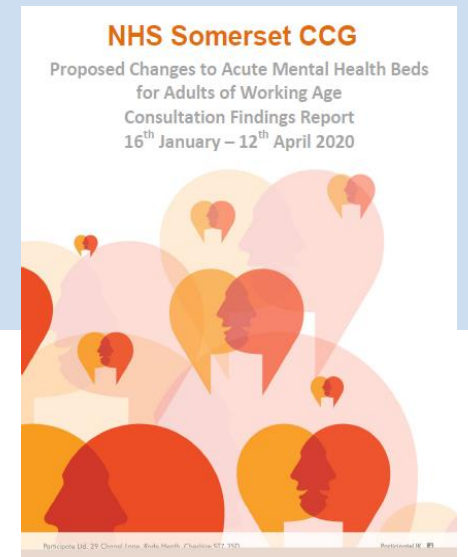




# Feedback from the public consultation on the future location of adult acute inpatient mental health beds in Somerset

Andrew Keefe

**17 September 2020**

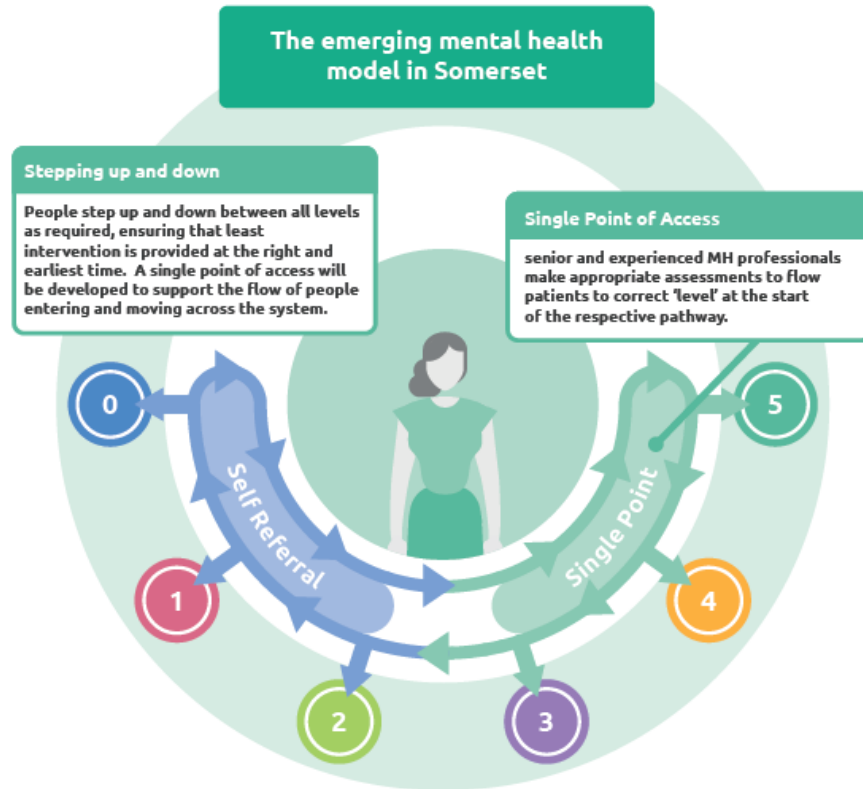


## Why are we here?

- Between 16 January and 12 April 2020, we consulted on the future location of adult acute inpatient mental health beds in Somerset. This consultation was delivered primarily through a survey (which received 538 responses) and 63 consultation events (with 732 participants), but people could also submit their views by email, telephone, letter and social media.
- The process was affected by the national restrictions in response to Covid-19. 31 consultation events which had been planned to take place in the last few weeks of the consultation had to be cancelled. However, questions and feedback could still be received via a number of routes (online, via email, letter and telephone).
- All the feedback received as part of the consultation has been independently analysed by an organisation called Participate Ltd.
- This is a summary of the report. If you wish to view the full report you can find it here <https://www.fitformyfuture.org.uk/wp-content/uploads/2020/08/mh-consultation-report-final.pdf>

# 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?

<b>Offer 0</b>	Building and supporting inclusive communities, understanding what makes people ill, tackling social issues leading to health inequalities eg life expectancy.	<b>Thriving</b>
<b>Promoting positive mental and emotional wellbeing</b>		

<b>Offer 1</b>	Community based support including social and leisure activities that promote emotional wellbeing, often provided by people who have experience of mental health issues.	<b>Coping</b>
<b>Emotional Wellbeing Support</b>		

<b>Offer 2</b>	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.	<b>Getting help</b>
<b>Timely support and early intervention</b>		

<b>Offer 3</b>	Additional support for people with more complex needs eg experience of previous trauma, who would benefit from specialist talking therapies.	<b>Getting help</b>
<b>Specialist Therapies Service</b>		

<b>Offer 4</b>	Specialist recovery-focused multi-disciplinary mental health support for people with higher level mental health needs including psychosis, severe depression and personality disorders.	<b>Getting more help</b>
<b>Community Services</b>		

<b>Offer 5</b>	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.	<b>Risk Support</b>
<b>Acute/Urgent Care including Home Treatment and inpatient beds</b>		

