<table>
<thead>
<tr>
<th>Date:</th>
<th>5&lt;sup&gt;th&lt;/sup&gt; March 2020</th>
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<tbody>
<tr>
<td>Agenda item:</td>
<td>20.1</td>
</tr>
<tr>
<td>Title:</td>
<td>Somerset STP Update</td>
</tr>
<tr>
<td></td>
<td>(for information)</td>
</tr>
<tr>
<td>Items:</td>
<td>1. Slides: Fit for my future – the health and care strategy for Somerset</td>
</tr>
<tr>
<td></td>
<td>2. Community health and care services - Engagement doc</td>
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<td>3. Community health and care services - Engagement questionnaire</td>
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<td></td>
<td>4. Consultation Document Mental Health January 2020</td>
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<td>5. Consultation Questionnaire Mental Health January 2020</td>
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## Council of Governors

<table>
<thead>
<tr>
<th>Date:</th>
<th>5&lt;sup&gt;th&lt;/sup&gt; March 2020</th>
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<tbody>
<tr>
<td>Agenda item:</td>
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<tr>
<td>Title:</td>
<td>BSW STP Update (for information)</td>
</tr>
<tr>
<td>Items:</td>
<td>1. Slide information pack (to follow)</td>
</tr>
</tbody>
</table>
BaNES, Swindon and Wiltshire Partnership

James Scott, Chief Executive, Royal United Hospitals Bath NHS Foundation Trust

March 2020
BSW Partnership Update

Stephanie Elsy appointed as Independent Chair, December 2019
“Working together to empower people to lead their best life”

The leaders of our system came together to discuss the way forward for our integrating system. We worked on developing this vision and how to really deliver on our ambitions. This vision represents the values that we agreed we share and the consensus that we are developing together.

3 components of our vision

**COLLECTIVE VOICE**
Working together as a collaboration and one whole system

**HEALTHY COMMUNITIES**
Empowering people to lead on their own health with their families, their communities and professionals

**STORIES AND STRENGTHS**
Holding people’s strengths, stories, experiences, and what matters to them at the heart of our system
CCG Merger update

Appointments made to CCG leadership team

• Dr Andrew Girdher - Clinical Chair
• Dr Ruth Grabham - Medical Director

Locality Clinical Chairs

• Bryn Bird - BaNES
• Dr Amanda Webb - Swindon
• Recruitment underway for Locality Chair for Wiltshire

Locality GPs

• BaNES - Dr Tim Sephton
• Swindon - Dr Francis Campbell,
• Dr Sam Dominey - South Wiltshire; Dr Nick Ware - North Wiltshire; Dr Catrinel Wright - West Wiltshire
Executive Leadership Team: Bath and North East Somerset, Swindon and Wiltshire CCGs

Tracey Cox
Chief Executive

Caroline Gregory
Chief Finance Officer

Gill May
Executive Director of Nursing and Quality

Corinne Edwards
Chief Operating Officer - Bath and North East Somerset

David Freeman
Chief Operating Officer - Swindon

Ted Wilson
Chief Operating Officer - Wiltshire
(From 2 March 2020: Elizabeth Disney)

Julie-Anne Wales
Director of Corporate Affairs

Sheridan Flavin
Interim Executive Director for People and Organisational Development

Alison Kingscott
Interim Executive Director for People and Organisational Development

Nicki Millin
Executive Director of Strategy and Transformation
(From 1 April 2020: Richard Smale)

Bath & North East Somerset ● Swindon ● Wiltshire ● Working together
Five Year Plan – What we want to achieve

• Prevention - Improving the health and wellbeing of our population
• Helping people to age well
• Helping people with learning disabilities and autism
• Helping people affected by mental health issues
• Developing Primary Care Networks & strengthening community services
• Achieving sustainable secondary care services
BSW Transformational Work Programmes

In line with the new approach of *system by default*, it is expected that all system partners will take on responsibility for delivering a co-ordinated programme of transformational change.

The BSW agreed areas for a system wide focus are:-

- Mental health
- Learning Disabilities and Autism
- Ageing well
- Outpatient Transformation
BSW Work Programme: Mental Health

SRO: Dominic Hardisty  Clinical Lead: Dr. Febin Basheer

6 areas of focus:

• Implementation of THRIVE & creating community resilience
• Early help and navigation (community based)
• Redressing the balance between physical and mental health
• Crisis Support
• Safe & Accessible Care in bets possible facilities
• Reducing Out of Area Placements
### MH Programme oversight

#### BSW MH Programme Board - THRIVE

<table>
<thead>
<tr>
<th>STRATEGIC WORKSTREAMS</th>
<th>PROGRAMME</th>
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</thead>
<tbody>
<tr>
<td><strong>One</strong></td>
<td>Implementation of THRIVE and creating community resilience</td>
</tr>
<tr>
<td><strong>Two</strong></td>
<td>Providing early help and navigation that is community based</td>
</tr>
<tr>
<td><strong>Three</strong></td>
<td>Redressing the balance between physical and mental health</td>
</tr>
<tr>
<td><strong>Four</strong></td>
<td>Provide better support for people in crisis</td>
</tr>
<tr>
<td><strong>Five</strong></td>
<td>Deliver safe, effective and accessible care in best possible facilities</td>
</tr>
<tr>
<td><strong>Six</strong></td>
<td>Minimise need for high intensity, out of area care and treatment</td>
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#### ENABLISTERS

<table>
<thead>
<tr>
<th>DIGITAL</th>
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<tbody>
<tr>
<td>Drive change in attitudes to mental health and wellbeing. Create more community and personal resilience</td>
</tr>
<tr>
<td>Co-creation of PCN provision. Review of referral pathways. Delivery of IAPT targets. Co-design of community mental health services</td>
</tr>
<tr>
<td>Improved rates of physical health checks for people with SMI. Further expansion of PIMH services</td>
</tr>
<tr>
<td>Reduced preventable crisis attendances and admissions. Co-creation of patient centric crisis plans. New 111 model</td>
</tr>
<tr>
<td>AWP bed base review – co-design of the right size bed base that addresses current risks</td>
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<thead>
<tr>
<th>WORKFORCE</th>
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<tbody>
<tr>
<td>Improved outcomes and experience for people with mental health issues</td>
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</tr>
<tr>
<td>Improve experience and outcomes for people in crisis and provide more prevention options</td>
</tr>
<tr>
<td>Ensure people have access to the right bed as close to home as possible in high quality estate</td>
</tr>
<tr>
<td>Providing the care people need as close to home as possible</td>
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</tbody>
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<table>
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Bath & North East Somerset ● Swindon ● Wiltshire ● Working together
Crisis Work Stream

Understanding the issues
- Review of one year's worth of 111/IUC MH cases
- Out of 1,051 cases – 865 preventable ED and primary care attendances
- 30 SFT case study reviews – 50% preventable attendances
- Co-created new pathway
- **Go Live Feb 2020**
- Addressing known workforce constraints – creation of new rotational posts
- Single point of access – provide better support and experience for people
- Next phase is co-creation of person centric crisis plans following by extension of new model to CYP by August 2020
BSW Work Programmes – Learning disabilities and autism

- New Programme Board developed includes locality commissioners, local authority representatives, AWP, Oxford Health, Virgin, WH&C, Parent Carers Council, NHSE, Police, Voluntary sector, Healthwatch

- Working in partnership with Academic Health Science Network to hold local workshops

- Swindon workshop held. BaNES and Wiltshire to be undertaken by end of March 2020.

- Collaboration will also include support for large scale change model, benchmarking of good practice and innovation and improvement advice and coaching
BSW Work Programmes – Ageing well

• **SRO : Kirsty Matthews**  **Clinical Lead: Robin Fackrell**

Programme Focus:-

– 2-hour urgent community response & access to reablement within 48 hours (should also support delivery of the 92% occupancy requirement)

– Enhanced care in care homes (linked to the PCN DES specification)

– Enhancing the Home First pathway (links to the reablement model)

– Shared decision making & personal health budgets

– Use of anticholinergic drugs
Draft programme scope areas (highlighted priority workstreams)

- Comprehensive assessment
- Social Prescribing
- Research & links to universities
- Voluntary Sector
- Community hubs
- Digital solutions
- Comprehensive assessment
- Community hubs
- Digital solutions
- Research & links to universities
- Voluntary Sector

- Falls Prevention
- Rockwood linked to Frailty Index
- Urgent Community Response & Reablement Svc
- Frailty Models (at the Front Door)
- Enhanced Care in Care Homes Framework
- Personalised Care
- Shared Decision Making

- Proactive Partnership Approach
- Fewer people need hospital care
- People seen, treated & returned ‘home’ early
- Person Centred Care
- Personal Health Budgets
- What Matters to You/Ask 3 Q’s

- Living within our means
- People supported to stay well
- Promotion of Living Well
- Personalised Care

- Death with dignity
- No harm or needless death
- Prescription & Primary Care
- Population analytics
- Strength Based Approach; 3 Conversations

- AGEING WELL

- Prescribing & net de-prescribing
- Demential Cafes; Singing for the Brain etc
- Digital solutions

- Urgent Community Response & Reablement Svc
- Frailty Models (at the Front Door)
- Enhanced Care in Care Homes Framework
- Personalised Care
- Shared Decision Making

- Bath & North East Somerset • Swindon • Wiltshire • Working together
BSW Work Programmes Outpatient transformation

SRO : TBC
Clinical Lead: TBC

Programme Focus: Developing a new model for outpatient clinics, with 30 percent of activity delivered differently such as in the community or via virtual consultation (rather than in a hospital setting)

- Referral management (variation management, triage, diversion management, choice at 26 weeks, live demand intelligence)
- Front end pathways: Advice and guidance and tests up front – ambition for full coverage by Sept 2020 and pilot one BSW wide service in 20/21
- Back of pathways: PIFU and virtual clinics – by default for all specialties by Sept 2020?
- Video consultations – faster roll out (Set ambition of how many clinics offer this by end of March 2021)
- New ways of working – e.g. longer appointments to inform choice of whether to have a procedure, out-reach clinics, group sessions etc.
Key Drivers of Outpatient Transformation

85% of all UK hospital-based activity (excluding A&E) is accounted for by outpatient appointments.

