



**Fit
for my
future.**
A HEALTHIER SOMERSET

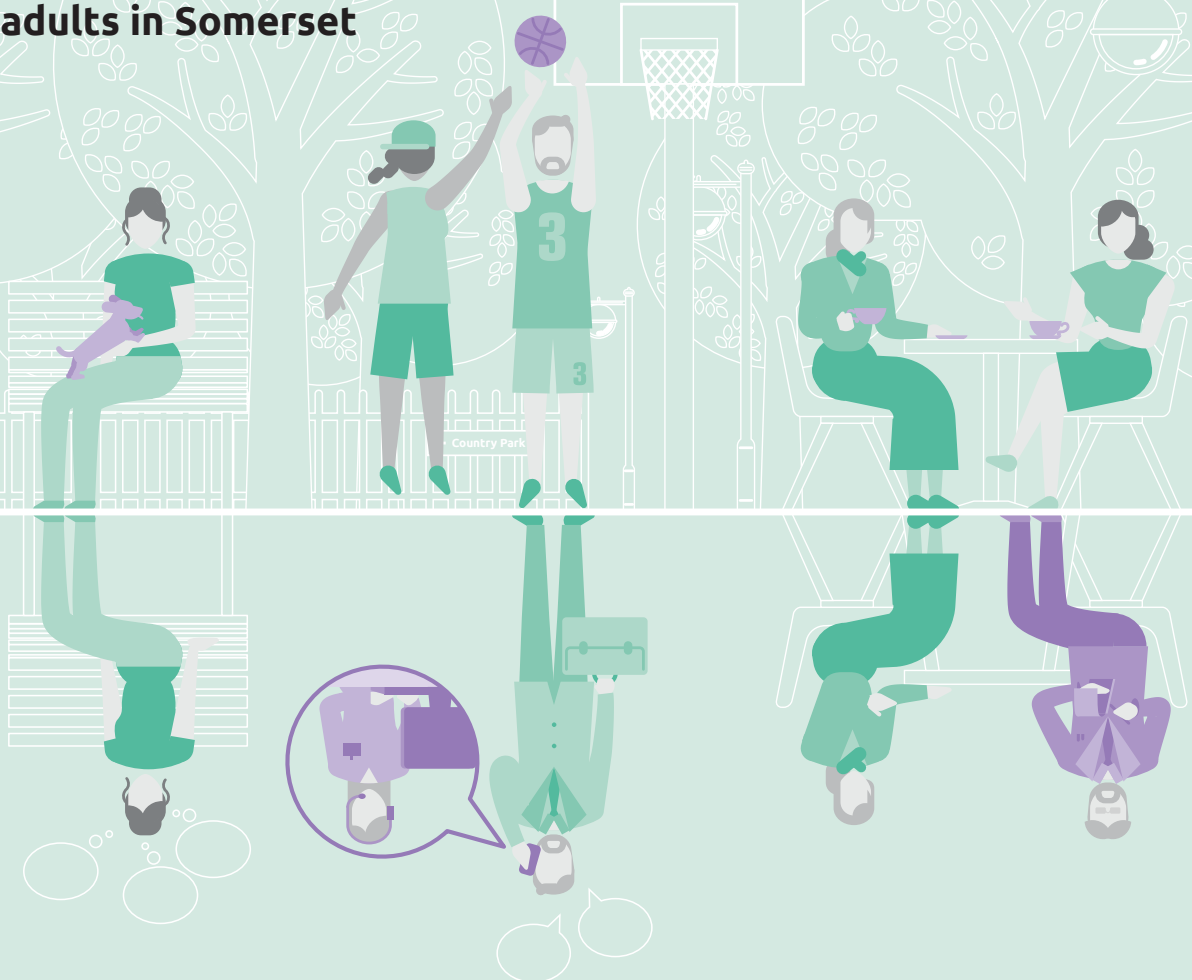


Consultation document

January 2020

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 know that people will 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

Introduction

01

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.**

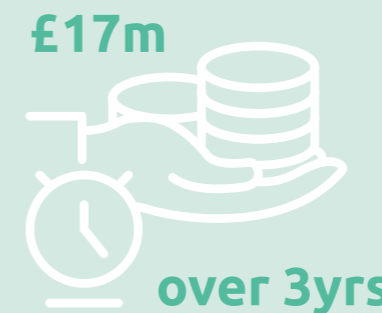


Increased investment across the spectrum of care.

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.

£17m
over 3yrs



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.

£758k



How much in total do we spend on mental health services?