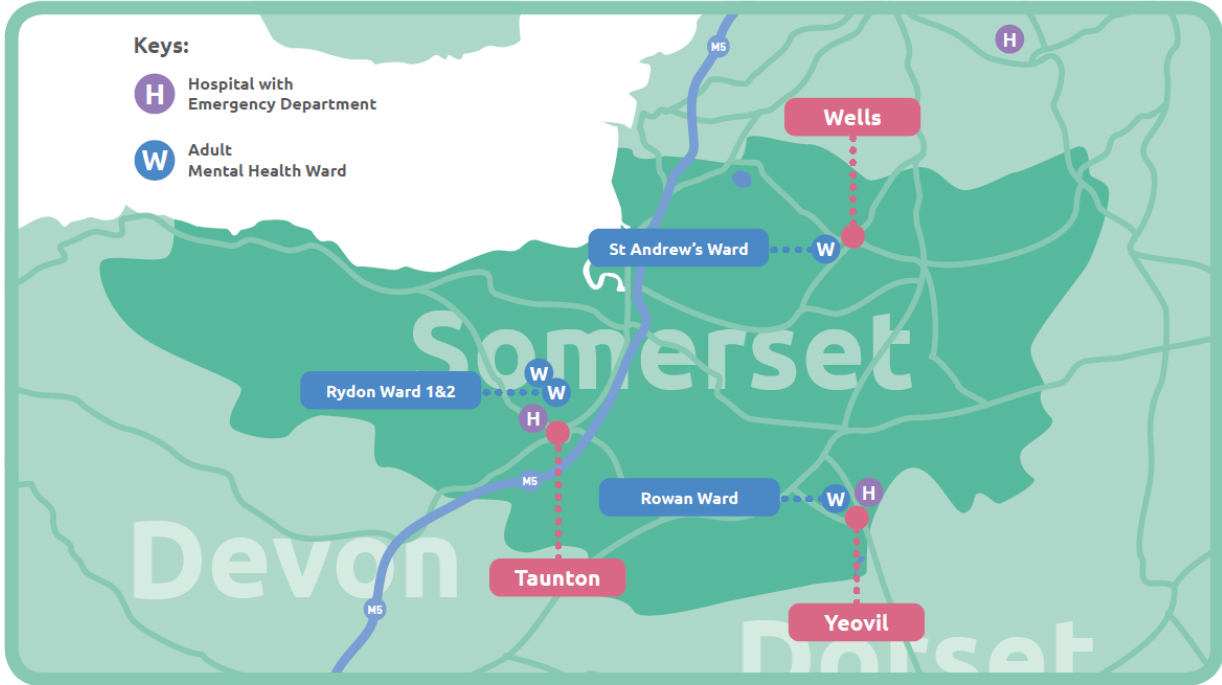
## Context: Fit for my Future

The Fit for My Future Programme is led by Somerset Council and Somerset CCG, and is establishing a long-term strategy that to deliver the best possible health and care services for the local population and to improve health and wellbeing across Somerset.

Improving mental health services is a key component of this programme and it sets out the aim for a transformed model of care and increased investment in mental health services. The consultation document described how the new model of care is focussed mainly on enhancing existing services and introducing new ones. However, it also explained that for the one element of mental health services, the specialist inpatient care, there were concerns about patient and staff safety because of the current configuration of care. It said that this was because two of the four wards were 'standalone' with the following key risks:

- Lack of support from staff on an adjacent ward at a time of crisis
- Distance from an emergency department when patients needed emergency physical healthcare support
- Limited medical cover out of hours

# Background: Safety considerations about Rowan Ward and St Andrews Ward led us to consult on three options



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

**Rowan Ward, Yeovil:** 18 beds, plus s136 Place of safety

**St Andrews Ward, Wells:** 14 beds

Both these wards are 'stand alone' mental health units i.e. they have no other mental health inpatient unit near by.



# Three options were considered

## **Option 1 – stay the same**

Keep all four wards in the same locations with the same functions and bed numbers; invest in buildings to bring them up to modern standard

## **Option 2 – Relocate Wells service to Yeovil**

Relocate St Andrews Ward, Wells, and create two wards using existing ward space at Rowan Ward / 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 Ward

Bed numbers would remain the same across all options, with the driver being quality and safety of care rather than financial considerations.

The preferred option was identified as Option 2 – the relocation of the Wells inpatient service to Yeovil, determined through stakeholder deliberative workshops, including review of the evidence and discussion with clinicians, providers, service users and member of the public.



# Findings – a summary of the Participate Report

## NHS Somerset CCG

Proposed Changes to Acute Mental Health Beds  
for Adults of Working Age  
Consultation Findings Report  
16<sup>th</sup> January – 12<sup>th</sup> April 2020



# Participate: An Overview

- Participate Ltd was commissioned by NHS Somerset CCG to independently analyse and report upon the data from the consultation 'Improving Mental Health Services for adults in Somerset. Our proposals for changing acute inpatient mental health services for adults of a working age'. The report sets out the analysed and thematic data from the consultation that concluded in April 2020. This presentation provides an overview of Participate's findings.
- The consultation set out the findings of an option appraisal on the future of inpatient patients. This appraisal considered a list of six options and through a process including stakeholders and service users, led to the conclusion that the best way forward was to relocate the current ward at Wells to Yeovil, and join it with the mental health ward already there, ensuring that there would be no 'standalone' wards.
- The consultation document concluded by seeking views from local people and stakeholders on the proposals so that the CCG could take them into account before making a decision on the way forward.



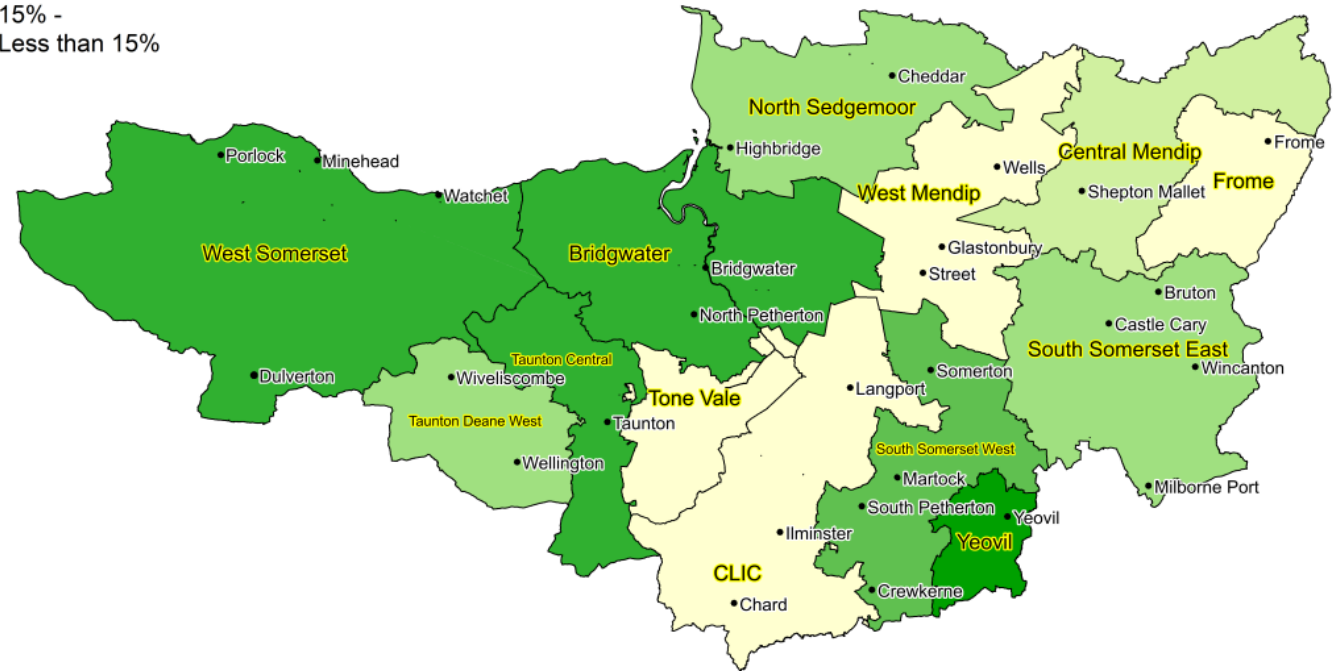
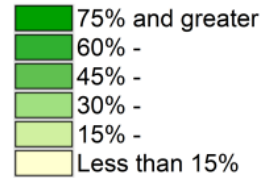
# Participate's Summary: Response to the Proposal