50% of outpatient referrals are received from general practice.

5% of road traffic in England is NHS-related.

20% of pensioners who attended an outpatient appointment reported feeling worse afterwards because of the stress involved in the journey alone.

£17 A trip to an outpatient appointment costs the patient, on average, £17 an hour.

25% of doctors say 10-20% of their new patients didn’t need to come to an outpatient clinic at all.

57% of outpatient clinics finish late every clinic or at least once a week.

35% of outpatient clinics provide an alternative to face-to-face follow-up appointments.

28% of doctors say 10-20% of their follow-up patients could have been seen using an alternative to face-to-face consultation.

BSW Elective Care Programme Board

BSW Oversight and Delivery Group

BSW Digital

BSW Workforce

SFT OP Transformation Board

GWH OP Transformation Board

RUH OP Transformation Board

Trust level governance and links to digital / workforce

Other specialty level projects

Performance
Five Year Plan - Making change happen

- **BSW Academy** - cultivate leaders in our health and care system, create a network of innovative, empowered and influential leaders

- **Digital strategy** - to improve the digital capability across BSW and improve the efficiency of services and the experience of patients. Strategy to be reviewed by BSW Executive and Board in March

- **Our people** - planning how to make the best use of our workforce and making the BSW health and care system the best place to work.
BSW Work Programmes - Estates

- There will be a single overarching BSW Estates Strategy made up of place-based estates plans.
- The place-based plans will cover primary care, community health, acute, ambulance and mental health services.
- National need to develop a Primary Care Estates Strategy linked to PCNs.
- Local authority estate will be considered through reference to the One Public Estate opportunities.

BSW-wide Estates Strategy

Place-Based Estates Plans Across three localities

Individual Organisations Estates Strategies: CCGs (Primary Care and Community Hospitals), AWP, SFT, GWH, SWAST, RUH
Fit for my Future and the Somerset Vision

• Fit for my Future is a joint strategy led by Somerset Clinical Commissioning Group and Somerset County Council, in collaboration with our partners across the NHS and voluntary sector and is driving the implementation of the Somerset vision.

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

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

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

We are currently reviewing the health and care services provided to Somerset’s population. Around 580,000 people are registered with Somerset GPs.

In all of our work we are focussing on the need to bring care as close to home as is practical, investing in and resourcing community based resources along the lines of the NHS Long Term Plan, while reviewing and consolidating where necessary our inpatient bed base.

We are currently running a public consultation on the future location of adult acute inpatient mental health beds in Somerset.

We are also running a public engagement programme sharing our early thinking about improvements to community health and care services.

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

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

- We know there is inequity in provision and spending between physical and mental health services.
- It’s thought that over 70,000 people in Somerset have a mental health problem at any one time:
  - Approximately 46,000 people are registered with their GP as having depression.
  - Around 2,400 people are in touch with specialist treatment services.
  - On average 620 people are admitted to an acute adult mental health inpatient unit (just over 0.1% of our population) in any one year.
- Mental health conditions are becoming increasingly complex, and sadly suicide rates are rising.
- Patients, carers and staff say it’s difficult to get access to the right services at the right time.
- We need to place a greater focus on prevention and recovery with the needs of the person at the centre.

### The Mental Health Model in Somerset

<table>
<thead>
<tr>
<th>Offer</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Preventing poor mental and emotional wellbeing.</td>
</tr>
<tr>
<td>1</td>
<td>Supporting wellbeing, by ensuring mental health is supported through the promotion of mental health promotion activities.</td>
</tr>
<tr>
<td>2</td>
<td>Improving access to psychological well-being, by promoting mental health promotion activities, encouraging people to seek help for their mental health problems and making sure they are supported.</td>
</tr>
<tr>
<td>3</td>
<td>Improving access to specialist mental health services, by ensuring people can access specialist mental health services in a timely manner.</td>
</tr>
<tr>
<td>4</td>
<td>Supporting people with complex needs, ex. trauma, who would benefit from specialist mental health services.</td>
</tr>
<tr>
<td>5</td>
<td>Supporting those who require support in a hospital setting.</td>
</tr>
</tbody>
</table>

Long-term conditions, including obesity, are health conditions that can be either preventable or can be controlled by medication and other treatments or therapies.
What does this mean for the people in Somerset?

We are:

• *Improving partnerships and joint-working with voluntary and social enterprise organisations* - such as the Village Agents, MIND, Rethink and others, increasing the support available earlier in communities and through primary care

• *Increasing the skill mix and capacity of community based mental health teams, home treatment teams, and psychiatric liaison teams in our acute hospitals* - more psychiatrists, psychologists and community psychiatric nurses, enabling safe and effective care for more people at home

• *Appointing ‘Recovery Partners’* – people with lived experience to work alongside Community Mental Health Teams and Home Treatment Teams

• *Developing two Crisis Cafes, one in the Wells/Mendip area, the other in Bridgwater* - to provide safe spaces for people experiencing mental health distress, and support for people at or before they reach crisis point; they’ll be open at times of peak need.

The current provision of acute mental health inpatient beds in Somerset - a county wide service

<table>
<thead>
<tr>
<th>Wards</th>
<th>Rowan (Yeovil)</th>
<th>Rydon One (Taunton)</th>
<th>Rydon Two (Taunton)</th>
<th>St Andrews (Wells)</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed Numbers</td>
<td>18</td>
<td>15</td>
<td>15</td>
<td>14</td>
<td>62</td>
</tr>
</tbody>
</table>

• Adjacent to the Rydon Wards in Taunton is a psychiatric intensive care ward, a S136 place of safety suite, and the two older people’s mental health wards.

• Adjacent to Rowan Ward in Yeovil is a S136 place of safety suite

• At the time people are admitted with a mental health crisis, they will be admitted to the ward best able to safely meet their need.
Why we need to review acute inpatient beds: the critical Issues

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

2. Medical cover out of hours: medical cover is provided 24/7 at Taunton and Yeovil, but 9am-5pm Monday to Friday at St Andrews Ward. As a result patients can’t be admitted to Wells after 3pm Monday to Friday or at weekends, and there’s no facility for acute psychiatric assessment outside of these hours (psychiatric telephone support only). High risk patients or patients unknown to the service need to be admitted and either remain in Taunton or Yeovil, or transferred back to Taunton or Yeovil in times of crisis, regardless of where they live.

3. Distance from an Emergency Department and acute medical support: Patients admitted to acute inpatient mental health wards are at potentially high risk of harming themselves or others, and at greater risk of medical emergencies than the general population. St Andrews closest ED is at Bath RUH, 22 miles / 45 minutes by ambulance compared to just minutes for Taunton and Yeovil wards. The time taken to reach the nearest acute medical facility can impact on survival and long term recovery from a serious event. High risk patients are admitted & remain at either Taunton or Yeovil.

Which wards are being considered in the consultation?

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

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

Both Rowan Ward and St Andrews ward 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

The preferred option is 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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The move from Wells to Yeovil is our preferred option – why

**Distance from an Emergency Department:**
- St Andrews Ward is 22 miles / 45 minutes away from the nearest ED at Bath RUH; Rowan Ward is 1 mile away from Yeovil Emergency Department

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

**Risk management and safety:**
- Even were there to be two wards at St Andrews, Wells (Option 3), a number of patients with high risk of self-harm or complex physical conditions would still need to stay at Taunton to be close to an Emergency Department
- For the same reason the S136 suite couldn’t be moved to Wells; capacity of these units is already stretched at times
Other key considerations in our thinking

**Travel and transport**
We analysed the travel times of 321 patients who used Wells and Yeovil services in 2018/19 to compare the options:
- **Transferring Wells beds to Yeovil** – 77 patients would face longer journey time; 28 of them an increase of more than 20 minutes
- **Transferring Yeovil beds to Wells** – 145 patients would face longer journey time; 111 of them an increase of more than 20 minutes

**Workforce:**
- The size of St Andrews Ward and lack of supporting infrastructure make it less appealing for senior consultant psychiatrists
- Wells can’t provide placements to trainee psychiatrists because there are no accredited Clinical Practice Supervisors to oversee their training, and the lack of infrastructure means there isn’t the breadth of experience for trainees to develop the full range of competencies and skills they need, this impacts on our ability to recruit and retain staff for the future

**Affordability and value for money:**
- Whilst the proposal is not about saving money, the move from Wells to Yeovil is financially more sustainable both in capital and revenue costs

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Implications of moving St Andrews beds to Yeovil

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

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

- The existing s136 place of safety provision will continue unaffected by these changes, and one of the new extra care areas can function as a section 136 suite in times of need.
What does this mean for people in Somerset?

• The community mental health services for Somerset will be **expanded and enhanced** through our additional investment in community mental health services.

• This means more people will be able to access help and support when they need it.

• There will be **new** services to support more people who traditionally didn’t meet the criteria for services, reducing the need for crisis support and admission to an inpatient unit as people are supported earlier.

What does this mean for people in Somerset?

• We will have a greater focus on both prevention and recovery, supporting people to stay well, recover well, and live well.

• We will develop two crisis cafes – one in the Mendip area and one in the Bridgwater area.

