental health service

But we recognised these changes were not enough; in early 2019 a series of

Rapid Improvement Proposals

were agreed, directing new investment of £5million into our community mental health support services.

Out of that sum, £2.3million was earmarked to fund the delivery of a new model of care for Somerset.

What does the new model of care look like?

Two key benefits of our new model are to help people earlier on so they won't need to be admitted to an acute ward and, when they are admitted, to provide stronger support after discharge. Our levels of readmission to acute hospitals are too high and the combination of these two key aims should help with bed availability and improve patient experience.

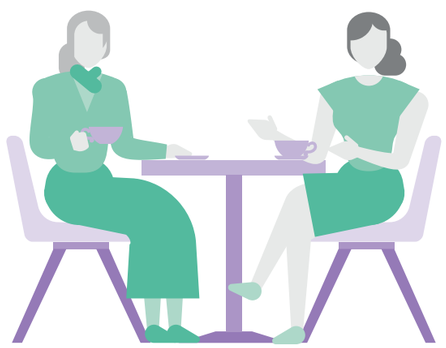
People who have used mental health services (often referred to as 'recovery partners') describe a 'cliff edge' which comes after they are discharged and a sense that no-one understands how they feel. Sometimes they resort to seeing their GP which can ultimately lead to a referral back to specialist services.

Recovery partners have also told us that whilst their mental health needs may be met, their physical health needs were often missed. In some cases physical health problems may lead to a recurrence of mental health needs, which can result in admission to inpatient services, unnecessary if the initial support was freely available to manage their physical wellbeing.

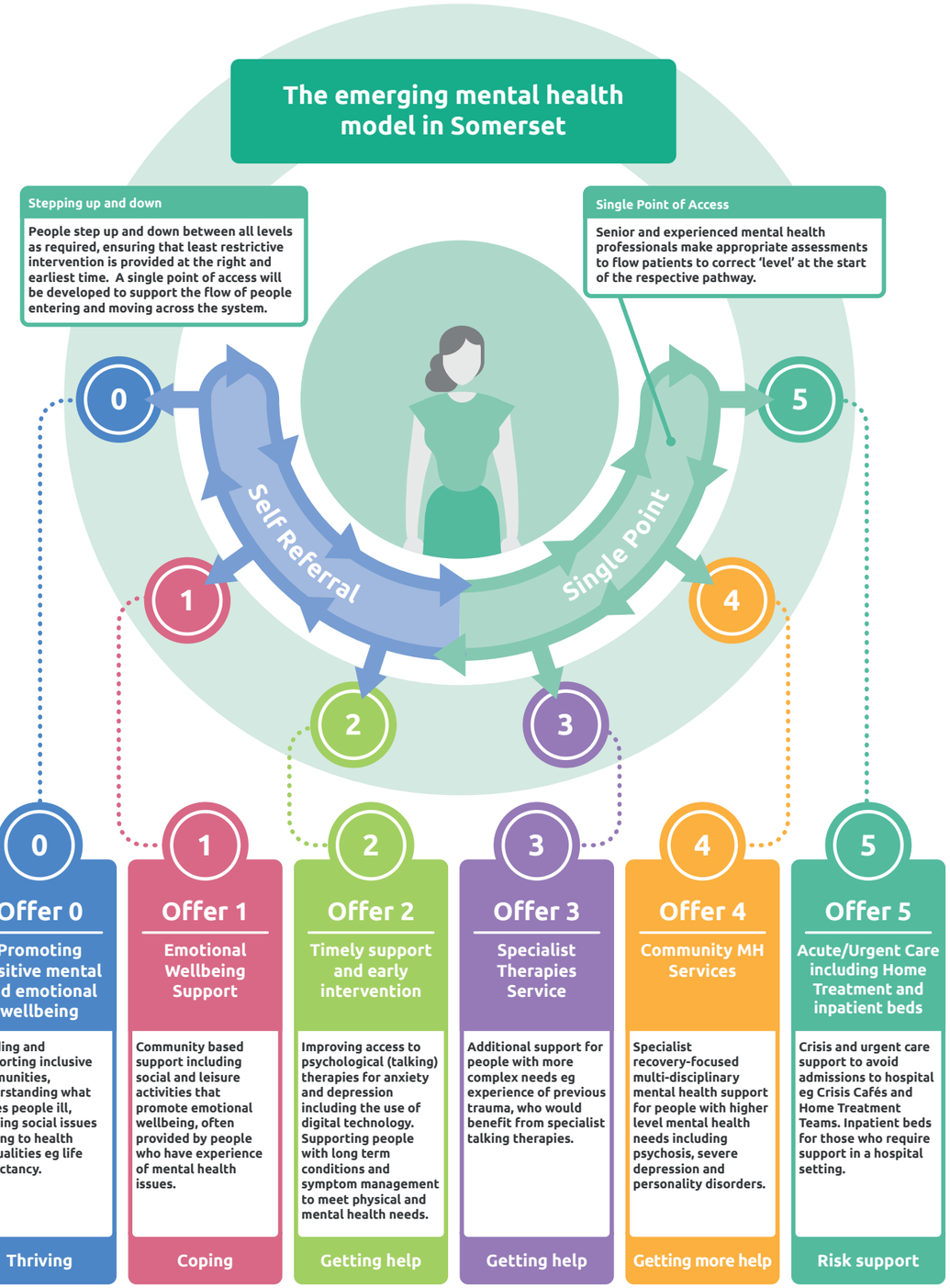
Working with recovery partners has helped us to design a new integrated mental health service model that builds on mental health, physical health and emotional wellbeing across the system. They describe it as a 'one door, no wrong doors' approach.