- The consultation demonstrated significant divergence of views depending on where people lived. The majority of responses to the survey were opposed to the proposed change (52%), 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 in the feedback from 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 (54%) with 33% against.

# Participate's Summary: Response to the Proposal

The map shows that the percentage of respondents in each area that agreed with the proposal to relocate the mental health inpatient beds on the Wells site to the Yeovil site.

Proportion that agree with proposal to move beds from Wells to Yeovil



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## Participate's Summary: Main reasons people opposed the proposal

- The main reason for opposition was the rural geography of the area surrounding the Wells site, which would result in increased travel time and cost for residents to travel to Yeovil, exacerbated by a lack of public transport. It was suggested that the additional travel times 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.
- In addition, it was felt that the proposals would result in a general downgrading of mental health service provision for the area, e.g. the future of the day centre at St Andrews Ward for people with Alzheimer's Disease.
- A further point in opposition to the proposal was reflected in a petition organised by the Somerset Constituency Labour Party, which gained 382 signatures: the small number of patients who needed 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.

# Participate's Summary: Main reasons people supported the proposal

- 40% of survey respondents agreed that the risk associated with staying the same is too great, however, most of the respondents with this view 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. This was mirrored during the group meetings and from some of the official responses from professional bodies.
- NHS staff and clinicians were less concerned about the implications 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.
- 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.

# Suggestions for Amending/Enhancing the Proposal

- The Somerset Constituency Labour Party petition 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 as a result of the change.
- 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.

# All Response Routes: Potential Equality Impacts (1/3)

- The following section highlights feedback on the impact of the proposal on people, including the protected characteristics such as age, gender and disability.
- The following outlines themes that have been extracted when mentioned in open ended survey responses, in discussion group meetings or during other forms of response.

Impacted group	Potential impacts
Carers	<ul style="list-style-type: none"><li>• Carers could experience added stress and anxiety from potential transport difficulties if services are moved</li><li>• A move to Yeovil would have a detrimental effect on the health of carers, which could in turn add to the 'NHS workload'</li><li>• Many carers work or have other commitments near to their home, which may mean they cannot provide as much support if the patient is moved to Yeovil</li><li>• Some felt that the needs of carers had been overlooked in considering these proposals.</li></ul>
Deprivation	<ul style="list-style-type: none"><li>• Additional transport costs for those from low-income households</li><li>• Costs of parking or taxis for those on limited income should also be considered</li><li>• Some felt the cost of this travel should be refunded.</li></ul>

# All Response Routes: Potential Equality Impacts (2/3)

Impacted group	Potential impacts
Gender	<ul style="list-style-type: none"><li>• For privacy it was suggested that the two wards, in the new model based at Yeovil, could be split by gender into a male and female ward.</li></ul>
Seldom Heard	<ul style="list-style-type: none"><li>• Accessibility issues in terms of communication was raised for those who are illiterate</li><li>• Consideration of suitable forms of communication for certain communities or hard to reach groups to explain how the new services would work (e.g. Timorese)</li><li>• Clarification needed for how homeless people would access the services.</li></ul>
Disability (Physical and Mental Health)	<ul style="list-style-type: none"><li>• Consideration for those with learning disabilities and Autism, who would need any changes explained to them in a suitable format and language with additional support to interpret the proposed changes</li><li>• Managing learning disabilities and providing support would be easier on two sites than spread across three sites</li><li>• St Andrews Ward, Wells is currently used as a day care centre for Alzheimer's patients and the loss of this facility could adversely affect that group</li><li>• A disability transport service should be provided for free to assist disabled carers and relatives when visiting inpatients.</li></ul>

# All Response Routes: Potential Equality Impacts (3/3)

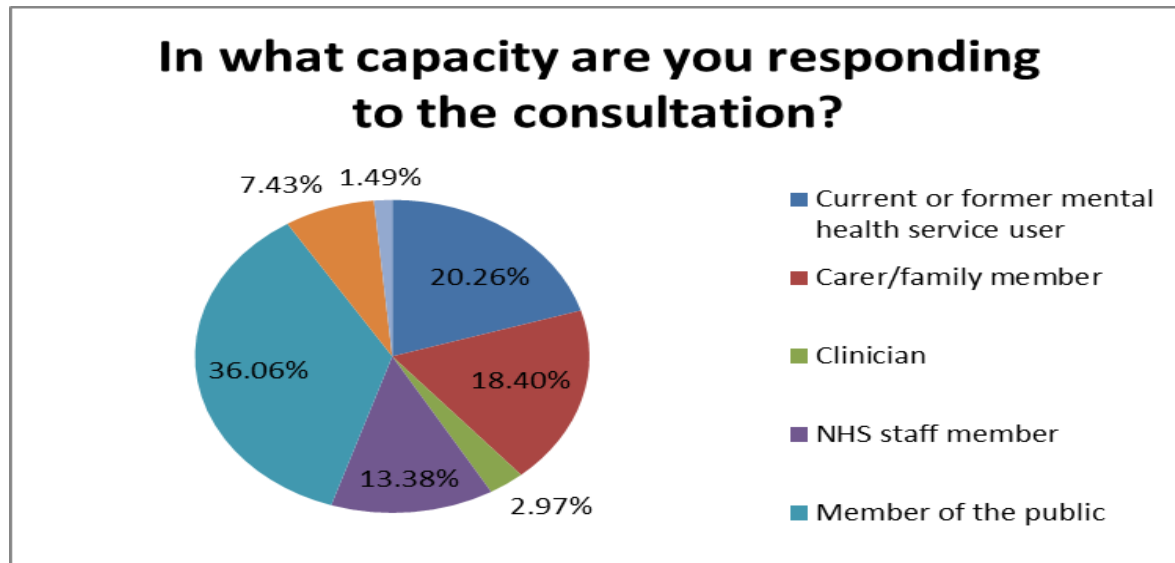
Impacted group	Potential impacts
LGBTQ+	<ul style="list-style-type: none"><li>• One group stated that LGBTQ+ suicide rates are high, so they need extra support</li></ul>
Age	<ul style="list-style-type: none"><li>• Need to identify mental health issues earlier, meaning that GPs and schools require additional training in identifying issues in children and young people (e.g. eating disorders)</li><li>• Issues around the transition from child to adult mental health services, with some ‘falling through the cracks’, therefore CAMHS should be fully included in the model</li><li>• Transport for older people should be included in the proposal, as they may be less likely to drive and may rely on others who may not have the time to travel to Yeovil</li><li>• Public transport difficulties for older people, including suitability to access buses and trains, was highlighted and that many need to be on a bus for a long period of time if they live in remote areas (with a large number of stops)</li><li>• If there is no direct bus service from the north of the county, then older family members or carers may find visiting someone who is an inpatient at Yeovil difficult.</li></ul>