• If a person needs admission to an acute mental health inpatient unit, they would be admitted to Yeovil or Taunton. If their carer or family need support with transport to visit them, this will be discussed and we will connect them to organisations who can help support with this.
Why we are going to public consultation

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

Next steps

The consultation will run until 12 April 2020. We hope as many people as possible will give us their views.

You can have your say online at http://bit.ly/FFMF-Mental-Health-Consultation

All your feedback will be independently analysed by an organisation called Participate Ltd. They will produce an independent report which we will publish this summer.
Next steps

This report will go to Somerset Clinical Commissioning Group’s Governing Body who will make a final decision on whether the proposals should go ahead.

We will publish the final decision on our website: www.fitformyfuture.org.uk and will share this decision widely.

Public engagement on the vision for community health and care services in Somerset
Why do we need to change?

- Our population is changing and the support they need from our services is changing
  - people are living longer but that means our health and care services need to care for more elderly people.
  - more people are living with long-term conditions which can affect their physical and mental wellbeing.
  - we need to place a greater focus on prevention and recovery with the needs of the person at the centre
- We have an exciting opportunity to invest in more community services that promote independence, supporting people to live well, recover well and stay well within their communities
- To do this we need to reshape and improve services, to make sure the services we provide meet our populations needs today and the needs of their children and grandchildren in the future.

Key reasons for change: demand for services in Somerset

- Our population is growing
  In Somerset we have 59,000 people over age 75 now, growing to 118,000 by 2031.
- There is an increasing demand on same day urgent care
  In the last year, there has been 10% growth in demand for urgent and emergency care in Somerset against a national average of 3.5%.
- Long term conditions are rising
  An increasing number of people, of all ages, are living with complex, often multiple, conditions.
- There are significant challenges in Primary Care
  There is increasing demand for GP services, alongside a local and national shortage of GPs resulting in challenges in recruitment and retention of both GPs and primary care staff.
Key reasons for change: quality

Key reasons for change: finance
What have people in Somerset told us?

In our early engagement during Autumn 2018, we heard that people in Somerset:

• Want more health and care services to be provided locally
• Want to be in their own homes
• That our services are disjointed, confusing and do not work together

National direction

• Five Year Forward View and NHS Long Term Plan signals concerns around affordability and sustainability of services long term, and the need to move to more community based care
• National requirement for a change in how ‘same day urgent care’ (the care you need today) is provided in the community, including making it easier to access same day care
• Continue to develop services in the community and hospitals that meet the populations changing needs
Our vision for community health and care services

Health and care services in Somerset aim to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people.

This means

- Where we can we will provide community health and care services as close to home as practical, providing support based on individual needs to enable people to live well, recover well and stay as well as they can.
- When people do need care, this will be provided in the most appropriate place to meet an individual’s needs to help them regain independence or provide additional support. This may be support in their own home, a short term stay in a residential or nursing home or in a community hospital bed.

Our vision for community health and care services

- When people need urgent ‘same day’ care for something that is not a medical emergency but for which you need rapid support, we will provide access to advice and guidance that will enable you to ‘talk before you walk’ so you can get to the most appropriate service as close to home as practical. This may be at a local pharmacy, an appointment at a GP surgery or an appointment at an Urgent Treatment Centre which provide a range of diagnostic services, such as x-ray and some blood tests, 7 days a week.
- The changes to our services will help us support our dedicated and hardworking staff by providing more opportunities to work flexibly, offering more career opportunities with a greater range of potential roles, and the support and training to thrive in those roles.
Our Ambition for Community Health and Care

Our ambition is to deliver care in the community, as close to home as practical, with the person at the centre of everything we do, concentrating on people, place and prevention as well as health, delivering the right care at the right time by the right people

- In the future you will still contact your GP practice (or practice network) and be directed to the person best able to look after you within your integrated health and care team
- If you need more specialist care you could attend your ‘community hub’ which wherever possible will be near to where you live
- If you need acute hospital based care, you will receive the best in specialist care
- If you need urgent care today, you will contact either your GP practice or NHS 111 and speak to a clinician who can ensure you receive the best care today

Community Settings of Care: Vision
Emerging Vision for Community Health and Care

Emerging Vision for Same Day Urgent Care
Same Day Urgent Care: our early thinking

Urgent Treatment Centres (UTC)
The GP led UTCs will provide additional services compared to our existing MIUs, including walk in and bookable appointments 12 hours a day 7 days a week, with consistent access to diagnostic tests such as x-ray and blood tests.

UTCs would be located within a community hub, which may or may not have inpatient beds, but brings together a range of outpatients, diagnostic tests, and other services; or within our existing emergency departments, reducing travel for patients and staff alike.

An Urgent Treatment Centre will cost more to run and require a greater workforce than a Minor Injury Unit on a like for like basis, so we need to think carefully about the optimum model for Somerset. We will be unable to afford or staff as many Urgent Treatment as the current number of MIUs.

Community health and care services

We are committed to providing stronger community services enabling our population to be cared for in the safest and most effective way.

As a result of these changes we will be providing better services as close as practical to where you live, but will need:

• Fewer community hospital beds in fewer community hospital sites
• Fewer Urgent Treatment Centres than the current number of Minor Injury Units.

We will use the money released by these changes to invest in the care that will support people to remain well, and recover well either within their own homes or to return home sooner after a hospital admission.
Community health and care services

We would like to know what you think

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

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

Next steps

The engagement will run until 12 April 2020. We hope as many people as possible will give us their views.


All your feedback will be independently analysed by an organisation called Participate Ltd. They will produce an independent report which we will publish this summer.
Next steps

We will be inviting a wide range of stakeholders to join us in a series of stakeholder workshops which will run over the summer. Stakeholders will include staff, patients, carers, voluntary, community and social enterprise organisations, league of friends associations, patient participation group chairs and other interested parties.

Next steps

The workshops will be independently facilitated and together the stakeholders discuss and debate the opportunities we have to improve community health and care services and the challenges we face to feed into the development of how future services might work while working together with the Fit for My Future team to help develop solutions for improving services. During this time people will still be able to share their thoughts, ideas and concerns with us and we will feed these into the series of workshops to make sure they are fully considered.
Next steps

A range of proposals and/or a preferred option (depending on the outcome of the workshops) will then be created which we will bring to formal public consultation. The formal public consultation will run for 12 weeks and all the feedback received will, again, be independently analysed and published. A decision making business case will then be developed and submitted to the Governing Body of Somerset Clinical Commissioning Group for a decision.
Improving community health and care services for people in Somerset

Our early thinking about future community health and care services for people in Somerset
What this document is about

We have a real opportunity to improve our community health and care services for you and your loved ones. We invite you to join us in thinking about and shaping a new way of providing services which is, where practical, closer to where you live, supports independence and helps you maintain your own health. Your input, ideas and suggestions are vital to help us get the right services in the right place so that they are available when you need them.

We also want to share with you why our current services need to change and the challenges that we face in continuing to run them as they currently are. Using your feedback and evidence from Somerset and elsewhere we will develop options for how we could deliver health and care services differently. We will consult with you about these potential options as part of a future public consultation.

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As our population changes and grows, the support they need from our services is also changing. People are living longer. More people are living with long-term conditions. Our current services are not designed for our needs today (or for the future).

Our health and social care services must adapt and we have a real opportunity to improve our community health and care services. By working together we can design a new way of providing community health and care services that support people differently. We believe that there is a real future for our community hospitals but the way they work and the services they provide may change.

We also know that it is not good for people to be in hospital for longer than they need to be. We want to invest money to develop community services that support people differently. We have not made any decisions about what our future community health and care services will look like and we are committed to working with you to help us shape that future.

Please do respond and tell us what you think of our early thinking. Please also let us know about anything that is important to you so that we can take this into account in our thinking as we develop our proposals.

We want to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people. The NHS organisations in and around Somerset, along with Somerset County Council, work very hard to provide safe, compassionate and high quality care, however, we know our health and care services are not currently organised in the best way to support people to live independent, healthier lives.

We know our community hospitals are highly valued by the local community and consistently receive excellent feedback from patients and carers.

Forward

We want to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people. The NHS organisations in and around Somerset, along with Somerset County Council, work very hard to provide safe, compassionate and high quality care, however, we know our health and care services are not currently organised in the best way to support people to live independent, healthier lives.

We also know that it is not good for people to be in hospital for longer than they need to be. We want to invest money to develop community services that support people differently. We believe that there is a real future for our community hospitals but the way they work and the services they provide may change.

We have not made any decisions about what our future community health and care services will look like and we are committed to working with you to help us shape that future.

Please do respond and tell us what you think of our early thinking. Please also let us know about anything that is important to you so that we can take this into account in our thinking as we develop our proposals.

Support from our partners

We have worked closely with our partners in reviewing our services, understanding why they need to change and developing our early thinking on improving our community health and care services.

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

Jonathan Higman
Chief Executive, Yeovil District Hospital NHS Foundation Trust

Pat Flaherty
Chief Executive, Somerset County Council

Dr Ed Ford
Chair,
Somerset Clinical Commissioning Group

James Rimmer
Chief Executive,
Somerset Clinical Commissioning Group
We work closely with the people who provide our health and care services. This includes doctors, nurses, allied health professionals (therapists) and other people working within public health, adult and children’s services and health services across a variety of organisations including Somerset County Council, Somerset Partnership NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Taunton and Somerset NHS Foundation Trust and our GP practices.

Together we have been sharing our expertise, experience and understanding – and looking at what happens elsewhere in this country and internationally - to think about how health and care services in Somerset can work better together and better meet your needs.

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.

We want your help to shape and improve our future services. Our thinking is in the early stages and we want to hear what you think.

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

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

After our conversations with you, we will:

1. Carry out a thorough review of all the feedback we receive – this will be done independently.
2. Carefully consider your feedback as we develop potential future options for services.
3. Produce and publish a summary of your feedback.

