

Update on the Fit for my Future: Consultation on acute mental health inpatient beds for adults of working age and Engagement on our vision for neighbourhoods and community settings of care

Lead Officers: Maria Heard, Fit for my Future Programme Director
Dr Alex Murray, Clinical Lead, Fit for my Future

Author: Jane Harris

Contact Details: jane.harris18@nhs.net

Cabinet Member:

Division and Local Member:

1. Summary

- 1.1 Fit for my Future is a strategy for how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by Somerset Clinical Commissioning Group and Somerset County Council, and includes the main NHS provider organisations in the county.
- 1.2 This report presents our engagement and consultation strategy which was approved by our Governing Body on 16 January 2020 and sets out the progress we have made since our last report to the Somerset County Council Adult Health and Overview Scrutiny Committee on two of our work programmes:
 - mental health
 - neighbourhood and community settings of care
- 1.3 In the update on mental health it sets out how we are undertaking public consultation on the future locations of inpatient mental health beds for people of working age and how the new model of care is developing. It updates the members of the committee on:
 - what has happened since the last update
 - the consultation on the future location of inpatient mental health beds for people of working age
 - next steps.
- 1.4 In the update on neighbourhood and community settings of care, it sets out how we are undertaking engagement to obtain feedback on our vision and early thinking on improvements to these services. It updates the members of the committee on:
 - what has happened since the last update
 - the engagement programme and stakeholder mapping
 - next steps.

2. Issues for consideration / Recommendations

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

3. CCG consultation strategy

- 3.1 The strategy outlines how we will make sure that any proposed service change is well planned and managed which will lead to better decision making and effective implementation.
- 3.2 Our consultation strategy aims to show how we will carry out formal public consultation to make sure everyone who lives and works in Somerset has the opportunity to have a say in the future of local health services.
- 3.3 The duty to involve the public under section 242 of the NHS Act 2006 raised the bar for the way NHS organisations are expected to consult and engage with people and respond to the feedback received. The Health and Social Care Act 2012 strengthens this expectation.
- 3.4 For each formal public consultation we deliver, we will co-design a specific consultation strategy with an identified stakeholder reference group which is tailored to the particular issues subject to consultation.
- 3.5 The Consultation Strategy was approved by the Governing Body on 16 January 2020 who agreed that it should be considered by the Somerset County Council Health Overview and Scrutiny Committee. Comments on the Consultation Strategy are welcomed from members and will be carefully considered.

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

- 4.1 There has been a history of under-investment in Somerset's mental health services and we are determined to redress the balance and place equal value on the importance of physical and mental health services. That's why we're increasing our investment in mental health, so we can develop a more complete service with a stronger focus on prevention and early help to keep people well wherever possible, and to provide the best care in the right settings for those who become unwell.
- 4.2 People who have used mental health services in the past or are using them now have helped us shape our new model of care; they have told us that we need to make it easier for them to access our service, and to reach a whole system of support through just one referral.
- 4.3 Our overall vision for mental health, and the new mental health model, is innovative. We are enhancing, and investing in, services that are already there, introducing new ones closer to where people live, and making them wholly accessible at every step of the way.
- 4.4 Acute mental health inpatient services for adults of working age are just one part of this whole system of care, a very important component for the relatively small number of people facing the most acute mental health issues. We need to ensure that we provide this care in the safest possible way. This isn't about money or a reduction in service; in fact we'll be investing more to improve the acute mental health inpatient service. We're very proud of the dedication and quality of the staff providing these services, but we recognise that it is simply not possible to provide the safest possible care if we continue to operate from three different locations, two of which have stand-alone wards with limited support available, and one of which is a long way away from an emergency department.
- 4.5 We believe there is a better solution. This would involve providing our acute inpatient services from two sites and not three.
- 4.6 **Reasons for changing our current configuration of services**
The central issue under deliberation has been how to provide the optimal inpatient

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

4.7 The key concerns we have are summarised as follows:

Lack of local support

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

Distance from an emergency department

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

Out of hours medical cover

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

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

Option 1 – Stay the same

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

Option 2 – Relocate Wells service to Yeovil

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

Option 3 – Relocate Yeovil service to Wells

- Move Rowan ward, Yeovil and create two wards, refurbishing or rebuilding the existing Phoenix ward

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

options for consideration and the evidence to support them. The Clinical Senate supported our case for change and proposals.

