

Update on the Fit for my Future Review of Acute Mental Health Inpatient Beds for People of Working Age

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1. Summary

1.1. Fit for my Future (FFMF) 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 is an update on the Fit for my Future programme in relation to:

- the impact on the programme from Covid-19
- the consultation on the future location of acute mental health inpatient beds for people of working age

1.3.

2. Issues for consideration / Recommendations

2.1. Members are asked to note and comment on:

- the feedback received from the public during the consultation which has now closed
- the next steps within the mental health programme

Members are also asked to highlight any additional areas they would like the Somerset CCG Governing Body to consider in making the decision on the future location of acute inpatient mental health beds.

3. Background

The formal consultation on the future location of acute inpatient mental health services for adults of working age and the engagement on our early thinking about future community health and care services for the people of Somerset concluded on Sunday 12 April.

3.1. Impact of Covid-19 on the Fit for my Future Programme

The Fit for my Future programme has been impacted by the national public health restrictions put in place in response to the Covid-19 pandemic, as well as staff from across the health and care system prioritising our system's response to the pandemic. As a result, the programme was paused at the end of March, with the exception of completing the consultation, engagement, and considering the impact of the public feedback on our consultation proposals.

Across the consultation and engagement, 31 face-to-face events which had been planned to take place in the last few weeks had to be cancelled. Through switching to a digital approach, we were able to continue to enable people to be able to ask questions and provide feedback to us. This was supported via paid advertising in local newspapers in the Wells and Mendip areas, paid promotion on Facebook to the Mendip area in particular, posting to community Facebook groups, sending posters and consultation materials to libraries, pharmacies, GP surgeries and other venues that the public were still able to access. We sent emails to identified stakeholders and organisations to advise that the consultation would continue without face-to-face meetings/events and to highlight how people could continue to have their say. We held a phone in on the consultation with BBC Radio Somerset and sent out a press release. People were able to provide feedback through a dedicated phone line, through an online and paper survey, through letters and emails and by commenting on our social media posts.

A decision was made on 27 March 2020 by Programme Board to formally pause the FFMF programme, other than the completion of the consultation on the future location of acute inpatient mental health services for adults of working age, the engagement on our early thinking about future community health and care services for the people of Somerset by digital methods, and the external review of the feedback by Participate as outlined in this report.

The role of Participate Ltd within the consultation was to receive all feedback, analyse it and conduct an independent analysis of the consultation feedback which was completed on 25 May 2020.

3.2. Mental Health response to impact of COVID19

Mental health services across Somerset responded to the impact of COVID19 in a positive way by the acceleration of transformational changes to the community mental health provision in support of the NHS Long Term Plan and emerging

model of mental health support in Somerset.

No mental health services were stood down in relation to the pandemic, but the means of delivering the services were modified. There became multiple routes to support patients including digitally online, by telephone, and continuing face-to-face sessions.

There was a reduction in occupancy in inpatient wards with more people being supported in the community through a range of local services. These included:

- Introducing two step up/down facilities (one at Yeovil - 7 beds and one in Wells - 4 beds) with the aim of providing a bridge between the inpatient unit and local services.
- Mental Health Workers were based in primary care (in GP practices).
- A new community-based talking therapies service for people with complex mental health trauma.
- An all-age 24/7 emotional wellbeing support service, "Mindline", a collaboration between a range of VCSE partners, Somerset NHS Foundation Trust, and the respective commissioners to provide a listening and signposting service for people in distress. This service was set up and fully operational with just over a week's notice.

Other service enhancements included:

- Establishing a new bereavement service with Marie Curie & Mind
- A&E diversion created for some mental health patients via SWAST & Police to Galmington House at Musgrove, plus 'Mindline' community front rooms' to support admission avoidance.
- Weekly Emotional Wellbeing Podcasts were created and promoted.

3.3. Mental Health Consultation

The formal consultation on the future location of acute inpatient mental health services for adults of working age concluded as planned on Sunday 12 April through switching to digital/telephone approach in the latter few weeks due to public health advice in relation to the Covid-19 outbreak.