Using your feedback, we will develop a number of ways that Somerset could deliver community health and care services. These will then be shared with you and a formal consultation will take place in the future.
Our vision for our services

The shared vision for Somerset is that people can live healthy and independent lives, within thriving communities.

Health and care services in Somerset aim to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people.

This means:

Where we can we will provide community health and care services as close to home as practical, providing support based on individual needs to enable people to live well, recover well and stay as well as they can.

When people do need care, this will be provided in the most appropriate place to meet an individual’s needs to help them regain independence or provide additional support. This may be support in their own home, a short term stay in a residential or nursing home or in a community hospital bed.

When people need urgent ‘same day’ care for something that is not a medical emergency but for which you need rapid support, we will provide access to advice and guidance that will enable you to ‘talk before you walk’ so you can get to the most appropriate service as close to home as practical. This may be at a local pharmacy, an appointment at a GP surgery or an appointment at an Urgent Treatment Centre.

Urgent Treatment Centres will be open for at least 12 hours a day (7 days a week), provide a range of diagnostic services, such as x-ray and some blood tests and offer bookable appointments.

The changes to our services will help us support our dedicated and hardworking staff by providing more opportunities to work flexibly, offering more career opportunities with a greater range of potential roles, and the support and training to thrive in those roles.

Our early thinking fits with the national vision from the NHS Long Term Plan. The NHS Long Term Plan is the ambitious and realistic plan to ensure that the health service is fit for the future in 10 years’ time. The NHS Long Term Plan includes a focus on prevention and helping people to stay well and live well, care closer to home, wherever practical, and the development of Urgent Treatment Centres.
The overall picture across Somerset today:

The data includes:
- A range of end of life support services including both NHS and local authority support services, ensuring all healthcare needs are met within the community setting and in hospitals.
- Hospitals outside Somerset, which are also important for the overall care of residents.
- Community hospitals and Minor Injury Units, providing essential services to the community.

The diagram illustrates the location of our Community Hospitals and Minor Injury Units, as well as an overview of what we have now.

The current situation is described in more detail in the following sections:

- **Somerset**
  - NHS and Local Support Services:
    - Community Pharmacy
    - Active Community and Voluntary Sector
  - **Primary Care Networks**
    - 65 GP practices forming 13 Primary Care Networks, which are GP practices working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas.
  - **Registered Care Homes**
    - 65 Residential
    - Nursing Homes

- **Community Hospitals**
  - Between the 13 Community Hospitals, they provide the following:
    - Midwife-led Maternity Units
    - Outpatient Services
    - Lead for neuro rehabilitation beds
    - 7 Minor Injury Units
    - 7 Theatres
    - Ambulatory Care Services

- **Outside Somerset**
  - The 3 acute hospitals, amongst others outside of Somerset, that support a large number of our residents.

The diagram visually represents the locations of these services and how they are interconnected to provide comprehensive care.

Further details can be found at fitformyfuture.org.uk.
Why we need to change

Our health and care services in Somerset are not currently organised in the best way to support people to live independent, healthier lives.

Our population is changing and the support they need from our services is changing - which means that our services must change too. The good news is that people are living longer but that means our health and care services need to care for more elderly people. In addition, more people are living with long-term conditions which affect their physical and mental wellbeing.

When the NHS was launched in 1948 the needs of our population and what we knew about healthcare was very different from today. 23,000 people were in hospital with tuberculosis and very few people had long-term conditions such as heart disease, diabetes or dementia. Today there are hardly any people in hospital with tuberculosis but 1 in 4 adults in hospital has dementia. In addition, the demand on our services is different:

- **Self-care**
  - Long term conditions are rising
  - An increasing number of people, of all ages, are living with complex, often multiple, conditions.

- **Challenges**
  - Somerset: 10% growth
  - National average: 3.5%
  - There is an increasing demand on same day urgent care
  - In the last year, there has been 10% growth in demand for urgent and emergency care in Somerset against a national average of 3.5%.
  - There are significant challenges in Primary Care
  - There is increasing demand for GP services, alongside a local and national shortage of GPs resulting in challenges in recruitment and retention of both GPs and primary care staff.

- **Our population is growing**
  - In Somerset we have 59,000 people over age 75 now, growing to 118,000 by 2031.

- **We need to support better self-care and prevention**
  - A significant amount of demand across health services is driven by preventable ill health. Patients, carers and the wider public need to be supported and enabled to take greater responsibility for prevention of ill-health and self-care of their long-term conditions, thereby reducing the need for medical care.
In Somerset we have seen a 10% increase in demand for our same day urgent care and emergency care services and an increasing number of people, of all ages, living with complex, often multiple, conditions.

Our health and social care services must adapt and we have an exciting opportunity to reshape and improve them for you and your family. We need to make sure the services we provide meet your needs today and the needs of your children and grandchildren in the future.

Considering how people’s care needs have changed, we know that we have not got the balance right between services that support people to stay well and live well in their communities, live well with long term conditions, services that provide care in people’s own homes or a residential or nursing home, and care provided in a hospital bed. Compared with other parts of the country we have limited ways of supporting people to remain independent within their own homes and local communities and limited services to support people with illnesses and long term conditions. At the same time we have a comparatively large number of community hospital beds compared to other similar counties, many of whom have already developed services to support people within their own homes or local communities.

177 patients out of a total of 469 patients i.e. 38% of those who were cared for in those hospital beds could have been cared for elsewhere if alternative services had been in place. 13% could have avoided a stay in hospital in the first place if the right community services were available to support them at home.

In 2018 an independent review was undertaken into how we use the beds in our hospitals across our county. This showed that:

- 58% needed support which could have been provided at home rather than in hospital.
- 55% didn’t need the degree of care they were receiving on the day of the audit.
- 58% needed support which could have been provided at home rather than in hospital.
- 13% could have avoided a stay in hospital in the first place if the right community services were available to support them at home.

Last winter we did not use all our community hospital beds despite our acute hospitals being very busy. This is because, for many of our patients, our community hospitals were not able to provide the right level of care or support they needed.
If you do not need to be cared for in a hospital bed then the evidence shows that it is not the best place for you. Over a third of people aged 70 and over experience a loss of independence and functioning during a stay in hospital, leaving them less able to take care of themselves.

Recognising that we have limited ways of supporting people to remain independent within their own homes, we have begun to successfully develop alternative services. Our Rapid Response Service, which started in November 2018 and provides care in the community for people, has supported more than 1,000 people to stay in their own homes in its first year. Home First which supports patients to leave hospital either by providing care at home, in a residential or nursing home or in a community hospital bed, has helped 5,000 people to get home from hospital faster.

We currently have the following beds in community hospitals:

- **190 beds** currently in use across 12 Community Hospitals.
- Most of these beds provide care for patients who need **care and rehabilitation** following a stay in an acute hospital. Two hospitals have specialist stroke rehabilitation beds. We also have an additional 10 specialist neuro-rehabilitation beds at Dene Barton Community Hospital.

If you do not need to be cared for in a hospital bed then the evidence shows that it is not the best place for you. Over a third of people aged 70 and over experience a loss of independence and functioning during a stay in hospital, leaving them less able to take care of themselves.

Recognising that we have limited ways of supporting people to remain independent within their own homes, we have begun to successfully develop alternative services. Our Rapid Response Service, which started in November 2018 and provides care in the community for people, has supported more than 1,000 people to stay in their own homes in its first year. Home First which supports patients to leave hospital either by providing care at home, in a residential or nursing home or in a community hospital bed, has helped 5,000 people to get home from hospital faster.

**Case study: Home First – ‘Your bed is the best bed’**

In the past two years Home First has supported more than 5,000 people to receive care and rehabilitation support either at home, in a specialist unit, a care home or community hospital. This has resulted in 75% fewer patients being delayed leaving hospital and saved 50,000 ‘bed days’ at Musgrove Park Hospital and Yeovil District Hospital.

The service supports people whose medical needs are stable and no longer require care in an acute hospital but who still need some support. It brings together several teams from across Somerset health and care including community health, social care, and the voluntary sector including Somerset Community Council providing support.

**Mary’s story**

Mary, a patient at Musgrove Park Hospital, needed two staff to help her get out of bed but she was desperate to go home. When she was discharged under the Home First scheme she was met at home and assessed by a multidisciplinary health and social care team. A plan of home-based support, therapy and equipment was put in place. After 9 days she was safely walking to the bathroom on her own and able to make herself a cup of tea in the kitchen. Without the benefit of the Home First scheme Mary would have had to stay in hospital longer while she went through rehabilitation and may have had to be discharged home with a package of care to ensure she was safe. The longer stay in hospital would have had a negative impact on Mary’s well being, potentially on her physical health and level of independence, on her family, and would have cost more money.
We have a fantastic opportunity to invest in more of these community services that promote independence, support you or your family members in your communities - at home or in a residential or nursing home - but to do this we will need to spend less money on community hospital beds.

We are also looking at the care we provide when people need urgent ‘same day’ help for something that is not a medical emergency.

We know from patient and carer feedback that people do not always know where best to go when they need ‘same day’ help for something that is not a medical emergency - that requires you to go to A&E - but for which you need rapid support. We would like to provide ‘talk before you walk’ guidance to help you access the most appropriate service for your needs as close to home as practical. This will help to ensure that you are signposted to the most appropriate service and that services across our county are used as appropriately as possible.

There are a number of other challenges that we also need to address.

We are affected by national shortages of health and care staff which means that we carry staff vacancies and rely on expensive agency staff when we can get them. The figure fluctuates but on average our current nursing vacancy rate is 12%, and has been up to 45 - 50% in some of our community hospitals. Sometimes we have to shut or limit services because of staff shortages.

