

SOMERSET HEALTH AND WELLBEING BOARD (VIRTUAL MEETINGS FROM MAY 2020 DUE TO CORONAVIRUS)



Thursday 17 September 2020

**10.00 am Virtual meeting via Microsoft
Teams**

To: The members of the Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus)

CLLr C Paul (Chair), CLLr F Nicholson (Vice-Chair), Ed Ford (Vice-Chair), CLLr A Broom, CLLr D Huxtable, CLLr L Vijeh, CLLr R Wyke, CLLr C Booth, CLLr J Keen, CLLr B Hamilton, M Cooke, J Goodchild, Trudi Grant, J Wooster, M Prior, A Murray, James Rimmer and M Lock

All Somerset County Council Members are invited to attend.

Issued By Scott Wooldridge, Strategic Manager - Governance and Democratic Services - 9 September 2020

For further information about the meeting, please contact Jennie Murphy - jzmurphy@somerset.gov.uk or Julia Jones - jjones@somerset.gov.uk or 07790577232

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.

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AGENDA

Item Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus) - 10.00 am Thursday 17 September 2020

* Public Guidance notes contained in agenda annexe *

1 **Apologies for absence**

To receive Board Members' apologies

2 **Declarations of Interest**

Details of all Members' interests in District, Town and Parish Councils click the links below:

[County and District Councillors](#)

[County, Parish and Town Councillors](#)

The Statutory Register of Member's Interests can be inspected via the Democratic Service Team.

3 **Minutes from the meeting held on 16 July 2020** (Pages 9 - 20)

The Board is asked to confirm the minutes are accurate.

4 **Public Question Time**

The Chair will allow members of the public to ask a question or make a statement about any matter on the agenda for this meeting.

5 **Covid-19 Dashboard**

To receive the verbal update.

6 **Homelessness-Health, Care & Housing MOU / Homelessness Reduction Board** (Pages 21 - 58)

To receive the reports and view the presentation.

7 **Fit For My Future Update-Review of Acute Mental Health Inpatient Beds** (Pages 59 - 190)

To receive the reports and view the presentation.

- Item Somerset Health and Wellbeing Board (virtual meetings from May 2020 due to Coronavirus) - 10.00 am Thursday 17 September 2020
- 8 **SEND Update-Supporting Our Children & Young People with Special Educational Needs & Disabilities** (Pages 191 - 200)
- To receive the presentation.
- 9 **Somerset Health and Wellbeing Board Work Programme** (Pages 201 - 202)
- To discuss any items for the work programme. To assist the discussion, attached is the Board's current work programme.
- 10 **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. **Council Public Meetings**

The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 have given local authorities new powers to hold public meetings virtually by using video or telephone conferencing technology.

2. **Inspection of Papers**

Any person wishing to inspect minutes, reports, or the background papers for any item on the agenda should contact Democratic Services at democraticservices@somerset.gov.uk or telephone 07790577336/ 07811 313837/ 07790577232

They can also be accessed via the council's website on www.somerset.gov.uk/agendasandpapers.

Printed copies will not be available for inspection at the Council's offices and this requirement was removed by the Regulations.

3. **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: [Code of Conduct](#)

4. **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.

5. **Public Question Time**

If you wish to speak, please contact Democratic Services by 5pm 3 clear working days before the meeting. Email democraticservices@somerset.gov.uk or telephone 07790577336/ 07811 313837/ 07790577232.

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 agreed. 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, to three minutes only.

In line with the council's procedural rules, if any member of the public interrupts a meeting the Chair will warn them accordingly.

If that person continues to interrupt or disrupt proceedings the Chair can ask the Democratic Services Officer to remove them as a participant from the meeting.

6. **Meeting Etiquette**

- Mute your microphone when you are not talking.
- Switch off video if you are not speaking.
- Only speak when invited to do so by the Chair.
- Speak clearly (if you are not using video then please state your name)
- If you're referring to a specific page, mention the page number.
- Switch off your video and microphone after you have spoken.

7. **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.

If there are members of the public and press listening to the open part of the meeting, then the Democratic Services Officer will, at the appropriate time,

remove the participant from the meeting.

8. **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. 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.

A copy of the Council's Recording of Meetings Protocol is available from the Committee Administrator for the meeting.

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SOMERSET HEALTH AND WELLBEING BOARD

Minutes of a meeting of the Somerset Health and Wellbeing Board held as a virtual meeting on Microsoft Teams, on Thursday 16 July 2020 at 10.00 am

Present:

Cllr C Paul (Chair), Cllr F Nicholson (Vice Chair), Ed Ford (Vice Chair), Cllr D Huxtable, Cllr L Vijeh, Cllr R Wyles, Cllr C Booth, Cllr J Keen, Cllr B Hamilton, J Goodchild, T Grant, L Woolway, J Wooster, M Prior, J Rimmer, M Lock

Other Members Present:

Cllr L Redman, Cllr R Williams, Cllr P Clayton, Cllr Munt, Cllr J Lock, Cllr B Revans

Apologies for Absence: Dr A Murray

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

Cllr J Keen informed the Board that she is a Board member for Homes in Sedgemoor.

430 **Minutes from the meeting held on 21 May 2020** - Agenda Item 3

The minutes were agreed and signed.

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

There were no public questions.

432 **Covid-19 Update** - Agenda Item 5

The Health and Wellbeing Board received a joint presentation on the Covid-19 response by Somerset County Council and the Somerset Clinical Commissioning Group.

The Covid-19 Public Health Dashboard was presented; this is updated every Wednesday. The main points were:

- There has been a total of 1287 detected cases thus far in Somerset
- The epidemic curve peaked in April and has been coming down well
- There are now only a few confirmed cases per week in Somerset
- The above statistics reflect the extremely positive behaviour of the Somerset population in following the rules and guidelines
- The R number (reproductive rate) is currently ranging from 0.7 to 1.1 in Somerset, with anything above 1.0 indicating an increase in cases; but because Somerset's numbers are so small, the R number is less reliable

on its own and must be viewed in relation to the number of cases, meaning that the transition rate is very low

- A total of 200 deaths due to Covid-19 have been registered, with a significant decrease in recent weeks and a particularly low number this week; most deaths are now non-Covid related.

The Health and Wellbeing Board discussed these findings and raised questions. It was responded that there had been three further cases in Burnham on Sea, which were not linked. In answer to whether any formal research had been carried out as to why there were such low numbers in Somerset, it was stated that there was none at the moment because everyone was still in major incident mode, so it was not a priority; but some national discussions had taken place regarding the statistics in rural vs. urban areas with suggestions that contributing factors might be less public transport, less of a 'café culture', less inequalities, and higher elderly populations who observed rules better.

A presentation was made on Adult Social Care Delivery, Activity and Support during Covid-19; it was noted that during the past four to five months, partnerships had been working extremely well, the infrastructure had been strengthened, and there had been provision of help for the most vulnerable as well as building blocks for communities to help themselves. With respect to the care provider market, it was noted that:

- Infection Control Grant funds had been made available (a total of \$8.3 million for SCC), 75 percent of which was for care homes, 25 percent for home care, housing, and supported living, and a small portion for PAs, micro-providers and day services
- Use of these funds was intended to reduce Covid-19 transmission in and between care homes and also support the workforce
- ASC had been working very well together with CCG in supporting the care market and in response efforts
- PPE has been supplied to providers at no cost up until now, but beginning 20 July there will be a charge in order to ensure the supply
- The range of support provided in Somerset has been extraordinary, with 6350 people shielding, 5922 calls to the helpline, over 1000 food parcels provided, etc.
- Community Facebook and social media groups that have 'popped up' have been very helpful in providing communication and support

A presentation was made on the Public Health Nursing sector; it was noted that being part of a local authority has assisted them in focusing on the community and continuing to offer all mandated contacts. Data for the first two months reveals sustained performance with respect to all children and young people, not just those at higher risk. They are currently offering face-to-face contacts for ante-natal and new birth situations, as well as telephone contacts, where necessary. Other areas of development included:

- School readiness packs
- Group sessions via social media, such as Horizon Project
- Twelve Facebook sites as well as use of Instagram, WhatsApp, and Microsoft Teams
- Working with councils with respect to the most vulnerable children
- Working with Property Services to provide wider community services

It was noted that at the Southwest Public Health nursing meeting they were approached by other areas with respect to this area's successful media and restoration processes. There has been very good feedback on all services, not just those provided to the families in greatest need.

The Board enquired if there was data available with respect to the number of families assisted; it was responded that the data collection practices at the moment do not provide those numbers, but they should be able to provide this information soon.

The Somerset Plan for Children, Young People and Families was then presented, with the following notable points:

- In supporting youth attendance at school, 48 percent of vulnerable children have been helped to achieve this
- Schools are having to deal with family crises during Covid
- Social workers are visiting families face to face where necessary and virtually in other cases
- Research shows that we can expect a significant impact on families after the Covid emergency
- Referral rates are down significantly

A positive point that was emphasised is that virtual learning has helped many vulnerable children to make great progress without having to cope with peer pressure and other negative influences. This is one of the practices developed during the Covid crisis that it is hoped will be continued and replicated. With respect to Healthy Lives, work regarding children stepping down from CAMHS and vouchers for free school meals were mentioned.

As regards Great Education and the response to the CQC/ OFSTED SEND inspection report, development of an action plan is underway. This will include the need to ensure sufficient staffing (as many resources are currently directed to the significant number of vulnerable over-50s), preparing for school transport in September, the challenging return to school during the first half-term, and digital poverty in families. Finally, under the heading of Positive Activities, it was pointed out that Outdoor Education Centres have been provided to assist vulnerable families, and there has been multi-agency support

for teenagers in an attempt to get them back to school despite the risk of negative peer pressure which can lead to crime.

In summation, there has been a huge demand for all of the above services during a time of rapidly and constantly changing guidelines.

The Health and Wellbeing Board then discussed the presentation and raised questions; it was stated that it had been very difficult to get detailed information regarding urgent health matters and it was asked how much liaising is being done with district councils regarding feeding vulnerable children and helping their parents to look after them. The presenter said that he could discuss these issues with individual Members outside the meeting if they so desired. Concern was expressed over the quality of the food in care packages being distributed; it was noted that SCC officers had resolved the size problem of large deliveries from caterers but that the quality was "dreadful" and needed to be improved. Another member, after paying tribute to the efforts of everyone involved in the work presented above, asked about the earlier declaration that the education of children had improved with virtual delivery and queried whether there were drawbacks such as isolation. It was responded, after an expression of praise for all the head teachers involved in the effort, that the benefits of taking children out of peer groups in these situations was significant, which raised issues regarding school organisation in general, as they wanted to encourage socialisation but also deal with other issues. The CQC/ OFSTED report was raised, with the comment that such a demanding report had never been seen heretofore, and it was requested that information on the resulting action plan be provided to the committee by the next meeting. It was responded that OFSTED is more challenging than the CQC and it will require significant help from partner organisations to respond to the deficiencies in the report; it was agreed that the requested information will be provided at September's meeting.

The CCG then presented the Restoration Update; it was pointed out that Public Health, Adult Services, Children's Services, and the Chair had all worked together to provide a truly positive model for providing care to children, families and those in homes. It was reminded that Phase 1 in mid-March entailed the standing down of all elective procedures by the end of that month; the Phase 2 Recovery began from the 30th of April through the following six weeks and addressed the problem of the reduction in non-Covid services and the need to reassure people that they still could and should come forward for these issues, in the first instance via remote means including calling 111, 999, and/ or their GP. The recommendations for this phase covered urgent and routine surgery, cancer, cardiovascular and stroke, maternity, primary care, community services, mental health and learning disability services, screening and immunisations, and the reduction of cross-infections via an increase in technology-enable care. Six system-wide restoration cells were also established dealing with:

- Elective care
- Urgent care
- Primary care
- Neighbourhood care
- Mental health and learning disabilities
- Children's services

The Phase 3 Plan will begin at the end of July and run through 2021; it will build on Phase 2 principles and apply the Seven Tests for Recovery:

- Covid treatment capacity – maintain critical care infrastructure in readiness for future Covid demand
- Non-Covid urgent care, cancer, screening and immunisations – identify highest risks and act to minimise them
- Elective care – Quantify backlog, slow growth, and develop plan to clear
- Public and mental health resulting from pandemic – Identify highest risks, slow growth, develop plan to mitigate
- Staff wellbeing and numbers – Catalogue interventions, provide additional support, plan for recovery
- Primary and community care – Catalogue innovations and plan for retention and widespread adoption
- New NHS landscape – Catalogue service and governance changes made or still to be made, define ICS role

It was stated that Fit for My Future is a strategic approach and that the policy will be forward looking and not back to previous ways of working, including more virtual technology which, as regards primary care, increased greatly during the pandemic. There is the necessity to meet patients' needs as regards Covid and urgent care and reassure the community that hospitals are safe; to ensure wellbeing via pre-diagnostic support and looking after staff; and to maintain the very positive coordination developed between GPs and hospitals, as well as between Public Health and Social Care. A national test for services will include addressing inequalities, whether racial or derived from social deprivation. The System Planning Sign-Off Process was displayed; it will bring together all teams and be coordinated by the CCG, and increasing finances will be an important part of the plan. The plans are to be signed off by the end of July.

As far as learning from the Covid response, an exercise in inter-organisational lessons learnt has been completed, AHSN system-wide research will begin in July, and there is linking of patients and carers with Healthwatch, citizens' panels, and regional colleagues. It was emphasised that this all entails a new way of working, new procedures, and a new form of delivery of health services, which is a significant challenge in a Covid-present world.

The Somerset Health and Wellbeing Board expressed a big thank you to their NHS colleagues for the fantastic work carried out together and noted that the

relationships established over the past few years had been demonstrated to be vital, while the local NHS has performed to an extraordinary level. The Committee also thank all presenters and everyone who had worked so collaboratively across all services in Somerset, with the hope that it would continue.

433 **Local Outbreak Management Plan** - Agenda Item 6

This plan has been in place since the beginning of July; it is the role of Public Health to manage any outbreaks, and dealing with local outbreaks is very important. It was noted that an "outbreak" signifies two or more confirmed cases of Covid-19 amongst people linked by time and place, while a "cluster" entails two or more confirmed cases arising within 14 days which are linked by setting/ place. For example, Ebola is a cluster type of disease, influenza is not, and Covid-19 is somewhere in the middle. This plan builds on already existing plans such as those for the flu pandemic and has two parts:

- Day-to-day management of outbreaks
- Engagement and communication with residents, communities and visitors to PREVENT outbreaks

One of the main tools against Covid before a vaccine becomes available is behaviour, and we must keep safety measure in place indefinitely. Local outbreak control plans have been written in conjunction with surrounding authorities and will centre on seven themes:

- Care homes and schools
- High-risk workplaces, communities and locations
- Mobile testing units and local testing
- Contact tracing in complex settings
- Data integration
- Vulnerable people
- Local boards – communication and engagement

It has been nationally stipulated that there be a Covid-19 Engagement Board, which will meet once a month, and a Health Protection Board (a clinical board) which meets once a week. The Engagement Board may possibly be granted new powers of action to deal with outbreaks, but these powers may remain with other entities. The Health and Wellbeing Board still has an oversight role, not an active one.

The "TIME" acronym was explained and is critical during an outbreak:

- Track – Daily data and intelligence gathered by a daily public health cell meeting that reviews numbers, trends and issues and includes data from

national bodies such as the Joint Biosecurity Centre, Public Health England, the NHS, the Office for National Statistics, etc.

- Identify – Rapid identification of outbreaks, clusters, and contacts to be isolated in order to prevent further spread (test and trace)
- Manage/ Measures – Engagement including enforcement if required, testing, isolation, support to the vulnerable, prevention and control like cleaning, local lockdown if necessary (although currently no power to do the latter)
- End – Outbreak declared over (after 28 days from the last case), reopening and reinforcement of safety measures and recovery, continued support

A link to an illuminating illustration from New Zealand about how Covid-19 spreads was shared. It was noted that an action plan with very clear guidance regarding tourism and businesses is currently being developed because of gaps in the national guidance about how these sectors should handle outbreaks.

A Member of the Health and Wellbeing Board expressed thanks for Public Health's work and enquired if the situation in Leicester was being monitored and learnt from; it was responded that there have been weekly briefings about it and that personnel have been sent to Leicester to assist. There are also weekly meetings with the Chief Medical Officer where there is a discussion of lessons learnt from various sites, including Burnham on Sea. It was also asked whether persons donating blood are tested for Covid-19 and the authorities notified of any positives; the belief was expressed that they do test for it along with other conditions, but this will be verified and reported back.

The Committee noted that the Somerset Local Outbreak Management Plan was submitted nationally for audit, and it has been considered as one of the national examples of good practice, which is to be highly commended. The Committee also looks forward to collaborative working with the districts.

434 **Homelessness** - Agenda Item 7

A presentation was made on Covid – Rough Sleepers and Complex Homelessness. The purpose of the report was to outline the government advice during Covid, to describe the partnership response and lessons learnt, to discuss the pressures faced and responses to them, and to suggest ideas to take forward. In March, there were instructions from MHCLG to get rough sleepers off the street; the Somerset response was led by the Homelessness cell in finding accommodation. A significant problem is that most existing accommodation is not acceptable during Covid, so alternatives were needed quickly, including B&Bs, hotels, and student accommodation. The number of clients supported by Mendip District Council is 20 persons, Sedgemoor 27, Somerset West & Taunton 68, and South Somerset 53, with some clients refusing to engage or being evicted.

Rough sleeper numbers rose during the Covid emergency due to unemployment and changes in familial situations, such as a need to protect elderly members in the home leading to other family members being displaced. The biggest challenge was the urgency, along with the impossibility of using hostels or even hotels at the time. The biggest success was the stabilisation and moving on of 54 residents, along with other achievements including rapid delivery, speedy decision making, a partnership approach between Housing and Health, and a commitment from providers to assist. The most notable emerging themes are the success of joint working, recognition of the complexity of housing work, and the need to resolve the revolving door of patients going in and out of various services. The most important endeavour will be to realise long-term results in all of these areas, not just an emergency response, and they have been successful in this; partners are now understanding the complexity of the issues involved, i.e., there is always a reason for homelessness (drugs, alcohol, mental health), and these underlying, unresolved causes lead to relapse and loss of accommodation due to antisocial behaviour followed by eviction, and this vicious cycle self-perpetuates. Short-term pressures contributing to homelessness include economic issues (unemployment, etc.), pressure on families or family relationships breaking down, and the possibility of a second wave of Covid.

The demand for accommodation and its price are high while availability is scarce, so there is a search for more intermediate accommodation, especially with a need to put people in non-shared sites. The advice from MHCLG centres on moving away from hostels, using a hub approach, joint commissioning coordinated by housing and health care sectors, and the provision of skills and job training.

Related work being done includes LGA improvement plan, Positive Lives, P21, vulnerability pathways, homeless health needs audit, neighbourhood work by CCG, and a Health-Care-Housing Memorandum of Understanding.

Going forward, there is a commitment to see rough sleeping as a combined health/ care/ housing issue, to maintain partner engagement, to explore the possibility of a Homelessness Reduction Board for Somerset, and to research a business case for integrated Health-Care-Housing commissioning, because housing is only a response to root causes.

The Health and Wellbeing Board then held a lengthy discussion about these issues. It was asserted that there was a large amount of funding available—£20,000 per person—and it was asked if the Homelessness cell operates as an integrated commissioner. If it does, why can it not be turned into an integrated cell and not have the need for a business case. It was responded that it is not an integrated commissioner and needs to mobilise/ react urgently along with partners to safeguard individuals; it is comprised of a group of operational partners, with the hope that in future there will be a commitment to form a

joint working group. It was asked if, since the district councils and SCC provide funds already, there will be more employees; the answer was no, they are asking only for a joined-up approach, and the funds that came from national government to local authorities were for a limited time only. It was pointed out that most of the rough sleepers do not fall into the category of statutory homelessness and would not receive accommodation, so this is why there is a need for a commission or group of joined-up partners. It is not about money but about ensuring that Housing-Health-Care are part of one commission.

It was noted that MHCLG have been pushing for the past 18 months for a Homelessness Reduction Board for all authorities and are asking why not in Somerset. Such a board would be a commitment from everyone involved (districts, Care, Health, providers) to meet regularly and to work together to resolve problems. There is the need to look at the pathways and journey to rough sleeping to understand if collaborative integrated commissioning could PREVENT rough sleeping. A two-tier approach needs to be established and is already in place in localities like Plymouth; there is the opportunity to do things better with the resources already available. It was added that there is a need for hospitals and homelessness bodies to join up earlier, because rough sleepers put huge pressures on emergency providers and they cost hospitals and police a great deal of resources. Prevention is the key, and it can be improved.

It was observed by the Health and Wellbeing Board that rough sleepers should be placed in one-bed properties, but these are not available, and housing providers strongly resist flat sharing, even though this is common amongst youths not in care. It was urged that homelessness be included as part of Strategic Housing and Care, and that there be more cooperative working with respect to Children and Families and young people. It was responded, however, that youths fall under statutory guidance, so the focus in this case is on single adults who are homeless and rough sleepers. They are very complex and difficult to manage, even in B&Bs, so accommodation in shared flats would be nearly impossible. It was pointed out that entrenched homelessness is indeed the issue, but one must also consider that children and their families are competing with adult homeless for limited housing, so all possibilities must be considered; it was responded that a Homelessness Reduction Board would in fact look at all these issues.

A Member of the Health and Wellbeing Board made the case for creating the Board in question at the next HWBB meeting in September, urging that it be added to the Work Programme for September, with draft terms circulated before the meeting in order that it be ready for approval in September. He stated that we owe it to residents to aim higher and move more quickly, and above all to do even more than has been done during the Covid crisis as far as preventing the root causes of homelessness by using all agencies to build prevention into any action plan. He opined that we don't need a data

gathering phase, as we already know that we should have coordination and collaborative working.

Another Member pointed out one aspect of homelessness that had not been mentioned, that of the neighbours of homeless accommodation who have to endure the negative behaviour and lifestyles of many homeless persons. It was urged that there be a massive increase in the number of officers who can persuade rough sleepers to change their behaviour and lifestyles. It was pointed out that many properties are used for emergencies but their purpose is not long-term use for the homeless, and there need to be alternatives. The neighbours and the community need to be considered, and rough sleepers need to become part of the community. This was agreed with wholeheartedly, with an example being given of a Mendip accommodation which took three years of searching to determine the right place. There is currently the need to bring properties into use quickly to save lives, but then the occupants must be moved on to non-emergency accommodation. We are still currently in emergency phase, but a new Homelessness Reduction Board would assist with prevention and finding the right accommodation. Compassion was urged for the homeless, whose average age of death is 57 compared to 77 for the general population. The concern was expressed that whilst there is considerable funding at the moment for the Covid emergency, clients will struggle to get drug and alcohol support services once the situation returns to normal. Joint commissioning of services helps significantly to get value for money, and there needs to be a person-centred and flexible approach. It was noted that Lindley House has a difficult reputation as it has evolved to be the only place available for some rough sleepers; a solution could be the voluntary sector using their donations to complement statutory services, as there are good local solutions available.

It was stated that we can move quickly toward establishing the new Homeless Reduction Board, as an extension of the homelessness cell and other working groups, but integrated commissioning will be more complex and will require a Memo of Understanding beforehand to establish the parameters of what should be explored, finances, budgets, etc. Therefore, a business case, data and more time are required.

The Somerset Health and Wellbeing Board agreed that more information would be brought back to them and made the following recommendations:

- 1) The Board reaffirmed the commitment to collective working with respect to the rough sleepers and complex homelessness cohort in order to bring a Memo of Understanding regarding Housing/ Health/ Care to the September meeting of the Health and Wellbeing Board.**
- 2) The Board agreed to explore the creation of a Somerset Homelessness Reduction Board with a reporting mechanism directly to the Health and Wellbeing Board.**

435 **NHS Trust Quality Response** – Agenda item 8

In the Chair's response, approval was expressed for equal priority given to physical and mental health, for the focus on self-management, and for promotion of independence; and it was pointed out that this is a move toward prevention. The Somerset Health and Wellbeing Board commended and encouraged this.

436 **Members Briefing Information** – Agenda Item 9

Information was sent to Members on 15 June 2020 regarding safeguarding of adults and children.

437 **Somerset Health and Wellbeing Board Work Programme** - Agenda Item 10

It was noted that there had already been a Member's request for a briefing on how Adult Social Care is administered in communities, and data requested on the Children's action plan established in response to the OFSTED SEND report will be included. It was also noted that there are now fewer agenda items and a shorter timeline but the meeting still over-ran on time. It was suggested that updates be sent between meetings regarding matters of importance and making additions to the Work Programme. A comment was made that receiving updates nine months after the OFSTED inspection, for example, was unacceptable, and it was requested that there be earlier updates. With respect to how many items could be covered on the Work Programme, it was pointed out that virtual meetings take much longer and there is much more work behind the scenes, thus there is the need to balance less items with more debate, and it must be kept in mind that very long meetings can lead to Members leaving to attend other meetings, thus endangering quora. It was agreed that member information briefings between meetings would greatly assist.

The Somerset Health and Wellbeing Board agreed to submit suggestions for the Work Programme via email in consultation with Board Members.

435 **Any other urgent items of business** - Agenda Item 11

There were no other items of business.

(The meeting ended at 12:52 Pm)

Chair

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Improving Health Through the Home – a Health, Care and Housing Memorandum of Understanding for Somerset, and the establishment of a Somerset Homelessness Reduction Board

Lead Officer: **Mark Leeman**, Somerset West and Taunton Council / Somerset Strategic Housing Group, with help and advice from:

Andy Lloyd, Public Health Somerset / Chair of Positive Lives Strategic Group

Jai Vick, Housing Options Manager, Mendip District Council / Chair of Somerset Homelessness Managers Group

Author: As above

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<p>Summary:</p>	<p>This report develops the ideas presented in the report to the Health and Wellbeing Board on 16th July 2020 titled: <i>Rough Sleepers and Complex Homeless – Covid response, lessons learned and planning for the future.</i></p> <p>Action is needed to deliver improved collaboration between the health, care and housing systems, in order to improve the health outcomes of home owners, tenants and the homelessness population. In order to help achieve that, this report proposes the adoption of a Health, Care and Housing Memorandum of Understanding.</p> <p>In addition, the partnership response to protect both rough sleepers and those homeless with complex issues during the COVID pandemic has proven that improved collaboration at a senior leadership level can make a significant positive impact to the experience and health outcomes of this cohort of people. We cannot afford to lose the momentum that we have created. This report therefore also proposes the establishment of a Somerset Homelessness Reduction Board. This will sit within the governance framework of the Health and Wellbeing Board.</p>
<p>Recommendations:</p>	<p>That the Somerset Health and Wellbeing Board agrees</p> <ol style="list-style-type: none"> 1. To adopt the proposed Memorandum of Understanding - Improving Health and Care Through the Home in Somerset. 2. Approve the establishment of a Somerset Homelessness Reduction Board (HRB) to sit within the governance framework

	of the Somerset Health and Wellbeing Board. The HRB to be operational before or during February 2021.								
Reasons for recommendations:	Improving Lives (the Somerset Health and Wellbeing Strategy) and the Somerset Housing Strategy were both adopted during 2019. Both recognise that housing is a key social determinant and that housing conditions and housing circumstances are a driver of health inequalities. In order to deliver on health, care and housing priorities, it is widely recognised (nationally and locally) that enhanced collaboration is needed at a strategic/systems wide level.								
Links to The Improving Lives Strategy	Please tick the Improving Lives priorities influenced by the delivery of this work								
	<table border="1"> <tr> <td>A County infrastructure that drives productivity, supports economic prosperity and sustainable public services</td> <td>x</td> </tr> <tr> <td>Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment</td> <td>x</td> </tr> <tr> <td>Fairer life chances and opportunity for all</td> <td>x</td> </tr> <tr> <td>Improved health and wellbeing and more people living healthy and independent lives for longer</td> <td>x</td> </tr> </table>	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	x	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	x	Fairer life chances and opportunity for all	x	Improved health and wellbeing and more people living healthy and independent lives for longer	x
	A County infrastructure that drives productivity, supports economic prosperity and sustainable public services	x							
	Safe, vibrant and well-balanced communities able to enjoy and benefit from the natural environment	x							
	Fairer life chances and opportunity for all	x							
Improved health and wellbeing and more people living healthy and independent lives for longer	x								
It is critical that we enhance collaboration and partnership working in the realm of housing and its interrelationship with health and care services (and indeed, other parts of 'the system' including town planning and crime). Housing is deeply connected to care and health and, when one part of the system fails, there are repercussions for individuals and families, as well as financial impact on services. Through enhanced collaboration, we can make progress against all of the above priorities.									
Financial, Legal, HR, Social value and partnership Implications:	Financial, Legal and Social Value: none at this stage. Subject to the recommendations above being approved (and giving a green light for further detailed work e.g. the establishment of a HRB) these will then be thoroughly explored alongside specific proposals and reported to appropriate commissioning groups, democratic decision making bodies etc Partnership Implications: significant. This report seeks enhanced partnership arrangements within the sphere of health, care and housing.								
Equalities Implications:	Comprehensive Equalities Impact Assessments (EIA) were recently completed to inform the development of the Somerset Housing								

Strategy (2019) and Somerset Homelessness and Rough Sleeper Strategy (2019). These EIA illustrate that it is the vulnerable who are often disadvantaged in relation to housing conditions and housing circumstances. For example (the following list is not exhaustive):

- Age: for the elderly - trips and falls, dementia, cold homes, lack of accessible/adapted properties, rising incidence of homelessness. For the young – increasing incidence of homeless, care leavers and access to supported accommodation and move-on accommodation, overcrowding, rising incidence of case complexity, 'sofa surfing', reluctance to use/lack of awareness of Homefinder;
- Armed Forces Veterans: case complexity, need for support services, access to Homefinder;
- Race and Ethnicity: language barriers, exploitation, overcrowding, hate crimes, failure to meet the housing and health needs of the gypsy and traveller community;
- Disability: increasing complexity of mental health problems for rough sleepers/complex homeless, lack of accessible/adapted properties for physical and mental disabilities;
- Rurality: social isolation, distance from services, distance from gas network (contributing to fuel poverty), lack of transport options.