# Survey: Respondent Profiles (1/4)

A range of people responded to the survey, including:

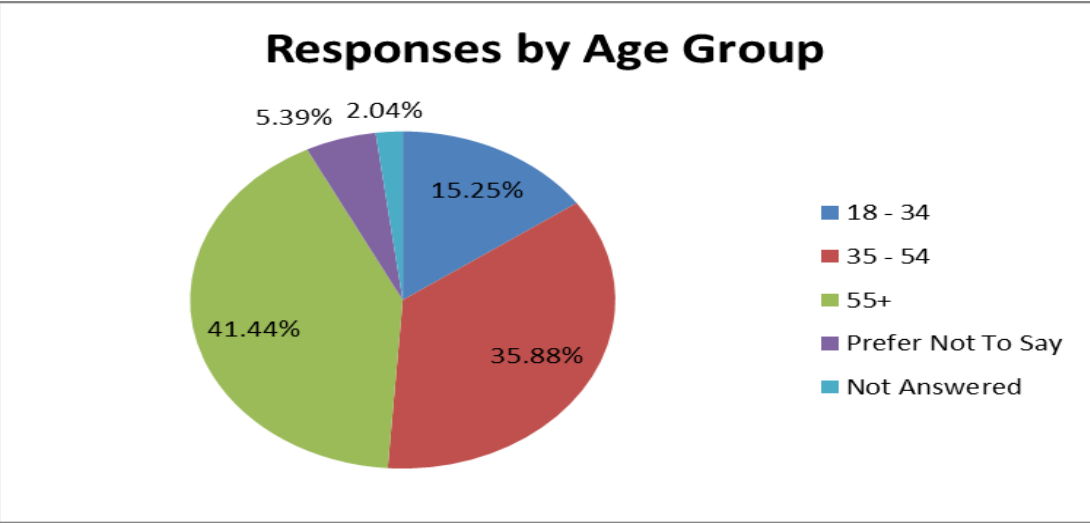
- 33.96% who stated that they are or have been a user of community mental health services in the past 2 years
- 54.53% who stated they had not been a user of community mental health services over the last 2 years.
- Members of the public made up the largest group of respondents at 36.06% (194)
- Carer/family members of the public at 18.40% (99), NHS staff members at 13.38% (72) and clinicians at 2.97% (16), were the next largest groups of representation.



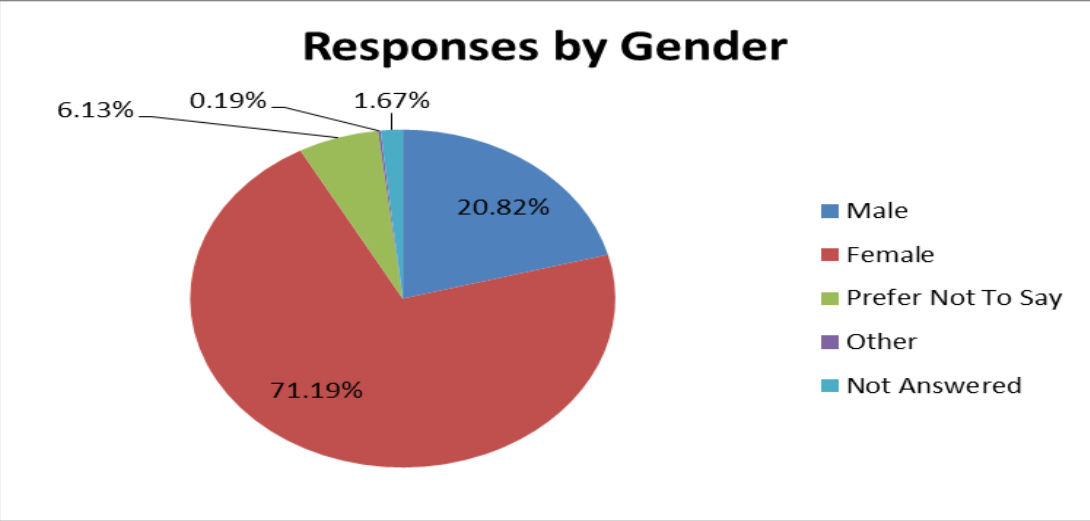
In what capacity are you responding to the consultation?	Overall
Current or former mental health service user	20.26%
Carer/family member	18.40%
Clinician	2.97%
NHS staff member	13.38%
Member of the public	36.06%
Other	7.43%
Not answered	1.49%
Base	538

# Survey: Respondent Profiles (2/4)

An analysis of the demographic reach of the survey undertaken shows a broad representation of profiles in response to the survey.