Principles of the new mental health services

Thanks in part to the greater understanding we have achieved through working with recovery partners, our new model has clear accessible routes to support – through one door. But even if someone goes to the 'wrong' place they can be helped, or navigated to the right place for support with a minimal number of obstacles or ' doors'.



How does the mental health model work?



How will it work in practice

Benefits and service improvements:

- Recognition of the importance of prevention and the promotion of emotional wellbeing.
- Early intervention services to provide support at the first sign of symptoms will be expanded and provided in partnership with voluntary and community organisations to provide more support, much earlier.
- People will be able to self-refer through a Single Point of Access; and the new early intervention services will support self-directed care.
- Getting it right first time; the Single Point of Access will be led by experienced senior mental health clinicians and social care professionals; they will help people get to the correct 'specialist' level at the start of the respective 'pathway'.

This model differs from others by recognising and addressing the gap for people who don't 'fit' the criteria to access the national 'Improving Access to Psychological Therapies' (IAPT).

IAPT programme includes:

- People who need lower level, often practical, support to enhance their coping skills and resilience.
- People who have higher level needs but don't have the motivation or are too anxious to access and maintain support.
- People who exceed the IAPT criteria but don't meet the threshold for more specialist mental health or inpatient services.

By focusing support earlier we hope that the needs of more people will be met at an earlier stage, meaning they avoid having to resort to specialist inpatient care.

However we recognise that these acute specialist services will still be needed in some cases; as we developed the new model we took the opportunity to review both the community mental health service and the home treatment crisis team. We have invested in both of these services to expand the teams.

We recognised the importance and value of the lived experience of the recovery partners described earlier. One of the big changes is the appointment of eight recovery partners to work alongside existing team members in each of the community mental health services and home treatment teams.

Our investment in mental health will also include funding for:

- 2 Crisis Cafés – one in Bridgwater, one in the Mendip area.

- Development of specific pathways of care for people with developing or established personality disorder, and/or eating disorders, and self-harm, to help both prevent deterioration in their condition and support and maintain their path to recovery.

How will it improve care for mental health crisis?

The following examples show how our new model will improve care for people in mental health crisis.

Dylan, 21 years

Dylan has made repeated suicide attempts. He's been referred through psychiatric liaison services but on each occasion it was felt his actions were 'impulsive' and there was no onward referral other than to be followed up by GP. Following a more significant suicide attempt where he drank bleach, and continuing suicidal 'plans' he was medically stabilised and admitted for two days to an adult mental health ward. Within a few days of discharge Dylan returned to his GP with more suicidal thoughts; he was referred back to the Home Treatment Team who assessed and discharged him as the initial crisis had passed. There followed more repeated episodes until another significant suicide attempt was made and he was admitted once again to an acute mental health ward. This cycle continues although suicide attempts are now further apart, but there is still no formal intervention other than short admissions to hospital to stabilise risk.

How the new mental health model would help Dylan:

Rather than being discharged after each repeat episode, Dylan would be picked up on his return to primary care and supported by the multi-agency mental health support team who would work with him to identify and understand his underlying needs and the drivers of his distress. At this point they would work with Dylan to develop targeted interventions that were more supportive and helped him to develop coping skills, including peer support from people who have experienced similar difficulties. This approach would also include access to specialist mental health support specific to his needs, such as specialist talking therapies.