The development of the MoU is a high level commitment amongst partners to collaborate on matters relating to health, care and housing. Understanding equalities considerations, and making progress in relation to such matters is referenced within the MoU. The enhanced collaboration proposed by the MoU will help address the issues highlighted above.

For example, the Homelessness Reduction Board will want to take a fresh look at the Somerset Homelessness and Rough Sleeper Strategy and accompanying Action Plan. Any revisions to the action plan will need to be informed by the existing EIA and also by ongoing refinement of the EIA. In addition, there is ongoing evidence gathering – e.g. Vulnerability Pathways and Health Needs Assessment. Both of these pieces of work will provide a rich source of equalities relevant data to inform the development of specific proposals/future commissioning arrangements.

Risk Assessment:	<p>There are significant risks around the failure to maintain and enhance coordination of service delivery within the sphere of housing, health and care:</p> <ul style="list-style-type: none"> • Risks to an individual's health • Risks to partner relations • Impacts on budgets across systems as we lose coordination <p>The HRB will wish to monitor issues and risks within the field of rough sleeping and complex homelessness.</p> <p>There are risks to collaborative working should we fail to engage appropriately with all partners on the development of the MoU and the HRB</p> <p>These proposals (MoU and HRB) should assist the strategic conversations around the delivery of a Unitary authority (or authorities) rather than present any significant risks.</p>
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1. Background

1.1. This report develops the ideas presented in the report to the Health and Wellbeing Board on 16th July 2020 titled: *Rough Sleepers and Complex Homeless – Covid response, lessons learned and planning for the future*. This report responds to the specific recommendations arising from that meeting, namely:

This report seeks to:

- provide the context to the development of a Memorandum of Understanding on matters relating to health, care and housing in Somerset;
- provide the context to the establishment of a Somerset Homelessness Reduction Board;
- provide the evidence required for the HWB to adopt the draft MoU (Appendix A) and support the establishment of the Somerset Homelessness Reduction Board (Appendix B).

Strategic Context

1.2. Improving Lives (the Somerset Health and Wellbeing Strategy), the Somerset Housing Strategy (SHS) and the Somerset Homelessness and Rough sleeper Strategy were all adopted during 2019. All recognise that housing is a key social determinant and that housing conditions/circumstances are a driver of health inequalities. In order to deliver on health, care and housing priorities, it is widely recognised (nationally and locally) that enhanced collaboration is needed at a strategic/systems wide level. Nationally, key drivers include the following:

- Health and Social Care Act 2012
- Care Act 2014
- Sustainability and Transformation Plans 2015
- Homelessness Reduction Act 2017

In addition, there are specific demographic challenges that necessitate collaborative working:

- Ageing population with specific housing requirements and health/care needs (in addition to other groups with specific housing and care needs e.g. children and young people).
- A significant proportion of the population living in cold/unsafe homes.
- Significant numbers who are rough sleeping/road side dwellers.
- Rising incidence of case complexity.

All of the above generate systems-wide costs and require systems-wide solutions (*triple-loop thinking – refer to the works of Chris Argyris*) in order to deliver transformational change.

A National Memorandum of Understanding for Health, Care and Housing

- 1.3.** Recognising the interplay of health, care and housing services (and indeed, other related services) and the need for greater collaboration, the following was published in 2018:

Improving Health and Care Through The Home: A National Memorandum of Understanding

This is signed by all key national partners: MHCLG, NHS, Public Health England, LGA, National Housing Federation, Department of Health and Social Care, Homes England (among many others).

A Memorandum of Understanding for Somerset

- 1.4.** The SHS identifies many priorities where collaboration is a necessity. However, delivering transformational change within the sphere of health, care and housing is complex. To explore this, a workshop was held in Autumn 2019 between the Health and wellbeing Board (HWB) and the Somerset Strategic Housing Group (SSHG). Ensuring strategic collaboration (as a first step) was a recurring theme. To help achieve this, it was informally agreed that we should explore the concept of a MoU for Somerset. Conversations around the MoU have been ongoing, with the recent Covid response demonstrating the value of enhanced collaboration.

Attached, at Appendix A, is the draft MoU for health, care and housing in Somerset. It takes its lead from the national MoU, but goes on to reflect

circumstances relevant to Somerset.

The draft MoU is effectively our local 'duty to cooperate' on matters relating to health, care and housing.

It is proposed that all partners on the HWB should be signatories to the MoU and we should seek, thereafter, to secure additional support and buy-in. The National Probation Service, Office of the Police and Crime Commissioner (Avon and Somerset) and Aster Homes have recently agreed to be signatories. To these we can also add Arc Inspire. We hope that others will follow.

Suggested Priority Activity

- 1.5.** The proposed MoU contains specific 'indicators of success', including better strategic planning, better understanding of the preventative role of housing and greater collaborative care (among others). In order to achieve success, the MoU suggests that there are five areas that should be the focus of initial attention. These reflect priorities within the Somerset Housing Strategy and the Somerset Homelessness and Rough Sleeper Strategy (and associated EIA):

- Rough Sleeping and Complex Homelessness
- Independent Living
- Climate Change – aspiring to zero carbon homes that deliver thermal comfort
- Gypsy and Travellers
- Health Impact Assessments

A note on children, young people and families: There is a lot of strategic planning to do to ensure our young people can achieve sustainable independence in terms of safe, affordable housing and a good education/employment. Through the P2I service, we are aware of many potential obstacles, such as engagement with / prioritisation within Homefinder Somerset, and the lack of Move-On accommodation. Whilst the MoU does not suggest a specific CYP related workstream, it is important to note that the above issues are matters for consideration within the three work strands falling under 'Rough Sleeping and Complex Homelessness'. We envisage a senior children's commissioner being a member of the HRB.

Homelessness Reduction Board

- 1.6.** The work of the Homelessness Cell (referred to extensively within my report to the HWB dated 16th July 2020) evidenced the success of enhanced partnership working in relation to rough sleepers and complex homeless. Working together, 150+ rough sleepers were removed from the streets and wrap-around support provided (although admittedly, this did vary across the county and that is a matter that needs to be addressed). The strength of the partnership working can be evidenced in quotes:

In terms of multi-agency collaboration between statutory and voluntary agencies, the impact of the national drive and the innovative local arrangements has been tremendous. Developments that have already come to fruition have ensured that service provision has been more accessible and better targeted to those needing earlier preventative support as well as those at crisis point. The joint planning for the future developments will continue to enhance the offer and the way people receive the support and services we all provide.

NHS Somerset rep to Homelessness Cell (COVID)

There exists a strong culture, within Somerset, of collaboration and innovation in relation to the Homeless and Rough Sleeper cohort and because of this we were well placed to react to the call for 'everyone in' and establish our Covid-19 Homelessness (Rough Sleeper) Cell. What we could not have anticipated however was the exceptional collaboration that resulted, not just in relation to providing safe accommodation but in relation to the wider provision of health and wellbeing services and support. Our team of professionals across a range of crucial services grew rapidly and the trusted relationships formed during the initial phase have endured. There is now a significant determination to continue to improve lives for this socially isolated and vulnerable cohort into the future and work has already begun to embed this way of working as our new business as usual approach. Together we have avoided any outbreaks within the emergency accommodation whilst at the same time improving our approaches to preventative healthcare, diagnosis testing (Hepatitis), substance misuse and mental health support. That we have also saved lives as a consequence of the valuable lifesaving skills training delivered over the same period is testament to the dynamic and agile partnership that we have developed.

Public Health Somerset rep to Homelessness Cell (COVID)

- 1.7.** We cannot afford to let go of this excellent work. Indeed, there is a need to enhance collaboration, as the warning signs are one of increased demand for services as more individuals find themselves homeless and presenting with a range of associated health and care related conditions. The Government has recently extended the ban on evictions until mid/late September. Thereafter, experts warn of rising incidence of homelessness and rough sleeping that will start slowly (as the courts begin to consider cases) and swiftly move to a deluge of cases. Homelessness Link (the national membership charity for organisations working directly with people who become homeless) state that we are currently 'looking down the eye of storm'.

The natural next step is, therefore, the replacement of the Homelessness Cell (which was always seen as a temporary arrangement) with a Somerset Homelessness Reduction Board (HRB). HRB are advocated by MHCLG, the LGA and have strong support within the Charity Sector. Key reference documents are highlighted at Section 5 below. HRB are slowly being established across the country. In developing our proposals, we have sought advice from both Bournemouth, Poole & Christchurch and Southwark. Current HRB are within Unitary authorities. We are currently unaware of any two tier locality with a

HRB.

Appendix B provides the background information on the proposal for a Somerset HRB, including:

National and local policy drivers

Local need and demand

Rationale

Governance (simplified)

Purpose

Objectives

Membership

Accountability

Resources

Transition

- 1.8.** There will need to be a transitional period before we can move to the establishment of the HRB. Existing partnership arrangements will need to be mapped in detail, and conversations regarding appropriate membership (and seniority of membership) need to be resolved (assisted by the MoU) and Terms of Reference (ToR) refined. There will need to be ongoing dialogue with all parts of the system that seek to support rough sleepers and complex homeless (including the Voluntary and community sector). We anticipate that this will take three to four months to complete, with an inaugural meeting of the HRB taking place no later than February 2021. Ultimately, it will be for the HRB to define its ToR (including membership) and the reporting structures that sit beneath it (tactical and operational – the majority of which currently exists). Initially, we see no need to disrupt existing commissioning boards (e.g. P2I, Step Together, Positive Lives) – rather, the HRB will sit above these (and other arrangements) and provide strategic coordination/problem solving capabilities. One of its first tasks will be to review the action plan that supports the Somerset Homelessness and Rough sleeper strategy.

Governance and reporting

- 1.9.** The HRB will sit within the governance framework of the HWB.

It is proposed that an annual progress report be coordinated and submitted covering all relevant housing activity that sits within the remit of the HWB i.e. MoU, HRB and SSHG.

2. Improving Lives Priorities and Outcomes

- 2.1.** Housing impacts significantly on health inequalities, through poor housing standards (e.g. cold and damp, trip hazards), inappropriate housing (too big, too small, lack of level access, no adaptations) and insecurity of tenure (inability to pay your rent, leading to eviction, homelessness and possibly rough sleeping). The Somerset Housing Strategy, Improving Lives and the Somerset Homelessness and Rough Sleeper Strategy all recognise this relationship. Please refer to the section titled 'Links to the Improving Lives Strategy' above.

3. Consultations undertaken

- 3.1.** During October 2019 a workshop was held between the members of the Health and Wellbeing Board and the Somerset Strategic Housing Group. It was here that the idea of a MoU for Health, Care and Housing was first considered and informal agreement given to explore the concept.

The concept of a HRB has been discussed with the COVID Homelessness Cell during the past few months.

Formal consent to explore both the above was provided at the Health and Wellbeing Board on 16th July 2020. Since then, we have consulted with the following partnerships/groups:

- District council portfolio-holders for housing
- Homelessness Cell (COVID)
- Somerset Strategic Housing Group
- Positive Lives Board
- Commissioners of housing support services (P2I, Positive Lives, Step Together)
- CCG – senior commissioners
- Somerset Registered Housing Providers (Director's Group)
- Safer Somerset Partnership
- Somerset Strategic Planning Conference
- Homelessness Managers Group
- Homefinder Monitoring and Management Board
- MHCLG

The feedback that we have received has been overwhelmingly positive (with a number of partners wishing to be signatories to the MoU). Some have provided comments and suggestions to improve the content of the MoU and the proposal for the HRB. Children Services have raised concern over whether children, young people and families have been appropriately considered. See paragraph 1.5 above.

We shall continue to engage partners on both the MoU (seeking support and signatories) and the HRB (to refine the proposal).

4. Request of the Board and Board members

4.1. It is essential that we enhance the collaborative work in the field of health, care and housing. This report has evidenced two proposals that will ensure that significant progress is made towards this endeavour. The HWB is asked to:

- adopt 'Improving Health and Care through the Home in Somerset – A Memorandum of Understanding';
- approve the establishment of a Somerset Homelessness Reduction Board, to sit within the governance framework of the Somerset Health and wellbeing Board. The HRB to be operational before or during February 2021;
- ensure annual progress reports are received on both of the above.

5. Background papers

5.1. The following documents were used to inform the content of this report:

- Report to the Somerset Health and Wellbeing Board – 16th July 2020: Rough Sleepers and Complex Homeless – Covid Response, lessons learned and planning for the future
- Improving Health and Care through the home: A National Memorandum of Understanding (February 2018)
- Tackling Homelessness Together – A consultation on structures that support partnership working and accountability in homelessness (MHCLG – February 2019)
- Making homelessness strategies happen: ensuring accountability and deliverability (LGA)
- Bournemouth, Poole and Christchurch – Homelessness Reduction Board – Terms of Reference (May 2020)
- Equalities Impact Assessments used to help develop the Somerset Homelessness Strategy (2019) and the Somerset Homelessness and Rough Sleeper Strategy (2019)

6. Report Sign-off

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager/Lead Officer (Director Level)	Trudi Grant	Click or tap to enter a date.
	Cabinet Member/Portfolio Holder (if applicable)	Clare Paul	Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)	Scott Wooldridge	Click or tap to enter a date.

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APPENDIX A



Somerset Health and Wellbeing



NHS
Somerset Clinical
Commissioning Group

healthwatch
Somerset



South Somerset
District Council

**Somerset West
and Taunton**



SOMERSET
County Council

Improving health and care through the home in Somerset

Memorandum of Understanding

(v7 04/09/2020)

Signatories to this Memorandum of Understanding

Members of the Health and Wellbeing Board

Avon and Somerset Constabulary

Healthwatch Somerset

Mendip District Council

NHS England

Somerset County Council

- *Public Health*
- *Adult Social Care*
- *Children's Services*

Somerset Clinical Commissioning Group

Sedgemoor District Council

Somerset West and Taunton District Council

South Somerset District Council

Additional Signatories (pending final agreed wording) – with hopefully more to follow as we continue conversations:

National Probation Service

Office of the Police and Crime Commissioner (Avon and Somerset)

Aster Group

Arc Inspire

Acknowledgement: This MoU takes its inspiration and steer from *Improving Health and Care through the home: A National Memorandum of Understanding (February 2018)*.

Improving Health and Care Through the Home in Somerset

Why a Memorandum of Understanding

The right home environment is the foundation from which we can build healthy and fulfilling lives. Housing affects our wellbeing, risk of disease and demands on health and care services. We need warm, safe and secure homes to help us to lead healthy, independent lives and to recover from illness. We must work together across housing, health and social care sectors to enable this. This MoU brings together key organisations, decision-makers and implementers from across the public and voluntary sectors, to maximise opportunities to embed the role of housing in joined-up action on improving health and providing better environments to support our health and social care services.

Somerset has recently adopted a Health and Wellbeing Strategy (Improving Lives), a Housing Strategy and a Homelessness and Rough Sleeper Strategy. All three acknowledge the importance of housing as a social determinant of health. Housing conditions and housing circumstances often act as a driver of health inequalities.

This MoU sets out:

- Our shared commitment to joint action across local government, health, social care and housing sectors in Somerset
- Principles for more effective joint working to deliver better housing, health and wellbeing outcomes to reduce health inequalities in Somerset
- The context and framework for cross-sector partnerships countywide to design and deliver healthy homes, communities and neighbourhoods, alongside integrated and effective services that meet the needs of individuals, families and the community;
- Shared success criteria to deliver and measure impact

Working together, we aim to:

- Support countywide dialogue and information exchange to inform better strategic decision making across local authority, health, social care and housing sectors.
- Coordinate health, social care, and housing policy to offer a more integrated approach to local policy development and advise on local implementation
- Enable local partnerships to collaborate more effectively across health, care and housing when planning, commissioning and delivering homes and services
- Ensure the public and service users are heard and involved in collaborative work across health, care and housing
- Promote the housing sector contribution to: addressing the wider determinants of health; health equity; improving people's experience and outcomes; preventing ill health and safeguarding
- Enable local organisations and authorities to work in partnership to promote a coordinated and preventative approach to rough sleeping and homelessness
- Facilitate independent living through the adaptation of existing homes and the building of new accessible housing with support, which is environmentally sustainable, makes best use of new technologies, and is resilient to future climate change and changing needs and aspirations

- Respond to the challenge of climate change including the delivery of new houses and the adaptation of existing homes with the aspiration of carbon neutral and the provision of thermal comfort
- Provide safe stopping facilities and protect the general health and wellbeing of transient and nomadic populations
- Develop and promote the consistent use of Health Impact Assessment across the county when considering major new housing allocations and developments, in order to improve the design of both housing and environment for the benefit of both physical and mental health
- Develop the workforce across sectors so that they are confident and skilled in understanding the relationship between where people live and their health and wellbeing, and are able to identify suitable solutions to improve outcomes

Context

Generally speaking, the health of older people, children, disabled people and people with long-term illnesses is at greater risk from poor housing conditions. The home is a social determinant of health and, as a result, is a key driver of health inequalities. Those living in poverty are more likely to live in poorer housing, precarious housing circumstances or lack accommodation altogether.

The Health and Social Care Act 2012 introduced a number of provisions intended to improve the quality of care received by patients and patient outcomes, efficiency, and to reduce inequalities of access and outcomes. The act gave Local Government responsibility for improving public health, highlighting the need for cooperation between the NHS and Local Government. Health and Wellbeing Boards also have a duty to encourage commissioners to work together.

The Care Act 2014 aims to improve people's quality of life, delay and reduce the need for care, ensure positive care experiences and safeguard adults from harm. There must be a focus on prevention, and care and support functions must be carried out with the aim of integrating services with those provided by the NHS or other health related services.

The Care Act calls for:

- A shared vision and culture of cooperation and coordination across health, public health, social care and local authority role, e.g. as housing commissioners, working closely with public, voluntary and private sector providers to improve services
- Utilisation of a whole systems- and outcomes-based approach to meet the needs of individuals, their carer/s and family, based on a robust understanding of their needs now and in the future
- Consideration to the health and wellbeing of carers
- Solutions to meet local needs based on evidence of 'what works'
- Services that will address the wider determinants of health. e.g. housing, employment

Integrated health, care and support, and housing solutions could make best use of the budgets across the NHS, local authorities, and their partners to achieve improved outcomes for less (e.g. utilising the Better Care Fund to support service transformation). Further guidance (Sustainability and Transformation Plans – 2015) acknowledged that current pressures across health and social care cannot be solved in isolation.

The right home environment can:

- Protect and improve health and wellbeing and prevent physical and mental ill-health;
- Enable people to manage their health and care needs, including long-term conditions, and ensure positive care experiences by integrating services in the home;
- Allow people to remain in their own home for as long as they choose. In doing so it can:
 - » Delay and reduce the need for primary care and social care interventions, including admission to long-term care settings;
 - » Prevent hospital admissions;
 - » Enable timely discharge from hospital and prevent re-admissions to hospital;
 - » Enable rapid recovery from periods of ill-health or planned admissions.

Key features of the right home environment (both permanent and temporary):

- It is warm and affordable to heat and has adequate ventilation to support good air quality and thermal comfort in extreme conditions
- It is free from hazards, safe from harm and promotes a sense of security
- It enables movement around the home and is accessible, including to visitors
- There is support from others if needed
- Tenure that is stable and secure

At a local level, the right home environment is enabled by a range of stakeholders (not exhaustive):

- The Somerset Health and Wellbeing Board has a duty to understand the health and wellbeing of communities within the county, the wider factors that impact on this, and local assets that can help to improve outcomes and reduce inequalities. Housing, and housing circumstances, would be a good topic for consideration by a future Joint Strategic Needs Assessment.
- The Somerset Strategic Housing Group has a responsibility to understand the local housing market (including the housing and support needs of the vulnerable) and to use this intelligence to develop the Somerset Housing Strategy and deliver associated activity.
- The Somerset Strategic Planning Conference seeks to plan for new housing (and other development) through a countywide coordinated approach to local plan making.
- Housing providers' knowledge of their tenants and communities, and expertise in engagement, informs their plans to develop new homes and manage their existing homes to best meet needs. This can include working with NHS providers to re-design care pathways and develop new preventative support services in the community. Close cooperation with local providers is therefore essential.
- Housing, care and support providers provide specialist housing and a wide range of services to enable people to re-establish their lives after a crisis, e.g. homelessness or time in hospital, and to remain in their own home as their health and care needs change. Locally, we have arrangements through various commissioning boards such as Positive Lives (vulnerable adults), Pathways to Independence (vulnerable young children and young adults) and Step Together (adults with mental health problems and/or addictions).
- Somerset Independence Plus deliver adaptations and a wide range of other home improvements to enable people to remain safe and warm in their own home.

- The voluntary and community sector offers a wide range of services, from day centres for homeless people (e.g. Open Door in Taunton) to information and advice (e.g. Citizen Advice services) to housing support services (e.g. Village and Community Agents). All stakeholders understand the needs of their customers and communities; their knowledge and insight can enable health and wellbeing partners to identify and target those who are most in need

Health, Care and Housing Challenges in Somerset

Somerset's Joint Strategic Needs Assessment (JSNA) highlights growing health inequalities within the county due to geography, age and financial capability. Somerset has an ever increasing ageing population who have specific housing requirements and health and care needs. Although people are living longer, more of our lives are spent in ill health or disability - some communities in Somerset have more than 20% of people living with a disability. This highlights the need to look at how we provide care within our communities and ensure that our housing stock supports people to live independent lives for as long as possible.

There are 24,391 households in Somerset in fuel poverty - there is a clear link between poor energy efficiency, fuel poverty and poor health. Additionally, there are major financial costs to health, social care and housing services due to trips and falls, excess cold, damp, dementia, domestic violence, homelessness and delayed hospital discharges. This highlights the need for flexible models of supported housing which enable independent living and the need for a standard of housing design that supports good health.

Rough sleeping is a challenge across the county, but particularly in Taunton, Glastonbury, Bridgwater and Yeovil. The negative impacts on mental and physical health and wellbeing associated with sleeping on the street are well documented. The latest count (July 2020) indicated that there were 100 rough sleepers in emergency COVID accommodation, 44 on the streets and 13 who had yet to be verified as rough sleeping. Whilst rough sleeping is the extreme end of homelessness, many others are in precarious housing circumstances. During 2018/19 there were 478 homeless application decisions taken in Somerset. We have seen an increase in complex homelessness in which individuals require support from multiple agencies. In addition, we have rising numbers of roadside van dwellers (especially around Glastonbury) and worrying levels of 'hidden' homelessness (e.g. 'sofa surfing'). There is a pressing need for greater coordination and collaboration among health, care and housing services. Without this, we cannot stop and prevent the costly 'revolving door', as rough sleepers / complex homeless individuals bounce between services and fail to receive the coordinated support they desperately need.

The COVID-19 pandemic is likely to impact population health, wellbeing and the economy. It is predicted that there will be an increase in job losses, family breakdown, worsening mental health conditions and domestic violence, which will have knock on effects on many of our services but particularly housing and homelessness provision. The success of the collaborative approach taken thus far in response to the challenges created by the pandemic are testimony to the benefits of joint strategic thinking and partnership working.

Local Policy Context

The Somerset Health and Wellbeing Board has recently adopted '**Improving Lives (2019-2028)**', the health and wellbeing strategy for Somerset. This overarching strategy details the county's vision to address health inequalities that exist between people, between communities, and within the economy. It seeks fairer life chances for all, improved health and wellbeing, more people living

independently for longer, and safe, vibrant and well-balanced communities. Improving Lives recognises that housing conditions are a key determinant of health inequalities. It identifies the Somerset Housing Strategy as a 'cross-cutter' to help the delivery of priorities within Improving Lives.

The **Somerset Housing Strategy (2019 – 2023)** is an important component of Improving Lives and also seeks to deliver these same outcomes with a focus on the role of homes and housing. Specific health priorities relate to improving health through the quality of new development, improving the condition of the existing housing stock, matching lifelong independent living with appropriate property solutions, and collaborating with local communities to build healthy communities.

The **Somerset Homelessness and Rough Sleeping Strategy and Action Plan (2019 – 2023)** sits below the Somerset Housing Strategy. The strategy outlines the key priorities for reducing homelessness and rough sleeping in Somerset.

The diagram below explains the relationship between these three strategies.



In addition, there are also other important areas of policy activity:

Each district council is required to prepare **Local Plans** that identify land for development, alongside policy advice that will guide the type and quality of development. This will include housing numbers, the type (affordability/size) of housing, and the quality of the surrounding local environment, including the need for healthy means of travel such as walking and cycling.

The NHS in Somerset working together are delivering **Fit for My Future**, which contains a number of workstreams aimed at improving the effectiveness and efficiency of health and care services (and their relationship with other services, including housing). For example, the Neighbourhoods programme seeks to develop a community-based approach to supporting vulnerable families and individuals. This includes working alongside and commissioning the voluntary and community sector to identify solutions and provide support.

No single organisation has the resources, skills or solutions needed to tackle health, care and housing challenges effectively on their own. Each of these strategies / areas of policy activity outline the county's vision and willingness to tackle complex issues, which will benefit from coordinated strategic leadership, utilising a partnership approach as promoted within this MoU.

Oversight and Impact

The impact that we seek to achieve from this Memorandum of Understanding is a home environment for the vulnerable that is good for health by reason of affordability and security of tenure, provides thermal comfort, is safe and accessible, and has support for those that need it. The impact of the MoU, including regular assessment of how successful we are in achieving our aims and outcomes, will be monitored by the Health and Wellbeing Board on an annual basis.

Indicators of Success

This Memorandum of Understanding sets out a commitment to joint action across the housing, health and social care sectors and establishes cross-sector priorities for the next three years. Through the adoption of this MoU, as a system we expect the following outcomes:

1. *Better strategic planning*: The inclusion of housing and homelessness in key strategy and planning processes for health, social care and local government at a countywide and local level. These planning processes should be responsive to the needs and input of local communities and experts by experience. They should deliver good quality, housing options for all that both meet current health needs across the lifespan and are responsive to future changes, such as demographic shifts and climate change.
2. *Better understanding of the preventative role of housing*: Greater recognition of the role a stable and secure housing situation plays in keeping people healthy and independent and preventing ill health or injury. As a result, there is a strong economic case for investment in improving poor housing and providing new and specialised housing.
3. *Greater collaborative care*: Greater joint action on housing's contribution to different care pathways, including prevention and transfer of care or discharge planning.
4. *Better use of resources*: Use resources more effectively to improve health through the home, prevent illness, manage demand and deliver service improvements across local housing, health and social care sectors
5. *Improved signposting*: Frontline housing, homelessness, health and social care professionals know which services and interventions are available across the other sectors locally and how to refer people into these. There is also greater awareness among the general public about the services they can access to improve their home environment where this is affecting their health and wellbeing outcomes
6. *More shared learning*: Housing, homelessness health and social care professionals to have the

appropriate, multi-disciplinary training to better prevent ill health and promote good health and wellbeing through the home, and deliver integrated care and support across the sectors.

7. *Wider sector engagement*: An increase in the number of Signatories to the MoU, including organisations representing frontline professionals and experts by experience.

Priority Activity

How do we achieve our agreed outcomes and the desired impact?

The recently adopted Health and Wellbeing Strategy (2019), Somerset Housing Strategy (2019) and Somerset Homelessness and Rough Sleeper Strategy (2019) provide the steer. These are all supported by robust Equalities Impact Assessments that have aided policy development and action planning. Conversations between partners have identified a number of areas of priority activity that should form the basis of a coordinated work programme during the next three years. Each has resourcing implications that will need to be understood and met collaboratively:

1. Rough Sleeping and Complex Homeless

To more effectively coordinate the range of services that seek to support rough sleepers and those complex homeless who may be suffering with severe physical and mental health problems, as well as drug, alcohol and other addictions. There is a need to galvanise strategic leadership.

- Deliver a Somerset Homeless Reduction Board

The Covid response to rough sleeping across Somerset was organised through the Homelessness Cell. This achieved considerable results in a very short space of time. There is a need to quickly build on the momentum and achievements of the 'cell' and put in place a permanent arrangement for the strategic coordination of service delivery for this extremely vulnerable cohort of people. The HRB will report to the Health and Wellbeing Board and will be directly responsible for the delivery of the Somerset Homelessness and Rough Sleeper Strategy

- Better futures for vulnerable people in Somerset

Somerset is a focus of an LGA Improvement Plan (Housing Advisors Programme). SSHG have received LGA funding and have commissioned Ark consultancy to deliver '**Better futures for vulnerable people in Somerset**'. This project seeks to build improved relationships and ways of working between district councils (housing), the commissioners and providers of housing support services, and registered providers, in order to better meet the housing, health and care needs of vulnerable people across Somerset.