Two of our community hospital inpatient wards have been temporarily closed for two years due to shortages of staff and two additional wards were also closed temporarily during this period but have since reopened.

Recent local and national guidance suggests a minimum ward size for community hospitals of 16 beds (South West Clinical Senate) and an optimal size of 23 beds (National Institute of Health Research).

Many of our wards are running with less than this number of beds, affecting the resilience and sustainability of both staffing and services.

We are spending more money than we currently get from Government to run our services. We must spend within our means and make sure that we get value for money for the people of Somerset and run the most appropriate services to meet your needs in the most efficient way possible. Compared to other similar counties we are spending proportionately more on care delivered in hospitals. We can redress this balance and invest in more services, such as Home First and Rapid Response, that support people to stay independent in their communities for longer.

We also need to consider how suitable our facilities are in which to provide 21st century care. Some of our community hospital buildings are not suitable environments and would need significant investment to make them fit for our future.
Our early thinking

In autumn 2018 we sought the views of patients, carers, community and voluntary groups, NHS and care staff, MPs, councillors and the public about what a future model of community-based health and care might look like.

85% of the people we talked to said more health and care services should be based in the community so fewer patients need to travel to hospital to receive care as long as the quality of those services is maintained and are affordable. The early thinking you will read about in the remainder of this booklet reflects the views and ambitions of the people we spoke to.

Our vision

We aim to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people.

This means that:

- Community health and care services will be provided as close to home as practical, providing support based on individual needs to enable people to live their best life – supporting them to live well, recover well and stay well.

- You and your family members will be able to access the right level of care for your needs within your local community, as close to home as practical. This will range from support to stay well, support to recover well or manage a long term condition, through to care and support at the end of life.

- Health and care teams will work together in local areas to achieve this. Teams could include GPs, nurses, pharmacists, physiotherapists, paramedics and social workers as well as partners from the voluntary and community sector such as Somerset Community Connect, Village Agents or Health Connectors and home support from the Red Cross.
LEVEL 0

Living Well
The things I do to keep myself, my children and my family fit and healthy (self-care)

Keeping well:
I can keep active, eat well, receive support with smoking or alcohol use and access emotional wellbeing support.

Living well in the community:
I can join clubs and groups, socialise with friends and family, get involved with community projects and events, build a network of friends and connections.

Staying well through regular screening and vaccination programmes:
I can attend my screening appointments for breast cancer, cervical cancer, bowel cancer or prostate cancer and support family members to do so as well. I can get my flu vaccination and support others to do so while making sure children in my family have their childhood immunisations.

LEVEL 1

I think I need some help, information or advice
How can I help myself to stay living well?

Health information:
I can access health support through my GP practice website, by calling – NHS 111 or visiting the website – www.111.nhs.uk or by using the NHS App – www.nhs.uk/apps-library

Social care information:
I can access social care advice through Somerset Choices online – www.somersetccg.nhs.uk/your-health/somerset-choices

Wellbeing information and advice:
I can connect to my local community and get health and care advice through libraries, community pharmacies, Talking Cafés and community network groups such as MIND, Alzheimer’s Society, Community Council for Somerset (Village Agents), Health Connections Mendip and SPARK Somerset.

LEVEL 2

Getting some help, accessing support when I need it
When I have a problem I’m unable to resolve there will be help available to me.

Services in my local area:
I may directly access additional support in my community from a range of voluntary, community and social enterprise organisations as well as more traditional health and care services who can help me manage a long term condition, provide mental health advice or support or other additional support.

My GP practice:
I may speak to a GP, health coach (or health connector), practice nurse or other professional in my GP practice if other support hasn’t resolved my health needs. Each GP practice has a range of different professionals who can help support me.

Rapid Response Service:
I may receive short term support to help me stay at home from these services, rather than being admitted to hospital.

Health and care teams:
I may be referred to a team of professionals working together in my area who can support me to maintain my wellbeing or in my recovery and rehabilitation after illness or injury. This may include physiotherapists, occupational or speech therapists, mental health practitioners, pharmacists, district nurses, paramedics or social care staff.

Care home in-reach:
If I live in a care home, I and the team in the care home will receive support from services to address my needs and help me continue to be cared for where I live.

End of life care:
I and my family may receive additional community based support towards the end of my life, either at home or close to where I live, to help me die in the manner and place I choose.
LEVEL 3

Specialist input or diagnostics
I need to be referred to a specialist service who could see me in a variety of locations.

Health and care teams:
I may need specialist input into my local health and care team. The team looking after me may link to specialist teams to further support my care such as specialist nurses (eg diabetes, respiratory, heart failure), specialist advice and guidance (eg community geriatrician, cardiology or paediatrics), community mental health teams, dementia support teams or drug and alcohol support teams.

Home First:
I may receive additional short term health and care support to enable me to return to my home from hospital as soon as it is safe to do so.

Rehabilitation Beds:
I may spend some time in a community hospital bed or a bed within a nursing, residential or care home when I am discharged from an acute hospital (such as Musgrove Park Hospital or Yeovil District Hospital). This will provide me with short term rehabilitation to improve my independence before I return to my home. I may be admitted to a rehabilitation bed as an alternative to being admitted to an acute hospital if I need help to stay independent or have additional needs.

Diagnostics:
I will be able to access tests such as x-ray, ultrasound and blood tests when clinically required.

Urgent Treatment Centres:
I will have access to 7 day a week same day urgent care and diagnosis tests such as x-ray after I have talked to my GP or NHS 111 'talk before you walk'.

Outpatient Appointments:
I will be able to see specialist healthcare professionals for advice and support as required.

LEVEL 4

Hospital or emergency care that needs on-site specialist input
I need specialist support that can only be provided in a centre providing multiple specialist services.

Outpatient services and complex diagnostics:
I will travel to the nearest specialist centre for access to specialist skill sets or high risk procedures (eg breast biopsy or specialist scans for a heart condition).

Specialist rehabilitation beds:
I will travel to a dedicated centre within Somerset to receive care for a stroke or brain injury specialist rehabilitation.

Inpatient services:
I will travel to the nearest appropriate specialist centre that is able to meet my needs for specialist or high intensity care.

Life threatening emergency:
I will call 999 who will assess my needs and send an ambulance if required. The ambulance will take me to the nearest hospital which can meet my needs. If I am assessed as not requiring emergency treatment my call will be transferred to NHS 111 or my GP surgery for appropriate support.

Emergency care:
I will go to the nearest A&E department which can meet my needs for a life or limb threatening illness or injury.
Where people need help to regain independence or additional support, care will be provided in the most appropriate place for their needs which may be support in their own home, a short stay in a residential or nursing home or a community hospital bed.

If you or a family member need help to remain or regain independence, or need a bit of extra help, a range of services will be in place to support you in the most appropriate setting as close to home as appropriate for your needs and practical for the service.

We will develop community hubs that bring together in one place a range of services including mental health, district nursing, on the day treatment for some conditions, hospital outpatient appointments, and diagnostics tests such as x-rays. We would aim to bring together services wherever practical to avoid unnecessary travel for patients and staff alike.

We will continue to provide community hospital beds for those people for whom that is the best place to receive care. We have proportionately more community hospital beds and fewer services that deliver care in people’s own homes or in a residential or nursing home than other parts of the country. When we reviewed how we used our hospital beds it showed that two thirds of the people who were cared for in those hospital beds could have been cared for differently, and last winter we did not use all our community hospital beds.

In the future we would like to provide fewer community hospital beds, invest money to develop services that support people in their own homes or a short stay in a residential or nursing home bed, and ensure that our community bed units are arranged so that they are not so likely to be affected by staffing shortages. We expect this to have a positive impact on our acute hospitals in ensuring that we have beds available when people need to use them.

We already have some innovative schemes in the community, such as Rapid Response and Home First, which are already making a big difference in preventing patients needing to go into an acute hospital and supporting them to return home sooner after a stay in an acute hospital.

Case study – Rapid Response Service ‘supporting you to stay at home’

In November 2018 we piloted a new Rapid Response Service (RRS). RRS supports frail older people who have had a fall, a loss of mobility, or who are unwell, to remain at home and avoid a stay in hospital. In its first year RRS supported 1,000 people to remain at home.

**Frank’s story**

Frank is 86 years old with a long term condition of Chronic Obstructive Pulmonary Disease (COPD). Last winter Frank had a chest infection, was experiencing reduced mobility and did not want to go into hospital.

Frank was referred to RRS by his GP and started on antibiotics and steroids. RRS staff visited regularly to monitor Frank’s observations, help with activities of daily living, and they liaised with his GP. After a few days Frank started feeling better and made good progress.

RRS staff made a referral to the Red Cross for further social support for Frank to help him continue to live well at home. He was discharged from the RRS team after 8 days care and support.
When you need urgent ‘same day’ help for something that is not a medical emergency but for which you need rapid support, we will make sure you have access to ‘Talk before you walk’ guidance to help you access the most appropriate service as close to home as practical. This may be at a local pharmacy, an appointment at a GP surgery or an appointment at an Urgent Treatment Centre.

By ringing NHS111, your GP surgery or Somerset Direct (Somerset County Council’s central contact centre) you will speak to a trained professional who will assess your needs and direct you to the most appropriate care option as close to home as practical - and support you wherever possible to access the service.