Hannah, a single mother

Hannah had undiagnosed mental health concerns including anxiety, depression and likely personality disorder. She visited her GP repeatedly for mental health support who referred her to the Community Mental Health Team but she did not meet the (nationally mandated) criteria. Hannah began self-harming and threatening suicide. She threatened to kill herself by taking a kitchen knife into the bathroom whilst her child and new partner were in the house. Her partner called the GP and was told to call 999. Police responded and Hannah was ultimately admitted to an acute adult mental health inpatient ward.
On discharge she was referred to specialist mental health services but rebounded to primary care within 48 hours; a Home Treatment Team (HTT) assessment followed and she was readmitted. Similar problems recurred; after several assessments by the HTT and further admissions to hospital she was taken on by the Community Mental Health Team who took over her case and developed a longer management plan.
During this time her child had been put into foster care but was returned to Hannah once her mental health was stabilised through ongoing Community Mental Health Team contact and Village Agent/primary care support to support her recovery and rehabilitation.

How the new mental health model would help Hannah:

Hannah would be seen much earlier at her GP surgery or another community-based support service by a team of professionals including specialist mental health staff. Her needs would be discussed, and the most appropriate support would be put in place for her, be that from specialist mental health services, voluntary sector agencies, social care providers or talking therapies. The aim of this approach is to stop small problems growing into big ones wherever possible. Had this support already been in place it may have prevented Hannah's deterioration, and avoided an admission and the distress caused to her and her child by the need for fostering. Thanks to getting more timely support, we would hope Hannah would be comfortable and confident enough to take full advantage of the support offered to her.

Our proposals for changes to the location of acute mental health beds for adults of working age

05

As the review team worked on the case for change set out earlier, they identified an initial long list of six options that could potentially address some of the emerging issues and challenges for acute inpatient care.

Working with the service provider, Somerset Partnership, and colleagues from MIND, Rethink and the Community Partnership for Somerset all of whom represented service users, the review team drew together a great deal of evidence to understand how the acute mental health inpatient service for adults of working age works at the moment, and the associated constraints and risks. They came up with a long list of potential options to consider for the future:

OPTION 1

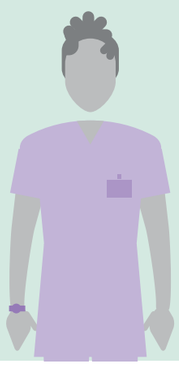
Stay the same

keep the four ward locations at Taunton (Rydon Wards 1 and 2), Wells (St Andrews Ward) and Yeovil (Rowan Ward), with the same functions and bed numbers. We recognised we would need to spend money over time to ensure the wards were fit for purpose.

OPTION 2

Two ward service at Yeovil

using existing ward space at Rowan/Holly Court which could be refurbished to enable the change. This would involve moving the current service at Wells to Yeovil; there would be no change for the Taunton service.



OPTION 3

Two ward service at Wells

refurbishing or rebuilding the disused Phoenix Ward to enable the change. This would involve moving the current service at Yeovil to Wells; there would be no change for the Taunton service.

OPTION 4

Move all services to Taunton

this would involve moving both the Yeovil and Wells services to Taunton and would probably require some additional building work.

OPTION 5

Move both the Wells and Yeovil services to another location

in a new building at a site to be considered from a range of locations; there would be no change to services at Taunton.

OPTION 6

Move all the services in the county to another location - in a new build

this would bring all services together in a new building on a new site.

Reaching a short list

Agreeing a set of criteria helped to ensure each option was benchmarked fairly and objectively. Members of the public and staff from Somerset CCG, Somerset County Council public health and adult services, acute hospitals and community hospitals, came together in a series of focus groups to agree the criteria.

Evidence was collected to assess the performance of the long list against the criteria below:

- Quality of care, including safety.
- Impact on patient and service user experience.
- Travel times for patients, their carers and visitors.
- Workforce sustainability.
- Impact on equalities.
- Deliverability.
- Affordability and value for money.

These criteria were used to come up with a short list to go forward for detailed appraisal.