- Integrated Commissioning

A longer-term piece of work is to explore options for the strategic and integrated commissioning of services to support rough sleepers and complex homeless. Currently, there are several commissioning bodies that seek to support rough sleepers and complex homeless (district councils, adults and children services, and public health). There is a need to take a whole-system approach with focus on prevention, to rethink our use of budgets and staffing resources, and to explore and develop system-wide coordinated interventions

2. Independent Living

To ensure that more of our existing housing stock (all sectors) is good for health, enabling independent living for those with a range of physical and mental health conditions. Work should be focussed on the following:

- Prevent or delay admission to hospital and/or residential or nursing care of individuals through a joined up understanding of what is required, improved communications, timely and responsive processes.
- Prevent delayed transfer of care or facilitate discharge of individuals from hospital/or residential care through building capacity and resilience within key staffing roles in health and housing as well as the suitable adapted stock types required.
- Maintain older and disabled people's ability to live independently in their own home and community for as long as possible and to promote their well-being, by providing choice and more control over their lives. Increasing assistive technology, recognition of the hoarding and mental health service provided by SIP.
- Reduce chances of a life changing health event by initiating prevention policies, activities and adaptations. Understanding the types of prevention packages that there are, improve partnership working and community self-help.

3. Climate Change

The Somerset Climate Emergency Strategy (2020), developed jointly in response to a 'climate emergency' being declared by the county's local authorities in 2019, has nine workstreams within it. Health is not one of them; however, four of the themes are of particular relevance to health. Water, and its provision, has a direct impact on health; discussions on housing, travel and food focus on how health co-benefits can be derived from our collective response to climate change. The health and wellbeing of the population is linked our responses across the housing, health and care systems to the environmental changes, how we adapt to them, and how we try to reduce their severity. They are intertwined with physical and mental health, and with strength and resilience at a community level.

4. Transient and Nomadic Populations

Transient and Nomadic populations refers to Gypsy, Traveller and Roma communities and people who are living in vans, cars, and campervans. There is currently a multi-agency Transient and Nomadic Populations Cell (COVID) that is chaired by the CCG. This groups seeks to provide facilities (sites, water, sanitation, waste disposal) as well as access to health and care advice and facilities. The good work of this Cell needs to continue in order to provide safe stopping facilities and protect the general health and wellbeing of this community

5. Health Impact Assessments

Health Impact Assessment (HIA) uses a combination of procedures and tools to systematically judge the potential effects of a policy or development on the health of a population and the distribution of those effects within a population. They add value to the decision making process by assessing potential impacts and recommending options for enhancing the positive and mitigating the negative to help reduce health inequalities.

- To develop countywide guidance for the use of Health Impact Assessments, to help ensure that new homes and places are designed and built in a way that promotes health and wellbeing, to minimise negative impacts, and to support everybody in Somerset to live healthy, fulfilling lives. Work to be coordinated between Somerset Strategic Planning Conference, Public Health (Somerset) and SSHG, with advice from and Public Health (South West).

A note on children, young people and families: *There is a lot of strategic planning to do to ensure our young people can achieve sustainable independence in terms of safe, affordable housing and a good education/employment. Through the P2I service, we are aware of many potential obstacles, such as engagement with / prioritisation within Homefinder Somerset, and the lack of Move-On accommodation. Whilst the MoU does not suggest a specific CYP related workstream, it is important to note that the above issues are matters for consideration within the three work strands falling under 'Rough Sleeping and Complex Homelessness'.*

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APPENDIX B

Proposal for a

Somerset Homelessness Reduction Board

Homelessness Reduction Board

A proposal from the Somerset Strategic Housing Group (SSHG), Public Health and Homelessness Managers Group (HMG)

National policy drivers and evidence

- MHCLG - Tackling Homelessness Together: A consultation on structures that support partnership working and accountability in homelessness (February 2019)
- LGA - Making homelessness strategies happen: ensuring accountability and deliverability (2019)
- St Mungos - <https://www.mungos.org/publication/tackling-homelessness-together-st-mungos-response-to-the-consultation/>

Homelessness Reduction Board

Local drivers and evidence

- Local need and demand for enhanced partnership working around rough sleeping and complex homelessness was summarised and discussed in the recent report to the Somerset Health and Wellbeing Board (16th July 2020)
 - <https://democracy.somerset.gov.uk/documents/b3606/Rough%20Sleepers%20and%20Complex%20Homeless%20Report%2016th-Jul-2020%2010.00%20Somerset%20Health%20and%20Wellbeing%20Board.pdf?T=9>

Rationale

- To eliminate rough sleeping and homelessness by looking at the issue systematically. To deliver strategic coordination to the development and delivery of services
- To centralise all key strategic decisions associated with rough sleeping and homelessness prevention (health, care, justice, employment)
- To involve all key strategic stakeholders to ensure that rough sleeping and homelessness is not just seen as a housing issue. Action to prevent homelessness needs to be taken in every aspect of society
- To tackle structural issues that impede the effectiveness of local services. To take a strategic view to design out homelessness - creating services and pathways that make it close to impossible to be rendered homeless

Purpose

- The HRB is responsible for tackling rough sleeping and homelessness across Somerset where local partners work together to end homelessness
- The HRB will agree the local strategic direction and vision required in order to support the prevention of homelessness and to tackle rough sleeping, particularly where issues require an integrated response across a range of organisations

Objectives

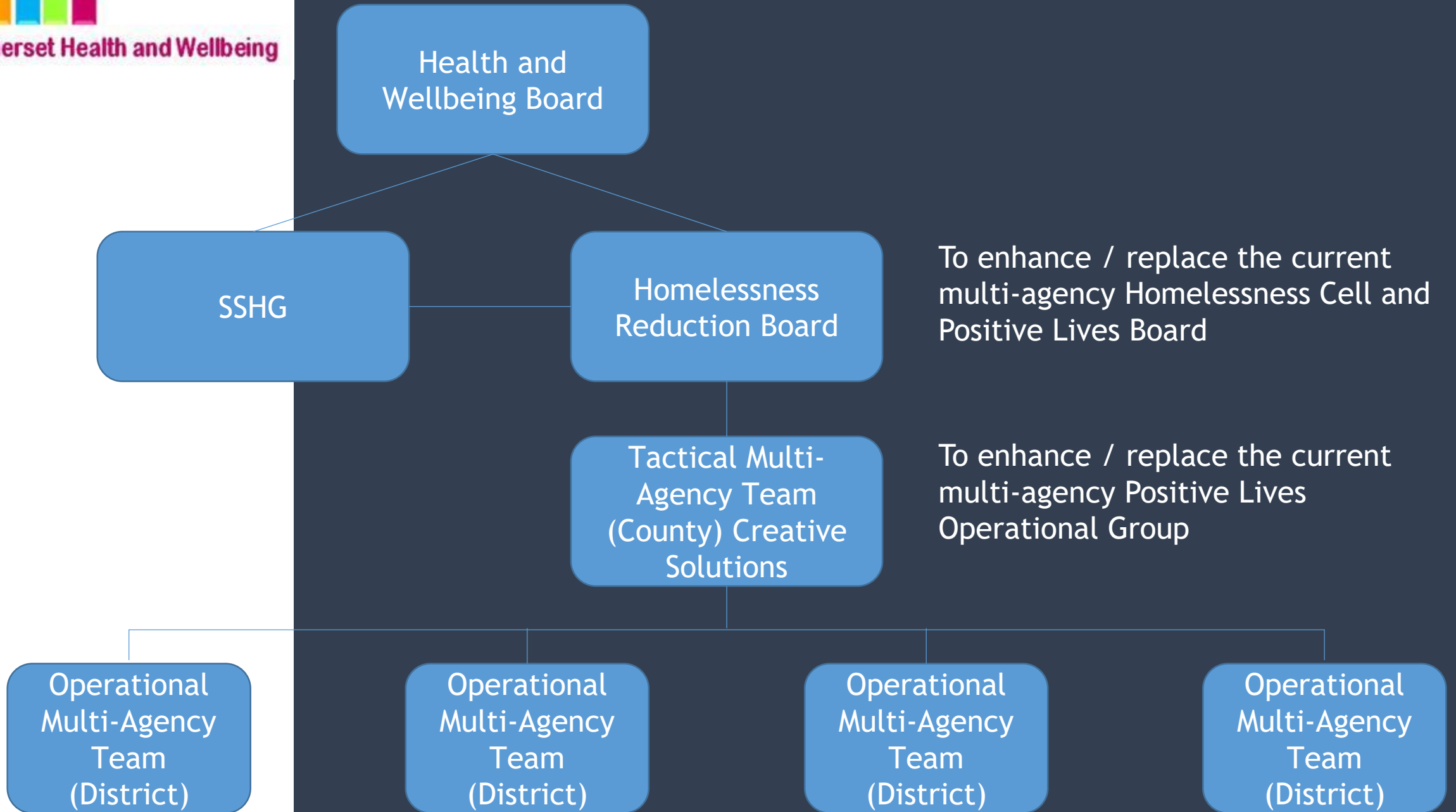
- Key elements to include:
- To ensure a clear and strategic collaborative approach is in place
- To agree the strategic vision and monitor progress
- To ensure that robust strategic links are in place to other strategies and boards
- To support and promote the coproduction of the Homelessness and Rough Sleeper Strategy, and provide the forum to implement and monitor the supporting action plan
- To use data, evidence, and user / lived experience (the client voice) to identify the homelessness challenges across the county
- To focus on preventative interventions
- To focus on person-centred / strength based interventions
- Ensure multi-agency operational forums are in place to help resolve complex cases (and safeguarding concerns)
- To identify and coordinate across all partners the effective use of funding
- To ensure appropriate sub-groups, task and finish groups and forums are in place

Membership

- Members of the Board could include the local authorities (district council housing / county council social services - elected members and / or senior officers), those responsible for other relevant statutory services (public health, CCG, NHS, probation, police), and voluntary sector organisations working with those who are homeless (or at risk of becoming homeless) or rough sleeping
- Board members would need to be sufficiently senior and influential in their own organisations to be able to take strategic decisions at the Board on their organisations behalf (including budget / commissioning decisions) and ensure that actions they commit to on behalf of their organisations are delivered
- Elected members could have positions on the Board to gain traction and galvanise action, or the Board could be purely lead by services
- It could be beneficial to have the voice of someone with lived experience of homelessness (an expert by experience) although this could be built in within other elements of the governance structure

Governance

- The following slide shows a simplified diagrammatic view of the proposed governance arrangements for the Homelessness Reduction Board
- The HRB will report directly to the Health and wellbeing Board
- Beneath the HRB are links to tactical and operational groups (many of which currently exist)
- It will be for the HRB to establish its relationship with tactical and operational delivery and the structure that sits beneath it
- *Note: the proposal before the HWB relates only to the HRB. It does not seek to influence any current or proposed structure that sits beneath it*



Accountability

- Reports annually (annual report) to the HWB
- Joint responsibility (alongside the district councils) for delivering the statutory Somerset Homelessness and Rough Sleeper Strategy*
- Subject to Scrutiny

* District councils have the statutory responsibility to prepare a homelessness and rough sleeper strategy.

Resources

- No budget (initially - this may come later dependent on future commissioning arrangements)
- Time to attend meetings
- Cultural commitment to health, care and housing integration
- Will need to inform / help coordinate all strategic commissioning arrangements through a systems wide perspective, including:
 - P2I
 - Step Together
 - Positive Lives
- Will need to oversee any work relating to strategic integrated commissioning relevant to rough sleeping and complex homelessness
- Explore opportunities to apply in partnership for external funding to develop homelessness services
- There is a need to identify administrative support (each partner on a rotating annual basis?)

Other considerations

- It will be for the HRB to define its Terms of Reference
- A commitment to the coproduction of structures that sit beneath the HRB
- Meets as a minimum every two months initially
- Risks
 - Legislative changes
 - Unitary proposals (although the HRB is desirable in this context)

Consultation and Engagement

- The following have been contacted prior to the HWBB meeting (17th September 2020) and invited to comment:
 - Homelessness Cell
 - HWB Executive
 - SSHG / relevant housing PFH
 - Positive Lives Strategic Group, including providers such as Arc, Elim, Nelson Trust, YMCA etc
 - Safer Somerset Partnership
 - SSPC
 - Commissioners of support services
 - Homefinder Monitoring Board
 - Homelessness Managers Group
 - MHCLG

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Update on the Fit for my Future review of acute mental health inpatient beds for people of working age

Lead Officer: Maria Heard, Programme Director, Fit for my Future
Andrew Keefe, Deputy Director of Commissioning - Mental Health, Autism, & Learning Disabilities

Dr Peter Bagshaw, Clinical Lead for Mental Health - Fit for my Future

Author: Caroline Greaves, Programme Manager, Fit for my Future

Contact Details: 07584 530727 (Caroline Greaves)

Summary:	<p>This report is an update on the Fit for my Future programme in relation to:</p> <ul style="list-style-type: none"> 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.
Recommendations:	<p>That the Health and Wellbeing Board is made aware of the progress with the mental health consultation and the findings of the independent report compiled by Participate.</p>
Reasons for recommendations:	<p>To provide the Health and Wellbeing Board with opportunity to receive and understand the independently analysed public feedback provided by Participate in relation to the mental health consultation.</p>
Links to The Improving Lives Strategy	<p>Fit for my Future, Somerset's Health and Care Strategy, supports the vision of the Somerset Health and Wellbeing Strategy by encompassing its underlying principles and priorities to improve the lives of people Somerset and, in particular, to:</p> <ul style="list-style-type: none"> Increase healthy life expectancy, taking account of quality as well as length of life, and Reduce inequality in life, and healthy life, expectancy between communities through greater improvements in more disadvantaged communities. <p>We recognise the disparity in service access and the need to establish parity of esteem between mental and physical health services. The programmes set out in the attached presentation take us one step further to achieving this, although we recognise there is still more to do.</p>
Financial, Legal, HR, Social value and partnership	<p>No financial, legal and HR implications to note at this stage. Please note we will continue to bid for additional bespoke</p>

Implications:	national NHS funding where we can to enhance our total spend on mental health services.
Equalities Implications:	<p>People with mental health conditions often have poor access to support from physical health services. We recognise the disparity; enhanced support in the community and at an earlier stage for people with mental health illness will take us a step further to addressing this.</p> <p>An Equality and Quality Impact Assessment has been undertaken and is being refreshed to take account of public feedback.</p>
Risk Assessment:	<p>All risks identified are managed through the Fit for my Future programme.</p> <p>The key risk to the enhanced programme of support is in recruiting staff, however recruiting and retaining staff to work in community mental health positions is less difficult than recruitment to hospital-based positions.</p>

1 Background

1.1. 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.

1.2. 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 and 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.

2. Mental Health Consultation

- 2.1.** 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).

3. Next steps

- 3.1.** To follow up on the Participate 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 Covid-19 restrictions) to deliver Participate's independent consultation review report to the public.

- A travel sub group met early 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.

- 3.2.** 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.

4. Background papers

- 4.1.** The independent report produced by Participate Limited giving an independent analysis of the consultation feedback.

6. Report Sign-Off

	Seen by:	Name	Date
Report Sign off	Relevant Senior Manager / Lead Officer (Director Level)	Maria Heard	13/08/20
	Cabinet Member / Portfolio Holder (if applicable)		Click or tap to enter a date.
	Monitoring Officer (Somerset County Council)		Click or tap to enter a date.

NHS Somerset CCG

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



Document Control Sheet

Client	NHS Somerset CCG
Document Title	Proposed Changes to Acute Mental Health Beds for Adults of Working Age Consultation Findings Report
Version	04
Status	Final
Client Ref:	
Author	Louise Bradley & John Poole
Date	29 th July 2020
Further copies from	info@participate.uk.com

Version	Date	Author	Comments
01	25.5.20	Participate	Draft 1
02	19.6.20	Participate	Draft 2 taking on board comments
03	08.7.20	Participate	Version 3 taking on CCG comments
04	29.07.20	Participate	Final amends

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1. Executive Summary

The following executive summary draws out the themes from the various forms of dialogue undertaken during the consultation on the ‘proposed changes to acute mental health beds for adults of working age in Somerset’.

1.1 Overall Response to the Proposal

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.

1.2 Key Themes from Feedback - For and Against the Proposal

1.2.1 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, 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.

1.2.2 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.

1.3 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.

1.4 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.

1.5 Feedback on the Consultation

There were some accusations 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.

1.6 How the Consultation was Undertaken

The formal consultation process took place between 16th January and April 12th 2020. The consultation was widely publicised and information about the consultation was sent to a wide range of groups and stakeholders with the aim of securing maximum possible involvement. All information was made available on line. People were encouraged to provide feedback on the consultation through a range of mechanisms including:

- A consultation survey, sent out with the consultation documents, available at all events and could be completed online. A total of 538 surveys were completed.
- 63 consultation events took place in a range of locations across the county.
- Participation through social media, and the ability provide comments by phone, email or letter.

1.7 The Impact of the Covid-19 Lockdown on the Consultation

The consultation process was affected by the national restrictions put in place in response to the Covid-19 epidemic. 31 consultation events which had been planned to take place in the last few weeks of the consultation had to be cancelled. However, people continued to be able to ask questions and provide feedback through several mechanisms (online, via email, letter and telephone).

2. Introduction

Participate Ltd was commissioned by NHS Somerset CCG (Clinical Commissioning Group) 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’**. This report sets out the analysed and thematic data from the consultation that concluded in April 2020.

The consultation took place as part of the Fit for My Future Programme. Fit for my Future is Somerset’s health and care strategy that aims to support the health and wellbeing of the people of Somerset by changing the way we plan, buy and provide services. It is a joint strategy led by Somerset County Council and Somerset Clinical Commissioning Group who are responsible for planning and buying health services to meet the needs of people in Somerset, now and in the future.

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 services and introducing new ones. However, it also explained that for the one element of mental health services, the specialist inpatient care for adults of working age, 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.

The consultation set out the findings of an option appraisal on the future location of inpatient services. This appraisal considered a list of six options and through a process to review these options, which included 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 in Somerset.

It said that there would be no reductions in the number of beds as a result of the change, and that the proposal was not intended to save money but was focussed on improving quality and safety of care.

It recognised that the changes would have travel time implications for patients and carers which would need to be addressed during the implementation of the proposal. 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.

3. The Consultation Process

The consultation methodology and process are described in detail in the Fit for My Future Decision Making Business Case. This section briefly summarises the key elements.

The strategy for the consultation was developed by Somerset Clinical Commissioning Group with support from Participate Ltd. The aim was to create meaningful engagement with local people and stakeholders to involve them in deliberations about the future configuration of acute inpatient mental health services for adults of working age.

The consultation strategy was informed by the members of the same stakeholder panel which was involved in the option appraisal. The panel met on 31st July and made suggestions on who should be consulted, and the most effective means of consultation. A detailed operational plan for the strategy was included in the Pre-Consultation Business Case.

The consultation commenced on 16th January 2020 and ended on 12th April 2020. It was primarily managed by the Fit for my Future programme team with support from Participate. The role of Participate within the consultation was to receive all feedback and analyse it. This work is documented within this report. A range of staff from Fit for my Future, Somerset Clinical Commissioning Group, Somerset NHS Foundation Trust, Yeovil District Hospital Foundation Trust and Somerset County Council supported the delivery of the consultation.

The consultation was publicised within the media, and information was sent electronically to a consultation stakeholder list. The consultation documents were sent to more than 200 locations across the county, including libraries, pharmacies, GP surgeries, County Council and District Council offices. The documents were also made available at events.

The prime feedback mechanism available was a consultation survey which asked specific questions and also gave the opportunity for people to explain their views in more details. The survey is attached as an appendix. Focus group questions were developed that mirrored the survey and people were also able to feed in views by

email, post, telephone or on social media. Results from this survey are analysed in detail in this report.

A wide range of consultation events took place including drop in sessions, focus groups, and having NHS and Somerset County Council staff attending public meetings to speak about the changes and hear feedback. Events took place in the mental health inpatient units where the views of both service users and staff were sought. Feedback from events was documented and sent to Participate for analysis.

Care was taken to ensure that the views of hard to reach groups were obtained including attendance by charities connected to mental health services at events and the use of charities to carry out interviews and focus groups for the consultation. The COVID-19 lockdown began before the end of the consultation which meant that a number of planned events in its last 3 weeks had to be cancelled. Action was taken in the last three weeks to promote involvement in the consultation by other means, and online feedback could be provided up to the end of the consultation process.

4. Approach to Analysis

The body of this report (Section 5-10) contains the detailed analysis and feedback from all responses received. The raw coded data and the full set of responses have been passed to the CCG for consideration within the decision-making process.

PLEASE NOTE: Some respondents may have answered the formal consultation survey as well as giving feedback in another way, such as emailing a document or sending in a letter or feeding back in meetings, giving responses which mirror their survey response in some respects. Therefore, we have analysed the emailed documents, letters and meeting notes using the same process and have presented the data findings separately within this report.

Individual comments from letters, emails and to the open-ended questions within the survey have been collated into key themes, which have been broken down in terms of frequency with which a comment is made in the analysis. This enables the most frequent themes to emerge. Please note that comments may cover more than one theme, which is why the frequencies may total more than the number of responses in some cases. It should also be noted that:

- Through cross tabulation of the data by postcode we have aimed to extract the findings by area.
- Themes have also been extracted by professional groups and these are outlined in Section 8 of the report.

5. Potential Equality Impacts and Profiling Information

5.1 Potential Equality Impacts

The following section sets out the findings in terms of potential equality impacts that can be derived from the consultation findings. It should be noted that many respondents can be categorised in terms of the protected characteristics outlined within the Equality Act 2010. Some will have multiple disabilities or characteristics. Therefore, the summary of findings section of this report highlights many of the themes that have emerged overall, which could have a disproportionate impact on people with protected characteristics such as age, gender and disability.

The aim of this section is to draw out any specific nuances that have emerged for certain groups that should be taken into account should the proposal to change acute mental health beds for adults be approved.

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.

Age Related Themes

- It was felt that there is a 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).
- It was highlighted that there can be issues around the transition from child to adult mental health services, with some 'falling through the cracks'.
- Therefore, there is a need to ensure CAMHS is fully included in the model.
- It was felt that 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.
- 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).

- 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.

Carer Related Themes

- It was felt that some carers could experience added stress and anxiety from potential transport difficulties if services are moved.
- Some carers felt that a move to Yeovil would have a detrimental effect on their own health, which could in turn add to the 'NHS workload'.
- 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.
- Some felt that the needs of carers had been overlooked in considering these proposals.

Deprivation Related Themes

- It was suggested that there is a need to consider the impact of additional transport costs for those from low-income households.
- The cost of parking or taxis for those on limited income should also be considered.
- Some felt the cost of this travel should be refunded.

Disability (Physical and Mental Health) Related Themes

- Consideration may need to be made 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.
- It was suggested that managing learning disabilities and providing support would be easier on two sites than spread across three sites.
- It was stated that 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.
- It was suggested that a disability transport service should be provided for free to assist disabled carers and relatives when visiting inpatients.

Gender Related Themes

- 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.

LGBT+ Related Themes

- In one group, it was stated that LGBT+ suicide rates are high, so they need extra support (no more detail was given in regard to any specific groups).

Seldom Heard Groups Related Themes

- Accessibility issues in terms of communication was raised for those who are illiterate.
- Therefore, it was felt that consideration should be given about suitable forms of communication for certain communities or hard to reach groups to explain how the new services would work (e.g. Timorese).
- It was asked how homeless people would access the services.

5.2 Profiling Information

The following table demonstrates the demographic reach of the survey undertaken, which shows a broad representation of profiles in response to the survey. However, there was an emphasis towards white women aged 50+ years old in terms of response rates.

Table 1 – Profiles of respondents from demographic questions

Profiling Information	Number	Percentage of survey responses	Somerset Population Percentage	Source/Reference
Age				
18 - 24	23	4.28%		
25 - 34	59	10.97%		
18 – 34 Combined	82	15.25%	22%	Census 2011
35 - 44	86	15.99%		
45 - 54	107	19.89%		
35 – 54 Combined	193	35.88%	34%	Census 2011
55 - 64	120	22.30%		
65 and over	103	19.14%		
55+ Combined	223	41.44%	44%	Census 2011
Prefer not to say	29	5.39%		
Not answered	11	2.04%		
Gender				
Male	112	20.82%	48%	
Female	383	71.19%	52%	
Prefer not to say	33	6.13%		
Other	1	0.19%		
Not answered	9	1.67%		
What is your current status?				
Single	95	17.66%		
Widow(er)	14	2.60%		
Separated	17	3.16%		
Married/Civil partnership	250	46.47%		
With partner	73	13.57%		
Divorced/dissolved	29	5.39%		
Prefer not to say	50	9.29%		
Not answered	10	1.86%		

Profiling Information	Number	Percentage of survey responses	Somerset Population Percentage	Source/Reference
Do you have primary care responsibilities for a friend, relative or neighbour over 18 yrs old?				
No	364	67.66%		
Yes – 1-19 hours a week	48	8.92%		
Yes – 20-49 hours a week	28	5.20%		
Yes – 50 or more hours a week	28	5.20%		
Primary care responsibilities combined	104	19.32%	11%	<i>Census 2011</i>
Prefer not to say	58	10.78%		
Not answered	12	2.23%		
Are you currently pregnant or have had a child in the last six months?				
Yes	14	2.60%		
No	438	81.41%		
Prefer not to say	49	9.11%		
Not answered	28	5.20%		
Do you have caring responsibilities for a child under the age of 18?				
Yes	141	26.21%		
No	355	65.99%		
Prefer not to say	29	5.39%		
Not answered	13	2.42%		
Which of the following best describes your sexual orientation?				
Heterosexual/Straight	396	73.61%		
Homosexual/gay/lesbian	13	2.42%		
Bisexual	10	1.86%		
Other	8	1.49%		
LGBTQ+ combined	23	4.28%	2.4%	<i>ONS 2017 Somerset Adults 16+</i>
Prefer not to say	95	17.66%		
Not answered	16	2.97%		
Do you consider yourself to have a disability as defined by the Equality Act 2010?				
No	365	67.84%		
Yes – Activities not limited	10	1.86%		
Daily Activities not limited Combined	375	69.7%	78%	<i>Census 2011 Adults 18+</i>
Yes – Activities limited a little	60	11.15%		
Yes – Activities limited a lot	57	10.59%		
Daily Activities limited Combined	117	21.74%	22%	<i>Census 2011 Adults 18+</i>
Prefer not to say	36	6.69%		
Not answered	10	1.86%		

Profiling Information	Number	Percentage of survey responses	Somerset Population Percentage	Source/Reference
Which of the following best describes your disability(ies)?				
Behavioural and emotional - Such as Autistic Spectrum Disorder	32	5.95%		
Manual dexterity	14	2.60%		
Memory or ability to concentrate or understand	34	6.32%		
Mobility or gross motor	44	8.18%		
Perception and physical danger	9	1.67%		
Personal, self-care and continence	26	4.83%		
Progressive conditions and physical health Such as HIV, cancer or Multiple Sclerosis	15	2.79%		
Sight	13	2.42%		
Speech	4	0.74%		
Severe disfigurement	2	0.37%		
Prefer not to say	91	16.91%		
Other	60	11.15%		
Do you have a religion or belief?				
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%		
What is your first/main language?				
Burmese (Myanmar)	1	0.19%		
English	491	91.26%		
French	1	0.19%		
Polish	1	0.19%		
Punjabi	1	0.19%		
Spanish	2	0.37%		
Swaheli	1	0.19%		
Not answered	40	7.43%		

Profiling Information	Number	Percentage of survey responses	Somerset Population Percentage	Source/Reference
Which of these best describes your ethnicity?				
White: British	455	84.57%	94.6%	Census 2011
White: Irish	2	0.37%		
White: Other European	0	0.00%		
White: Gypsy/Traveller	0	0.00%		
White: Other	12	2.23%		
White All Combined	469	87.17%	98%	Census 2011 Adults 18+
Asian or Asian British: Bangladeshi	0	0.00%		
Asian or Asian British: Chinese	1	0.19%		
Asian or Asian British: Indian	1	0.19%		
Asian or Asian British: Pakistani	0	0.00%		
Asian or Asian British: Other	1	0.19%		
Black or Black British: African	0	0.00%		
Black or Black British: Caribbean	0	0.00%		
Black or Black British: Other	0	0.00%		
Dual-heritage White and Asian	1	0.19%		
Dual-heritage: White and Black African	1	0.19%		
Dual-heritage: White and Black Caribbean	1	0.19%		
Dual-heritage: Other	2	0.37%		
Other: Arab	0	0.00%		
Other: Other	5	0.93%		
BAME All Combined	13	2.44%	2%	Census 2011 Adults 18+
Prefer not to say	35	6.51%		
Not answered	21	3.90%		

Survey Base	538	100.00%		
Somerset Population Base	421,014			Census 2011 Adults 18+

6. Survey Data Feedback

6.1 Summary of Questions

The following section sets out the analysis of data collated from the proposed changes to acute mental health beds for adults' consultation survey.

The full responses to the survey have been shared with the consultors, to inform the decision-making process.

In total there were 538 responses to the survey.

Firstly, the responses are reviewed by area (6.2), followed by analysis of section one of the survey - 'Why do we need to change?' (6.3). These are proceeded by findings from section two of the survey that asked respondents about 'Travel Impacts' (6.4). Finally, 6.5 analyses data from section three of the survey, looking at the respondents' affiliations and use of mental health services.