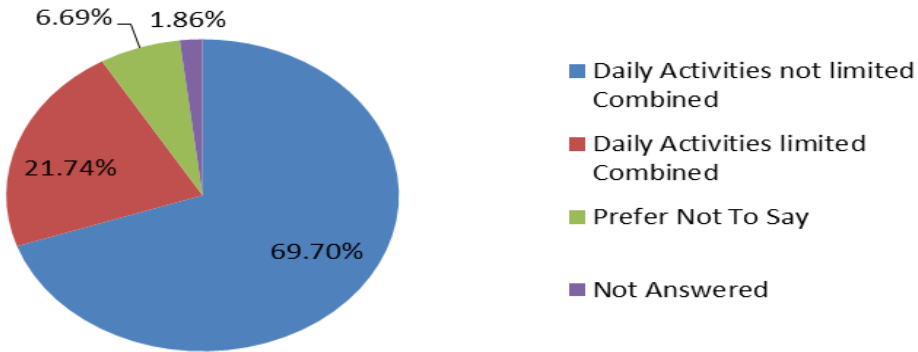
Age	Number of Responses	Survey Responses %	Somerset % (Census 2011)
18 - 34	82	15.25%	22.00%
35 - 54	193	35.88%	34.00%
55+	223	41.44%	44.00%
Prefer Not To Say	29	5.39%	N/A
Not Answered	11	2.04%	N/A



Gender	Number of Responses	Survey Responses %	Somerset % (Census 2011)
Male	112	20.82%	48.00%
Female	383	71.19%	52.00%
Prefer Not To Say	33	6.13%	N/A
Other	1	0.19%	N/A
Not Answered	9	1.67%	N/A

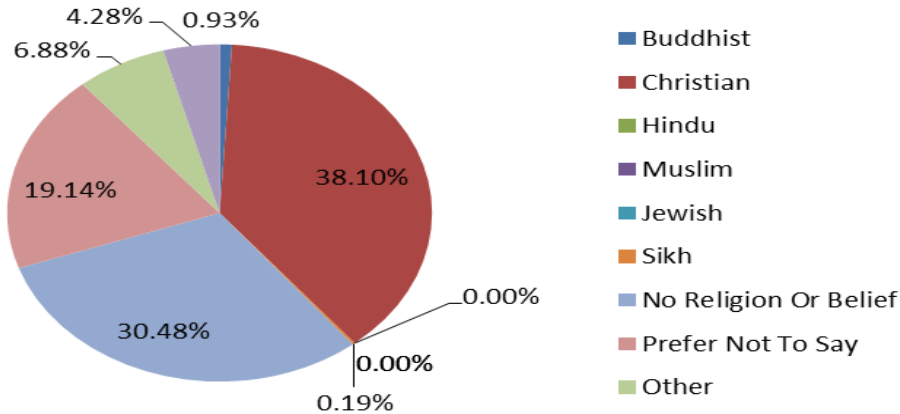
# Survey: Respondent Profiles (3/4)

## Do you consider yourself to have a disability as defined by the Equality Act 2010?



Do you consider yourself to have a disability as defined by the Equality Act 2010?	Number of Responses	Survey Responses %	Somerset % (Census 2011 Adults 18+)
Daily Activities not limited Combined	375	69.70%	78.00%
Daily Activities limited Combined	117	21.74%	22.00%
Prefer Not To Say	36	6.69%	N/A
Not Answered	10	1.86%	N/A

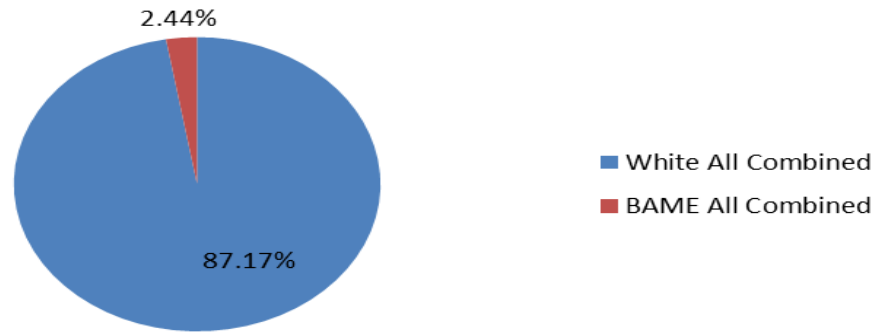
## Do you have a religion or belief?



Do you have a religion or belief?	Number of Responses	Survey Responses %
Buddhist	5	0.93%
Christian	205	38.10%
Hindu	0	0.00%
Muslim	0	0.00%
Jewish	0	0.00%
Sikh	1	0.19%
No Religion Or Belief	164	30.48%
Prefer Not To Say	103	19.14%
Other	37	6.88%
Not Answered	23	4.28%

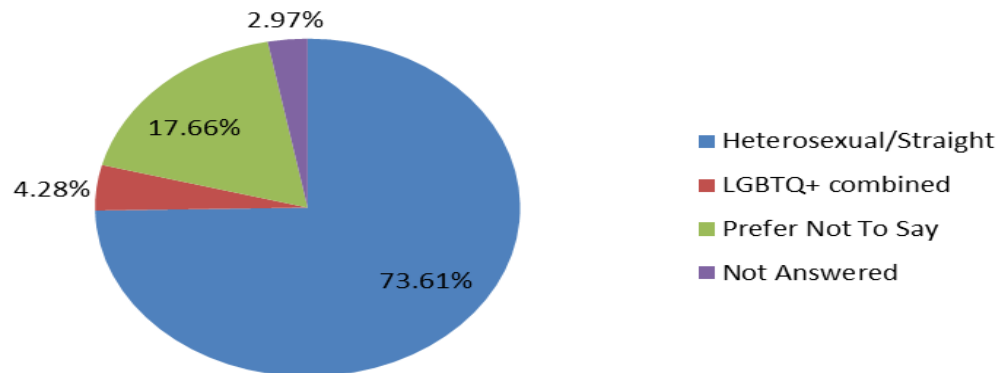
# Survey: Respondent Profiles (4/4)

## Which of these best describes your ethnicity?



Which of these best describes your ethnicity?	Number of Responses	Survey Responses %	Somerset % (Census 2011 Adults 18+)
White All Combined	469	87.17%	98.00%
BAME All Combined	13	2.44%	2.00%