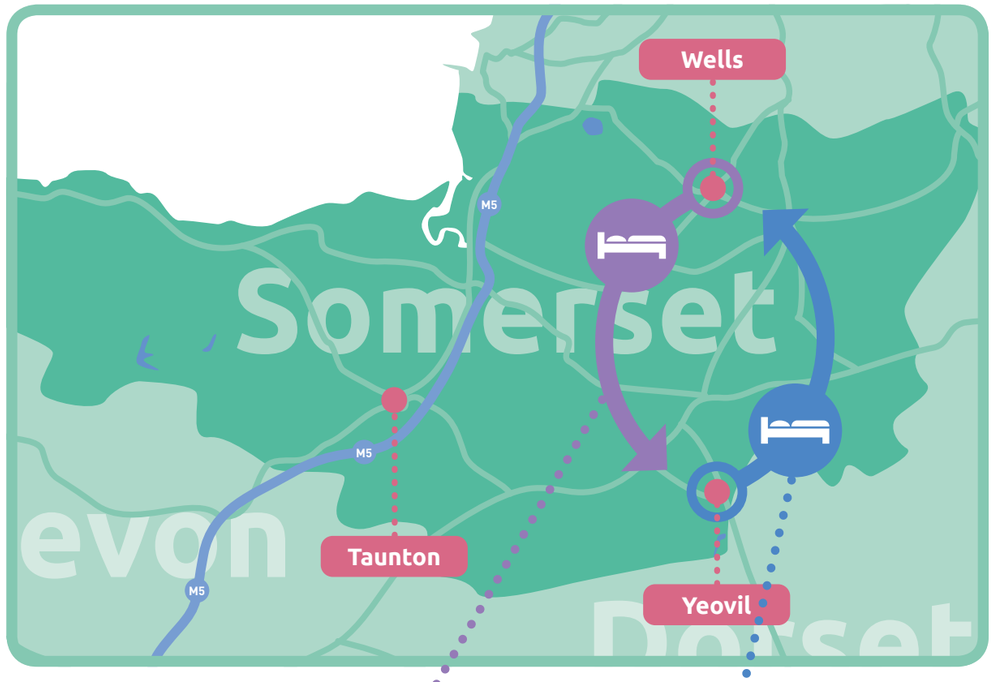
Options weren't selected for the shortlist if:

They didn't perform well against any of the individual criteria, based on the evidence we had.

Their performance against the full range of criteria meant they would never be selected as the preferred option.

Most viable options

In the end, the three options below emerged as the most viable ones to look at in greater detail:



OPTION 1

Stay the same

Retain wards where they are with the same functions and bed numbers and invest in the buildings where needed to bring them up to modern expectations of inpatient services.

OPTION 2

Relocate Wells service to Yeovil

Relocate beds from St Andrews Ward, Wells and create two wards using existing ward space at Rowan / Holly Court, Yeovil; this would require some refurbishment to enable the change.

OPTION 3

Relocate Yeovil service to Wells

Relocate beds from Rowan Ward, Yeovil and create two wards, refurbishing or rebuilding the existing Phoenix Ward, Wells.

Stakeholder assessment of the options

Working with Participate, an independent company with a great deal of expertise in the field of consultation and engagement on health and care services, a group of stakeholders representing people with lived experience, carers, voluntary sector, acute mental health inpatient services and primary care spent a day assessing and debating all three options and the evidence we've set out here. They were asked to give their own personal view on the performance of the options against the individual criteria and the degree to which each option did not meet the criteria, was a good fit, or exceeded it. The outcome gave us a useful indication of how an informed group of people viewed the options having been taken through the evidence.

Overall, the stakeholders who attended the workshop expressed a strong preference for option 2 – to move beds from Wells to Yeovil.

Our preferred option:

OPTION 2

Two ward service at Yeovil
using existing ward space at Rowan/Holly Court which could be refurbished to enable the change. This would involve moving the current service at Wells to Yeovil; there would be no change for the Taunton service.

If you would like to read the full report from the workshop, written by Participate, please visit our website:

www.fitformyfuture.org.uk

The evidence

The evidence the stakeholder workshop considered is set out on the next 3 pages. If you would like to see the full detail behind the evidence set out here follow this link to the full pre-consultation business case, or just go to our website.

Travel time for patients, their carers and visitors

Calculations of the time for people to get from home to either Wells or Yeovil show an increase in journey times compared to journey times were wards on all three locations to remain open.

Moving the service from Wells to Yeovil is marginally better. Analysing the real experience of patients who used the services at Wells and Yeovil during 2018/19, it's clear that all patients would have a longer journey by private transport if beds were to be moved either to Wells or Yeovil:

- **Moving beds from Wells to Yeovil:** On average, a person previously admitted to Wells would face a longer journey of an extra 6 minutes if they had to go to Yeovil instead; 77 patients in all would have a longer journey time, 28 of them with an increase of more than 20 minutes.