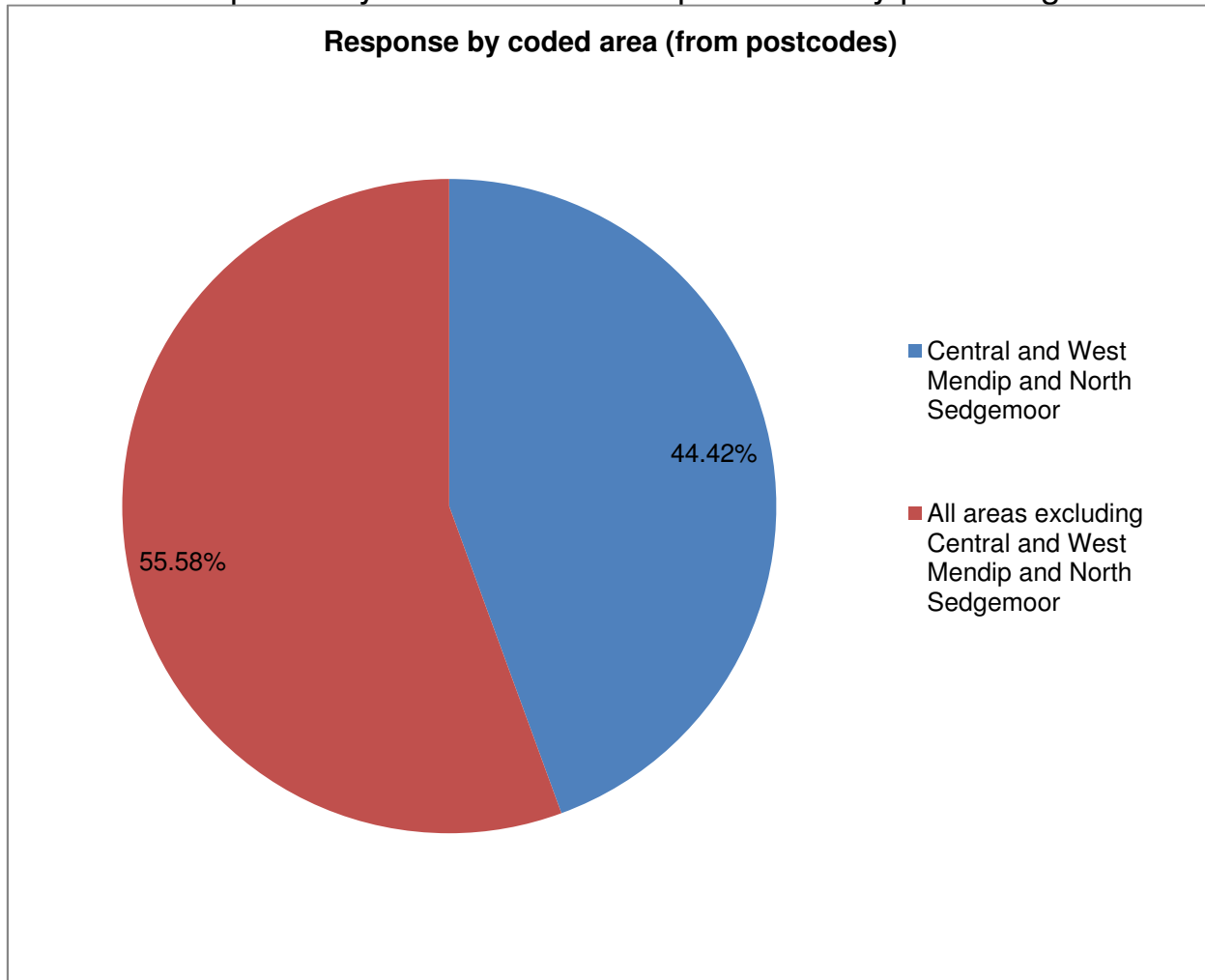
6.2 Cross Tabulation by Postcode

The postcodes provided have been sub-split into areas to determine any locality-based findings. The responses by area are as follows:

Table 2 – Response by area from postcode matching

Area	Number	Percent
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%

Chart 1 – Response by coded areas from postcodes by percentage

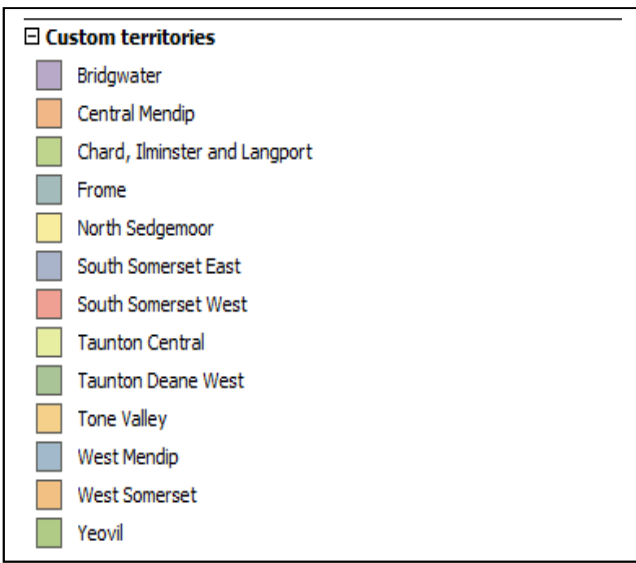
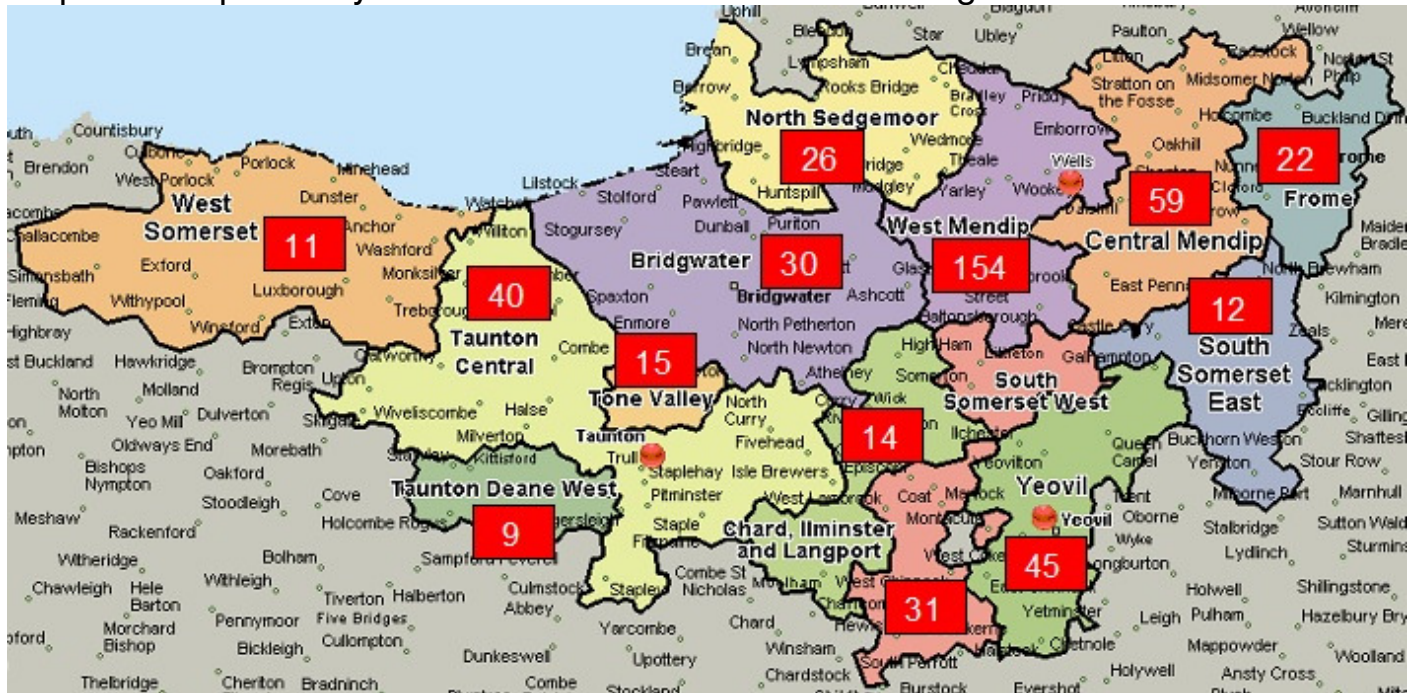


Base = 538

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 map over the page highlights the higher response from those based closer to Wells

Map 1 – Response by coded areas and location of existing units



The map of localities above 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.

The locations of the existing units at Taunton, Yeovil and Wells are highlighted with red pins. The numbers on each area represent the completed surveys received for each location.

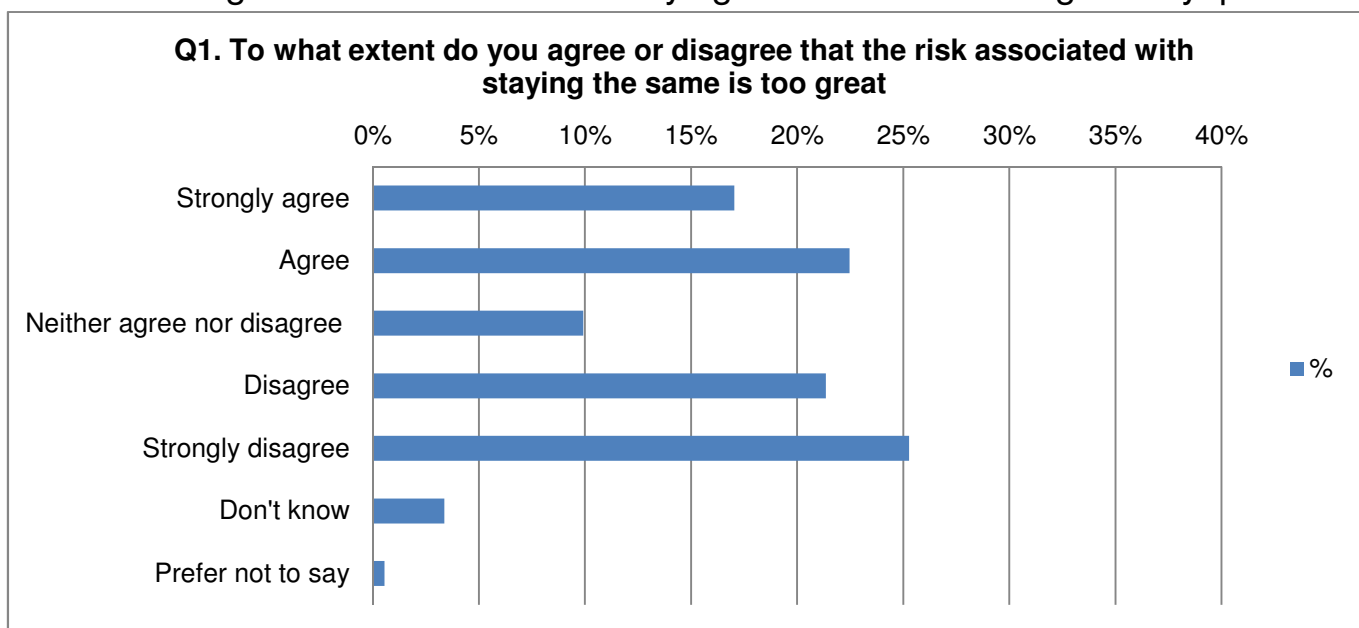
PLEASE NOTE – the areas have been identified by clustering the first half of the postcodes supplied. Q10 of the survey provided the postcode data and therefore, the summary table of these postcodes is not included within this section of the report.

6.3 Section One - Why Do We Need to Change?

Q1. 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?

Chart 2 – Agreement that risk of staying the same is too great by percentage



Base = 534

- 39.51% agree (combined strongly agree and agree) and 46.63% disagree (combined disagree and strongly disagree) that the risk of staying the same is too great.
- West Mendip, Central Mendip and North Sedgemoor which are geographically closest to the proposed relocated site at Wells, account for two thirds of all disagreement.
- Therefore, it can be determined that those closest to Wells have the highest levels of disagreement that the risk of staying the same is too great.
- West Somerset had the highest combined agreement at 91%, followed by 80% for Tone Valley, 78% for Taunton Deane West, 71% for Chard, Ilminster and Langport and 67% for Yeovil.

Therefore, it can be determined that those most in agreement are furthest away geographically from the proposed relocated unit at Wells.

In terms of respondent type:

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

The charts and tables that follow highlight levels of agreement and disagreement by locality.

Table 3 and Table 4 Agreement that risk of staying the same is too great by percentage – Split by Combined Central and West Mendip and North Sedgemoor versus All other areas

Number of Responses	All responses	Central and West Mendip and North Sedgemoor	All areas excluding Central and West Mendip and North Sedgemoor
Agree	211	47	164
Disagree	249	164	85
Other	74	27	47
All	534	238	296
% of total response	100%	44%	56%
Proportion of total population of Somerset	563000	21%	79%

%	All responses %	Central and West Mendip and North Sedgemoor %	All areas excluding Central and West Mendip and North Sedgemoor %
Agree	40%	20%	55%
Disagree	47%	69%	29%
Other	14%	11%	16%

NB: Somerset Population stats taken from:
<http://www.somersetintelligence.org.uk/commissioning-locality-profiles.html>

Chart 3 and Chart 4 Agreement that risk of staying the same is too great - Split by Combined Central and West Mendip and North Sedgemoor versus All other areas (refer to tables for base)

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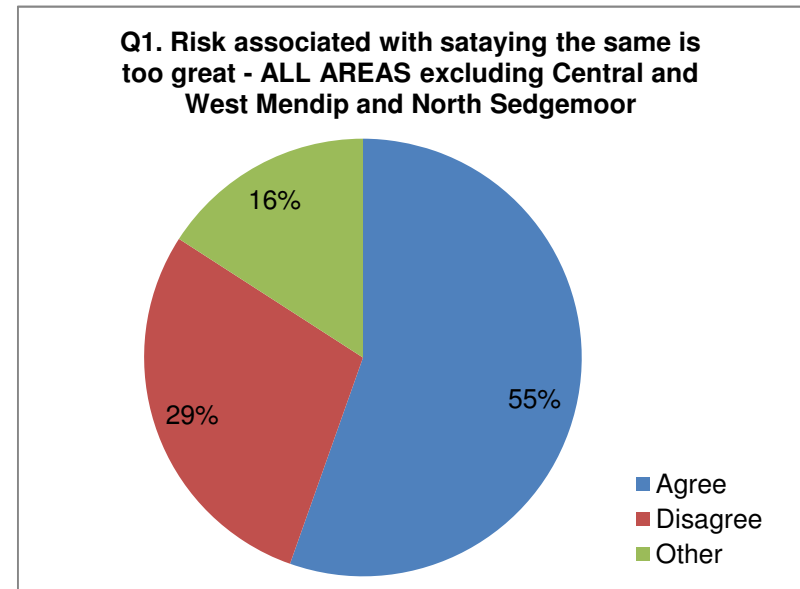
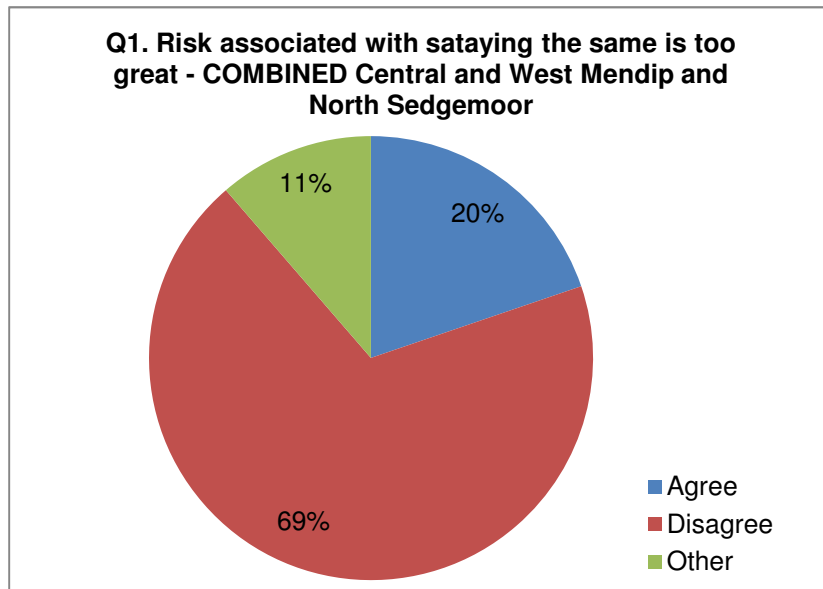


Table 5 – Agreement that risk of staying the same is too great by Area

Q1. To what extent do you agree or disagree that the risk associated with staying the same is too great																
Q1. To what extent do you agree or disagree that the risk associated with staying the same is too great	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Strongly agree	17%	27%	15%	36%	0%	4%	0%	29%	23%	22%	13%	4%	55%	42%	23%	21%
Agree	22%	30%	7%	36%	18%	23%	42%	29%	38%	56%	67%	14%	36%	24%	23%	13%
Neither agree nor disagree	10%	10%	10%	0%	14%	8%	8%	16%	23%	0%	7%	7%	0%	7%	10%	15%
Disagree	21%	20%	22%	14%	36%	31%	42%	10%	5%	11%	0%	29%	9%	9%	29%	21%
Strongly disagree	25%	13%	42%	7%	27%	27%	8%	6%	10%	0%	7%	44%	0%	13%	6%	23%
Don't know	3%	0%	3%	7%	5%	4%	0%	6%	3%	11%	7%	3%	0%	2%	10%	0%
Prefer not to say	1%	0%	0%	0%	0%	0%	0%	3%	0%	0%	0%	1%	0%	2%	0%	0%
Not answered	1%	0%	0%	0%	0%	4%	0%	0%	0%	0%	0%	0%	0%	0%	0%	8%
Base	538	30	59	14	22	26	12	31	40	9	15	154	11	45	31	39

Q2. Please explain your reasons for the answers you have given to Q1.

Table 6 - Reasons for Q1 answers

Q2. Please explain your reasons for the answer you have given to Q1	
Coded theme	Frequency
Essential to have local facility for family and friends to visit / improve recovery	170
Travel distance is too far	154
Need a local facility in Wells	141
Travel issues - not everyone has a car	103
A&E services need improvement / accessibility	94
Medical cover needs to be available at all times, including out of hours	96
Beds are vital at St Andrews - keep them	90
Need to improve access to healthcare / mental health in Somerset	87
Local staffing support is needed / keep staff safe	71
Agree with proposals / statements	64
Support services from access to a general hospital needed	59
Need more information - does current system work / A&E admissions etc	53
Money saving - not for better service	48
Extra travel will cause stress and anxiety	45
Need to retain overall bed capacity	37
Poor public transport services	30
Adult mental health is under resourced	28
Service is fine - leave it as it is	26
Availability of non-medical support is key	25
Could lead to a higher level of mental health issues	20
Cost of travel may prove difficult for some	19
Need a facility in Mendip	18
Need services in this area as population expanding / house building	17
Bigger is not better - need more smaller wards	16
More locations will spread service too thinly	12
Wells provides a better service / friendlier than Yeovil	12
999 support is available	9
Mental health issues can arise suddenly	8
Not many high risk patients at St Andrews	8
Local A&E support is available	8
Transport should be available if people need it	7
Good as it will save cost	6
Questions are poorly worded / confusing / leading	6
Person's life is important	5
Need access to diagnostic services	4

Q2. Please explain your reasons for the answer you have given to Q1	
Coded theme	Frequency
Yeovil is established and well run	4
Offer 24 hour care at St Andrews	4
What about GP out of hours support	4
Could be done in one place	3
St Andrews can get Rydon or Rowan to prescribe things over the phone	2
No different to travel for other services	2
Will affect the safety of the Glastonbury Festival	1
Too much sedation of patients	1

Base = 459

- The most common themes relate to travel issues and accessibility of services.
- There were concerns about the ability for carers, friends and family to visit and the impact that such visits could have on the patients' health.
- Some questioned if the proposed changes would leave sufficient patient beds available.
- Having access to medical services also included concerns around adequate arrangements for out of hours services.
- Some comments specifically related to the retention of the unit at Wells, as there was a preference for a local facility rather than needing to travel to Yeovil.
- There were some comments in general support of the proposed changes.
- Requests for further information were stated by those who felt they needed to know how 'things currently work' and how the proposed changes would help.
- There were some acknowledgements that mental health in Somerset needs improvement.
- Themes split by locality are shown over the page.

Table 7 - Reasons for Q1 answers – split by West Mendip, Central Mendip and North Sedgemoor versus all other responses

Q2. Please explain your reasons for the answer you have given to Q1:			
Coded theme	West Mendip, Central Mendip and North Sedgemoor	All other areas	Total
Essential to have local facility for family and friends to visit / improve recovery	101	69	170
Need a local facility in Wells	89	51	140
Travel distance is too far	87	67	154
Travel issues - not everyone has a car	61	42	103
Beds are vital at St Andrews - keep them	57	33	90
Need to improve access to healthcare / mental health in Somerset	38	49	87
A&E services need improvement / accessibility	35	58	93
Medical cover needs to be available at all times, including out of hours	32	61	93
Money saving - not for better service	30	18	48
Extra travel will cause stress and anxiety	28	17	45
Local staffing support is needed / keep staff safe	25	46	71
Need more information - does current system work/A&E admissions etc	25	27	52
Agree with proposals / statements	19	42	61
Support services from access to a general hospital needed	18	41	59
Availability of non medical support is key	17	8	25
Poor public transport services	16	14	30
Adult mental health is under resourced	14	14	28
Need to retain overall bed capacity	14	23	37
Service is fine - leave it as it is	14	12	26
Need a facility in Mendip	13	5	18
Need services in this area as population expanding / house building	12	5	17
Cost of travel may prove difficult for some	10	9	19
Could lead to a higher level of mental health issues	10	10	20
Bigger is not better - need more smaller wards	8	7	15
Wells provides a better service / friendlier than Yeovil	6	6	12
999 support is available	6	3	9
Questions are poorly worded / confusing / leading	5	1	6
Not many high risk patients at St Andrews	5	3	8
Local A&E support is available	4	4	8
Transport should be available if people need it	3	4	7
What about GP out of hours support	3	1	4
Mental health issues can arise suddenly	2	6	8
Could be done in one place	1	2	3
Person's life is important	1	4	5

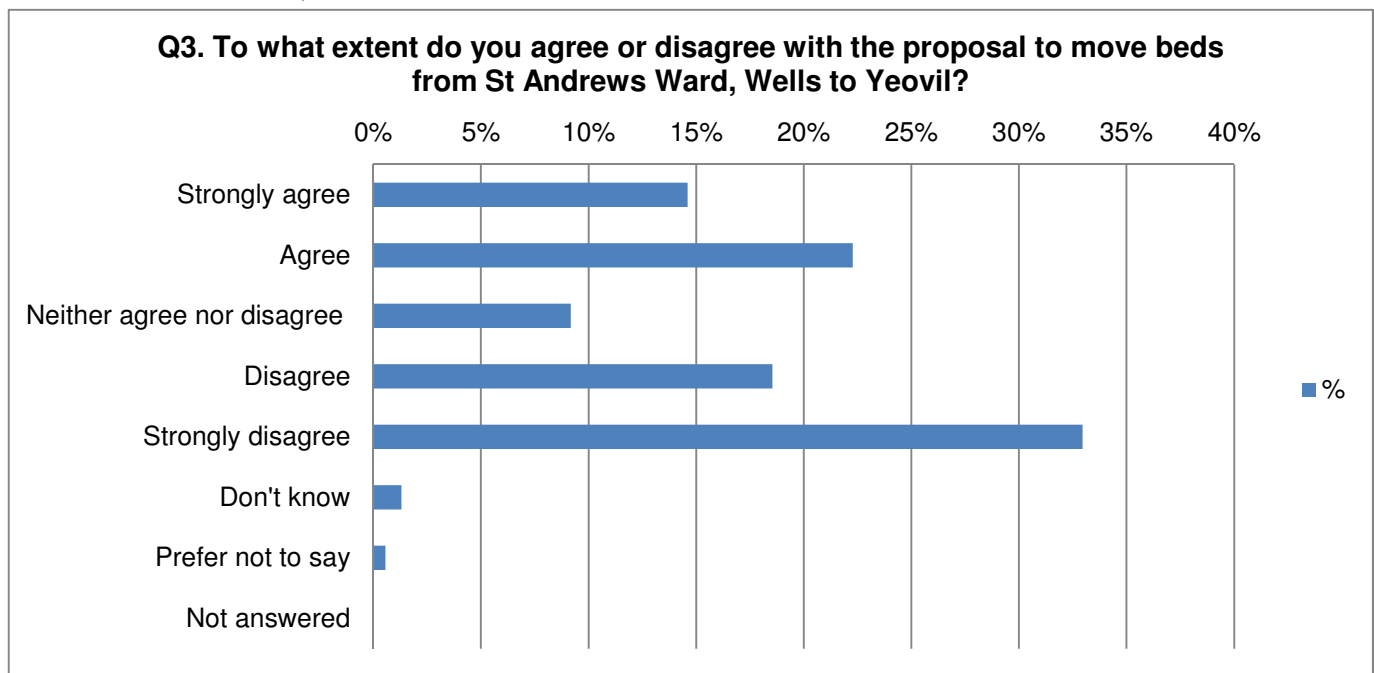
Q2. Please explain your reasons for the answer you have given to Q1:			
Coded theme	West Mendip, Central Mendip and North Sedgemoor	All other areas	Total
Need access to diagnostic services	1	3	4
More locations will spread service too thinly	1	11	12
Yeovil is established and well run	1	3	4
St Andrews can get Rydon or Rowan to prescribe things over the phone	1	1	2
Offer 24 hour care at St Andrews	1	3	4
No different to travel for other services	1	1	2
Good as it will save cost	0	6	6
Will affect the safety of the Glastonbury Festival	0	1	1
Too much sedation of patients	0	1	1
Base =	218	241	459

- Those located in West Mendip, Central Mendip and North Sedgemoor were generally more negative about the proposals:
 - Concerned about a lack of a local facility once St Andrews Ward, Wells has gone
 - Difficulty in travelling to Yeovil especially for carers, family and friends to visit with many having to rely on public transport or friends with cars
 - The need for local beds at Wells
 - Some felt that the proposed changes were cost cutting and would not improve the service
 - The additional travel distance was thought to cause additional stress to an already anxious group of patients.
- Those who were not located in West Mendip, Central Mendip and North Sedgemoor were generally more positive about the proposals:
 - Some felt that medical cover needed to be available at all times, including out of hours
 - It was considered important to have A&E accessibility and that these services should be improved
 - Comments in general agreement with the proposals.

Q3. Detailed analysis of the evidence we have gathered shows that the best option to be to move beds from Wells to Yeovil.

To what extent do you agree or disagree with the proposal to move beds from St Andrews Ward, Wells, to Yeovil?

Chart 5 – Extent to agree or disagree with the proposal to move beds from St Andrews Ward, Wells to Yeovil



Base = 538

- 36.89% agree (combined strongly agree and agree) and 51.50% disagree (combined disagree and strongly disagree) with this proposal.
- 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 (table 9, chart 6).
- The highest response to the survey came from the West Mendip area where St Andrews Ward, Wells is located.
- 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.

- Yeovil has the highest combined agreement at 80.00%, followed by 72.73% for West Somerset, 67.50% for Taunton Central, 66.67% for Tone Valley and 64.29% for Chard, Ilminster and Langport.
- Therefore, it can again be concluded that those most in agreement are furthest away geographically from the proposed relocated unit at Wells.
- In terms of respondent types:
 - NHS staff members and clinicians were the most in agreement
 - Carer/family members were the most in disagreement followed by current or former mental health service users
 - 58.33% of service users were in disagreement.
- The tables over the page demonstrate levels of agreement/disagreement by locality.