## Responses by Sexual Orientation

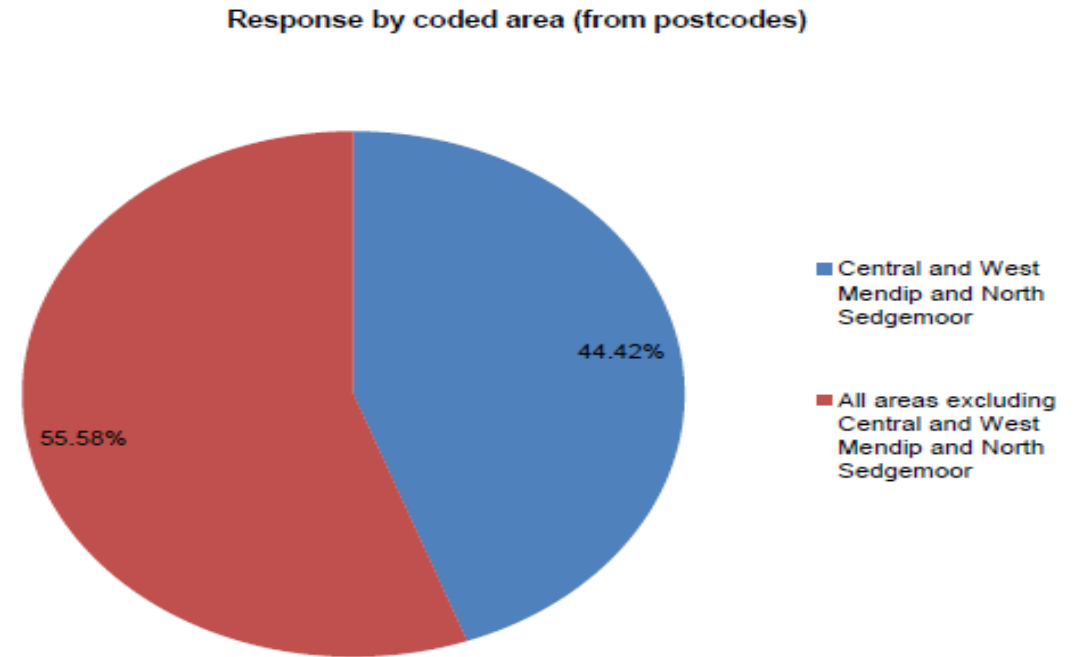


Sexual Orientation	Number of Responses	Survey Responses %	Somerset % (ONS 2017 Somerset Adults 16+)
Heterosexual/Straight	396	73.61%	?
LGBTQ+ combined	23	4.28%	2.40%
Prefer Not To Say	95	17.66%	N/A
Not Answered	16	2.97%	N/A

# Survey: Geographical Profile (1/2)

The postcodes provided have been sub-split into areas to determine any locality-based findings. West Mendip, Central and North Sedgemoor which are geographically closest to the proposed relocated site at Wells, account for 44.42% of all responses. The responses by area are as follows:

Area	Number of Responses	Response %
Bridgwater	30	5.58%
Central Mendip	59	10.97%
Chard, Ilminster and Langport	14	2.60%
Frome	22	4.09%
North Sedgemoor	26	4.83%
South Somerset East	12	2.23%
South Somerset West	31	5.76%
Taunton Central	40	7.43%
Taunton Deane West	9	1.67%
Tone Valley	15	2.79%
West Mendip	154	28.62%
West Somerset	11	2.04%
Yeovil	45	8.36%
Outside	31	5.76%
Not stated	39	7.25%
Base	538	100.00%

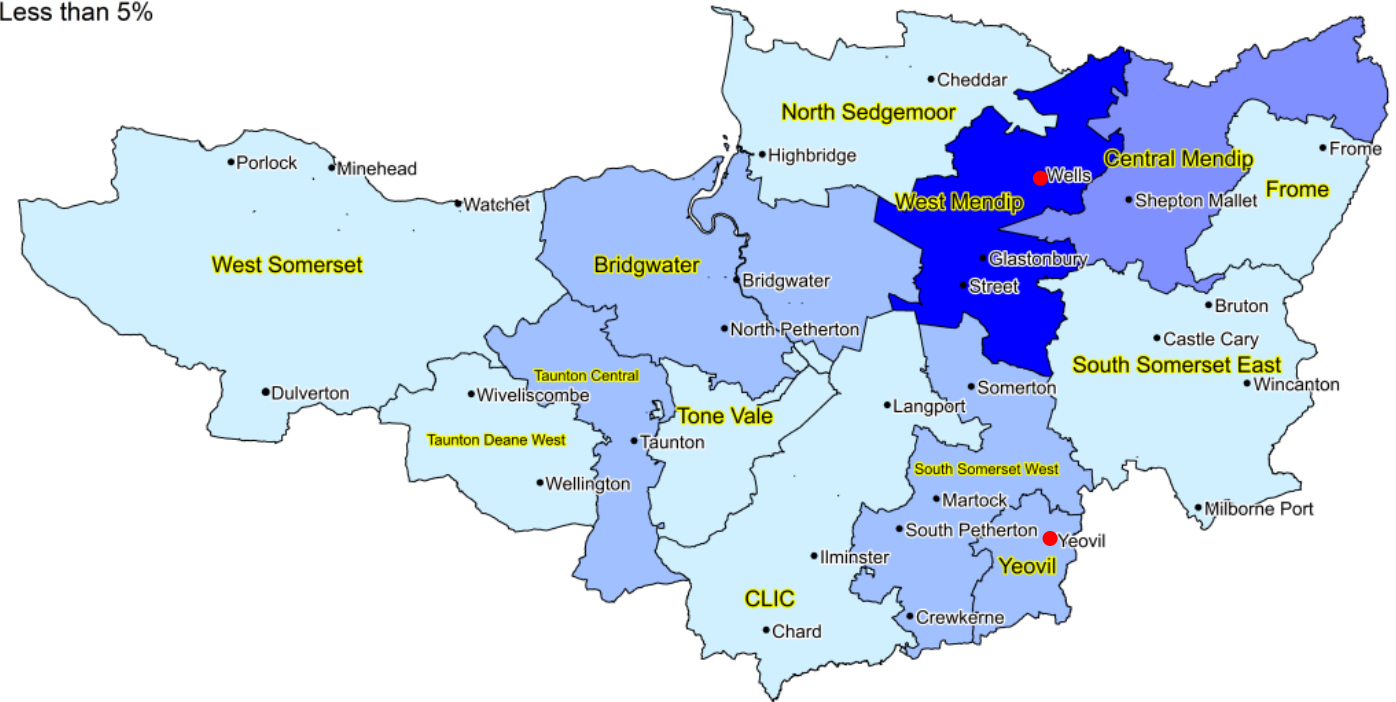
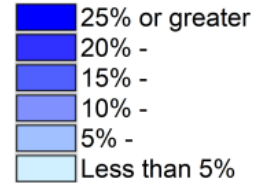


# Survey: Geographical Profile (2/2)

The map demonstrates the high level of responses both for the West Mendip and Central Mendip areas, which are more rural and closer to the Wells site.