- **Moving beds from Yeovil to Wells:** On average, a person previously admitted to Yeovil would face a longer journey of an extra 7 minutes if they had to go to Wells. 145 of them in all would be affected, 111 of them with a journey increase of more than 20 minutes.

Calculations of the time for the people who used the service during 2018/19 to get from home to either Wells or Yeovil by public transport on a weekday afternoon show that around 36% of the patients could do the journey to each in less than 60 minutes.

Quality of care – outcomes and safety

Thinking about the options against quality of care in terms of patient outcomes and safety, moving beds from Wells to Yeovil came out the best because:

- It's close to the Emergency Department at Yeovil District Hospital, compared to St Andrews Ward in Wells which is 22 miles or 45 minutes away from the nearest Emergency Department at Bath Royal United Hospital.

- A risk management protocol is required for Wells which results in around 40 patients a year having to be admitted first to Taunton and then to Wells. Some of the highest risk patients remain at Taunton due to its proximity to an Emergency Department. Even if two wards were to be located at Wells instead of Yeovil, a very small number of patients with high risk of self-harm may still need to be retained at Taunton due to Wells' distance from an Emergency Department.

Workforce sustainability

Lack of training accreditation at St Andrews Ward in Wells means it has not been possible to provide out of hours medical cover, and recruitment and retention difficulties have resulted in over use of locums (temporary clinical staff). Yeovil already has training accreditation and junior doctors are on site to support out of hours admissions. Neither recruitment of more senior clinicians nor experienced nursing staff has been a problem at Yeovil.

Deliverability

Yeovil would be the best option here; the work required to create two wards at Yeovil would take eighteen months to deliver compared to two years for the work to be completed on the Wells site.

Impact on equalities

Patient engagement and operational staff from Somerset Partnership looked at the potential impact of the options on equalities but did not find any factors which appeared to differentiate between the move of beds to Yeovil or to Wells.

Affordability and value for money

The capital investment cost (bricks and mortar) of moving beds to Yeovil would be significantly less at £5,030,000 than moving beds to Wells, where the capital cost would be £7,166,000. The day to day running costs – the revenue budget requirement – is around £250,000 less for Yeovil than for Wells.

The potential impact of what we're proposing and how it will address the challenges

06

Like all kinds of change, as well as the potential benefits and advantages the potential reconfiguration of acute inpatient beds may bring, there may be some concerns too about the new and different ways of working, but it is recognised nationally that acute mental health wards which are geographically isolated create unnecessary risk for patients and staff.

It's important to remember that we aren't making cuts to beds or to the wider service, far from it. We're investing in mental health because we have under-invested in the past, and because we want to make sure people in mental health crisis can get the right support from the right place at the right time for them.

In this consultation document we have set out the challenges facing the acute mental health wards for adults of working age, in particular:

Challenges we are facing:

- Distance from an Emergency Department when patients need emergency physical healthcare support,
- Lack of support from other staff on an adjacent ward to support staff in a 'stand-alone' ward (moving to two wards would mitigate this), and
- Out of hours medical cover.

Having looked in detail at the evidence available to us we believe that moving the beds from St Andrews Ward in Wells to Yeovil would be the best option to mitigate these risks and challenges because:

Evidence to support the best option:

- Rowan Ward in Yeovil is less than 1 mile from the Emergency Department at Yeovil District Hospital.
- Rowan Ward already has 24/7 medical cover.

What would the acute inpatient service at Yeovil look like?

The existing Rowan Ward on the Yeovil site has 18 beds, St Andrew's Ward in Wells has 14. If the proposal to move beds from Wells were to go ahead there would be 32 acute mental health inpatient beds for adults of working age in Yeovil.

Some rebuilding and refurbishment of the old Holly Court ward and the existing Rowan Ward would create two equal sized wards of 16 beds each, both of which would include a bed designated as extra care which would provide a further enhancement to the existing provision.

Patients in these beds would have a higher level of specialist intensive care over a short period, thereby avoiding admittance to the Psychiatric Intensive Care Unit at Taunton.

What other services would be available to people in the north of the county if beds were to be relocated from St Andrews, Wells to Yeovil?