Table 8 and Table 9 Agreement with the proposal to move beds from St Andrews Ward, Wells to Yeovil – Split by Combined Central Mendip and North Sedgemoor versus All Other Areas

Number of Responses	All responses	Central and West Mendip and North Sedgemoor	All areas excluding Central and West Mendip and North Sedgemoor
Agree	197	39	158
Disagree	275	179	96
Other	59	20	39
All	531	238	293
% of total response	100%	44%	56%
Proportion of total population of Somerset	536000	21%	79%

%	All responses %	Central and West Mendip and North Sedgemoor %	All areas excluding Central and West Mendip and North Sedgemoor %
Agree	37%	16%	54%
Disagree	52%	75%	33%
Other	11%	8%	13%

NB: Somerset Population stats taken from:

<http://www.somersetintelligence.org.uk/commissioning-locality-profiles.html>

Chart 6 and Chart 7 Agreement with the proposal to move beds from St Andrews Ward, Wells to Yeovil – Split by Combined Central Mendip and North Sedgemoor versus All Other Areas (refer to tables for base)

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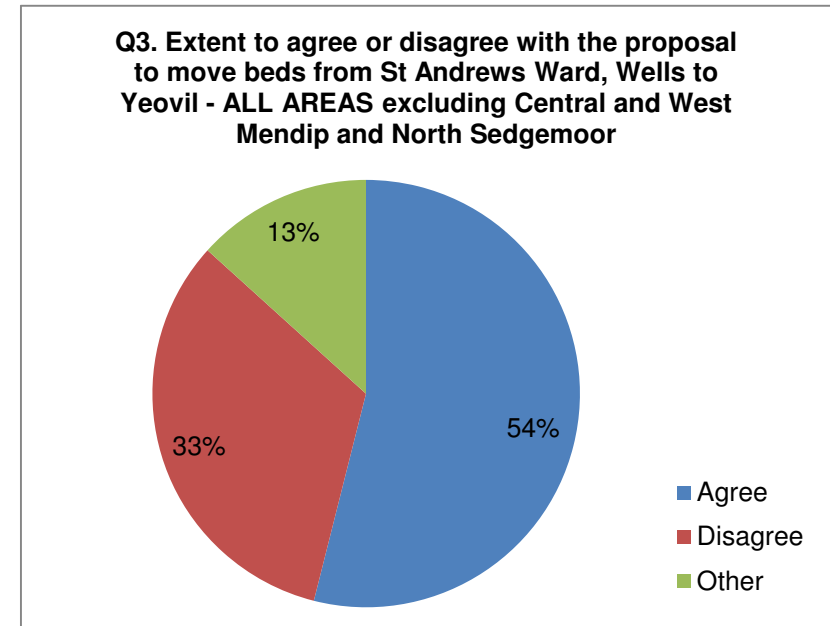
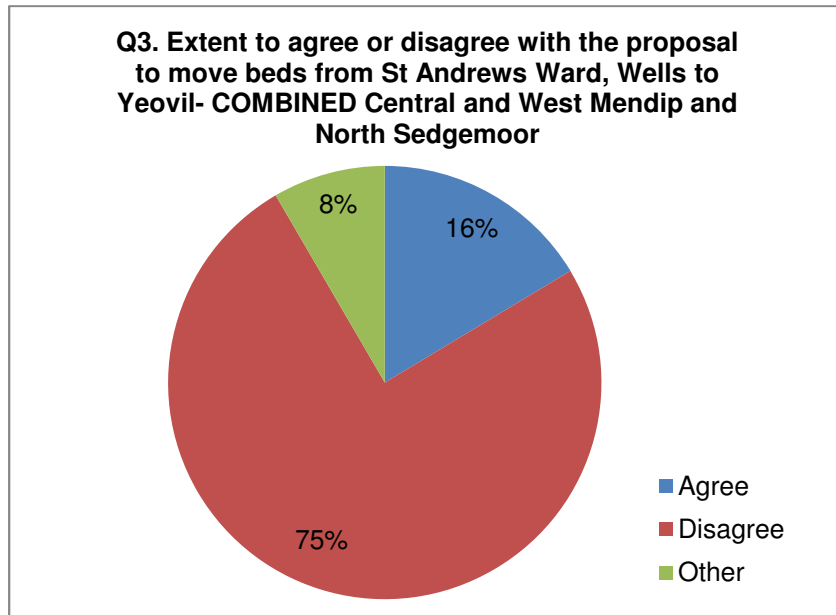


Table 10 – Extent agree or disagree with moving beds from St Andrews Ward, Wells to Yeovil – split by Area

Q3. To what extent do you agree or disagree with the proposal to move beds from St Andrews Ward, Wells to Yeovil?																
Q3. To what extent do you agree or disagree with the proposal to move beds from St Andrews Ward, Wells to Yeovil?	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
Strongly agree	14%	20%	8%	29%	5%	15%	0%	26%	20%	11%	13%	2%	45%	49%	10%	15%
Agree	22%	40%	10%	36%	9%	23%	42%	29%	48%	33%	53%	10%	27%	31%	26%	10%
Neither agree nor disagree	9%	10%	7%	0%	14%	0%	0%	13%	15%	11%	13%	10%	0%	4%	19%	8%
Disagree	18%	7%	24%	7%	36%	12%	33%	16%	3%	33%	0%	23%	0%	7%	26%	28%
Strongly disagree	33%	23%	49%	21%	36%	50%	25%	13%	13%	0%	7%	55%	9%	9%	16%	23%
Don't know	1%	0%	2%	7%	0%	0%	0%	0%	3%	11%	7%	0%	9%	0%	0%	3%
Prefer not to say	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1%	0%	0%	3%	3%
Not answered	1%	0%	0%	0%	0%	0%	0%	3%	0%	0%	7%	0%	9%	0%	0%	10%
Base	538	30	59	14	22	26	12	31	40	9	15	154	11	45	31	39

Q4. Please explain your reasons for the answers you have given to Q3.

Table 11 - Reasons for Q3 answers

Q4. Please explain your reasons for the answer you have given to Q3:	
Coded theme	Frequency
Not good if you live nearer Wells / insufficient cover in areas of the county	209
Better to stay as it is / improve existing	156
Family and friends would not be able to visit	130
To get better care in Yeovil than in Wells / emergency cover	85
Agree with outlined reasons	81
Lack of emergency facilities at Wells impacts local residents as well as mental health patients / not needed very often	66
To provide support for patients	61
It is being done to save money not improve services	59
To be able to access services	31
Need further knowledge / information	30
Yeovil already has beds / facilities / are there additional beds planned?	29
Glastonbury MIU / other A&E very close to Wells	27
What about the effect on staff at Wells	24
Need services in this area as population expanding / house building	22
Distance is not so far	19
Decision has already been made / questions are biased	16
To provide continuity of care	15
Too far for ambulances / not enough ambulances	10
Savings should be invested in a better service	7
Reducing number of locations does not improve the service	4
There is no danger to staff or patients at Wells	4
Quality of care at Yeovil is poor / poor staff attitude	3
How can the building at Wells be used for the community / preventative	2
We were promised previously that a MH unit in Wells would be retained	1

Base = 443

- There were clear concerns from those who live close to Wells, who questioned whether two centres would provide sufficient cover and felt that the proposal would make visiting for family and friends difficult.
- There were views expressed that it would be better to improve the existing service rather than 'change things'.

- It was felt by some that if better care was available in Yeovil, including better emergency cover, then the proposed changes would be worthwhile, although in fact there would be the same number of beds.
- There were some general messages of support for the proposed changes and others stated that the changes would be positive for patients.
- Some respondents thought that the whole community needed better emergency facilities. They also pointed out that there had not been many incidents where an emergency department would have been needed.
- There were concerns that the proposed changes were just to ‘cut costs and save money’.
- The following table split by West Mendip, Central Mendip and North Sedgemoor versus all other responses, explains in more detail the key themes split by locality.

Table 12 - Reasons for Q3 answers – split by West Mendip, Central Mendip and North Sedgemoor versus all other responses

Q4. Please explain your reasons for the answer you have given to Q3:			
Coded theme	West Mendip, Central Mendip and North Sedgemoor	All other areas	Total
Not good if you live nearer Wells / insufficient cover in areas of the county	131	78	209
Better to stay as it is / improve existing	99	57	156
Family and friends would not be able to visit	89	41	130
It is being done to save money not improve services	39	20	59
Lack of emergency facilities at Wells impacts local residents as well as mental health patients / not needed very often	37	29	66
To provide support for patients	34	27	61
To get better care in Yeovil than in Wells / emergency cover	22	63	85
Agree with outlined reasons	19	62	81
Need services in this area as population expanding / house building	18	4	22
To be able to access services	15	16	31
What about the effect on staff at Wells	15	9	24
Need further knowledge / information	14	16	30
Glastonbury MIU / other A&E very close to Wells	14	13	27
Yeovil already has beds / facilities / are there additional beds planned?	9	20	29
To provide continuity of care	8	7	15
Too far for ambulances / not enough ambulances	6	4	10
Decision has already been made / questions are biased	5	11	16

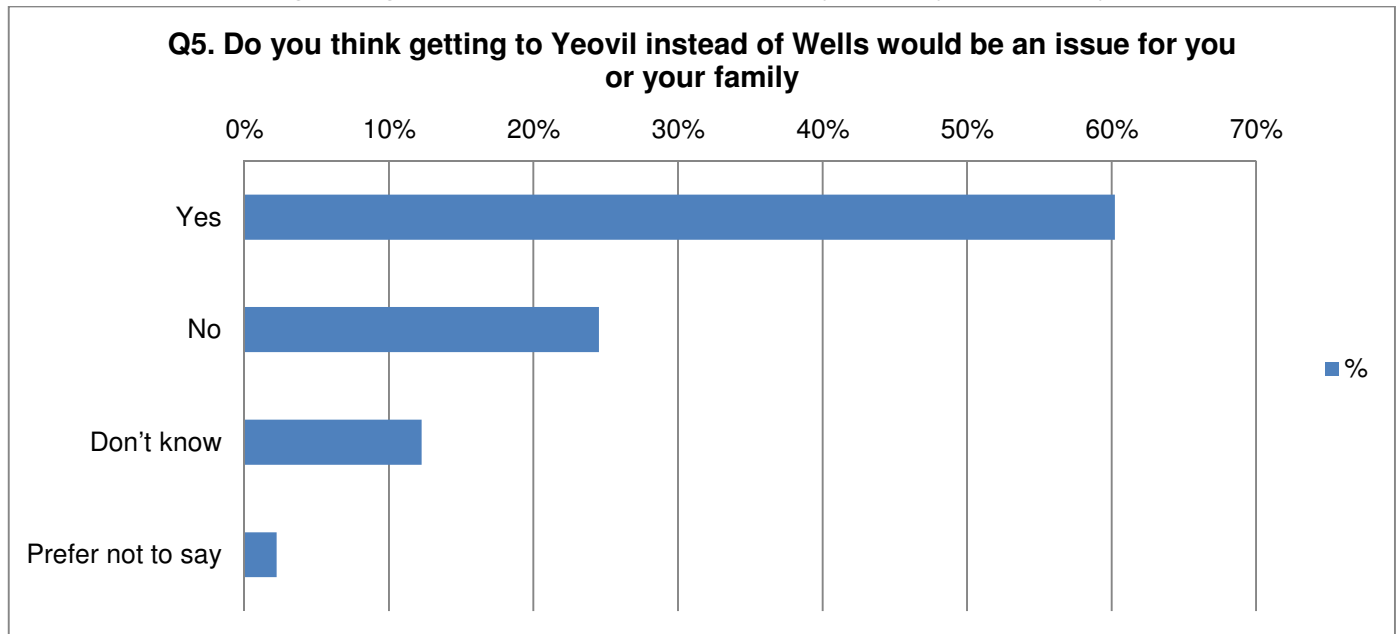
Q4. Please explain your reasons for the answer you have given to Q3:			
Coded theme	West Mendip, Central Mendip and North Sedgemoor	All other areas	Total
There is no danger to staff or patients at Wells	3	1	4
Distance is not so far	2	17	19
Savings should be invested in a better service	1	6	7
How can the building at Wells be used for the community / preventative	1	1	2
We were promised previously that a MH unit in Wells would be retained	1	0	1
Reducing number of locations does not improve the service	1	3	4
Quality of care at Yeovil is poor / poor staff attitude	1	2	3

Base = 443

6.4 Section Two – Travel Impacts

Q5. 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?

Chart 8 – Would getting to Yeovil be an issue for you or your family

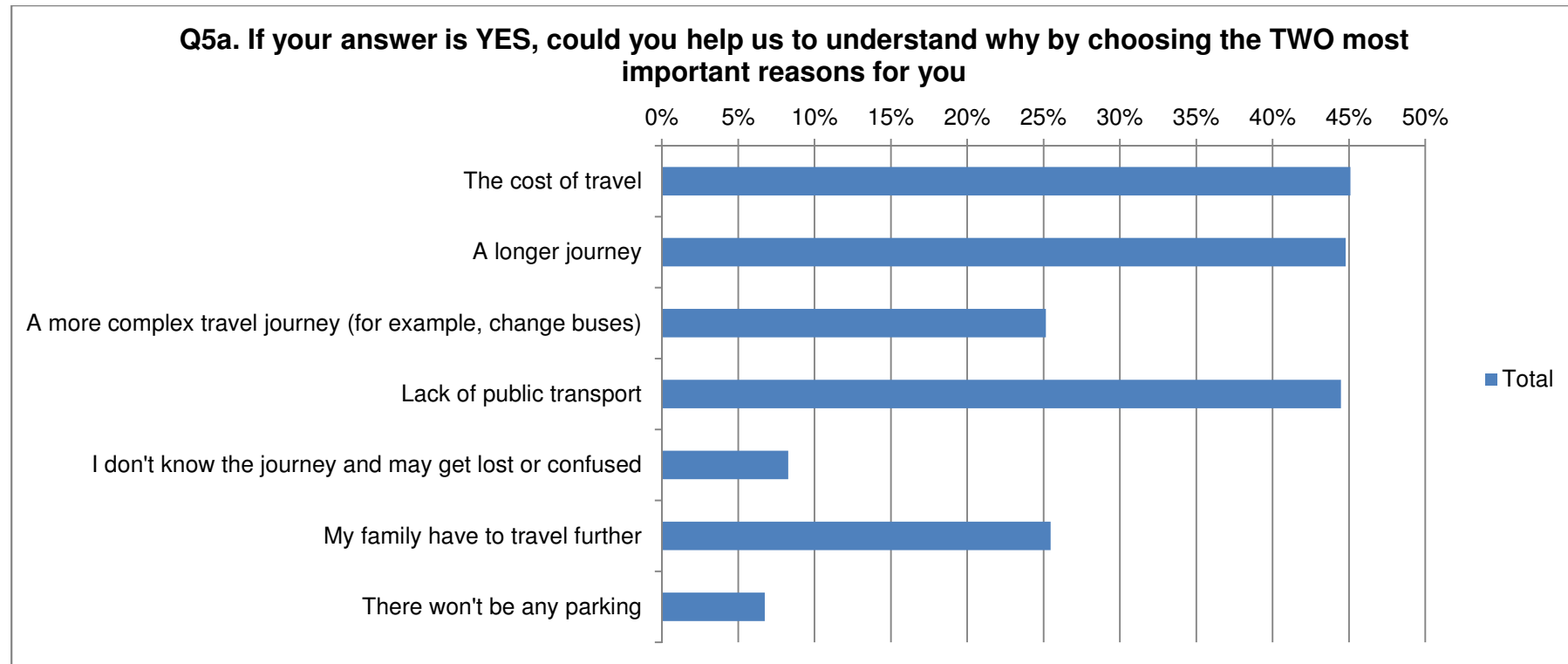


Base = 534

- 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:
 - 90.91% of those based in Frome also thought getting to Yeovil would be an issue for them .
- 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.

Q5a. If your answer is YES, could you help us to understand why by choosing the TWO most important reasons for you from the list below.

Chart 9 – If they had an issue getting to Yeovil what are the two most important reasons?



Base = 326

- The question was limited to those answering Yes at Q5 giving a base of 326 respondents. They could then select two responses, giving a total of 652 responses from 326 respondents.
- The cost of travel (45.09%), a longer journey (44.79%) and a lack of public transport (44.48%) were the most common reasons selected.
- A more complex travel journey (for example, change buses) was at (25.15%).
- I don't know the journey and may get lost or confused (8.28%) and There won't be any parking (6.75%), were the least popular reasons selected.
- These findings are split by locality in the table over the page.

Table 13 – If having an issue getting to Yeovil is selected what are the two most important reasons? – split by Area

Q5a. If your answer is YES, could you help us to understand why by choosing the TWO most important reasons for you from the list below:																
Q5a. If your answer is YES, could you help us to understand why by choosing the TWO most important reasons for you from the list below:	Total	Bridgwater	Central Mendip	Chard, Ilminster and Langport	Frome	North Sedgemoor	South Somerset East	South Somerset West	Taunton Central	Taunton Deane West	Tone Valley	West Mendip	West Somerset	Yeovil	Outside	Not stated
the cost of travel	45%	57%	45%	50%	50%	22%	17%	17%	50%	25%	67%	47%	0%	83%	43%	50%
a longer journey	45%	21%	39%	25%	50%	78%	83%	33%	30%	25%	0%	50%	100%	33%	21%	43%
a more complex travel journey (for example, change buses)	25%	43%	22%	50%	30%	28%	17%	17%	30%	50%	67%	20%	100%	33%	50%	18%
lack of public transport	44%	64%	45%	50%	45%	44%	17%	50%	60%	75%	67%	41%	0%	17%	36%	50%
I don't know the journey and may get lost or confused	8%	0%	10%	0%	10%	11%	17%	42%	0%	0%	0%	5%	0%	0%	14%	11%
my family have to travel further	25%	14%	31%	25%	15%	22%	33%	25%	20%	0%	0%	30%	0%	17%	21%	21%
there won't be any parking	7%	0%	8%	0%	0%	0%	17%	17%	10%	25%	0%	7%	0%	17%	7%	7%
Base	326	14	51	4	20	18	6	12	10	4	3	135	1	6	14	28

- 57.14% of Bridgwater, 47.41% of West Mendip, 50.00% of Frome and 45.10% of Central Mendip thought the cost of travel was an important reason why travel to Yeovil would be an issue.
- 77.78% of North Sedgemoor, 50.00% of Frome and 49.63% of West Mendip said it would be a longer journey.
- 64.29% of Bridgwater, 45.10% of Central Mendip, 45.00% of Frome, 44.44% of North Sedgemoor and 41.48% of West Mendip thought the lack of public transport was an issue.

Q6. Please use this box to explain any travel or transport issues in detail.

Table 14 – Explain travel or transport issues

Q6. Please use this box to explain any travel or transport issues in detail:	
Coded theme	Frequency
Public transport is poor (Yeovil and Taunton from Wells)	160
Longer travel time	137
Visiting more difficult / impossible. Lack of friends and support networks	113
Travel costs	91
Yeovil is difficult to get to	91
Rural / geography makes travel more difficult	83
Some without access to a car will find travel difficult	81
Don't know / not concerned / don't live there (Wells)	68
Some will experience travel difficulty /disabled / deprived	61
More complex journey / night time	46
Car parking costs /availability	40
Mental health patients may find long journeys more challenging / stressful	37
Stop cutting services	21
Public transport good to Wells	13
Can you provide volunteer / shuttle transport	9
All of the options apply not just 2	9
Travel is not good for the environment / global warming	8
What about alternative locations (Devon Bristol etc)	7
Some will not attend as travel is prohibitive	7
Public transport is fine for me	6
You should have already undertaken a travel impact assessment	4

Base = 356

- There were a high number of general comments relating to how poor public transport is between Wells, Yeovil and Taunton – no specific routes or services were mentioned.
- There were concerns about the length of time it could take to travel, which would impact on the ability of people to visit, undertake other activities or work
- Some were concerned that transport issues would mean that relatives would visit less frequently, or even at all, which could impact upon a patient's wellbeing.
- The cost of travel was mentioned, especially for those without access to a car.
- The difficulties of travel in a rural area was raised.

- Difficulties in getting to Yeovil due to transport availability for specific groups were mentioned such as the elderly, low-income households and disabled people.
- The difficulties of a more complex travel journey were highlighted including having to change buses, driving at night-time and getting home late at night.
- It was also highlighted that transport issues can have a detrimental effect on mentally ill patients as it can add to stress and anxiety.

Table 15 – Explain travel or transport issues – Split by area

Coded theme	West Mendip, Central Mendip and North Sedgemoor	All other areas	Total
Public transport is poor (Yeovil and Taunton from Wells)	93	67	160
Longer travel time	90	47	137
Visiting more difficult / impossible. Lack of friends and support networks	76	37	113
Yeovil is difficult to get to	61	30	91
Travel costs	56	35	91
Rural / geography makes travel more difficult	48	35	83
Some without access to a car will find travel difficult	48	33	81
Some will experience travel difficulty /disabled / deprived	39	22	61
Mental health patients may find long journeys more challenging / stressful	30	7	37
Car parking costs /availability	28	12	40
More complex journey / night time	27	19	46
Stop cutting services	14	7	21
Don't know / not concerned / don't live there (Wells)	10	58	68
Public transport good to Wells	10	3	13
All of the options apply not just 2	7	2	9
Travel is not good for the environment / global warming	5	3	8
Some will not attend as travel is prohibitive	5	2	7
Public transport is fine for me	4	2	6
Can you provide volunteer / shuttle transport	3	6	9
What about alternative locations (Devon Bristol etc)	2	5	7
You should have already undertaken a travel impact assessment	1	3	4

Base = 356

Q7. Please use the box below to state any other comments or concerns you would like us to consider as part of the proposals.

Table 16 – Any other comments

Q7. Please use the box below to state any other comments or concerns you would like us to consider as part of the proposals.	
Coded theme	Frequency
Proposed changes are too far for patients, carers and family to travel / rural area	112
Retain Wells facility	102
Proposal does not deliver quality healthcare	89
Local facility necessary for treatment / support / discharge	79
Provide better resources - equipment and nurses /staff	64
Travel causes difficulties and stress for mental health patients / suicide	51
A cost cutting exercise	50
Need 3 centres not 2	41
The site at Wells should be developed to provide more healthcare services	36
Nothing more to say	34
Will reduce bed numbers for MH	23
Not suitable for elderly / disabled to travel further	19
Staff will not relocate from Wells to other units	19
Nothing more to say	17
Support the changes	17
Cost of transport may prove difficult for some deprived users	14
Provide good community transport first	12
Box ticking exercise - decision has already been made	6
Provide free parking	5
Needs better communication so patients know where to go for services	5
Need more information on the proposals	5
It would be better to provide 24/7 Mental healthcare	4
Be more proactive - More in-depth medication reviews on regular basis	3
Look to use volunteers who have experienced mental health issues	3
Consideration for young people transitioning from child to adult mental health services	2
Concerned about the closure of the older person's Day Hospital- Willowbank / other ward closure	2
I have received poor support and diagnosis	2
Hopefully it would improve waiting times	2
Should not have mixed sex wards	1
More travel increases carbon footprint	1
Some patients go private as the support is not there	1
As recommended in the care act 2014 and the mental capacity act 2005 the individual has the right to remain as close to social networks as possible and has a choice where their care is delivered.	1
Consultation is a waste of taxpayers' money	1
Secure lock down wards are not good for patient welfare	1

Base = 275

- Travel issues were again highlighted, with concerns for those supporting patients, against the backdrop of having the transport challenges of a rural geography.
- A number of comments related to other groups that respondents thought would have difficulties, rather than them having difficulties directly.
- A number of comments were requests to retain the Wells facility.
- Some respondents stated that the proposals were not going to deliver a quality healthcare service in their opinion.
- The use of a local facility, where people would be familiar, have access to local amenities and support groups, was considered to lead to better outcomes and a more successful discharge by some.
- There were comments requesting a better supported service in terms of staff and equipment.
- Some were concerned that the proposals could represent a cost cutting exercise and a reduction in bed numbers.
- There were calls to retain Wells as a third site, to support the geographic split across Somerset, and to also develop the services offered so that they would include emergency or minor injuries facilities and non-medical support.
- Concerns were raised that some groups, such as the elderly and disabled, may find the journey to Yeovil and Taunton difficult.
- There were also concerns that staff may leave the service if they do not wish to travel to Yeovil to work.

Table 17 – Any other comments – Split by area

Q7. Please use the box below to state any other comments or concerns you would like us to consider as part of the proposals.			
Coded theme	West Mendip, Central Mendip and North Sedgemoor	All other areas	Total
Proposed changes are too far for patients, carers and family to travel / rural area	72	40	112
Retain Wells facility	67	35	102
Proposal does not deliver quality healthcare	57	32	89
Local facility necessary for treatment / support / discharge	49	30	79
A cost cutting exercise	36	14	50
Provide better resources - equipment and nurses /staff	34	30	64
Travel causes difficulties and stress for mental health patients / suicide	30	21	51
Need 3 centres not 2	24	17	41
The site at Wells should be developed to provide more healthcare services	23	13	36
Bigger / centralisation is not better	22	12	34
Not suitable for elderly / disabled to travel further	12	7	19
Staff will not relocate from Wells to other units	12	7	19
Will reduce bed numbers for MH	11	12	23
Cost of transport may prove difficult for some deprived users	6	8	14
Provide good community transport first	6	6	12
Box ticking exercise - decision has already been made	4	2	6
Nothing more to say	3	14	17
Be more proactive - More in-depth medication reviews on regular basis	2	1	3
Provide free parking	2	3	5
It would be better to provide 24/7 Mental healthcare	2	2	4
Support the changes	2	15	17
Look to use volunteers who have experienced mental health issues	1	2	3
Consideration for young people transitioning from child to adult mental health services	1	1	2
Concerned about the closure of the older person's Day Hospital- Willowbank / other ward closure	1	1	2
More travel increases carbon footprint	1	0	1
Needs better communication so patients know where to go for services	1	4	5

Q7. Please use the box below to state any other comments or concerns you would like us to consider as part of the proposals.

Coded theme	West Mendip, Central Mendip and North Sedgemoor	All other areas	Total
As recommended in the care act 2014 and the mental capacity act 2005 the individual has the right to remain as close to social networks as possible and has a choice where their care is delivered.	1	0	1
Hopefully it would improve waiting times	1	1	2
Consultation is a waste of taxpayers' money	1	0	1
I have received poor support and diagnosis	0	2	2
Should not have mixed sex wards	0	1	1
Need more information on the proposals	0	5	5
Some patients go private as the support is not there	0	1	1
Secure lock down wards are not good for patient welfare	0	1	1

Base = 275

- Compared to the rest of the county a higher proportion of those from West Mendip, Central Mendip and North Sedgemoor:
 - were concerned that this is just a 'cost cutting' exercise
 - would like to retain the Wells facility and would like to retain a local facility to support treatment and discharge
 - felt that the proposed changes would make it too far for patients, family and carers to travel
 - stated that there is a need to provide quality healthcare, which they felt this proposal would not deliver
 - stated that travel can add to the stress and anxiety for mental health patients, which could lead to poor outcomes and suicide.

6.5 Section Three – About You

Respondents Affiliations and Organisational Representations

Table 18 demonstrates a wide range of affiliations and representations of respondents from the survey. The question was open and therefore reflects a variety of views on how people see their affiliations.

Table 18 – Organisations represented and/or affiliated to

Q8. If you are responding on behalf of an ORGANISATION, which organisation do you represent?
A while ago I was a lay member of the monitoring team that looked at the wards in Wells and Yeovil, with the brief to gather the patient’s perspective.
Carhampton Parish Council
Chaplain to Mendip YMCA
Charity Cancer Research McMillan Nurses. I would take a voluntary holiday
ED YDH
Friend
Friends of Crewkerne hospital
Glastonbury & Street Branch Labour Party - I am Branch Secretary. Local Labour Party Members from the Glastonbury and Street Branch area. At the branch meeting on 03/03/20 we unanimously voted in favour of option 7 [<i>an additional option suggested by the Labour Party to keep St Andrews Ward, Wells with additional funding and safer staff levels and to increase beds at Yeovil</i>].
Healthwatch Somerset. My source was a volunteer during a series of Enter and View visits in Taunton and Bridgwater, who had been a patient and had sensitivities in certain areas.
Home from Home Care offers specialist residential care for complex individuals. We do not do respite or short-term beds and therefore have no vested interest in these proposals. However, we do see the effects of individuals who need residential care and h
I am a retired member of Unison and a Full Time Member of the Labour Party.
I am a County Councillor for Glastonbury & Street, and a District Councillor for Street South
I am a retired community Mental Health Nurse.
I am a volunteer for a mental health charity. I am also a service user
I am an individual, a resident of Wells.
I am responding as an individual service user, however I have reviewed and discussed this issue as a Trustee and participating member of Compass Disability.
I am responding as an individual, though I have discussed these issues in meetings at Compass Disability.
I am representing myself I have bi polar disorder so may need an admission in the future
I’m working as a micro provider for SCC and lives in Glastonbury. Supporting the homeless with counselling and support.
Independently but I am employed by ydh.
Member of Public Champion District Secretary Role. We represent teachers and education support staff across county (4,500 members). We have policy for MH, views collected for this document.
Member of Wells City Practice Patient Participation Group
Nunney Parish Council

Q8. If you are responding on behalf of an ORGANISATION, which organisation do you represent?
Parish Council
Patient Participation Group of Preston Grove Medical Centre. It represents the patient of the medical centre.
Personal opinion as bank mental health HCA
Responding as an individual who is an employee of Somerset Partnership - external to Mental Health services
Retired clinician
Retired NHS
Rust Road 2 Recovery mental health recovery we all suffer from mental health here and asking staff and clients we got the same response each time
Shepton Mallet Men's Shed. We are a haven for men who need support through either retirement, bereavement or loneliness. We have members with dementia and similar issues who can participate at their own pace in making and repairing wooden items for many I
Somerset Partnership
Somerset Partnership - Bridgwater CAMHS
Somerset Partnership Trust, CAMHS
The people
Yeovil Medical team

Base = 41

Q9. In what capacity are you responding to this consultation?

Table 19 – Response by type of responder

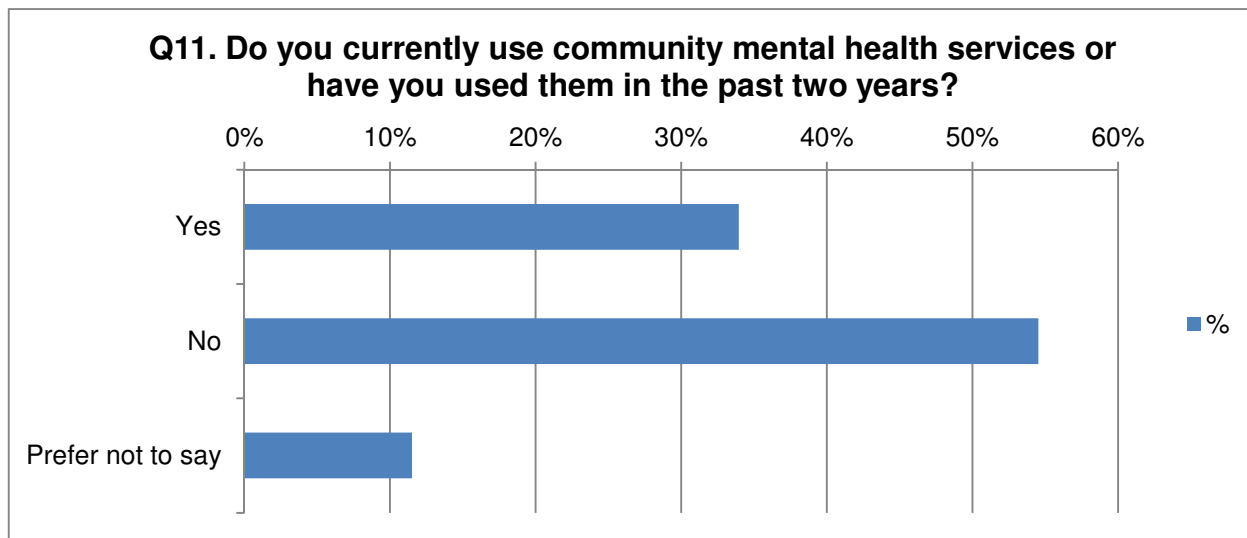
In what capacity are you responding to the consultation?	Overall
Current or former mental health service user	20.26%
Carer/family member	18.40%
Clinician	2.97%
NHS staff member	13.38%
Member of the public	36.06%
Other	7.43%
Not answered	1.49%
Base	538

Table 19 demonstrates that responses were received from a wide number of respondent types:

- Members of the public made up the largest group of respondents at 36.06% (194), followed by 20.26% (109) of the responses coming current or former mental health service users.
- 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.