This contrasts with the lower response rates for areas in the west and south, where people would use the services in Yeovil and Taunton that are being retained in the proposal.

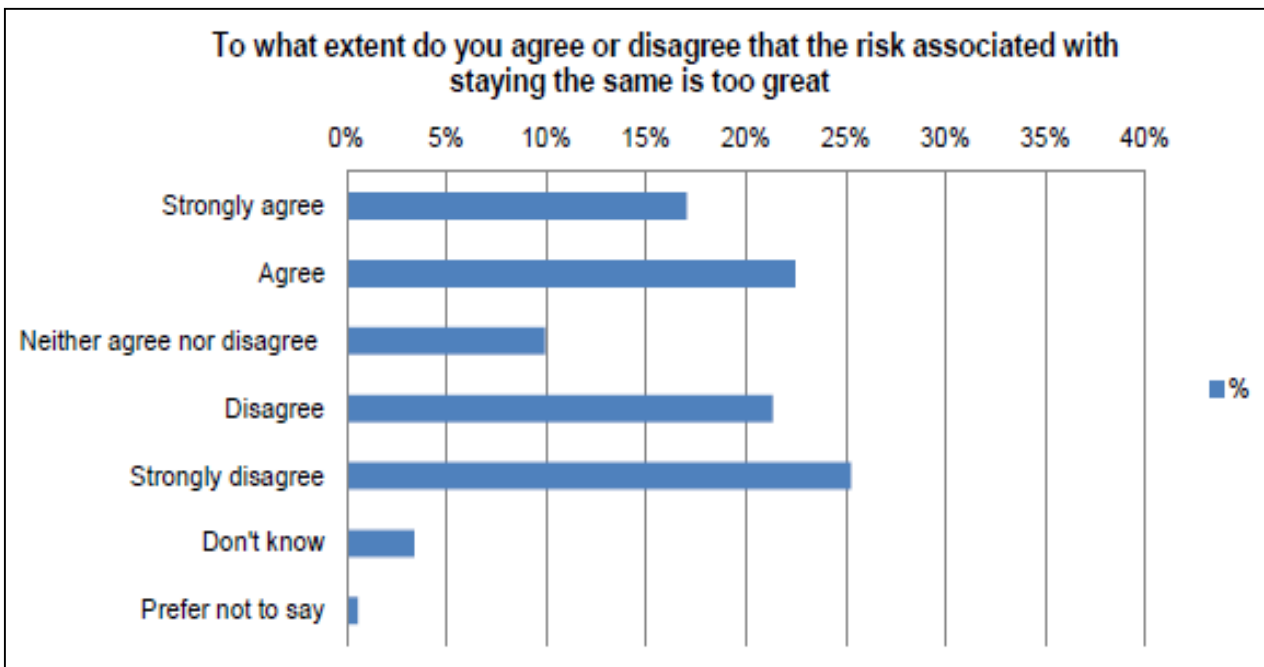
Proportion of responses by area



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# Survey: Response to Risk Question

We think we need to move beds to two sites (Taunton and Yeovil) instead of keeping wards at Taunton, Wells and Yeovil as they are now. We think the risk of staying the same is too great. To what extent do you agree or disagree that the risk associated with staying the same is too great?



Overall, 39.51% agree and 46.63% disagree that the risk of staying the same is too great.

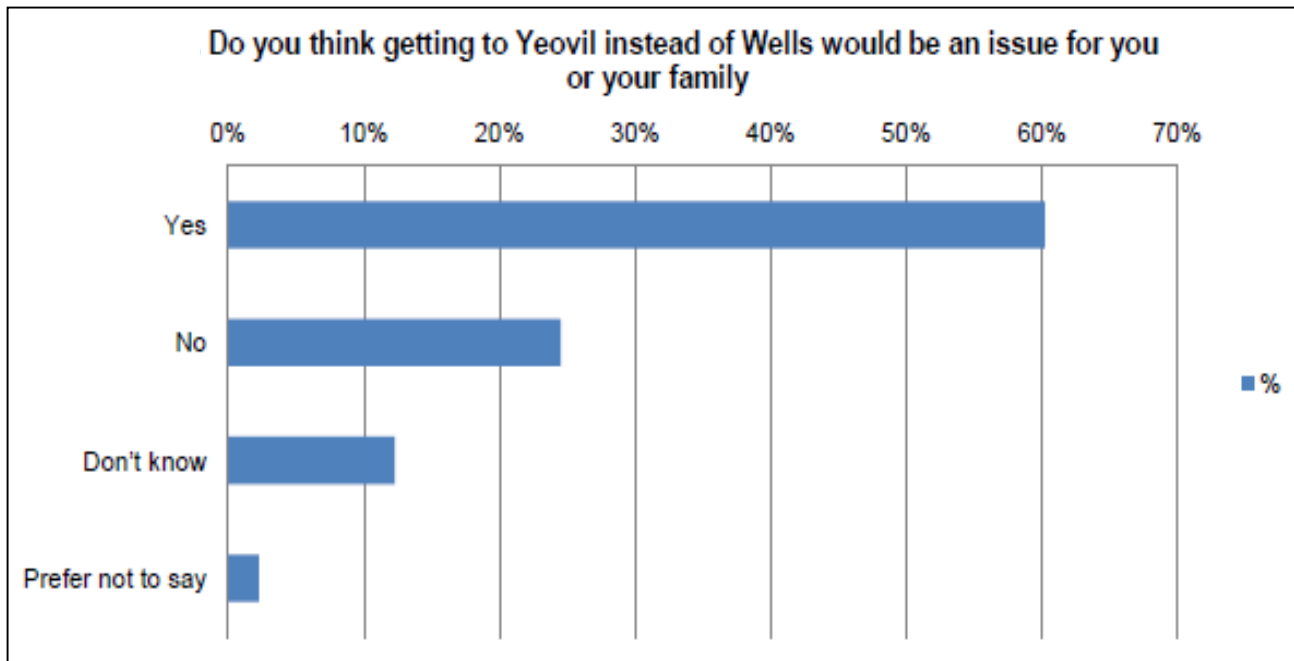
In terms of geography, those areas closest to the Wells unit (West Mendip, Central Mendip and North Sedgemoor) mostly disagreed that the risk was too great, whereas those further away from the Wells site mostly agreed that the risk was too great to stay the same.