**Options would include:**

- **Self Care**
  - Advice on how to care for yourself effectively

- **Community Pharmacy**
  - Visit to a local pharmacy or other community resource (such as a dentist or optician)

- **Community Hub**
  - Support from a range of local agencies, for example the Alzheimer’s Society or MIND

- **GP and Primary Care**
  - An appointment with a GP, nurse or other health professional

- **Social Care**
  - Access to support from social care

- **Urgent Treatment Centres**
  - Visit to the local Urgent Treatment Centre with an appointment booked for you

- **A&E**
  - Emergency care via A&E or 999

This approach will save time and unnecessary travel. It will also direct you to the most appropriate service for you, first time, and direct you to support as close to home or work as practical and help us to make sure that services are used appropriately and most effectively.
The NHS has recommended that Urgent Treatment Centres, which provide a greater range of services and a higher level of care than current Minor Injury Units, are opened across the country. They will be open for a minimum of 12 hours a day, provide a greater range of diagnostic services (for example, x-ray and some blood tests) 7 days a week, be supported by GPs and have the facility to book appointments in advance through NHS111 or your local GP surgery.

**Why are you talking about Urgent Treatment Centres?**

The NHS has recommended that Urgent Treatment Centres, which provide a greater range of services and a higher level of care than current Minor Injury Units, are opened across the country. They will be open for a minimum of 12 hours a day, provide a greater range of diagnostic services (for example, x-ray and some blood tests) 7 days a week, be supported by GPs and have the facility to book appointments in advance through NHS111 or your local GP surgery.

**What’s the difference between an MIU and UTC?**

<table>
<thead>
<tr>
<th>MIUs</th>
<th>UTCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Led by:</td>
<td>Nurse supported by nurses and other healthcare professionals</td>
</tr>
<tr>
<td>Walk in service hours:</td>
<td>Opening hours vary (in each unit)</td>
</tr>
<tr>
<td>Appointments:</td>
<td>Not available</td>
</tr>
<tr>
<td>Diagnostic services including x-ray and blood tests:</td>
<td>Majority of units do not offer these services</td>
</tr>
<tr>
<td>Capability to manage A&amp;E injuries and illnesses:</td>
<td>Only some of them*</td>
</tr>
<tr>
<td>Closely linked to and working together with the ambulance service, NHS111, local GPs, A&amp;E and other local services</td>
<td></td>
</tr>
</tbody>
</table>

In Somerset it will not be practical or affordable to replace every Minor Injury Unit with an Urgent Treatment Centre so we will have to consider how many we need for the county. This means that some Minor Injury Units would close while others would be replaced by Urgent Treatment Centres.

We will support our dedicated and hardworking staff by providing more opportunities to work flexibly, offering more career opportunities with a greater range of potential roles, and the support and training to thrive in those roles.

We believe that, by working differently and providing a greater range of services, we will remove some of the barriers that frustrate staff, and improve their satisfaction within their roles. This approach will help us to attract staff to Somerset and retain them within our services against a backdrop of national staff shortages.
How you can help

We want your help to shape and improve our future services. Our thinking is in the early stages and we want to hear what you think.

We have a real opportunity to design a new way of providing care that supports people to live independent, healthier lives.

By having the right services in the right place for people’s needs, which are available at the right time and delivered by the right people, we can support people to live well, remain independent for as long as possible, receive the support they need as close to home as practical, and at the same time attract, retain and improve the experience of the dedicated staff who deliver health and care services in Somerset.

No decisions have been made and we do not have any preferred options in terms of how services will be provided in the future.

Please give us your views and ideas and let’s work together to shape a health and care system fit for now and the future.

To give us your views, you can:

- fill out our questionnaire which you can find at your doctor’s surgery or on our website
- write to us for free, you don’t need a stamp – write on your envelope FREEPOST SOMERSET COMMUNITY ENGAGEMENT
- email us - somccg.fitformyfuture@nhs.net
- call us - 01935 384119
- come to one of our drop-ins, all the dates and places are on our website

For more information, please visit our website:

www.fitformyfuture.org.uk

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

1. **Accident and Emergency** – There are Accident and Emergency Departments at Musgrove Park Hospital, Taunton, and Yeovil District Hospital. They deal with life threatening emergencies and major trauma such as a road traffic accident.

2. **Acute hospital** – Provide services such as Accident and Emergency Departments, outpatient services and complex diagnostic tests (eg breast biopsy or specialist scans), inpatient services, operations and in some cases very specialist care.

3. **Adult and children’s services** – These span personal care and social support services to children or adults in need or at risk, or adults with needs arising from illness, disability, or old age.

4. **Community hubs** – Community hubs bring together a range of health and care services and professionals, which could include a nurse, physiotherapist, social care worker or mental health worker, to provide more joined up care in a single location. In addition, diagnostic tests such as x-ray or ultrasound and specialist outreach clinics will be based here, making sure as much of your care as possible is managed close to where you live. People may be referred to their community hub (either in person or virtually, by telephone or video conferencing) by members of their GP surgery or other health or social care professional.

5. **Health coach** – A health coach will listen to a person’s own health story and help them to set goals that will assist them in staying well, helping people to gain the knowledge, tools and confidence that will help them to take a more active personal role in their own health and wellbeing.

6. **Health connector** – Health connectors are very knowledgeable about activities, support and services available locally in the individual’s community, and will support people to access the activities and/or services that will help them to maintain their own health and wellbeing.

7. **Health and Care Teams** – This team may include GPs, practice nurses, asthma or diabetes nurses, district nurses, physiotherapists, pharmacists, health connectors or mental health workers (among others) to make sure people get the right care at the right time without the waits that currently exist for many people. Everyone in the team who a person has contact with, will be able to see their records, know their history and work with them (and the people who support them) to help them resolve or manage the challenges they face.

8. **Long term conditions** – Chronic diseases for which there is no cure and which are managed with medication and lifestyle changes, such as diabetes, hypertension, angina or asthma.

9. **Minor Injury Unit (MIU)** – Current service provided at 7 sites across Somerset, each with differing services and opening hours, providing nurse led same day urgent care including some x-rays (no blood tests), and some routine care (dressings or follow up appointments) outside of GP surgeries or A&E.

10. **Public health** – This is a branch of medicine dealing with the health and wellbeing of the population, including the causes of disease and disease prevention.

11. **Same day urgent care** – This includes medical attention for a symptom, illness or injury that is not life threatening but which is perceived to need rapid treatment or support and can’t wait for a routine appointment with a GP.

12. **Urgent Treatment Centre (UTC)** – A nationally mandated change to the provision of ‘same day urgent care’, with a greater range of services than provided within our current Minor Injury Units, including a minimum of 12 hour opening, a greater range of diagnostic services 7 days per week (for example, x-ray and some blood tests), supported by GPs, and with an ability to book appointments in advance through NHS111 or primary care.
Improving community health and care services for people in Somerset

Engagement document

January 2020

fitformyfuture.org.uk

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

Have your say about our early thinking around improving community health and care services for people in Somerset

As health and care services in Somerset we aim to support people to live independent, healthier lives by having the right services in the right place for their needs, available at the right time and delivered by the right people. Our services are not currently organised in the best way to support us to do this.

We have a real opportunity to improve our community health and care services for you and your loved ones.

We are interested in what you think.

Feedback from patients, carers, families, local people, stakeholders and staff is important to us. We welcome your views.

1. Your views are important to us. Please complete this questionnaire online or by hard copy and return it to:
   
   FREEPOST SOMERSET COMMUNITY ENGAGEMENT

   Our early thinking is explained fully in our engagement document which you can find at www.fitformyfuture.org.uk

2. This survey is also available as a Word document. You can access these different formats at www.fitformyfuture.org.uk or by emailing somccg.fitformyfuture@nhs.net or by calling 01935 384119

Please also contact us to request this survey in another language or format, or if you need help filling out this survey. If you need more space to put forward your views in relation to any of the questions, please include a separate piece of paper.

Data Protection Statement: The information that you provide on this questionnaire will be used as part of our engagement on improving community health and care services for people in Somerset. It is not our intention to identify any individuals from the data that we collect and we will not match the data provided by you with any other data that we hold. We do, however, recognise that a limited number of individuals may be identifiable from the information that they provide. We will therefore manage and protect all of the information that we collect in accordance with the General Data Protection Regulation (GDPR) and Data Protection Act 2018. The information that you provide will be shared with Participate Ltd, who will analyse and produce reports on the feedback that we gather as part of this engagement process.

For more information about how we process data as part of the Fit For My Future Programme, please see our full privacy notice on our website: www.fitformyfuture.org.uk/privacy-notice
Community-based care

Q1. To invest in new services that help support people in their own homes, we need to have fewer community hospital inpatient beds.

What do you think is most important for us to consider when planning these changes?

- Patient outcomes (Do people get better?)
- Patient experience (Do people have a good experience?)
- Deliverability (Is it realistic?)
- Workforce sustainability (Do we have the staff to do it?)
- Affordability (Can we afford it?)
- Travel time (How long will it take patients and families to travel there?)
- Impact on equalities (Is it fair for all parts of our community, such as the elderly or disabled?)
- Something else

Q2. If there was more support for people to get better in their own homes (and fewer community hospital beds), how might this affect people in your local community?

What would be better:

- ...
- ...
- ...
- ...
- ...
- ...

What would be difficult:

- ...
- ...
- ...
- ...
- ...
- ...

Same day urgent care

Q3. We need to have new Urgent Treatment Centres in Somerset for patients who need to be treated urgently. These Urgent Treatment Centres will replace Minor Injury Units but in fewer locations. There will be improved services and offer more treatments than the current Minor Injury Units.

What do you think is most important for us to consider when planning these changes?

- Patient outcomes (Do people get better?)
- Patient experience (Do people have a good experience?)
- Deliverability (Is it realistic?)
- Workforce sustainability (Do we have the staff to do it?)
- Affordability (Can we afford it?)
- Travel time (How long will it take patients and families to travel there?)
- Impact on equalities (Is it fair for all parts of our community, such as the elderly or disabled?)
- Something else

Q4. If Urgent Treatment Centres were in fewer locations than the current Minor Injury Units (which would no longer be available), and offered a better service with more treatments, how might this affect people in your local community?