Q11. Do you currently use community mental health services or have you used them in the past two years?

Chart 10 – Response by type of responder



Base = 530

- 33.96% (180) stated that they are or have been a user of community mental health services in the past 2 years.
- 54.53% (289) stated they had not been a user of community mental health services over the last 2 years.

7. Discussion Groups and Meetings Data

7.1 Introduction

The following sets out the list of discussion event notes supplied for analysis. Some groups were contacted to gather feedback specifically from those with protected characteristics in line with the Equality Act 2010. The column titled Characteristics highlights these groups and the characteristic they represent.

A total of 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.

Table 20 provides details of each specific group held.

Table 20 – Details of groups held

Date	Meeting Name/Group Description	Venue	Postcode	Total attendees	Type of Group
13/01/2020	Media Briefing for Mental Health consultation	Yeovil Innovation Centre	BA22 8RN	3	Meeting
16/01/2020	Somerset CCG Governing Body Extraordinary Meeting	Taunton library	TA1 3XZ	5	Public Meeting
23/01/2020	Patient Participation Group Chairs Network	Wynford House, Yeovil,	BA22 8HR	16	Meeting
30/01/2020	Engagement Drop-In Event	St Andrews Ward, Wells	BA5 1TJ	1	Drop in
01/02/2020	Engagement Drop-In Event	Wiveliscombe Library	TA4 2JT	0	Drop in
01/02/2020	Engagement Drop-In Event	Taunton Library	TA1 3XZ	0	Drop in
03/02/2020	Talking Café	Great Western Hotel, Taunton	TA1 1QW	0	Drop in
03/02/2020	Somerset Engagement & Advisory Group	Bridgwater & Albion Rugby Club	TA6 4TZ	28	Focus Group
04/02/2020	Talking Café	Williton	TA4 4QA	3	Drop in
04/02/2020	Engagement Drop-In Event	Bridgewater Community Hospital	TA6 4GU	1	Drop in
05/02/2020	Engagement Drop-In Event	Cheddar Library	BS27 3NB	0	Drop in
05/02/2020	Engagement Drop-In Event	Wells Library	BA5 2PU	3	Drop in
05/02/2020	Medical Management Board	Yeovil District Hospital	BA21 4AT	20	Meeting
06/02/2020	Public Meeting	Wells Town Hall	BA5 2RB	49	Public Meeting
08/02/2020	Engagement Drop-In Event	Burnham-on-Sea Library	TA8 1EH	10	Drop in
08/02/2020	Engagement Drop-In Event	Bridgewater Library	TA6 3LF	4	Drop in
10/02/2020	Engagement Drop-In Event	Ilminster Library	TA19 0BW	1	Drop in
10/02/2020	Engagement Drop-In Event	Chard Library	TA20 2YA	5	Drop in
10/02/2020	Community Scrutiny Committee - Sedgemoor District Council	Bridgwater House, King Square, Bridgwater	TA6 3AR	9	Public Meeting
11/02/2020	Somerset Neurological Alliance meeting	Blackbrook Park, Taunton	TA1 2PG	10	Focus Group
11/02/2020	Patient Voice Meeting	Yeovil District Hospital	BA21 4AT	3	Meeting
11/02/2020	Public Meeting	Yeovil Town Football Club	BA22 8YF	4	Public Meeting
12/02/2020	Somerset hospitals League of Friends meeting	Westlands, Yeovil	BA20 2DD	1	Focus Group
13/02/2020	Engagement Drop-In Event	Foundation House, Taunton	TA2 7PQ	5	Drop in
13/02/2020	Somerset Mental Health Stakeholder Forum meeting	Baptist Church, Wellington	TA21 8NS	40	Drop in
14/02/2020	Talking Café	Dulverton Library	TA22 9EX	8	Drop in
14/02/2020	Engagement Drop-In Event	West Mendip Community Hospital	BA6 8JD	44	Drop in
14/02/2020	Yeovil District Hospital - Senior Staff Meeting (Emergency department)	Yeovil District Hospital	BA21 4AT	9	Meeting

17/02/2020	Talking Café	The Beach Hotel, Minehead	TA24 5AP	0	Drop in
17/02/2020	Engagement Drop-In Event	Minehead Library	TA24 5DJ	0	Drop in
17/02/2020	Scrutiny Board	Mendip District Council, Shepton Mallet	BA4 5BT	11	Public Meeting
18/02/2020	Facebook Live	Online		23	Online event
19/02/2020	Talking Café	Wiveliscombe	TA4 2JY	14	Drop in
19/02/2020	Engagement Drop-In Event	South Petherton Community Hospital	TA13 5EF	22	Drop in
20/02/2020	Engagement Drop-In Event	Frome Community Hospital	BA11 2FH	2	Drop in
20/02/2020	Staff Engagement Drop-In Event	Holly Court, Summerlands Hospital Site, Yeovil	BA20 2BX	6	Drop in
20/02/2020	Engagement Drop-In Event	Rowan Ward, Yeovil	BA20 2BX	2	Drop in
21/02/2020	Talking Café	South Petherton Library	TA13 5BS	0	Drop in
24/02/2020	Engagement Drop-In Event	Nether Stowey Library	TA5 1LN	3	Drop in
27/02/2020	Primary Care Workshop	The Canalside, Bridgwater	TA6 6LQ	1	Focus Group
29/02/2020	Engagement Drop-In Event	Glastonbury Library	BA6 9JB	28	Drop in
29/02/2020	Engagement Drop-In Event	Frome Library	BA11 1BE	4	Drop in
02/03/2020	Engagement Drop-In Event	Priorswood Library	TA2 7HD	0	Drop in
02/03/2020	College Engagement Event	Richard Huish College, Taunton	TA1 3DZ	40	Drop in
03/03/2020	College Engagement Event	Strode College	BA16 0AB	91	Drop in
03/03/2020	Scrutiny Committee	South Somerset District Council, Yeovil	BA20 2HT	13	Public Meeting
27/03/2020	Directorate Staff Event	The Canalside, Bridgwater	TA6 6LQ	100	Meeting
04/03/2020	Workshop for primary care staff	Mendip District Council, Shepton Mallet	BA4 5BT	1	Meeting
05/03/2020	Yeovil District Hospital Governors Meeting	Yeovil District Hospital	BA21 4AT	24	Drop in
06/03/2020	Engagement Drop-In Event	Martock Library	TA12 6DL	4	Drop in
06/03/2020	Engagement Drop-In Event	Yeovil Library	BA20 1PY	3	Drop In
07/03/2020	Public Listening Event	Holiday Inn, Taunton	TA1 2UA	3	Drop in
07/03/2020	Engagement Drop-In Event	Williton Library	TA4 4QA	3	Drop in
09/03/2020	Engagement Drop-In Event	Langport Library	TA10 9RA	4	Drop in
09/03/2020	Engagement Drop-In Event	Street Library	BA16 0HA	6	Drop in
10/03/2020	Engagement Drop-In Event	Shepton Mallet Library	BA4 5AZ	0	Drop in
10/03/2020	Wellbeing Friends Group (run by Compass Disability)	The Cheese and Grain, Frome	BA11 1BE	12	Focus Group
11/03/2020	Talking Café	Yeovil District Hospital	BA21 4AT	5	Drop in
11/03/2020	Stay and Play Toddler Group, Taunton	Compass Wellbeing Centre, Taunton	TA1 1BH	6	Focus Group

12/03/2020	Talking Café	Pickwicks Country Kitchen, Broad Street, Wells	BA5 2DJ	7	Drop in
12/03/2020	Primary Care Workshop	Holiday Inn, Taunton	TA1 2UA	11	Focus Group
16/03/2020	Talking Café	The Angel, Langport	TA10 9PR	1	Drop in
16/03/2020	Talking Café	Chard Library	TA20 2YA	0	Drop in

7.2 Approach to Analysis

The most common 10 themes that have emerged from the discussions held during the meetings/focus groups have been identified, as shown in Table 21. A full breakdown of all themes can be provided upon request. Feedback was collated from various different individuals within the groups and meetings with the themes analysed for each group.

The analysis has been split into 3 sections:

- The first section includes all general meetings and drop-in sessions where views were gathered on a variety of themes related to the consultation. These are represented in one table only.
- The second section relates to the focus groups undertaken with a separate table for each topic discussed.
- The third section relates to the Mental Health Stakeholders Engagement Forum (event 58), which was a general discussion on mental health issues and not directly related to the consultation.

A number of meetings were conducted both for this consultation and another community engagement project. Consequently, some comments cross over with potential changes to other services being mentioned within the context of mental health issues.

7.3 General Views from Meetings and Drop-In Sessions

Table 21 – Feedback from general groups – Top 10 themes

Overall Group Feedback	
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

- Many comments related to requests for further detail on the proposed changes, so that the attendees could understand how changes will be implemented or the potential effects upon their care.
- The most common responses related to a range of transport issues, which it was felt that the proposals would cause to staff, family, friends and carers.
- It was also felt by many that there needs to be a facility in the Mendip area as there is a perception that the locality is being ‘downgraded for services’ and that the rural geography makes travel to other services in other areas more difficult. 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.

- 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”. GPs were highlighted as key referral contacts along with the Police and Social Services.
- 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.
- 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.

Some protected characteristic issues were identified from the groups:

- 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.
- It was stated that there could be difficulties for the elderly, as many do not drive and would rely on family members to transport and support them.
- 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.

- It was suggested that special consideration should be made for those with learning disabilities and Autism, who may need changes explained to them in a suitable format and language.
- Communication issues were raised for those who are illiterate.
- Concerns about how to communicate the new service requirements with hard to reach groups and those with language issues (e.g. Timorese).
- Some requested that the two wards proposed for Yeovil should be split by gender into a male and female ward.
- It was stated that LBGT+ patients experience higher suicide rates, which should be considered.

7.4 Focus Groups

Views were sought using a discussion guide asking 5 specific questions in relation to the consultation:

- Q1 – Views on the need to change – What do they think around safety, staff working alone etc?
- Q2 – Capture their views on whether the proposal will address the challenges faced
- Q3 – Views on the proposal of moving beds from Wells to Yeovil
- Q4 – Capture their views on what is important to them in terms of patient experience and travel. For instance, would they be willing to travel further for better care?
- Q5 – Capture any other comments, suggestions and alternatives

The following sets out the analysis with a table of the top ten themes for each question asked.

7.4.1 Views on the Need to Change

Table 22 –Q1 Views on the need to change – Top 10 themes

Q1. Views on the need to change – what do they think around safety, staff working alone etc?	
Coded theme	Frequency
Distance to a 24/7 emergency department is an issue	10
Carers / family / friends will find it difficult to visit	9
Need an alternative location in North Somerset / local service	7
Agreed the need to change	6
Invest in more staff / resources	5
How will the Community Mental Health Team be involved	4
Will staff move to Yeovil / be lost / were they consulted / retained / recruited	4
Transport and travel issues	4
St Andrews has a lovely family atmosphere / better service	4
Standalone / larger wards are not best for patients and staff	3
Patients are more familiar with Wells	3

- The rural geography was highlighted as an issue for carers, friends and relatives to visit patients at Yeovil. Some felt support from visitors was very important for mental health patients and their recovery.
- There was some agreement that the availability of a local emergency department, that is accessible 24/7 was important in deciding the location of mental health wards.
- The need for a service to support Mendip was raised.
- There were some comments in general agreement with the proposed changes.
- Investment in staff and resources was requested by some.
- Questions around the logistical challenges for Wells based mental health teams, working with patients based in Yeovil were raised.
- Staffing issues were a concern to some participants who asked about the levels of staffing, if staff were likely to be relocated from St Andrews Ward, Wells and what was planned for Yeovil in terms of staff recruitment and retention.
- Transport issues were related to the perception of the poor public transport available and the times of day such transport operated, which were at odds with visiting times.

- Some attendees felt that at present St Andrews Ward, Wells is a superior service to Yeovil, due to its family atmosphere and the attitude of staff.
- Smaller wards were preferred to larger wards by some as they felt it generated a more personal service. It was stated that people can get overlooked in larger wards.
- Some felt that proposed change will be difficult for St Andrews Ward, Wells patients, as they know where everything is and how it works for them on the site.

Some protected characteristic issues were identified from the groups:

- It was felt that extra support would be needed for those with learning disabilities to communicate the proposed changes if they are approved.
- It was felt by some that it would be easier to manage learning disabilities across two sites rather than on three sites.
- It was asked how the transition from child to adult services would be supported.
- St Andrews Ward, Wells is used as day care centre for Alzheimer's patients and there were concerns that this facility could be lost, which would adversely affect this group.
- Some felt that carers may not be able to provide as much support if services are moved as they have work commitments, which could restrict their ability to travel as far as Yeovil.

7.4.2 Views on Whether the Proposal will Address the Challenges Faced

Table 23 – Whether the proposal will address the challenges – Top 10 themes

Q2. Capture their views on whether the proposal will address the challenges faced.	
Coded theme	Frequency
Early prevention / CAMHS / Transition to adult issues	4
How is this funded / where is it spent	3
Agree that the proposal addressed the challenges faced	2
Heads Up cover more areas	1
Village Agents cover Mendip	1
Why have a recovery College when Heads Up already do this	1
St Andrews has a lovely family atmosphere / better service	1
Good to have MH professionals at GP surgeries	1
No wrong door works well	1
Not sure that things will work in practice	1
Crisis café was well received	1
Why only 2 crisis cafés in Somerset?	1
Will crisis café opening times suit need (evenings / overnight / weekend)	1
Welcomed the approach of working with service users to identify needs rather than professionals telling them	1
Didn't think more staff were needed	1
Staff need to be approachable and listen	1

- 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.

7.4.3 Views on the Proposal of Moving Beds from Wells to Yeovil

Table 24 – Moving beds from Wells to Yeovil – Top 10 themes

Q3. Views on the proposal of moving beds from Wells to Yeovil	
Coded theme	Frequency
Travel and Transport issues	6
Agreed that moving beds is sensible	5
Integration into the community has challenges	4
Distance from the community care team is an issue	3
Will staff be happy to relocate	2
The priority should be to save lives	2
Difficult for family and friends to visit	2
Home Teams have saved emergency admissions	2
Extra medical assistance may be needed	2
How will the Community Mental Health Team be involved	2
Being apart from their local community will make reintegration for service users more difficult	2
St Andrews is dangerous / keeping people safe	2

- Transport issues around access to Yeovil were raised relating to the ability of friends, carers and relatives to support the patient once moved to Yeovil.
- There were comments in general agreement with the move of beds to Yeovil.
- Some concerns were voiced about the logistics of the patient being so far away from an area with which they are familiar. They were also concerned about access to support from the Wells based community teams, who it was felt have made a positive contribution to outcomes in the past.
- Some asked if the staff based in St Andrews Ward, Wells would be prepared to relocate to Yeovil.
- The need to save lives was highlighted as a priority by some attendees, who felt that a safer service was more important than accessibility.
- The location of a nearby emergency department was seen by some as a benefit as additional medical support may be needed by inpatients. This was a reason some thought St Andrews Ward, Wells was less safe.

7.4.4 Views on What is Important in Terms of Patient Experience and Travel.

Table 25 – What is important for patient experience and travel – Top 10 themes

Q4. Capture their views on what is important to them in terms of patient experience and travel. For instance, would they be willing to travel further for better care?	
Coded theme	Frequency
Travel is a major concern	5
Lack of suitable public transport	5
Financial costs for patients, carers and relatives	5
Patients would benefit from being in their local community	3
Good care is a priority over travel	3
Travel to Yeovil is too far	2
Travel is difficult for patients near Wells	1
Audit what's already there	1
Too expensive for deprived families who make up a high percentage of users	1
Travel should not be a problem	1
Should provide disability travel	1
Some prefer to go to d as its much nearer	1
Could cost of travel be reimbursed	1

- There was a general feeling that the biggest issue in regard to the proposals was transport availability to access Yeovil for patients, their carers and families, who may be based in the Mendip area.
- Lack of suitable public transport was mentioned and, in particular, the length of time it takes to travel to Yeovil and the suitability of the bus service timetable for those who wish to visit patients.
- The cost of transport was also highlighted, particularly for those without access to a car and those who may be from a low-income household. Some felt the cost of this travel should be refunded.
- The benefit of local community facilities, the support given and familiarity of the area/site was mentioned.
- Some felt that the level of care provided was more important than the travel issues.
- There were calls to provide a disability transport service to allow disabled carers and relatives to visit.

7.4.5 Other Comments, Suggestions and Alternatives

Table 26 – Other comments, suggestions and alternatives – Top 10 themes

Q5. Capture any other comments, suggestions and alternatives	
Coded theme	Frequency
Transport & Travel issues	10
Lack of suitable public transport	4
Ensure community services are in place before the change is made	3
How will you support transition from child to adult? / CYP support / CAMHS / early intervention	3
Need to engage with carers	3
Travel takes too long to Yeovil or Taunton	3
Some prefer to go to Bath as its much nearer	2
Support organisations should be involved as they provide services	2
Who will support transport needs?	2
Needs better community services	2
Issues around who refers (self / carer / medical professional)	2
Mendip Community Transport is a charity and unreliable	2
Buses don't run at suitable times	2
Could provide community transport / minibus	2

- Some comments around the perceived transport issues were raised relating to poor public transport, and the options and alternatives that could be used including charity transport organisations.
- Transition from child to adult services were of concern, along with the support in place for young people to ensure they are heard and not lost in the system.
- The need to engage with carers and support organisations to hear their views on the development of mental health services was highlighted.
- Some attendees stated that people in the Wells and Mendip areas will go to Bath for support instead.
- It was felt that Yeovil community services would need to integrate better with the services from the patient's own area.
- A few attendees questioned where the referrals to mental health services originate. They felt self-referral didn't work as patients were unaware they were ill, meaning GPs need more training in mental health issues and carers are often not listened to.

7.5 Mental Health Stakeholders Engagement Forum

The following sets out the themes from a discussion with a number of stakeholders around general issues relating to mental health, rather than being directly related to the proposed changes. It was felt that some areas may impact on the development of the proposed new mental health service.

Key findings are grouped as follows:

Is it easier for men to discuss their mental health than ever before?

- Some thought it was as its discussed more now in the media.
- Others felt talking in the media wasn't enough as you need attitudes to change and there is still a lack of awareness and fear.
- Harder for older men to discuss their feelings because of their upbringing.
- Showing their feeling too much can lead to admission as they seem "mad".
- There is still pressure from society for men not to show weakness (emotions).

What things could help?

- Joined up healthcare.
- Signposting to the right services.
- Ageism is an issue and needs support from older persons mental health.
- More funding is needed.
- More support needed for isolated rural communities.
- Communications in plain easy to understand language.

Going from hospital into the community or vice versa – what helps and what doesn't?

- Gaps in service and falling between cracks.
- Waiting list for counselling is too long (3 months).
- Where else to go after the GP and a lack of information from the GP about community resources.
- Hospital environment is not welcoming and a lack of privacy.
- Fear of admission as poor information about what to expect which can lead to anxiety and even suicide.
- Needs one organisation to coordinate services and provide website information.
- The ability to connect with other people who understand your issues.

- Foundation House (Taunton) support staff are brilliant.

What are the most helpful forms of support?

- Collaborative services and individuals working together.
- Easier referral process.
- Free or affordable.
- Easy or easier to understand information – help or assistance and educational.
- Non-traditional alternative therapies which are low level and available.
- Help is not time limited.
- It needs to be local or accessible with provided transport.
- Will need to be age and culture appropriate.
- Has to be person centred with helpers listening and going at the users pace and level – should be flexible and based on preferences (e.g. text).
- Access to outdoor facilities and green areas which have a beneficial impact on mental health.
- Social network.
- Professionally resourced.
- Variety of means of support.
- Mental Health Champion at every GP surgery.

Do you think Mental Health is more easily accepted and better understood nowadays?

- Some say yes.
- Social media has helped raise awareness and open up the issues.
- Not hidden away any more – featured on the news and Soaps.
- Some will find it easier and some won't.
- Not so much about medication any more.
- Try to think like the individual not what books say.
- Mind, body and emotions are all connected not separate.

Terminology – What might be alternative words for Mental Health? What would be a better word for service user?

- Mind matters.
- Matters of the mind.
- Head health.
- Head proud.
- Get rid of the mental bit.
- Personal Wellbeing or personal wellbeing.
- Headology.

Do you fully understand the term “Lived Experience”?

- Not entirely sure.
- Does it include carers and relatives as well as patients?
- Yes, and adds value to the person it describes opening up discussion rather than preconceptions or prejudice.
- Employers should treat it as a strength not a weakness.
- The term may not help for some as it highlights difficult feelings about themselves.
- Hearing about others lived experiences is an inspiration.
- Provides a set of skills you could not learn anywhere else.

What do workplaces/employers need to have to support their employees’ mental health?

- Positive language and communication – use the whole person including their mental health.
- Ensure there are mental health first aiders in place or easily accessible.
- Coaching and support and telling people you value their contributions.
- Conducive physical environment.
- Appropriate pay.
- Good strategies for managing time and workload pressures.
- Whole organisation needs to increase understanding and reduce stigma.
- An organisation wide acceptance of “normal” life issues.
- A designated time and space to meet and talk about things.

8. Organisational Responses

The following sets out the list of official responses, emails and letters supplied for analysis from identified professional groups.

Table 27 – Professional Groups that responded

Sub Section	Date	Document Type	Organisation	Group Type
8.1	12/04/2020	Email & Letter	Somerset West and Taunton Council	Council
8.2	15/04/2020	Email & Petition	Somerset Constituency Labour Party Rep	Political
8.3	20/01/2020	Email	Somerset Police	Police
8.4	09/02/2020	Letter	Mayor of Wells	Council
8.5	23/02/2020	Email	Compass Disability	3rd Sector
8.6	24/01/2020	Email	Somerset GP Board	NHS
8.7	03/02/2020	Email	NHS England and NHS Improvement	NHS
8.8	09/04/2020	Email	Somerset Counselling Centre	3rd Sector
8.9	12/02/2020	Email	East Chinnock Parish Council	Council
8.10	11/02/2020	Email	Sedgemoor District Council	Council
8.11	05/02/2020	Email	Carers' Voice Somerset Partnership Board	3rd Sector
8.12	12/03/2020	Letter	Glastonbury Town Council	Council
8.13	08/04/2020	Letter	Glastonbury & Street Branch Labour Party	Political
8.14	10/04/2020	Letter	Mental Health & Learning Disabilities - Dorset CCG	NHS
8.15	10/03/2020	Letter	Carhampton Parish Council	Council

The following pages set out a summary of findings from each of these responses with the full response forming part of the consultation. The main themes from these responses have been included in the Executive Summary.

8.1 Email & Letter – Somerset West & Taunton Council – 12/04/2020

Overall

- General support for the overall vision for Mental Health Services in Somerset as it impacts Somerset West & Taunton.
- Key theme of prevention and provision of easy to access services, closer to peoples' homes is clearly in line with the county's health and wellbeing strategy 'Improving Lives'.
- Good that Mental Health Services will be receiving the investment it needs which demonstrates that the CCG have listened to the communities thoughts and needs from previous engagement programmes.

Acute Bed Relocation

- In agreement with the stakeholders' view that option 2, moving beds from St Andrews Ward, Wells to Yeovil provides the safest and most financially reasonable option.
- Yeovil benefits from having its own emergency department and a greater network of staff to call upon should cover or support be required.
- The closer geographical proximity of both physical and mental health services also supports the move to more integrated services.

Impact of the Current Covid-19 Pandemic

- The impact of the current Covid-19 crisis should be acknowledged as it will lead to a worsening or onset of mental health conditions for many people due to unemployment, financial stress, social distancing, family breakdown and an inability to rely upon usual self-coping mechanisms.
- Although this current period of uncertainty will be challenging, we recognise that it also presents opportunities to rethink how we, as organisations, are working.
- Concerning the acute beds, the district councils have a role in both the prevention and home from hospital transition- this presents opportunities to reconsider how Mental Health services work with council services such as housing, One Teams and other locality-based services.

New Model of Care

- We also believe the district council services mentioned have a specific role in prevention through offers 0, 1 and 2 in the new model of care.
- By working collaboratively with housing and localities services, we have a better chance of keeping people safe and identifying problems before they reach crisis point.
- Mental Health services need to engage more effectively with the chaotic homeless and rough sleepers, evidenced in the recent suicides seen in this community due to extreme mental health conditions.
- Believe that improved engagement between services would also be useful in planning for patients discharge from hospital by working more closely with housing options and landlord services, we have a better chance of delivering a swift discharge from acute wards into a suitable, safe, secure home environment; the most basic requirement for both mental and physical wellbeing.
- As a housing provider, would welcome further dialogue on how and what this partnership might look like.

Somerset Health, Care and Housing Memorandum of Understanding

- The Health and Wellbeing Board are considering the development of a Health, Care and Housing MoU for Somerset.
- We look forward to working with the CCG and other partners on this MoU, to develop proposals for keeping people safe and healthy within their homes.
- Acknowledging that safe, secure and suitable housing is the foundation for physical and mental wellbeing.

8.2 Email & Petition – Somerset Constituency Labour Party Rep – 15/04/2020

The following Petition gained 382 signatures, 372 were unique.

Petition text:

Mental Health:

The current consultation includes 6 options for the future of acute mental health beds in Somerset.

The CCGs preferred choice is to close St Andrews Ward in Wells and move beds to Yeovil (option 2 costing over 5 million pound). Option 6 is to build a new unit and moving all beds from Wells, Yeovil and Taunton together costing substantially more. The consultation documents are put together to ensure that people who are simply following the guided process will agree with the proposals. We believe there should be an option 7; keep St Andrews Ward (increasing funding for safer staffing levels) and increase beds at Yeovil.

If this truly is a forward-thinking process for planning for future needs, this option would ensure that accessible, local services are increased to meet the needs of local people (sending less people out of county). Moving all beds to Yeovil will make travelling for patients and carers more challenging, particularly by public transport. The main argument cited in the documents about physical health emergencies and ambulance times applies to everyone in Wells and the surrounding areas. If this is unsafe (as they say) then this evidence should be presented to the Government to create a case for one of the promised “40 new hospitals” to be built in mid-Somerset.

Most of the staff at St Andrews Ward, local people and professionals are against the closure of this local service.

By signing this petition, you agree that the CCG should adopt “option 7”: keep St Andrews Ward, increase staffing and safety, additionally increase beds at Yeovil for future sustainability.

8.3 Email – Somerset Police – 20/01/2020

- Avon and Somerset Police agreed to put the link to the questionnaire and some briefing wording about the consultation in their weekly bulletin, which went to all officers and staff.

8.4 Letter – Mayor of Wells – 09/02/2020

- At a public meeting at the Town Hall on 6th February 2020 local residents and former patients of the St Andrews ward in Wells spoke about the importance of local mental health facilities. They also raised their concerns of what would happen to patients and their families should St Andrews Ward be closed.
- As he felt there was a clear consensus at the meeting that further information was needed from the Clinical Commissioning Group the Mayor requested the following areas to be addressed:

Patients

- How many patients does the St Andrews Ward have per year?
- What percentage of those patients come from Wells / Mendip area?
- How have the patients and their families been specifically consulted in relation to the proposals to close the Ward?

Emergency Situations

- How many times were Ambulances called over each of the last 3 years to take patients from St Andrews to a hospital with an A&E Department?
- How many times were Ambulances called over each of the last 3 years to take patients from the Yeovil and Taunton wards to a hospital with an A&E Department?
- How many times were the police called over each of the last 3 years to help resolve situations at the St Andrews Ward?
- How many times were the police called over each of the last 3 years to help resolve situations at both the Yeovil and Taunton wards?

Quality of Provision at St Andrews Ward

- What professional assessments have been undertaken upon the St Andrews Ward by internal and external assessors?
- What were the results of those assessments?

The Staff at St Andrews Ward

- How many staff are employed at the St Andrews Ward.?
- How have the staff been specifically consulted in relation to the proposals to close the Ward?
- Were the staff in favour of the plans to close the ward or against them?
- Do the staff believe that the St Andrews Ward provides a good service?
- If the ward closes will staff be made redundant or given other opportunities?

Doctors

- How many doctors are based at the St Andrews Ward on a daily, nightly and weekend basis or are they called into the Ward as and when required?
- Recruitment for doctors positions throughout Somerset is particularly difficult and a reason behind the closure proposal is lack of doctors available. What attempts have been made in the last 12 months to recruit new doctors to work at St Andrews Ward?

Increasing Provision at the St Andrews Ward / Phoenix Ward

- Previously the Phoenix Ward was closed in Wells. Has consideration been given to reopening the Phoenix Ward and bringing more Mental Health provision to Wells?
- Would increasing the Mental Health provision in Wells, make the recruitment of doctors for the Wards, more attractive?
- £17 million pounds has been allocated to the Somerset Clinical Commissioning Group to improve Mental Health in Somerset, could this funding be used to open up the Phoenix Ward and pay for new doctors?