Investment in the emerging model of mental health will bring about a significant increase in the capacity of staff across the whole county, and in the skill mix of both our home treatment teams and our community based mental health teams. For example, in recent years we have employed more psychiatrists, psychologists and community psychiatric nurses to all of our teams and eight peer support workers – people with lived experience - to work alongside our clinical staff in the delivery of the support they provide.

We have developed partnership and joint-working arrangements with a wide range of voluntary and social enterprise providers in the county. This has already made a significant difference to the level of support we're able to provide across the whole county including the Mendip and Sedgemoor areas.

Specific to these two areas, we will also be developing two Crisis Cafés, enabling people experiencing emotional and / or mental health distress to have access to a safe space where they can speak freely about their experiences at times of greatest need.

The Crisis Cafés will provide significant support for people at and just before they reach crisis points which would otherwise result in an admission to hospital. The cafés will be open at times of peak need and will be developed in partnership with the voluntary sector, specialist mental health services and people who have experience of receiving support.

What would be the impact of the proposal?

While we are confident that the changes we are proposing would lead to many improvements for patients, their families and carers, we understand that there will be other impacts on patients, families, carers and our staff.

Patients, families and carers

Patients admitted in crisis to an acute mental health ward are not in a condition to exercise patient choice about which ward they go to. However we recognise that relatives and carers will want to visit patients and collect them when they are discharged. If the proposed change to move beds to two sites rather than three were to go forward there would be travel time implications for some people, whether beds are moved from Wells to Yeovil or vice versa. Some may have other caring responsibilities such as younger children or older relatives and may find it harder to visit as it would take them away from home or work for longer. For people who are dependent on public transport these challenges would be increased.

Working with partners and patient representatives and Somerset County Council we will establish a travel group to consider how we could address these issues if the proposal to move inpatients beds from the Wells site to Yeovil were to be implemented.

Staff

Our staff are incredibly hard working and committed to caring for patients, and often work long hours in demanding circumstances. We recognise that it can be unsettling when there is uncertainty about the future shape of services.

As this would be a relocation of beds rather than a cut in the service the staff numbers would remain broadly the same. No-one will be without a job. Nursing staff would be able to move to the new ward at Yeovil and for those who do not want to travel, there are new career opportunities with the roll-out of the new mental health model, working with teams in different ways and closer to patients in the community.

If our proposal to consolidate beds on two sites were to be implemented, staff and patient safety would also be improved, addressing some of the concerns voiced by staff on stand-alone wards. Staff who are affected will be fully consulted about the proposed changes.

Giving your views

07

We want to know what you think about our proposals for acute mental health beds for people of working age before we make decisions about the future shape of the service.
Our consultation runs from16 January to 12 April 2020.

Come and talk to us

We are holding a series of drop-ins and other events to gather feedback and hear what people think. Please come and talk to us if you are able to. You can find details of all events on our website:

www.fitformyfuture.org.uk

Invite us to speak with your group

If you're a member of a group and would like us to come and talk to you, let us know. We'd be delighted to attend any interested community groups such as support groups or patient groups. Please get in touch so this can be arranged using the contact details shown here.

Send us your feedback

- fill out our questionnaire at the back of this consultation document, you can find additional copies at your doctor's surgery and post it to us at **FREEPOST SOMERSET MH CONSULTATION**
- write to us for free, you don't need a stamp – write on your envelope **FREEPOST SOMERSET MH CONSULTATION**
- email us - **somccg.fitformyfuture@nhs.net**
- call us - **01935 384119**

If you would like this document in another language or format please contact us.

Improving mental health services for adults in Somerset

Consultation document

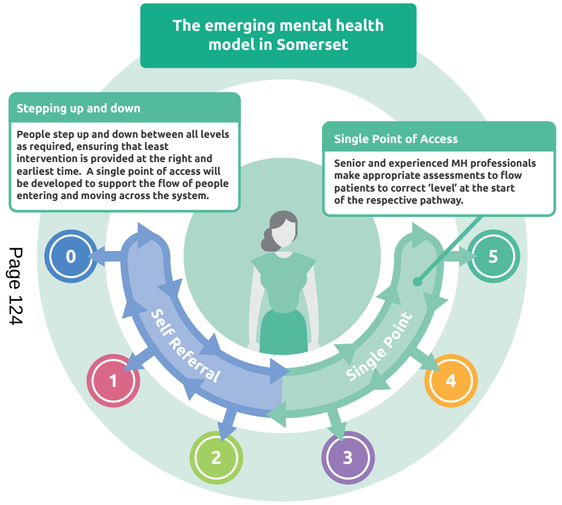
January 2020

fitformyfuture.org.uk

Fit for my Future, Somerset CCG, Wynford House, Lufton Way, Lufton, Yeovil BA22 8HR.