In terms of respondent type:

- 68% of NHS staff agreed the risk was too high and 21% disagreed
- 44% of clinicians agreed and 31% disagreed
- 46% of members of the public disagreed and 39% agreed
- 66% of carers/ family members disagreed, and 26% agreed
- 54% of current and former service users disagreed and 34% agreed.

# Survey: Response to Travel Question

We understand that travel and transport may be an issue for you and your family if we move beds from Wells to Yeovil. Do you think getting to Yeovil instead of Wells would be an issue for you or your family?



60.22% thought that it would be an issue to get to Yeovil for them or their family, with 24.54% stating that it would not be

84.94% of those who were located in West Mendip, Central Mendip and North Sedgemoor stated that getting to Yeovil would be an issue compared to 40.47% of those from the rest of the county.

In terms of respondent types:

- NHS staff members and clinicians were the least concerned.
- Carer/family members were the most concerned, followed by current or former mental health service users
- 66.67% of service users stated that they or their families would have an issue getting to Yeovil instead of Wells.



# Discussion Groups, Meetings and Drop- In Sessions: Overview (1/3)

63 events were held with 732 individuals across the County. These events held fell into 3 broad categories:

- Focus Groups – These followed a set series of questions with specific recruited participants to investigate aspects of the proposals. A full breakdown of the topics which emerged is provided in this section
- Drop in – These were pre-arranged sessions which were promoted with the public to hear unstructured feedback. Some of these were not attended and no feedback was extracted
- Meetings – Some specific groups were contacted and formal meetings were arranged

Overall Feedback from general groups – Top 10 themes	
Coded Theme	Frequency
Requests for more information / clarification	73
Transport issues	53
Need an alternative location in North Somerset / local service	52
How will the Community Mental Health Team be involved	42
Is there sufficient capacity / beds	37
Don't close St Andrews Ward	37
How are people referred to MH services?	33
Will staff move to Yeovil / be lost / were they consulted / retained / recruited	32
Carers / family / friends will find it difficult to visit	30
Need to include 3rd sector, Police and charity organisations for support	28

## Discussion Groups, Meetings and Drop- In Sessions: Overview (2/3)

- Many comments related to requests for further detail on the proposals, so that the attendees could understand how changes will be implemented or the potential effects upon their care
- Transport was a key concern, including implications for staffing.
- Participants expressed concern in general about services available in the Mendip area, with a feeling that the locality is being ‘downgraded for services’. Some stated that if the changes take place they would “cross the border” and use services in Bath, as they would be closer and easier to access
- There were questions and concerns about the future involvement of the Community Mental Health Team. It was felt by some that early intervention by this team had reduced admissions and potentially saved lives. Some thought it would be more difficult for the Team to operate across the wider geography
- Some concerns were raised as to whether the new model would provide sufficient capacity to cope with increasing demand and if there would be enough beds
- A number of people simply objected to the planned relocation of St Andrews Ward in Wells. Some of these people raised the option of retaining St Andrews Ward, Wells, as a Crisis Café or step-down service.
- Staffing impacts were frequently raised due to concerns about the effects of staff travelling, which it was felt could lead to losing staff due to the extra stress of travel. It was questioned if the new service would be sufficiently staffed and include budgets for staff costs

## Discussion Groups, Meetings and Drop- In Sessions: Overview (3/3)

- It was felt that carers would find it difficult to support a patient due to the time needed to visit, transport difficulties and being further away to offer support. Some carers felt it could have a detrimental effect on their own health, which would add to the 'NHS workload'
- Children were highlighted as a potential weakness in the model, with the perception of poor early diagnosis (and intervention) of mental health conditions, health impacts of conditions (such as eating disorders) and falling through the cracks when transitioning to adult services. It was perceived that young people have higher suicide rates and so are particularly vulnerable
- The high cost of travel and poor public transport service were viewed as an issue for low-income service users. It was stated that they may not own a car, buses can often take too long, and trains and taxis are expensive. Assisted travel schemes were suggested.
- Issues around the referral to mental health services were raised. People provided personal stories of how they or their family members "had fallen through the cracks" in the system. It was felt that self-referral didn't always work as people do not know when they are "having an episode".
- The need for a multi-agency holistic approach was identified by many attendees. This was specifically important in terms of the support on discharge from a mental health ward, as it was thought to have an effect on good outcomes and lowering re-admission rates. Early intervention from schools and social workers relating to young people and the transition to adult mental health services were also mentioned
- There were some comments in general support of the proposals with safety issues being a key concern.

# Discussion Groups, Meetings and Drop- In Sessions: Will the proposal meet the challenges faced?

- Very few comments were made, which may reflect the lack of detailed knowledge around the issues faced by mental health services in Somerset and the proposals put forward to solve them
- There was a feeling that early identification of mental health issues and subsequent referrals were key to service improvement. This was particularly important for young people and those transitioning to adult services, who can be 'lost in the system'
- Some concerns were raised about how the proposed changes would be funded. These included concerns around the perception of selling off of assets to fund operational investment
- There were some comments in agreement that the proposals would address the challenges faced.

# What's happened since the consultation closed?

- 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, following a switch to a digital/telephone approach in the latter few weeks due to public health advice in relation to the Covid-19 outbreak.
- Participate received all feedback, analysed it and conducted an independent analysis of the consultation feedback which was completed on 25 May 2020.
- The FFMF Proposed Changes to Acute Mental Health Beds for Adults of Working Age Consultation Findings Report prepared by Participate for the public consultation that took place 16th January – 12th April 2020 was reviewed and accepted as competent in its purpose by The Mental Health, Autism and Learning Disability Cell (MHALD Cell) who met on 21 July 2020 and who recommended the report was accepted by the FFMF Programme Board on 28 July 2020.
- The draft Decision Making Business Case was reviewed by the Mental Health, Learning Disabilities and Autism Programme Board on 10 August 2020, and then reviewed and signed off by the FFMF Board on 14 August

## Next steps

On 9 September, we are presenting the Participate report to the Somerset Health Overview and Scrutiny Committee. Feedback will then be incorporated into the Decision Making Business Case.

The Decision Making Business Case will then be considered by the Somerset Clinical Commissioning Group's Governing Body on 24 September. The Governing Body will make a final decision on the future configuration of adult acute inpatient mental health beds.

We will publish the final decision on our website ([www.fitformyfuture.org.uk](http://www.fitformyfuture.org.uk)) and will share this decision widely.



# Thank you





# Any questions or feedback?







# Contact us



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