Improving Mental Health Provision in Wells and the Mendip Area

- If St Andrews Ward were to close, what specific facilities and professional staff would be available for Wells and Mendip residents?
- At the meeting, it was raised that St Andrews Ward, could remain open but be designated a step down unit, to look after patients with lower mental health needs. Can consideration be given to this and can specific plans and costings be drawn up?

The Bridge

- Are there any plans to change Mental Health provision provided at The Bridge in Wells?

West Mendip Hospital

- We are concerned upon reports that the future of West Mendip Hospital is also be considered as a ward is not fully utilised.. Again could the West Mendip Hospital be expanded to provide a hub for Mental Health provision in the Mendip area?

Publicity

- Attendees at the public meeting were concerned that not enough publicity has been given to the proposals and the meeting. What can be done to improve publicity and ensure that more residents of the mendip area are engaged in the future of this critical service?

Other

- Asked if Somerset CCG Would be willing to attend a Wells City Council meeting in February or March to discuss the proposals further?
- Felt that it would be helpful if these questions could be answered as soon as possible and prior to the end of the consultation period.

8.5 Email – Compass Disability – 23/02/2020

- Thank you for the consultation information.
- Have a keen interest in the future of all health care provision throughout Somerset and The South West.
- Appreciate the opportunity for disabled and end users to contribute.

8.6 Email – Somerset GP Board – 24/01/2020

- The GP Board discussed the FFMF consultation documents on Adult Mental Health Inpatient Beds at its most recent meeting.

- The GP Board supports the preferred model with the proviso that enhanced community services must be already in place when beds are transferred to avoid gaps in service.
- Look forward to hearing more as things progress.

8.7 Email – NHS England and NHS Improvement – 03/02/2020

- Looks sensible to NHS England and NHS Improvement in terms of adult services.
- Suggest that arrangements are strengthened for 16-24 year old young people.
- The LTP makes reference to a more inclusive approach to transition to adult and blending the needs for this age group across CAMHS and Adult services to mirror those on physical health services.
- Although numbers may be small an individual approach should be adopted.
- The provider collaboratives for mental health will support the approach Somerset can take with supporting resources.

8.8 Email – Somerset Counselling Centre – 09/04/2020

- Strategically engage with other areas of the country who have already done this work – Devon did this about 2 or 3 years ago.
- Look at their outcomes and lessons learnt including positive and negative impacts of reducing community beds in favour of home care, large hospital beds and Emergency Department admissions.
- Good to separate out Mental Health Services and allow them to catch up with Physical Health Services, but there is still bias towards physical wellbeing and statutory hospital work.
- Need to remove silo mentality but hard to achieve.
- Good to have a short session on how mental health can be better integrated to achieve the vision of being recognised equally.
- Nothing much to say about acute mental health beds.
- Transport will clearly be an issue.
- Requested further information on the Mental Health Model 0 to 5.
- Offered to get involved in development of the service.

8.9 Email – East Chinnock Parish Council – 12/02/2020

- East Chinnock Parish Council discussed the consultation document and are happy to support the proposal to move the Mental Health beds from St Andrews Ward, Wells to Yeovil.

8.10 Email – Sedgemoor District Council – 11/02/2020

- Thanked for attendance at the scrutiny committee.
- Look forward to hearing about next steps at NCSOC stage.

8.11 Email – Carers' Voice Somerset Partnership Board – 05/02/2020

- Thanked for the consultation information.
- Concern about using a Freepost service for feedback as some people will not bother posting.
- Could include some already addressed envelopes or arrange for receptionists to collect and post batches together.

8.12 Letter – Glastonbury Town Council – 12/03/2020

- At a recent meeting of the council, following a detailed discussion, the council write in opposition to this consultation.
- Particularly concerned about the proposal to relocate mental health beds to Yeovil from St Andrews Ward, Wells.
- St Andrews Ward, Wells has served the residents of mid Somerset for many years.
- The service is vital to all those involved with it.
- Need to support our communities to the same level to which they have become accustomed.
- Biggest concern is the distance and travel difficulties that patients, their families and visitors will face to reach Yeovil.
- Strongly express a concern about the loss of facilities at St Andrews Ward, Wells and urge you to reconsider the decision to close the centre and locate the beds elsewhere in the county.

8.13 Letter – Glastonbury & Street Branch Labour Party – 10/04/2020

- Attended the consultation on 29/02/2020.
- Discussed the issue of the potential closure of St Andrews Ward in Wells on 03/03/2020.
- Unanimously agreed that removing all of the mental health wards from Wells would be fundamentally detrimental to mental health services in this area.
- There has been a cash injection into Somerset mental health services, and proposals 5 & 6 on p35 of the consultation booklet seem to be far more expensive than simply investing in Option 7 – an option not even proposed – which we unanimously agreed to at the meeting.
- This option would be to keep the beds at St Andrew’s Ward and increase the funding to provide safe and sustainable levels of staffing, and to additionally increase the number of beds at Yeovil. By doing this, we would be able to meet increased demand in the future and send fewer people out of the county for treatment.
- Also noted that requiring people in the local area to travel further to access this type of service will be detrimental, both to the recovery of the patient and to the carbon footprint, which needs to be seriously considered in the current climate emergency.
- Closing St Andrews Ward, Wells is another step along the planned neglect of the NHS.
- Closure of Phoenix Ward was ill advised and has placed staff at risk and should have been considered at the time.
- On behalf of Glastonbury & Street Branch Labour Party request that St Andrews Ward, Wells is retained and properly invested in and that the two closed wards in both Yeovil and Wells are reopened.
- Bear in mind the increased need for mental health services that will be required once the Covid 19 pandemic has passed.

8.14 Letter – Mental Health & Learning Disabilities - Dorset CCG – 10/04/2020

- Thank you for sharing the information about the mental health consultation.
- Having reviewed the proposals, supportive of the preferred option to re-configure the location of mental health inpatient beds.

- Recognise the challenges outlined within the case for change and agree that the preferred model of bed configuration supports the system in context of improved patient safety and workforce resilience.
- Note the reference to an emphasis on development of community mental health services that promote prevention and early intervention, with a single point of access, crisis cafés and greater use of voluntary sector support for self-directed care.
- Believe that these community developments will support the proposed changes to the location of the in-patient services.
- Dorset CCG looks forward to hearing the outcome of the consultation.
- Would also be keen to link with you to avail of any learning that emerges as part of the introduction of the revised model of community care in particular.

8.15 Letter – Carhampton Parish Council – 10/03/2020

- Discussed the proposed changes at council meeting on 05/03/2020.
- In terms of moving a working age adult ward from Wells to Yeovil to provide better emergency care when needed, the changes made little effect on those living in this parish.
- Agreed to make no collective comment on this consultation.

9. Social Media

An effective weekly social media campaign was conducted by Fit for My Future using Facebook, Twitter and Instagram.

The campaign primarily promoted the consultation and signposted people to the survey and highlighted upcoming consultation events. Hundreds of interactions (likes and shares) were recorded across a number of posts, but with 102 comments being made. Most comments objected to the relocation of the St Andrews Ward in Wells, but it is impossible to determine the area in which the commenter was based. Some supported the proposal and some questioned the financial and logistical barriers to accessing the relocated service at Yeovil.

Questions raised and comments made included:

- Why can't beds move from Yeovil to Wells instead to provide a better geographical spread of services.
- Will it mean more or less beds?
- What would the proposed acute inpatient service at Yeovil look like.
- Decision is already made – will not listen to our views.
- Don't move the unit from Wells as we need a local service.
- Invest in existing facilities instead.
- It is all about funding issues.
- Need more services not less – increased house building and population.
- Families and carers will find travel difficult.
- Why is Yeovil safer?
- It will create more stress for service users having to travel.
- Mental health users in Mendip are being forgotten.
- What about supporting young people with autism and comorbid mental health needs.
- Yeovil is not as good as St Andrews Ward, Wells for care.
- Wells needs its own A&E - Wells area should be a priority for a new hospital or an extension to The Mendip Hospital.
- Easy to get to Bath in an emergency.
- Plan to set up a protest group to oppose closing St Andrews Ward, Wells.

10. Other Responses

Other responses in terms of letters and emails have been received to the consultation, from a range of individuals. These responses have been collated for common themes, which have informed the Executive Summary at the start of this report along with all other dialogue methods.

Responses (outside of the survey responses and discussions) were received from:

Table 28 – Other responses received

No.	Date	Type	From
1	26/02/2020	Email	Member of the public
2	02/03/2020	Email	Carer
3	19/01/2020	Email	Member of the public
4	22/01/2020	Email	Retired MH Nurse
5	20/02/2000	Email	Member of the public
6	16/02/2020	Email	Member of the public
7	02/03/2020	Email	Member of the public
8	11/03/2020	Email	Nurse
9	23/03/2020	Email	Member of the public
10	03/04/2020	Letter	Anonymous
11	12/04/2020	Email	Carer
12	12/04/2020	Email	AMHP Social Worker who does Mental Health Act Assessments (MHAAs)

The emails and letters from service users, staff and members of the public related to the following issues and comments:

- Concerns that they were unable to access the survey online and requested hard copies and concern about promotion via social media.
- Sceptical that the decision has already been made and they will not be listened to.
- Understand that investment in mental health services is needed.
- Have “lived experience” of mental health issues.
- What about keeping St Andrews Ward in Wells and investing in it instead.
- Reopen mothballed McGarvey Unit / Pheonix Ward.
- Spend £17m on existing services instead.
- Has a feasibility study been undertaken including cost analysis? What are the costs of moving the ward from Well to Yeovil as set out in the proposal?

- Provide emergency services 24/7 at Wells.
- Employ additional medical staff. What job roles will be/are in place in the community mental health model/teams?
- What are the numbers of mental health out of area placements, for acute beds such as those in the proposal, and for CAMHS too?
- Public transport in the area is poor.
- Rural geography creates travel difficulties / travel to Yeovil.
- Green issues and carbon footprint concerns from additional travel.
- Makes support from carers, family and friends more difficult which will affect patient's recovery.
- Why was there no promotion through leaflets or local press?
- Sought reassurance that The Bridge will not be closed.
- What are the plans for the Wells site once it closes?
- Will there be additional ambulances to help those with acute need get to Yeovil?
- How will the community teams and psychiatrists work efficiently if their patient is in Yeovil? Reassurance that it won't affect swift treatment.
- Concerned about higher risk of identifying crisis and potential suicide.
- Some deprived communities may find the cost of travel and parking restrictive.
- Mental health is not discussed and understood like physical health is.
- Community based mental health services reduce the need to move patients and can be supported with Talking Therapies mindfulness and meditation as an alternative to drugs and the medical model if and when safety allows.
- People need a sense of connection with their local community and benefit from being close to it.
- St. Andrews site would provide an ideal location to provide a halfway/crisis house and day care facilities.
- Concerned that the proposed changes rely too much on the charity sector support.
- Need to consider the special needs of the Glastonbury community which has a high level of alternative beliefs such as astral projection, alternative realities, mediumship, telepathy, psychic protection, alternative healing and alternative religions.
- There is a shortage of mental health beds.

Appendix

Survey Questionnaire:

Section 1 – Why do we need to change

Q1. Our staff are very committed and work very hard to provide the best service for patients. Their safety and the safety of patients are very important to us.

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 because:

- 1) Patients need swift access to an Emergency Department in the event of a significant injury or onset of a serious medical condition.
- 2) Staff from adjacent wards need to be on hand to provide support in the event of an incident or crisis.
- 3) Medical cover needs to be available at all times, including out of hours.

To what extent do you agree or disagree that the risk associated with staying the same is too great?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q2. Please explain your reasons for your answer you have given to Q1.

Q3. Detailed analysis of the evidence we have gathered shows the best option to be to move the beds from Wells to Yeovil.

We think moving beds from Wells to Yeovil is the best option because:

- 1) The Emergency Department at Yeovil Hospital is less than 1 mile away.
- 3) Support is already available on the Yeovil site from the community mental health team.
- 3) Medical cover out of hours is in place at the Yeovil site.

To what extent do you agree or disagree with the proposals to move beds from St Andrews Ward, Wells to Yeovil?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q4. Please explain your reasons for your answer you have given to Q3.

Section 2 – Travel impacts

Q5. We understand that travel and transport may be an issue for you or 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?

- Yes
- No
- Don't know
- Prefer not to say

Q5a. If your answer is YES, could you help us to understand why by choosing the TWO most important reasons for you from the list below:

- the cost of travel
- a longer journey
- a more complex travel journey (for example, change buses)
- lack of public transport
- I don't know the journey and may get lost or confused
- my family have to travel further
- there won't be any parking

Q6. Please use this box to explain any travel or transport issues in detail:

Q7. Please use the box below to state any other comments or concerns you would like us to consider as part of the proposals.

Section 3 – About You

Q8. If you are responding on behalf of an ORGANISATION, which organisation do you represent? Please give us the name of the organisation and any specific group or department.

Please also tell us who the organisation represents, what area the organisation covers and how you gathered the views of members.

Q9. In what capacity are you responding to the consultation?

- Current or former mental health service user
- Carer/family member
- Member of the public
- Clinician
- NHS staff member
- Other

Q10. Please state the first half of your home postcode.

Q11. Do you currently use community mental health services or have you used them in the past two years?

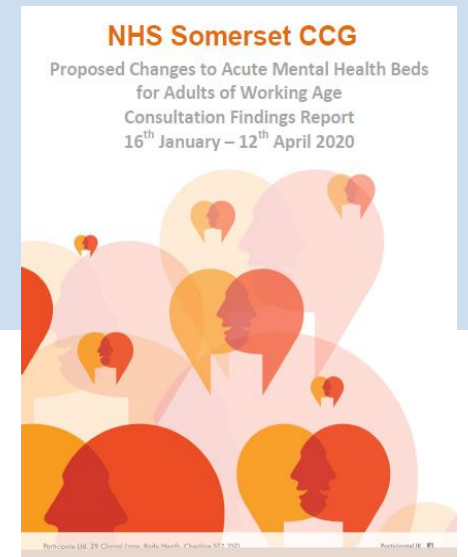
- Yes
- No
- Prefer not to say

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

Andrew Keefe

17 September 2020

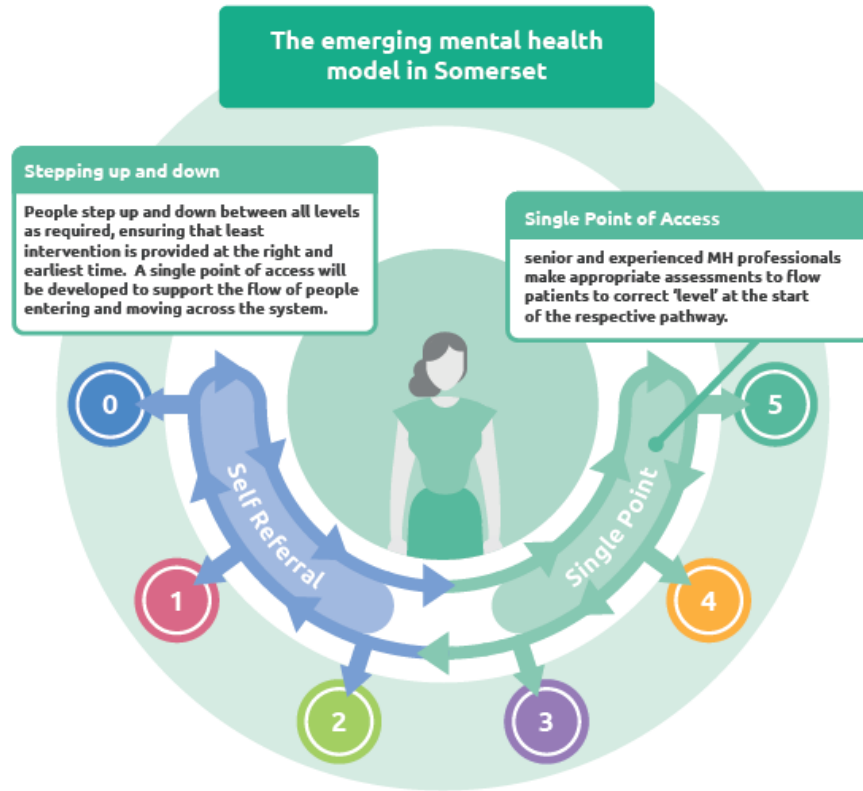


Why are we here?

- 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?

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

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

Offer 2	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
Timely support and early intervention		

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

Offer 4	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
Community Services		

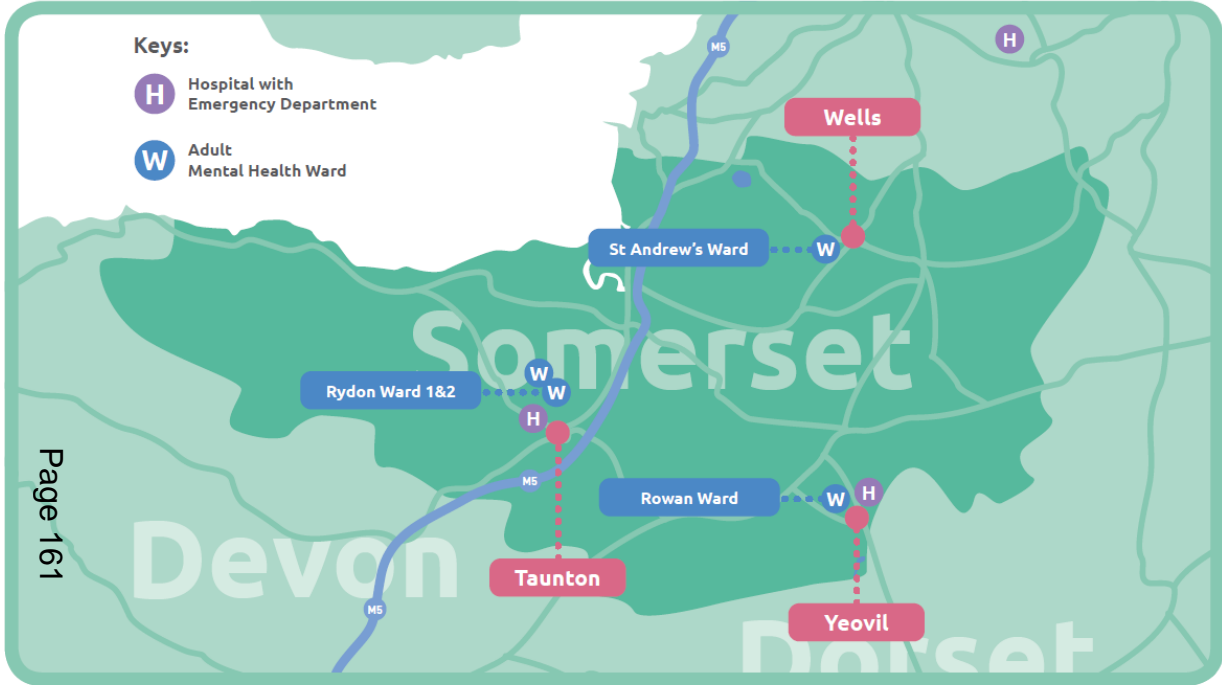
Offer 5	Crisis and urgent care support to avoid admissions to hospital eg Crisis Cafes and Home Treatment Teams. Inpatient beds for those who require support in a hospital setting.	Risk Support
Acute/Urgent Care including Home Treatment and inpatient beds		

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



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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.



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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
16th January – 12th 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

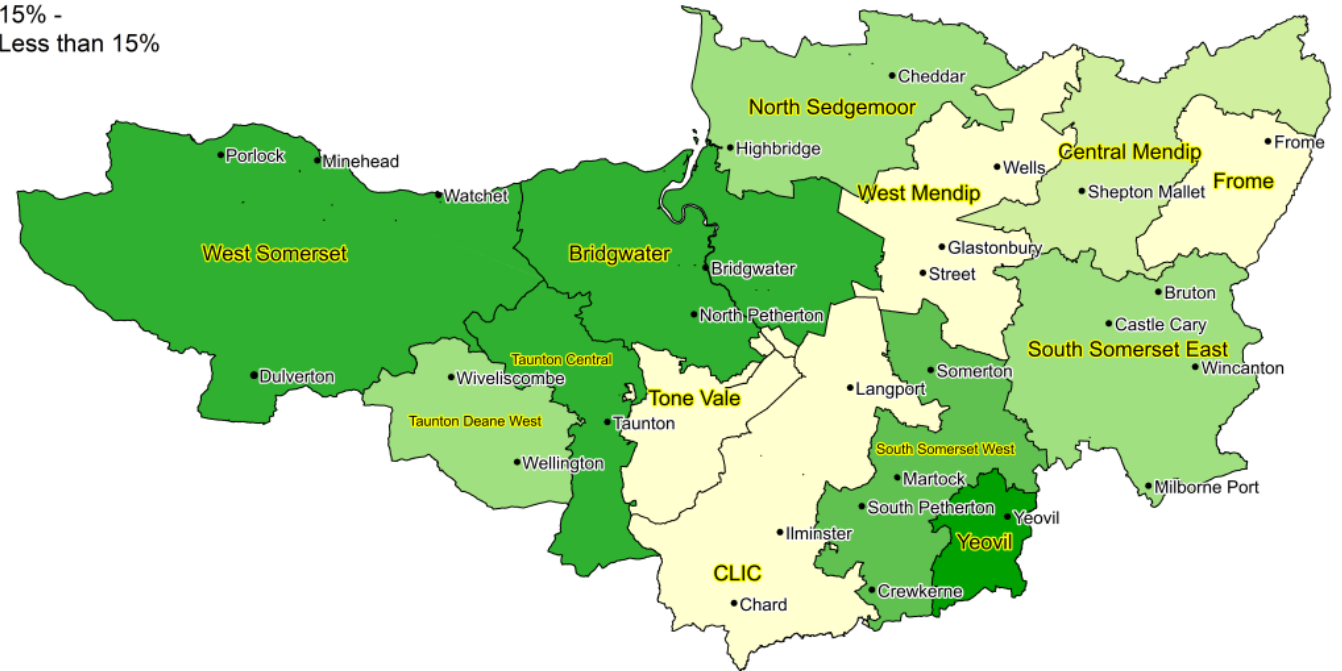
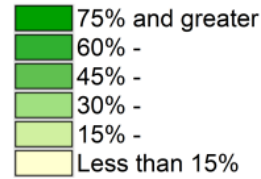
- The consultation demonstrated significant divergence of views depending on where people lived. The majority of responses to the survey were opposed to the proposed change (52%), while 37% were in favour.
- However, it is important to note that these overall figures are significantly affected by the 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.

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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">• Carers could experience added stress and anxiety from potential transport difficulties if services are moved• A move to Yeovil would have a detrimental effect on the health of carers, which could in turn add to the 'NHS workload'• 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• Some felt that the needs of carers had been overlooked in considering these proposals.
Deprivation	<ul style="list-style-type: none">• Additional transport costs for those from low-income households• Costs of parking or taxis for those on limited income should also be considered• Some felt the cost of this travel should be refunded.

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

Impacted group	Potential impacts
Gender	<ul style="list-style-type: none">• 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.
Seldom Heard	<ul style="list-style-type: none">• Accessibility issues in terms of communication was raised for those who are illiterate• 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)• Clarification needed for how homeless people would access the services.
Disability (Physical and Mental Health)	<ul style="list-style-type: none">• 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• Managing learning disabilities and providing support would be easier on two sites than spread across three sites• 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• A disability transport service should be provided for free to assist disabled carers and relatives when visiting inpatients.

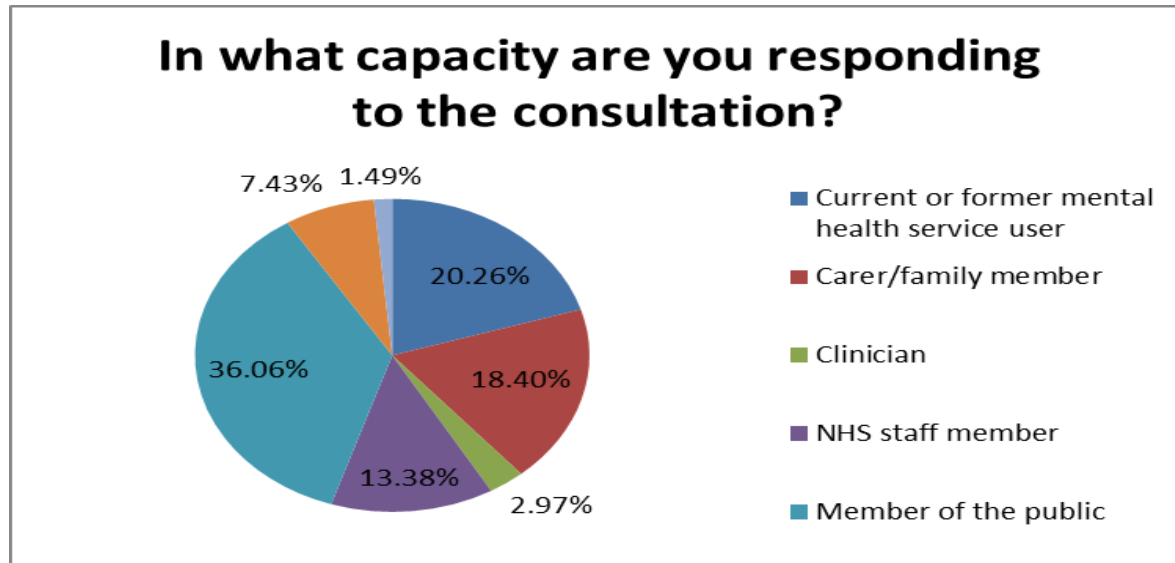
All Response Routes: Potential Equality Impacts (3/3)

Impacted group	Potential impacts
LGBTQ+	<ul style="list-style-type: none">• One group stated that LGBTQ+ suicide rates are high, so they need extra support
Age	<ul style="list-style-type: none">• 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)• 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• 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• 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)• 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.

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.



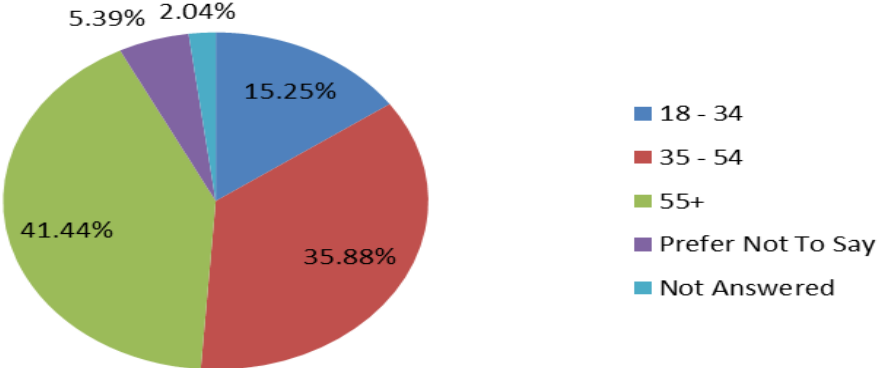
In what capacity are you responding to the consultation?	Overall
Current or former mental health service user	20.26%
Carer/family member	18.40%
Clinician	2.97%
NHS staff member	13.38%
Member of the public	36.06%
Other	7.43%
Not answered	1.49%
Base	538

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.

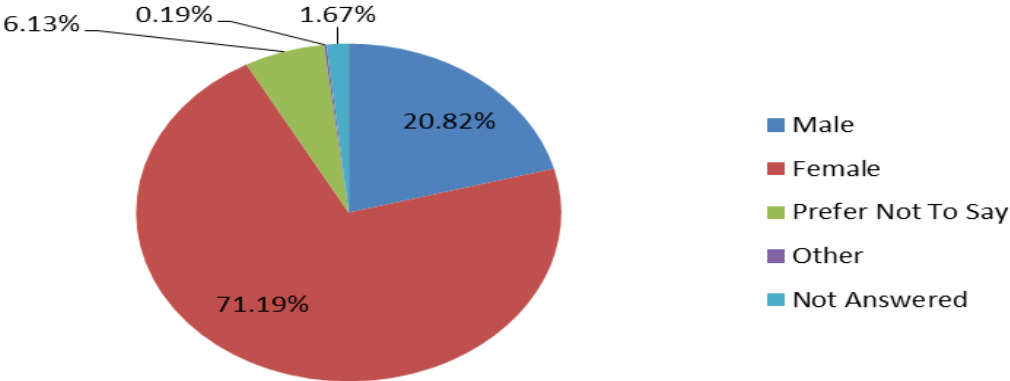
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Responses by Age Group



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

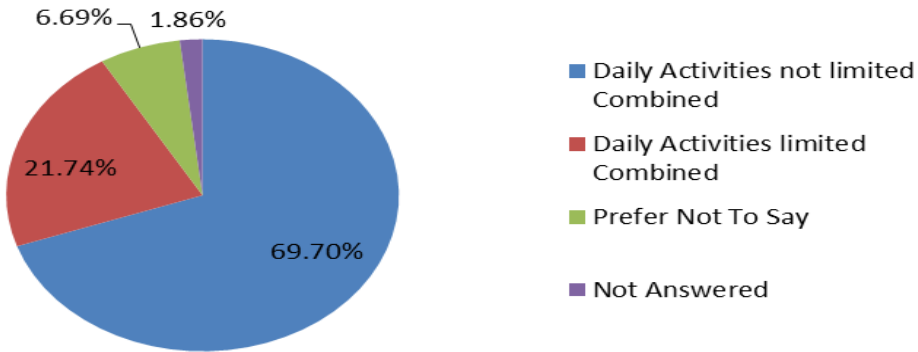
Responses by Gender



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

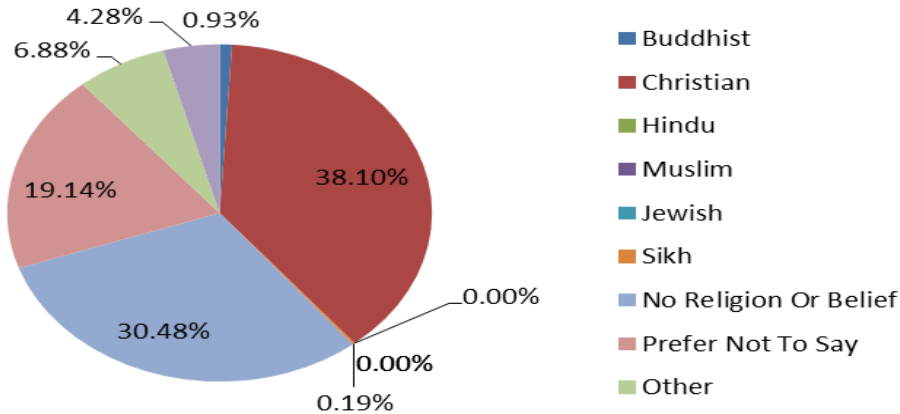
Survey: Respondent Profiles (3/4)

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

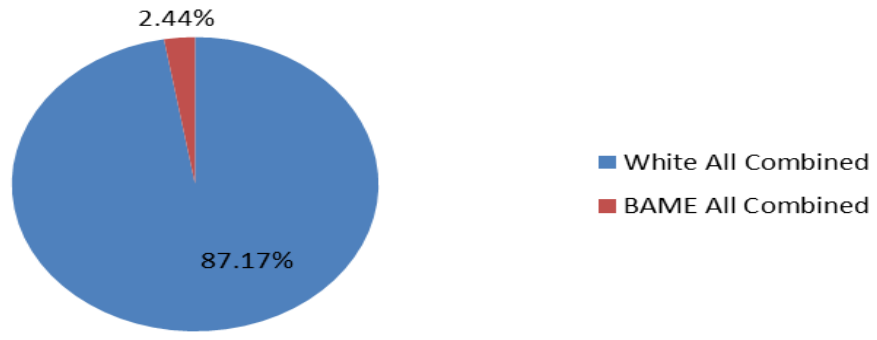
Do you have a religion or belief?