What would be better:

- ...
- ...
- ...
- ...
- ...
- ...

What would be difficult:

- ...
- ...
- ...
- ...
- ...
- ...

Fit for my future.
A healthier Somerset

Questionnaire
fitformyfuture.org.uk
Q5. 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.

PLEASE ANSWER IN THE BOX BELOW AND CONTINUE ON A SEPARATE SHEET IF NECESSARY

Q6. In what capacity are you responding to the engagement?

☐ current or former community patient
☐ NHS staff member
☐ carer
☐ family member

☐ other

Q7. Please state the first half of your home postcode.

..........................................................
Diversity Monitoring Form

NHS Somerset Clinical Commissioning Group is committed to promoting equality of opportunity, to ensure everyone has the chance to participate fully in the activities and decisions of the organisation. By completing the following section you will help us understand who we are reaching and how to better serve everyone in our community.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

Q8. Please select you age group:
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 and over
- Prefer not to say

Q9. What is your gender?
- Male
- Female
- Other (Please specify)
- Prefer not to say

Q10. What is your current status?
- Single
- Widow(er)
- Separated
- Married/Civil partnership
- With partner
- Divorced/dissolved
- Prefer not to say

Q11. Do you have primary care responsibilities for a friend, relative or neighbour over the age of 18 years old?
- No
- Yes – 1-19 hours a week
- Yes – 20-49 hours a week
- Yes – 50 or more hours a week
- Prefer not to say

Q12. Are you currently pregnant or have had a child in the last six months?
- Yes
- No
- Not applicable
- Prefer not to say

Q13. Do you have caring responsibilities for a child under the age of 18?
- Yes
- No
- Prefer not to say

Q14. Which of the following best describes your sexual orientation?
- Heterosexual/straight
- Homosexual/gay/lesbian
- Bisexual
- Prefer not to say
- Other (Please specify)

Q15. Do you consider yourself to have a disability as defined by the Equality Act 2010?
- No
- Yes – Activities limited a little
- Yes – Activities limited a lot
- Prefer not to say

Q16. Which of the following best describes your disability(ies)?
- Behavioural and emotional
  - Such as Autistic Spectrum Disorder
- Manual dexterity
- Memory or ability to concentrate or understand
- Mobility or gross motor
- Perception and physical danger
- Personal, self-care and continence
- Progressive conditions and physical health
  - Such as HIV, cancer or Multiple Sclerosis
- Sight
- Speech
- Severe disfigurement
- Other (Please specify)
- Prefer not to say

Q17. Do you have a religion or belief?
- Buddhist
- Christian
- Hindu
- Jewish
- Sikh
- Muslim
- No religion or belief
- Prefer not to say
- Other

Q18. What is your first/main language?

No information provided.
Q19. Which of these best describes your ethnicity?

White
- [ ] British
- [ ] Irish
- [ ] Other European
- [ ] Gypsy/Traveller
- [ ] Other

Asian or Asian British
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Indian
- [ ] Pakistani
- [ ] Other

Black or Black British
- [ ] African
- [ ] Caribbean
- [ ] Other

Dual-heritage
- [ ] White and Asian
- [ ] White and Black African
- [ ] Other

Other
- [ ] Arab
- [ ] Other
- [ ] Prefer not to say

Next Steps

Thank you for completing the survey.
The engagement runs from 30 January to 12 April 2020.

Once the engagement ends the results will then be collated and analysed by an independent organisation: Participate Ltd. This analysis will be written up into a report.

The report will be published later this year so everyone can read it.
We will publish the report on our website: www.fitformyfuture.org.uk

Please return completed form to:

FREEPOST SOMERSET COMMUNITY ENGAGEMENT

or email a scanned or photographed copy to somccg.fitformyfuture@nhs.net
Improving mental health services
for adults in Somerset

Our proposals for changing acute inpatient mental health services for adults of working age
What this document is about

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

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

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

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Foreword

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

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

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

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

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

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

Dr Ed Ford
Chair, Somerset CCG

James Rimmer
Chief Executive, Somerset CCG

Support from our partners

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

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

Jonathan Higman
Chief Executive, Yeovil District Hospital NHS Foundation Trust

Pat Flaherty
Chief Executive, Somerset County Council

fitformyfuture.org.uk
Introduction

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

Transforming the mental health model of care

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

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

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

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

- A single point of access into the system; there will be no ‘wrong door’.
- A service where people do not fall between the gaps.
- Increased investment across the spectrum of care.

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

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

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

The funding also includes £758,000 for children’s and young people’s services, an important investment for the future.
How much in total do we spend on mental health services?

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

Our expenditure on mental health services:

- Our total spend on mental health services is £63.7 million.

- Early in 2019 a further investment of £5 million was agreed to enhance Somerset’s mental health services further, including £2.3 million for new services.

- In addition to this, in total over the next three years, from 2019/20 to 2021/22, we will spend an additional £17,046,388 on transforming mental health services.

Our population need for mental health support

This diagram shows the number of people in our population having treatment of one sort or another for a mental health condition at any one time.
Mental health charities and other partners have been involved in helping us to shape the new mental health model described above. Most of this involves enhancing and introducing new services but we recognise that we need to provide the best and safest in-patient care for people with the very greatest need.

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

Why are we consulting?

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

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

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

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

During our consultation we are committed to:

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

What are we consulting on?

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

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

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

The new investment and new mental health model we’ve described elsewhere in this booklet is not part of the consultation.
The Clinical Review Panel supports the proposal to move 14 adult inpatient mental health beds from Wells to Yeovil for the co-location of two wards. Pending consultation approval, a swift timeline for this is encouraged. Whilst not part of the proposal for consultation and therefore not explored in depth, the proposals for ongoing development of community mental health services were praised and encouraged, noting that these may impact on inpatient demand in the future.

South West Clinical Senate

The view of the South West Clinical Senate

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

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

The key issues

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

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

Out of hours medical cover
Mental health and medical cover is also inconsistent across the three sites. On Rowan Ward, Yeovil, and Rydon Wards 1 and 2, Taunton, onsite cover is provided by junior doctors round the clock and through core hours, by consultants. On St Andrews Ward, Wells, mental health specialist medical cover is available Monday to Friday from 9am to 5pm; out of hours medical cover is provided by a GP and out of hours mental health support is available from the on-call psychiatrist consultant by phone.
We want to support the health and wellbeing of the people of Somerset by changing the way we deliver health and care services, to become much more joined up and located in the community wherever possible, closer to where people live.

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

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

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

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

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

- Working closely with the person concerned to develop the right support to address their needs.
- Maximising each person's ability to thrive in their life.
- Delivering support closer to home rooted in community neighbourhood settings and working alongside the person's own network of support.
- Ensuring there is no 'wrong or closed door' to gaining support if people need help, navigators will ensure the right place and access that is best for them.
- Getting the level of support right first time dissolving the boundaries between health and social care, as well as GP, community and more acute hospital based support.
- Meeting the mental, emotional and physical healthcare needs of a person receiving support we want to help people with a severe mental health condition to have a similar life expectancy as people with physical health conditions.
- Working with a range of agencies, including peer support, voluntary and community organisations to provide the best wrap-around support for each person.
In January 2019, the NHS Long Term Plan was published, setting out a blueprint for the future of the NHS over the next ten years. The plan describes how more investment in mental health care will be a key focus for the NHS going forward. It includes a series of specific commitments to improve mental health services.

### Why we need to change?

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

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

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

### Specific commitments to improve mental health services:

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

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

*www.longtermplan.nhs.uk*
In summary therefore, there are three key risks that impact on the way our acute inpatient wards are working now:

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

2. **Lack of support from staff in an adjacent ward for staff in ‘stand-alone’ wards at a time of crisis.**

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

How the acute inpatient mental health wards are used

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

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

**Tom’s story**

**Admission to St Andrews with a diagnosis of paranoid schizophrenia**

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

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

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

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

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

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

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

Distance from an Emergency Department

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

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

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

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

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

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

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

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

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

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

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

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

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

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

George’s story

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

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

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

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

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

Why is support from medical staff important?

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

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

How often is medical assistance required?

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

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

How couldn’t medical support be provided round the clock at Wells?

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

How does this affect patients?

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

What do staff think?

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

“it is the unanimous view of the medical staff of somerset partnership that the current situation of a stand-alone inpatient acute adult ward in wells is very unsatisfactory. … the reasons for this are well-known and have been repeatedly voiced. they include the risks of no on-call mental health medical staff, the lack of back-up from local wards for nursing staff in a psychiatric or medical emergency, the distance from dgh (district general hospital) and the risks this poses as well as the ignoring of parity of esteem principles and recruitment and training problems.”

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

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

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

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

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

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

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

A new mental health model of care

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

Psychiatric Liaison Service in Musgrove Park and Yeovil District hospitals

Local perinatal support service for women in the weeks immediately before and after birth

Eating disorder service for young people

Expansion of children’s and adults community mental health service

But we recognised these changes were not enough; in early 2019 a series of Rapid Improvement Proposals were agreed, directing new investment of £5million into our community mental health support services.

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

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

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

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

What does the new model of care look like?

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

Principles of the new mental health services

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

How does the mental health model work?

People step up and down between all levels as required, ensuring that least restrictive intervention is provided at the right and earliest time. A single point of access will be developed to support the flow of people entering and moving across the system.

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

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

Offer 2
Timely support and early intervention
Improving access to psychological (talking) therapies for anxiety and depression including the use of digital technology. Supporting people with long term conditions and symptom management to meet physical and mental health needs.

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

Offer 4
Community MH Services
Specialist recovery-focused multi-disciplinary mental health support for people with higher level mental health needs including sleepiness, severe depression and personality disorders.