Through the twelve weeks of consultation, we reached the following:

- 538 surveys received
- 20 emails, 2 calls, 6 letters and 1 petition received
- 63 events organised or attended to promote and discuss the consultation
- 732 people attended these events
- 3,538 people reached through a Facebook Live event

The majority of the public-facing activities had been completed prior to the Covid-19 public health restrictions, with the exception of attendance at some talking cafés, library sessions, SomPar/TST Council of Governors meeting, Mendip Parish Council forum, Taunton & Bridgwater Deaf Club.

Our community asset-based approach which aimed to reach individuals and communities that we could not reach ourselves was hardest hit by Covid-19, as this did not start until March. We undertook 1 focus group and 4 interviews (3 focus groups and 30 interviews were planned).

The consultation demonstrated significant divergence of views depending on where people lived. The majority of responses (52%) to the survey were opposed to the proposed change, while 37% were in favour.

However, it is important to note that these overall figures are significantly affected by the higher response rate in the three localities closest to Wells (Central Mendip, West Mendip and North Sedgemoor).

- These localities constitute around 21% of the Somerset population, but produced 44% of the responses. The remaining Somerset localities account for 79% of the Somerset population, but only produced 56% of the responses. This may reflect the strength of local feeling in the areas closest to Wells.
- In the three localities closest to Wells, the proposals were strongly opposed with 75% of survey responses disagreeing with the proposal to relocate the Wells unit to Yeovil, and only 16% agreeing with them. This is mirrored by the feedback throughout meetings and in other correspondence.
- In the other localities accounting for the remaining Somerset population, the majority of the survey responses were in favour of the proposal with 54% of responses being in favour and 33% against.

4. Key Themes from Feedback - For and Against the Proposal

4.1. Main Reasons People Gave for Opposing the Proposal

- The rural geography of the area surrounding the Wells site was stated as being a particular challenge in terms of travel if inpatient beds were relocated to Yeovil. The increased travel time, lack of public transport, and additional cost of travel were the main reasons the majority of respondents opposed the proposals. In addition, the overall feeling was that the proposals would result in a general downgrading of mental health service provision for the area.
- It was suggested that the additional travel times to get to Yeovil would cause additional stress to patients and carers and could in turn decrease the frequency of people visiting patients, which it was felt could have an adverse effect on patient's recovery.

- Some people also predicted the additional travel could deter staff from moving from St Andrews Ward, Wells to Yeovil, which drew concerns about experienced and valued staff being lost.
- The perceived cost of using public transport to access the relocated services was felt to be prohibitive for some, especially low-income households, elderly and/or disabled people. Suggestions were made to alleviate the issue of cost and accessibility, but they remained a prominent theme in relation to the impact the proposal would have on these particular groups of people.
- Perceived loss/downgrading of mental health and other related services within the surrounding area of Wells was noted as another reason people opposed the proposal e.g. the day centre at St Andrews Ward, Wells for people with Alzheimer's Disease.
- One of the key points made in opposition to the proposal made in a petition organised by the Somerset Constituency Labour Party, which gained 382 signatures, was that the small number of patients who need to be referred to A&E did not outweigh the concerns about the loss of St Andrews Ward, Wells, and the difficulty patients and their families would encounter to travel to the proposed relocated sites, particularly by public transport.
- The petition questioned the need to relocate services to Yeovil because of the lack of A&E support, suggesting all Wells residents have to travel to access emergency care anyway. They proposed developing a case for a new hospital to be built in mid-Somerset to address this need.
- Concerns about the relocation of services were mirrored to some extent by a third of survey respondents, who did not believe the proposal delivered quality healthcare for people in and around Wells.

4.2. Main Reasons People Gave for Supporting the Proposal

40% of survey respondents agreed that the risk associated with staying the same is too great, however, most lived furthest away from the St Andrews Ward, Wells. The main reasons for agreement with the proposals focused primarily on the service improvement for staff and patients outlined in the consultation document.

- People residing outside of the immediate Wells area were more likely to have concerns for safety for staff and patients at the smaller site at Wells and agreed that there is a need to offer 24/7 medical cover and support.
- NHS staff, clinicians and other stakeholders were more broadly in favour to reconfigure the services including moving beds from Wells to Yeovil, than service users, carers and members of the public. Findings from the survey

were mirrored by comments during the group meetings and from some of the official responses from professional bodies.