How does the Mental Health model work?

Long term conditions, including frailty, are health conditions that can't at present be cured but can be controlled by medication and other treatment or therapies.



What does each levels means?

Offer 0 Promoting positive mental and emotional wellbeing	Building and supporting inclusive communities, understanding what makes people ill, tackling social issues leading to health inequalities eg life expectancy.	Thriving
Offer 1 Emotional Wellbeing Support	Community based support including social and leisure activities that promote emotional wellbeing, often provided by people who have experience of mental health issues.	Coping
Offer 2 Timely support and early intervention	Improving access to psychological (talking) therapies for anxiety and depression including the use of digital technology. Supporting people with long term conditions and symptom management to meet physical and mental health needs.	Getting help
Offer 3 Specialist Therapies Service	Additional support for people with more complex needs eg experience of previous trauma, who would benefit from specialist talking therapies.	Getting help
Offer 4 Community Services	Specialist recovery-focused multi-disciplinary mental health support for people with higher level mental health needs including psychosis, severe depression and personality disorders.	Getting more help
Offer 5 Acute/Urgent Care including Home Treatment and inpatient beds	Crisis and urgent care support to avoid admissions to hospital eg Crisis Cafes and Home Treatment Teams. Inpatient beds for those who require support in a hospital setting.	Risk Support

Where can I find out more or give my views?

If you would like to know more you can read the full consultation document on our website (details are below).

To give us your views, you can:

- Our consultation runs from **16 January to 12 April 2020.**
- fill out our questionnaire which you can find at your doctor's surgery
- write to us for free, you don't need a stamp – write on your envelope **FREEPOST SOMERSET MH CONSULTATION**
- email us - **somccg.fitformyfuture@nhs.net**
- call us - **01935 384119**

Or you can come to one of our drop-ins, all the dates and places are on our website

www.fitformyfuture.org.uk

If you would like to see the full consultation document visit our website or contact us by email or phone.

Full Consultation Booklet

Official feedback questionnaire

Want to find out more? visit:

fitformyfuture.org.uk

Fit for my future.
A HEALTHIER SOMERSET

Consultation Summary
January 2020

Improving mental health services
for adults in Somerset

Our proposals for changing acute inpatient mental health services for adults of working age.

fitformyfuture.org.uk

What this document is about

We are running this consultation to gather feedback from local people about the future locations of acute mental health beds for people of working age. We would like to hear what you think about our ideas.

We also want to tell you about the new and enhanced community-based services which will be in place as soon as we have recruited the people to run them.

Our vision for mental health services

Working with a number of mental health charities and medical professionals we have designed a new mental health service model to support people better in the early stages of their illness or condition. Wherever we can, we want to help people stay well, and get treatment as early as possible when they need it.

There are some real changes:

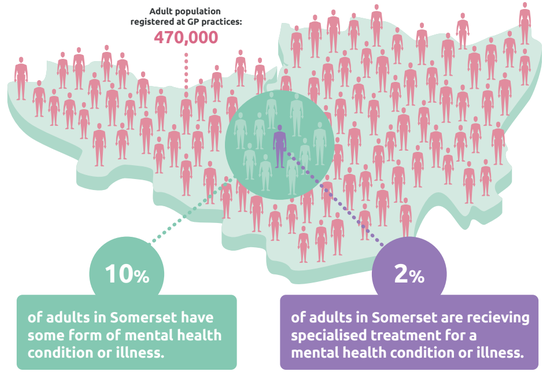
- We'll work closely with each individual to develop the right 'wrap-around' support to meet their mental, emotional and physical healthcare needs.
- That means dissolving the boundaries between different services and joining up health and social care, GP, community and more acute hospital-based support with peer support, voluntary and community organisations.
- Navigators will help people who don't know where to go to find the right place and the right kind of help.
- More support will be rooted in community neighbourhood settings, closer to home and working alongside each person's own network of support.

People have told us that they want people with a mental health condition to have the same kind of life expectancy as people with physical health conditions. We agree.

Over the next three years we will be investing £17,046,388 on transforming mental health services for adults, children and young people. We want to make sure that people can reach a whole system of support through just one referral, and services that are accessible every step of the way.