- 4.10 On 21 October 2020, the final stage of the NHS service reconfiguration assurance process, NHS England and Improvement considered whether the case for change and proposals demonstrate evidence to meet five core tests including strong public and patient engagement, consistency with current and prospective need for patient choice, and support for the proposals from clinical commissioners. This was approved.
- 4.11 After considering all the evidence, our preferred option is to move the beds from St Andrews Ward in Wells to Yeovil, alongside the existing Rowan Ward. Stakeholders who attended the one day stakeholder workshop arrived at the same view.
- 4.12 The reason why moving the beds from St Andrews Ward in Wells to Yeovil is our preferred option is because:

Quality of care – outcomes and safety

- It's close to the Emergency Department at Yeovil District Hospital, compared to St Andrews Ward in Wells which is 22 miles or 45 minutes away from the nearest Emergency Department at Bath Royal United Hospital
- A risk management protocol is required for Wells which results in around 40 patients a year having to be admitted first to Taunton and then to Wells. Some of the highest risk patients remain at Taunton due to its proximity to an Emergency Department. Even if two wards were to be located at Wells instead of Yeovil, a small number of patients with high risk of self-harm would still need to be retained at Taunton due to Wells' distance from an Emergency Department

Travel time for patients, their carers and visitors

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

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

Workforce sustainability

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

Impact on equalities

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

Deliverability

The work required to create two wards at Yeovil would take eighteen months to

deliver compared to two years for the work to be completed on the Wells site.

Affordability and value for money

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

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

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

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

4.15 Public consultation

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

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

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

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

4.19 We are inviting people in the Mendip area to attend a public meeting in Wells on 06 February 2020 to listen to any concerns they may have.

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

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

4.22 Information on the consultation and details of how people can get involved has been

sent to all Parish Clerks for cascading through parish newsletters and websites.

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

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

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

4.25 **Next steps**

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

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

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

5. Engagement on our vision for neighbourhoods and community settings of care

5.1 We have been working with our partners and providers including doctors, nurses, allied health professionals (therapists) and other people working within public health, adult and children's services - and the organisations they work for, Somerset County Council, Somerset Partnership NHS Foundation Trust, Yeovil District Hospital, Musgrove Park Hospital, and the GP practices that make up Somerset's health and care system.

5.2 Together, we have been sharing our expertise, experience and understanding to think about how community-based health and care services in Somerset can work better together.

5.3 We believe that the people of Somerset should have access to a wide range of health and social care services which are designed to meet their needs and that are delivered as close to home as possible. We believe that these services should be delivered through a network of community hospitals, care homes, community hubs and local integrated health, social care and community/voluntary sector teams. We also believe that people should be supported to be able to take a more proactive role in managing and maintaining good health and reduce their reliance on reactive health and care services.

5.4 To achieve this ambition we need to change the way the services are delivered in the community. We need to support them to meet the needs of local people and be fit for the challenges we face in delivering modern healthcare now and in the future. As part of this we must recognise the challenges of providing high quality, affordable healthcare across a rural county, and acknowledge that there will be difficult decisions to make regarding this in the future.

5.5 **Public engagement**

On 30 January 2020 the Governing Body of Somerset Clinical Commissioning Group will be asked to approve the launch of public engagement on the early thinking

around improvements to community health and care services including same day urgent care.

- 5.6 The engagement programme will run to 12 April 2020.
- 5.7 Through the engagement we will aim to reach our general population, including all of those with an interest in the community based health and care services to hear their views about our early thinking, including service users, carers and their families. We are undertaking a detailed stakeholder mapping exercise to maximise our reach and make sure people have the opportunity to give their feedback.
- 5.8 We will be sharing the reasons why our current services need to change and the challenges that we face in continuing to run them.
- 5.9 We will be holding a series of drop-in events at all community hospital and minor injury unit sites as well as dedicated meetings for the community hospital league of friends.
- 5.10 As with the mental health public consultation we will be holding a number of pop-up sessions at health and care sites, libraries and voluntary sector organisations, and using social media and the media to reach as many people as possible.
- 5.11 **Next steps**
The feedback from the engagement programme will be independently analysed by Participate, an organisation with expertise in consultation and engagement, and a full report of the engagement and analysis will be published later this year.
- 5.12 Further updates will be presented to the Somerset County Council Adult Health and Overview Scrutiny Committee as this work progresses.

6. Implications

- 6.1 **Consultation on acute mental health inpatient beds for adults of working age**
The preferred option for mental health inpatient beds will not involve a reduction of acute mental health inpatient beds but rather a change in the location of the beds.

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

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

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

No final decision will be made until after all the feedback has been received and reviewed.

7. Background papers

- 7.1 The consultation documents for the mental health public consultation are published on the Fit for My Future website www.fitformyfuture.org.uk
- 7.2 The engagement documents for community based health and care services engagement are also on the Fit for My Future website.

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