- NHS staff and clinicians were less concerned about the travel impacts for them in terms of travelling to Yeovil instead of Wells.
- A fifth of respondents living in the areas around Wells agreed that there is a lack of A&E provision overall for residents, as well as for mental health patients. However, they highlighted that there had not been many incidents of mental health patients needing an emergency department.
- It was suggested that managing learning disabilities and providing adequate support would be easier across two sites.
- Some organisational responses outlined the emphasis on the development of community mental health services and implied this supported the proposed changes, e.g. promoting prevention and early intervention, single point of access, crisis cafés and voluntary sector support for self-directed care.

4.3. Suggestions for Amending/Enhancing the Proposal

The main suggestions provided for amending the proposals came from the petition, with an alternative solution being suggested. Other options for enhancing the proposals included travel and transport additions, considering step down services and privacy.

- The Somerset Constituency Labour Party petition, which received 382 signatures, stated a preference to retain the St Andrews Ward at Wells, with increased funding for safer staffing levels, whilst also investing in additional capacity at Yeovil to meet future demand. The argument was based on the desire to ensure services were accessible and local to meet the needs of people living in and around Wells.
- Part or fully subsidised travel and parking as well as dedicated transport services was suggested, specifically for low income families, older people and those with a disability. The emphasis being to support those who would need to travel further due to the proposed changes.
- It was noted that the St Andrews Ward, Wells, is a familiar setting for patients and carers/family members with a friendly 'family atmosphere' created by staff in a smaller setting. It was stated that if, when patients are allowed to go out of the unit, they feel their immediate environment is familiar it makes it easier for them to step down or discharge. Some people suggested retaining the St Andrews Ward, Wells, as a crisis café or a step-down service.

- Some people suggested ensuring any new services include enhanced privacy by having male and female wards.

Other Issues People Suggested were Important

Other important issues suggested during the consultation centred around the need to improve services by increasing the use of multi-agency working and improving communications between teams.

- A key theme from the groups and meetings highlighted that the self-referral system doesn't work in a lot of cases, as many patients don't recognise that they are ill or are having an episode, and people gave examples of how they or their family members 'had fallen through the cracks in the system'. It was felt that early detection of mental health conditions was crucial. Suggestions included having a strong Community Mental Health Team, and an overall multi-agency approach involving GPs, police, local authorities, social workers, schools and other health professionals.
- A multi-agency holistic approach was also considered important for supporting discharge and reducing the need for re-admission.
- Maintaining links with the Community Mental Health Team and ensuring teams across the localities work closely together, was highlighted by NHS staff and clinicians as an important factor.
- There were statements made that people 'get lost in the system', especially when transitioning from child to adult services. It was felt that this was less likely to happen in a smaller setting that was more familiar, i.e. the St Andrews Ward, Wells. Increasing support for people when moving between services was seen as vital to decrease crisis incidents and suicide attempts, which would mean improving communication between all agencies especially the ward, community health services and CAMHS.
- It was felt that suitable and appropriate communication and support for communities where English is not their first language (e.g. Timorese) and for people with learning disabilities, was needed to explain how the new services work.

4.4. Feedback on the Consultation

There were some concerns that the consultation materials were biased towards the preferred option and the decision to move services had already been made. Some respondents from the groups and meetings wanted to see further detail on the proposed changes so they could better understand the implications. Others

also felt it would be important to review what has been achieved elsewhere and apply the findings to the feedback received from this consultation to ensure that the true impacts of any changes are understood, and that there is scope for influence in the decision-making process.

4.5. Next steps

To follow up on the report findings, a number of actions are being undertaken:

- Consideration given to the feedback from the consultation and the impact this has on the proposal we took to the public during the consultation.
- Using a digital platform (due to COVID19 restrictions) to deliver Participate's independent consultation review report to the public on 2 September.
- Setting up a travel sub-group to meet in August to explore and identify options to mitigate the travel issues raised through the consultation.

We are expecting to bring a Decision-Making Business Case (DMBC) to the CCG Governing Body in September, although acknowledging we may experience some further impact of Covid-19.

5. Implications

- 5.1.** The changes proposed will not involve a reduction of acute mental health inpatient beds but rather a potential reconfiguration of the location of the beds.

6. Background papers

- 6.1.** The independent report produced by Participate Limited giving an independent analysis of the consultation feedback can be found at <https://www.fitformyfuture.org.uk/wp-content/uploads/2020/08/mh-consultation-report.pdf>

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