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

The emerging mental health model in Somerset

Stepping up and down
People step up and down between all levels as required, ensuring that least restrictive intervention is provided at the right and earliest time. A single point of access will be developed to support the flow of people entering and moving across the system.

Single Point of Access
Senior and experienced mental health professionals make appropriate assessments to flow patients to correct ‘level’ at the start of the respective pathway.

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

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

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Offer 5
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Crisis and urgent care support to avoid admissions to hospital e.g. Crisis Cafés and Home Treatment Teams. Inpatient beds for those who require support in a hospital setting.
How will it work in practice

Benefits and service improvements:

- Recognition of the importance of prevention and the promotion of emotional wellbeing.

- Early intervention services to provide support at the first sign of symptoms will be expanded and provided in partnership with voluntary and community organisations to provide more support, much earlier.

- People will be able to self-refer through a Single Point of Access; and the new early intervention services will support self-directed care.

- Getting it right first time; the Single Point of Access will be led by experienced senior mental health clinicians and social care professionals; they will help people get to the correct ‘specialist’ level at the start of the respective ‘pathway’.

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

IAPT programme includes:

- People who need lower level, often practical, support to enhance their coping skills and resilience.

- People who have higher level needs but don’t have the motivation or are too anxious to access and maintain support.

- People who exceed the IAPT criteria but don’t meet the threshold for more specialist mental health or inpatient services.

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

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

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

Our investment in mental health will also include funding for:

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

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

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

**Dylan, 21 years**

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

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

**How the new mental health model would help Dylan:**

**Hannah, a single mother**

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

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

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

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

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

**Option 2**
Two ward service at Yeovil
using existing ward space at Rowan/Holly Court which could be refurbished to enable the change. This would involve moving the current service at Wells to Yeovil; there would be no change for the Taunton service.

**Option 3**
Two ward service at Wells
refurbishing or rebuilding the disused Phoenix Ward to enable the change. This would involve moving the current service at Yeovil to Wells; there would be no change for the Taunton service.

**Option 4**
Move all services to Taunton
this would involve moving both the Yeovil and Wells services to Taunton and would probably require some additional building work.

**Option 5**
Move both the Wells and Yeovil services to another location
in a new building at a site to be considered from a range of locations; there would be no change to services at Taunton.

**Option 6**
Move all the services in the county to another location - in a new build
this would bring all services together in a new building on a new site.

Reaching a short list

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

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

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

Options weren’t selected for the shortlist if:

- They didn’t perform well against any of the individual criteria, based on the evidence we had.
- Their performance against the full range of criteria meant they would never be selected as the preferred option.

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

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

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

3. **Relocate Yeovil service to Wells**
   Relocate beds from Rowan Ward, Yeovil and create two wards, refurbishing or rebuilding the existing Phoenix Ward, Wells.
Stakeholder assessment of the options

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

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

Our preferred option:

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

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

The evidence

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

Travel time for patients, their carers and visitors

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

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

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

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

Calculations of the time for the people who used the service during 2018/19 to get from home to either Wells or Yeovil by public transport on a weekday afternoon show that around 36% of the patients could do the journey to each in less than 60 minutes.
Lack of training accreditation at St Andrews Ward in Wells means it has not been possible to provide out of hours medical cover, and recruitment and retention difficulties have resulted in over use of locums (temporary clinical staff). Yeovil already has training accreditation and junior doctors are on site to support out of hours admissions. Neither recruitment of more senior clinicians nor experienced nursing staff has been a problem at Yeovil.

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

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

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

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

The capital investment cost (bricks and mortar) of moving beds to Yeovil would be significantly less at £5,030,000 than moving beds to Wells, where the capital cost would be £7,166,000. The day to day running costs – the revenue budget requirement – is around £250,000 less for Yeovil than for Wells.
The potential impact of what we’re proposing and how it will address the challenges

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

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

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

Challenges we are facing:

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

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

Evidence to support the best option:

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

What would the acute inpatient service at Yeovil look like?

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

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

Patients in these beds would have a higher level of specialist intensive care over a short period, thereby avoiding admittance to the Psychiatric Intensive Care Unit at Taunton.
What other services would be available to people in the north of the county if beds were to be relocated from St Andrews, Wells to Yeovil?

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

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

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

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

What would be the impact of the proposal?

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

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

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

We want to know what you think about our proposals for acute mental health beds for people of working age before we make decisions about the future shape of the service. Our consultation runs from 16 January to 12 April 2020.

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

www.fitformyfuture.org.uk

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

Send us your feedback

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

If you would like this document in another language or format please contact us.
Have your say about the future locations of acute mental health beds for adults of working age in Somerset

We are proposing some changes to the future location of acute mental health beds for adults of working age in Somerset. Currently we have wards in Wells, Yeovil and Taunton, but we are proposing to move the beds from St Andrews Ward, Wells, to the same site as the existing Rowan Ward in Yeovil.

We are interested in what you think.

Feedback from patients, carers, families, local people, stakeholders and staff is important to us. We welcome your views.

1. Your views are important to us. Please complete this questionnaire online or by hard copy and return it to:

   **FREEPOST SOMERSET MH CONSULTATION**

   The proposals are explained fully in our consultation document which you can find at [www.fitformyfuture.org.uk](http://www.fitformyfuture.org.uk)

2. This survey is also available as a Word document. You can access these different formats at [www.fitformyfuture.org.uk](http://www.fitformyfuture.org.uk) or by emailing somccg.fitformyfuture@nhs.net or by calling 01935 384119

Please also contact us to request this survey in another language or format, or if you need help filling out this survey. If you need more space to put forward your views in relation to any of the questions, please include a separate piece of paper.

**Data Protection Statement:** All information that you give in this survey will be processed on behalf of NHS Somerset CCG by a company called Participate Ltd. This survey forms part of our consultation on improving our acute mental health inpatient services. The data will be used for that purpose only. All data will be held securely and the information you provide will be treated as confidential. We request that no additional personal data is provided in this survey.
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?

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Strongly disagree</th>
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<tbody>
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<td>Disagree</td>
</tr>
<tr>
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<td>Don’t know</td>
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<td>Prefer not to say</td>
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Q2. Please explain your reasons for the answer you have given to Q1:

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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 | Don't know | No | 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 I 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:

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Diversity Monitoring Form

NHS Somerset Clinical Commissioning Group is committed to promoting equality of opportunity, to ensure everyone has the chance to participate fully in the activities and decisions of the organisation. By completing the following section you will help us understand who we are reaching and how to better serve everyone in our community.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

Q12. Please select your age group:
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 and over
- Prefer not to say

Q13. What is your gender?
- Male
- Female
- Other (Please specify)

Q14. What is your current status?
- With partner
- Divorced/disolved
- Prefer not to say
- Single
- Widow(er)
- Separated
- Married/Civil partnership
- Prefer not to say

Q15. Do you have primary care responsibilities for a friend, relative or neighbour over the age of 18 years old?
- No
- Yes – 50 or more hours a week
- Yes – 20-49 hours a week
- Yes – 1-19 hours a week
- Prefer not to say

Q16. Are you currently pregnant or have had a child in the last six months?
- Yes
- No
- Not applicable
- Prefer not to say

Q17. Do you have caring responsibilities for a child under the age of 18?
- Yes
- No
- Prefer not to say

Q18. Which of the following best describes your sexual orientation?
- Heterosexual/straight
- Homosexual/gay/lesbian
- Bisexual
- Prefer not to say
- Other (Please specify)

The Equality Act 2010

The Equality Act 2010 defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on a person’s ability to carry out normal day-to-day activities. This can also include long-term health conditions where you do not feel your day-to-day activities are impacted due to medication, therapies, etc.

Q19. Do you consider yourself to have a disability as defined by the Equality Act 2010?
- No
- Yes – Activities not limited
- Yes – Activities limited a little
- Yes – Activities limited a lot
- Prefer not to say

Q20. Which of the following best describes your disability(ies)?
- Behavioural and emotional
- Such as Autistic Spectrum Disorder
- Manual dexterity
- Memory or ability to concentrate or understand
- Mobility or gross motor
- Perception and physical danger
- Personal, self-care and continence
- Progressive conditions and physical health
- Such as HIV, cancer or Multiple Sclerosis
- Sight
- Speech
- Severe disfigurement
- Other (Please specify)

Q21. Do you have a religion or belief?
- Buddhist
- Jewish
- No religion or belief
- Christian
- Sikh
- Prefer not to say
- Hindu
- Muslim
- Other

Q22. What is your first/main language?
- Prefer not to say
Q23. Which of these best describes your ethnicity?

<table>
<thead>
<tr>
<th>White</th>
<th>Asian or Asian British</th>
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<tbody>
<tr>
<td>British</td>
<td>Bangladeshi</td>
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<td>Irish</td>
<td>Chinese</td>
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<td>Other European</td>
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<td>White and Black African</td>
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<td>Other</td>
<td>White and Black Caribbean</td>
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<td>Arab</td>
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<td>Other</td>
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<td>Prefer not to say</td>
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Next Steps

Thank you for completing the survey. The consultation runs from 16 January to 12 April 2020.

Once the consultation ends the results will then be collated and analysed by an independent organisation: Participate Ltd. This analysis will be written up into a report.

We will publish the report on our website: [www.fitformyfuture.org.uk](http://www.fitformyfuture.org.uk)

The report will be available Summer 2020 and shared widely with service users and the local community.

This report will go to Somerset Clinical Commissioning Group’s Governing Body who will make a final decision on whether the proposals should go ahead.

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

Please return completed form to:

**FREEPOST SOMERSET MH CONSULTATION**

or email a scanned or photographed copy to [somccg.fitformyfuture@nhs.net](mailto:somccg.fitformyfuture@nhs.net)