People in Somerset receiving mental health support

This diagram shows the number of people in our population having treatment of one sort or another for a mental health condition at any one time.



Who are we?

We are Somerset Clinical Commissioning Group. We are responsible for planning and buying health services to meet the needs of people in Somerset, now and in the future.

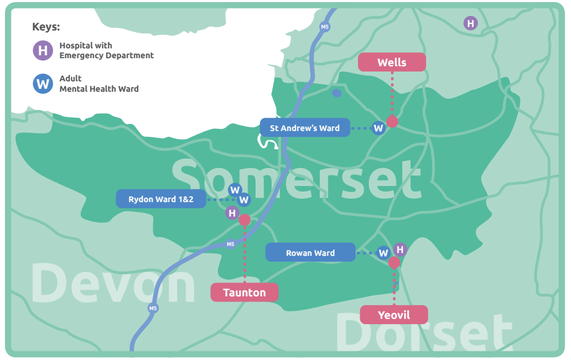
We have worked closely with Somerset County Council which is responsible for commissioning adult care and support services, and Somerset Partnership, which is responsible for providing mental health services in Somerset. Together we have come up with ideas to improve mental health inpatient services in Somerset.

What changes are being considered?

We are considering changing the location of the acute mental health ward at Wells for people aged between18-65 years and moving it to Yeovil.

An acute mental health ward is where patients are admitted to provide them with the level of treatment and support they need. This might be because they need further assessment, they need to be kept safe or they need more intensive support than can be provided at home.

We are thinking about changing the location of the acute mental health ward in Wells because we have concerns about patient and staff safety. Two of our four wards for people aged between18-65 years are located in Taunton with one ward in both Yeovil and Wells. These two are 'stand-alone' wards, which means they are not close to other wards, and one of them is also a long way from the nearest Emergency Department.



Key risks

There are three key risks of having stand-alone wards in their current locations in Somerset:

KEY RISK 1

Lack of support from staff in a nearby ward for staff at a time of crisis.

When two wards are close to each other, staff from one ward can provide support to the other whenever there is a problem. When there is only one ward, staff have no immediate back-up and have to resort to calling the police if they have concerns about the safety of patients or staff. This is the case in Yeovil and Wells.

KEY RISK 2

Distance from an Emergency Department when patients need emergency healthcare support.

When a ward is a long way from an Emergency Department there are sometimes problems in getting emergency help for people when they need it urgently. This is a risk when patients attempt suicide or self-harm or assault others. Wells is 22 miles away from the nearest Emergency Department and it can take 45 minutes to reach the hospital by ambulance.

KEY RISK 3

Medical cover out of hours is limited, meaning that medical support is not always available when needed.

Medical cover means support from Doctors and Consultants, who are able to work in ways that other staff cannot, for example, prescribing certain medications. Out of hours medical cover is inconsistent across the three sites. It is available 24 hours a day at the Taunton and Yeovil sites, but this is not the case in Wells, where out of hours medical cover is provided by a GP or an on-call psychiatrist consultant by phone.

We have been reviewing options to overcome these challenges. Our preferred option, which we believe is the best way forward, would be to move the current St Andrews Ward in Wells to Yeovil. We want to know what you think.

Is this about saving money or closing beds?

No. These changes will not mean any fewer mental health beds in Somerset and they are not intended to save money. They are about using our money and staff in better ways, to make a better, safer service.

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Scrutiny for Adults and Health Work Programme – January 2020

Agenda item	Meeting Date	Details and Lead Officer
	04 March 2020	
Deprivation of Liberty- Report		Mel Lock
LD transformation		Mel Lock
Housing Strategy		Tim Baverstock
Performance report		James Hadley
	01 April 2020	
Mental Health transformation		Tim/Dave Partlow
Strategy for people with physical disabilities		Mel Lock
Dementia report		Kate Williams
	06 May 2020	
	03 June 2020	
	09 July 2020	
	09 September	
	07 October	
	12 November	
	02 December	

To add:

Note: Members of the Scrutiny Committee and all other Members of Somerset County Council are invited to contribute items for inclusion in the work programme. Please contact Julia Jones, Democratic Services Team Leader, who will assist you in submitting your item. jjones@somerset.gov.uk 01823 355059. Or the Clerk Jennie Murphy on jzmurphy@somerset.gov.uk

Add to Agenda – Nursing Home Support Service – Nikki Shaw

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