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%

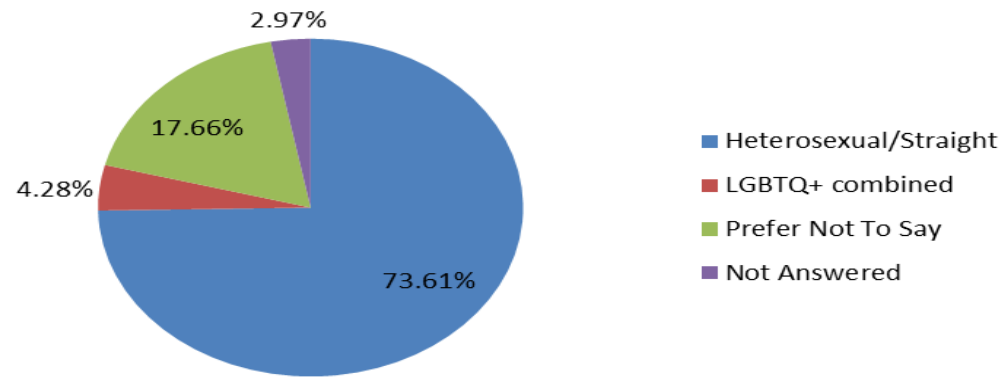
Survey: Respondent Profiles (4/4)

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

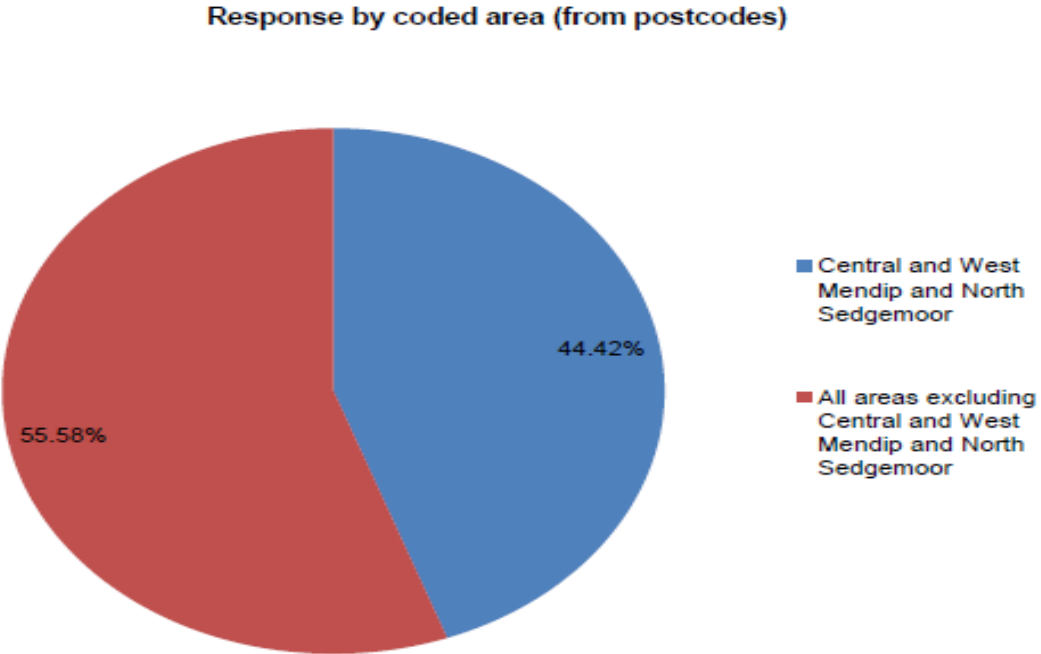


Sexual Orientation	Number of Responses	Survey Responses %	Somerset % (ONS 2017 Somerset Adults 16+)
Heterosexual/Straight	396	73.61%	?
LGBTQ+ combined	23	4.28%	2.40%
Prefer Not To Say	95	17.66%	N/A
Not Answered	16	2.97%	N/A

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:

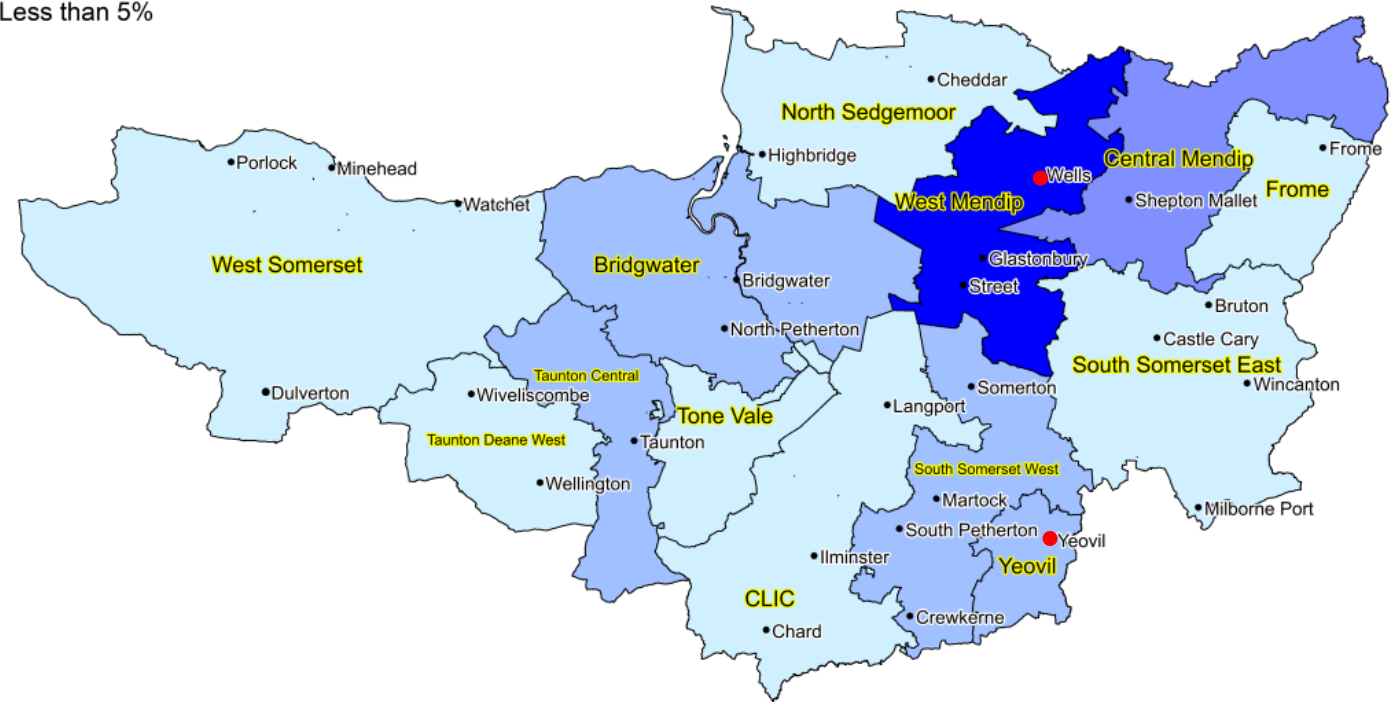
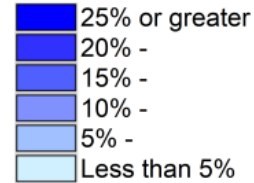
Area	Number of Responses	Response %
Bridgwater	30	5.58%
Central Mendip	59	10.97%
Chard, Ilminster and Langport	14	2.60%
Frome	22	4.09%
North Sedgemoor	26	4.83%
South Somerset East	12	2.23%
South Somerset West	31	5.76%
Taunton Central	40	7.43%
Taunton Deane West	9	1.67%
Tone Valley	15	2.79%
West Mendip	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.

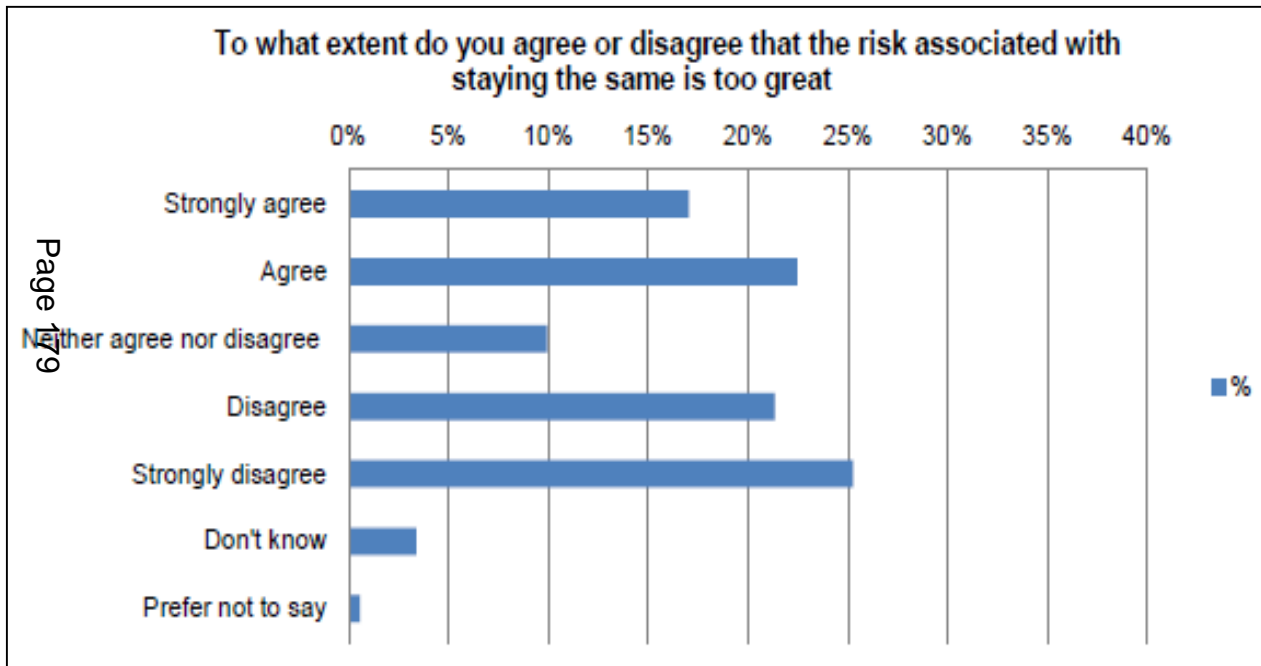
Proportion of responses by area



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.

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.

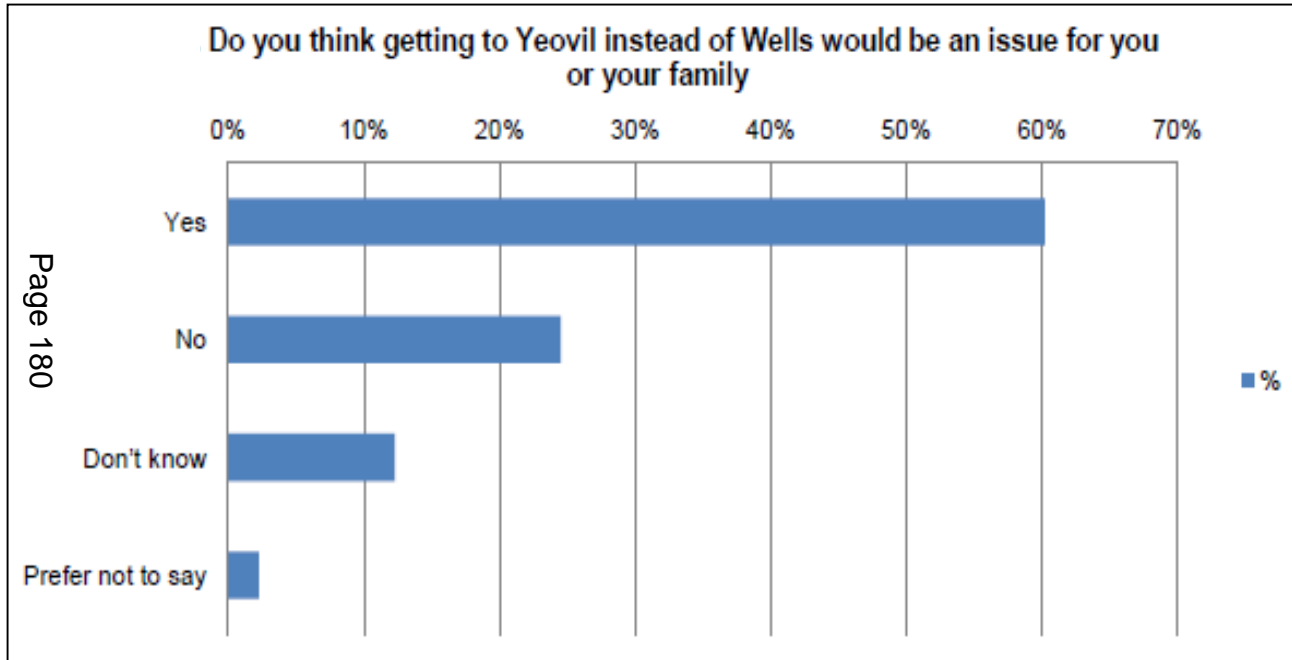
In terms of geography, those areas closest to the Wells unit (West Mendip, Central Mendip and North Sedgemoor) mostly disagreed that the risk was too great, whereas those further away from the Wells site mostly agreed that the risk was too great to stay the same.

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) and will share this decision widely.



Thank you





Any questions or feedback?





Contact us

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fitformyfuture.org.uk

Fit for my Future, Somerset Clinical Commissioning Group, Wynford House, Lufton Way, Lufton, Yeovil BA22 8HR

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Supporting our children & young people with Special Educational Needs & Disabilities

SOMERSET HEALTH & WELL-BEING BOARD



SEND Presentation

Following the Inspection in March 2020 and the publication of the Inspection Report in May 2020, the following presentation was developed to build awareness of findings of inspectors and priority areas for improvement.

Teams asked to reflect on current practice and to revisit the SEND Charter as a first step towards addressing some of the cultural barriers to improvement.

The presentation has been viewed over 1,400 times by staff across the Local Area network.

<https://youtu.be/eB4LwuxVGGs>



Inspection – Publication on 27 May 2020

- Between 9 March and 13 March 2020, Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Somerset to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014 as detailed in the SEND Code of Practice (2015).
- These inspections evaluate how effectively the local area meets its responsibilities.
- The local area includes the Local Authority (Education, Public Health, Children's and Adult Social Care) Clinical Commissioning Groups (CCGs), NHS England for specialist services, Early Year's settings, Schools and Further Education Providers.
- A Written Statement of Action (WSOA) is required (from both the LA and the CCG) as inspectors identified significant concerns in relation to statutory duties - 60% of local areas inspected to date have been required to produce WSoA.
- WSoA Time extension agreed by OFSTED (19th August – 30th September)

National Context — Review launched Sept. 2019

- Exponential rise in EHCPs – Number of pupils with an EHC plan in Somerset has increased by 19.8%, from 1,690 in Jan 2019, to 2,024 Jan 2020. 2.6% of all pupils.
- Exponential rise in spend on SEND - £54m in Somerset and £7m more than budgeted for.
- Complex System – with multiple accountabilities – NHS and Schools are key but criticism focused on LAs – ‘blame game’
- 60% of local areas inspected have not met statutory requirements - e.g. Suffolk outstanding children’s services have failed their re-inspection
- SEND Home to School Transport – separate from above £4.8m – not related to family resources/benefits
- Tribunal System – adversarial based on parental preferences and meeting SEND education needs (not on overall best interests of the child or value for money)
- Parents have limited confidence in the system – everyone is unhappy

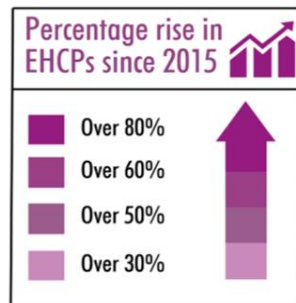
Somerset Context

SPECIAL EDUCATIONAL NEEDS

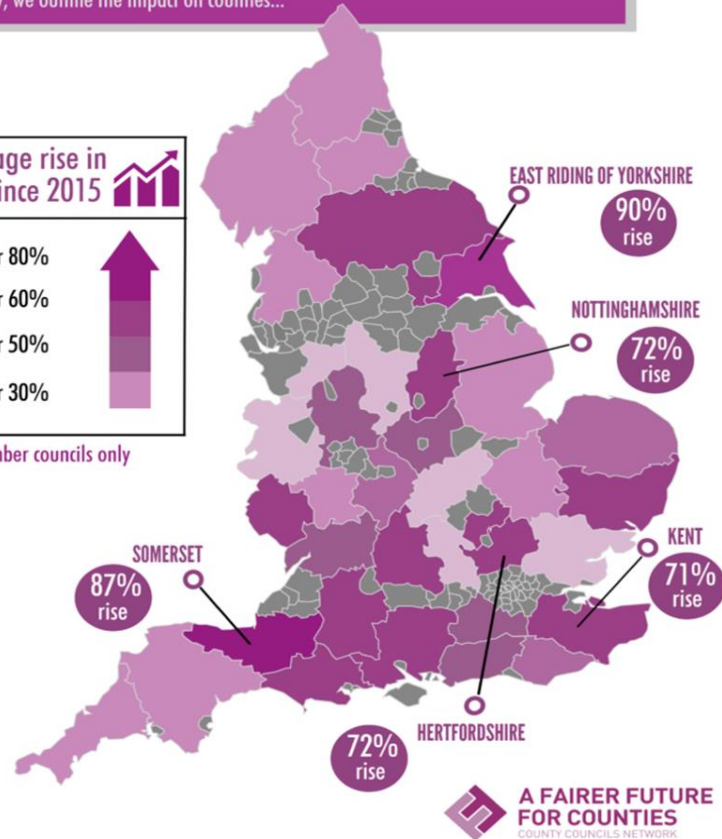
Exploring funding pressures in county areas

In 2014 the government raised the age limit of Education, Health, and Care Plans from the age limit from 19 to 25. This extended the statutory duty for councils to provide support for young people with special educational needs - but without any extra funding to account for the rise. Below, we outline the impact on counties...

CCN
COUNTY COUNCILS NETWORK



*36 CCN member councils only



- Along with other LAs there has been a rapid increase in demand for assessment of -Education, Health and Care Plans (EHCP).
- More children are identified with Special Educational Needs in Somerset than similar areas - 12,217 pupils are identified with some form SEN 15.4% of all pupils
- More children are identified with a Social Emotional Mental Health (SEMH) need (related to behaviour in schools) and less are identified with Autism than national average
- High rates of Exclusions for pupils with SEND
- Educational outcomes for pupils with SEND - are overall below the national average for pupils with SEND
- Previously Somerset operated a unique high needs funding model which meant that a Statement of Educational needs was necessary only in the most complex of cases – leading to specialist provision
- SCC SEND services similarly operated in a unique structure and were only brought together in 2018.

The effectiveness of the local area

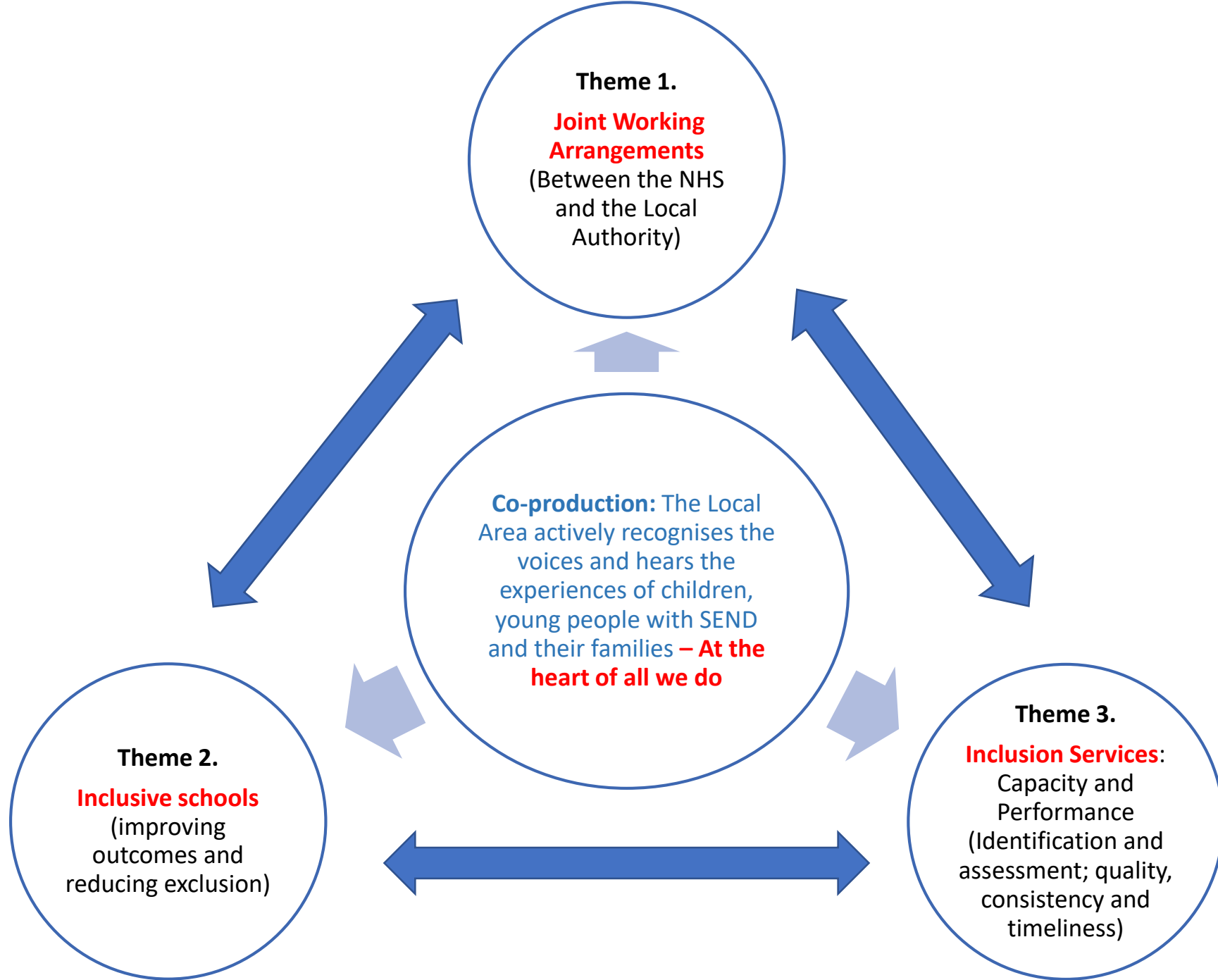
- ✓ Joint working in the early years leads to effective early identification of children with complex needs.
- ✓ Speech and language therapy provision for young people in the Youth Offending Team is well established.
- ✓ The effectiveness of joint working in the early years supports timely and accurate identification of young children's needs
- ✓ Outcomes for children and young people with SEND in the 'West Somerset Opportunities Area' are improving because of better joined-up working between services.
- ✓ Opportunities for co-production are improving. Leaders are increasingly responding to the views of parents through the strengthening relationship with the parents and carers forum.
- ✓ SENDIAS staff advocate exceptionally well for children, young people and their parents. The service is very well led.

The effectiveness of the local area 2

- ✓ The parents and carers forum has established effective relationships with area leaders.
- ✓ The local offer, known as 'Somerset choices', has a range of comprehensive and useful information for parents and professionals.
- ✓ Some schools in the area are highly committed to the reforms and make excellent provision for children and young people with SEND
- ✓ Special schools, including pupil referral units and schools with enhanced provision, provide a strong service for the children and young people and their families who access them.
- ✓ The seven-day-a-week 'Enhanced Outreach Team', with an on-call children and adolescents mental health service (CAMHS) operational manager, is effective.
- ✓ Leaders have worked effectively to improve the area's approach to preparing children and young people with SEND for adulthood.
- ✓ Strategic leaders responsible for Children who are Looked After (CLA) are benefitting from greater joined-up working.
- ✓ Social Care provision [for SEND] across the area is well received.
- ✓ Some frontline staff make a real difference for children and young people with SEND and their families.

The local area is required to produce a Written Statement of Action to Ofsted/CQC – the following are the nine statements to address the areas of significant weakness :

1. We all need to work more closely with children and young people with SEND and their families to understand and learn from their experiences as we develop strategies to improve the area. Inspectors recognised that there are many strengths in this area, but we are not consistent in our practice.
2. We need to improve leadership capacity across services in Somerset to provide effective support to children with SEND.
3. We need to continue to strengthen and embed partnership working across Education, the NHS, Public Health and Social Care.
4. By improving joint commissioning arrangements between Somerset County Council and the NHS, we can improve leaders' abilities to ensure they meet area needs, as well as improving outcomes and achieving cost efficiencies.
5. Our pathway for children with autistic spectrum disorder needs substantial development to address the poor service too many families are receiving.
6. We need to extend inclusive practice in schools across the local area and in turn reduce exclusion rates which currently mean too many children and young people are not accessing education.
7. We need to improve the outcomes for all children with SEND, through ensuring effective identification of needs and the right support to make the difference for children.
8. The multi-professional assessments and planning required for Education, Health and Care Plans needs to be carried out more swiftly.
9. The quality of professional input for Education, Health and Care Plans needs to be at a consistently high level.



Progress on the Written Statement of Action (WSoA)

- Senior Officers meeting with DFE held
- Improvement Board established jointly chaired by SCC and CCG Chief Exec Officers
- Parental Survey – organised by SPCF – 750+ responses, in addition responses received from other parental groups and individuals
- Meeting with ‘The Unstoppables’ – Child and Young Person voice
- Staff briefing – over 1,400 views across the Local Area
- Governors & Trustee Survey – 151 responses
- Schools (47 Secondary; 34 Primaries; 13 Specials; 2 MATS)
- Meetings with Senior Leaders in both organisations
- Meetings with Clinicians
- Overall 200+ meetings have taken place to date and continue



Health and Wellbeing Board Work Programme – September 2020-March 2021

Agenda item	Meeting Date	Details and Lead Officer
Health and Wellbeing Board Meeting	17 September 2020 11am	
Covid-19 dashboard		Lou Woolway
Fit for my Future update/Mental Health Consultation		Maria Heard
SEND Update		Julian Wooster
Homelessness		Mark Leeman
Health and Wellbeing Board Meeting	26 November 2020 11am	
Covid-19 dashboard		Lou Woolway
Fit for my Future		Maria Heard
JSNA update		Pip Tucker
Director of Public Health Report		Trudi Grant
Somerset Safeguarding Adults Board Annual Report		Stephen Miles
Health and Wellbeing Board Meeting	21 Jan 2021 11am	
Covid-19 dashboard		Lou Woolway
Fit for my Future		Maria Heard

Health and Wellbeing Board Work Programme – September 2020-March 2021

HealthWatch update		Hannah Gray
Safeguarding Children		Caroline Dowson
Health and Wellbeing Board Meeting	18 Mar 2021 11am	
Covid-19 update		Lou Woolway
Fit for my Future		Maria Heard
Better Care Fund		Tim Baverstock

Member information sheets:

Structure of adult social care in the community	August/September	Mel Lock
Better Care Fund	September	Tim Baverstock
Annual Report of the HWBB	October?	Lou Woolway
Safer Somerset Partnership	November?	Lucy Macready

To add later?:

HWBB Performance Report		James Hadley
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