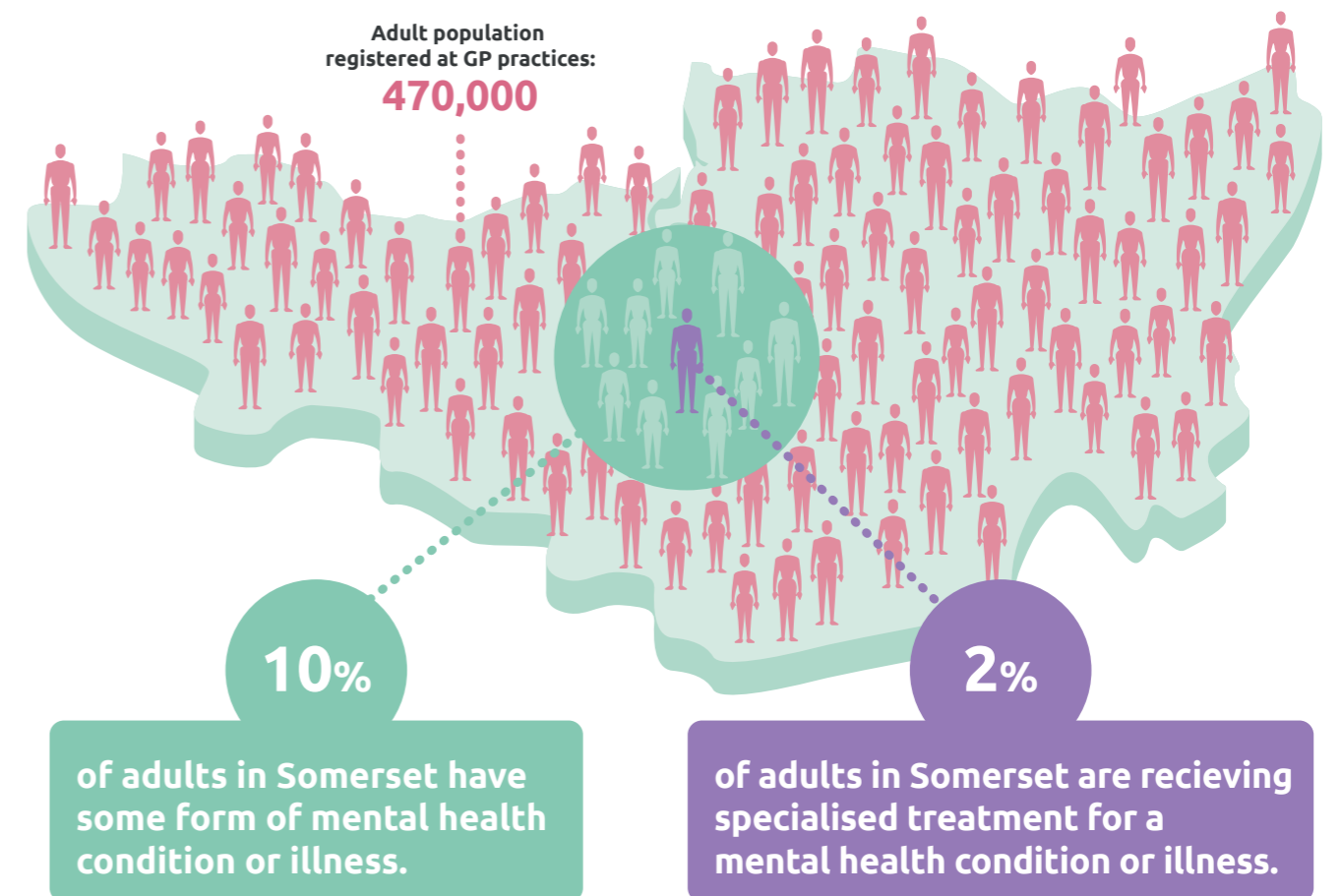
Despite the financial challenges we face, Somerset Clinical Commissioning Group has made a commitment to invest more in mental health services. We recognise the impact of historic under-investment in these particular services, a common problem across the country.

Our expenditure on mental health services:

- Our total spend on mental health services is £63.7million.
- Early in 2019 a further investment of £5million was agreed to enhance Somerset's mental health services further, including £2.3million 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.

Why are we consulting?

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.

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:

- 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.

After our consultation ends 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 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 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 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:



“ 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

Our vision for mental health services in Somerset

02

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.

Our vision for mental health services

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.

Since we talked to people in autumn 2018 a great deal of thinking has led to the development of a new vision and way of working for mental health services, based on some key commitments.

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.

Mental health and the NHS Long Term Plan

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.

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](http://www.longtermplan.nhs.uk)

Why we need to change?

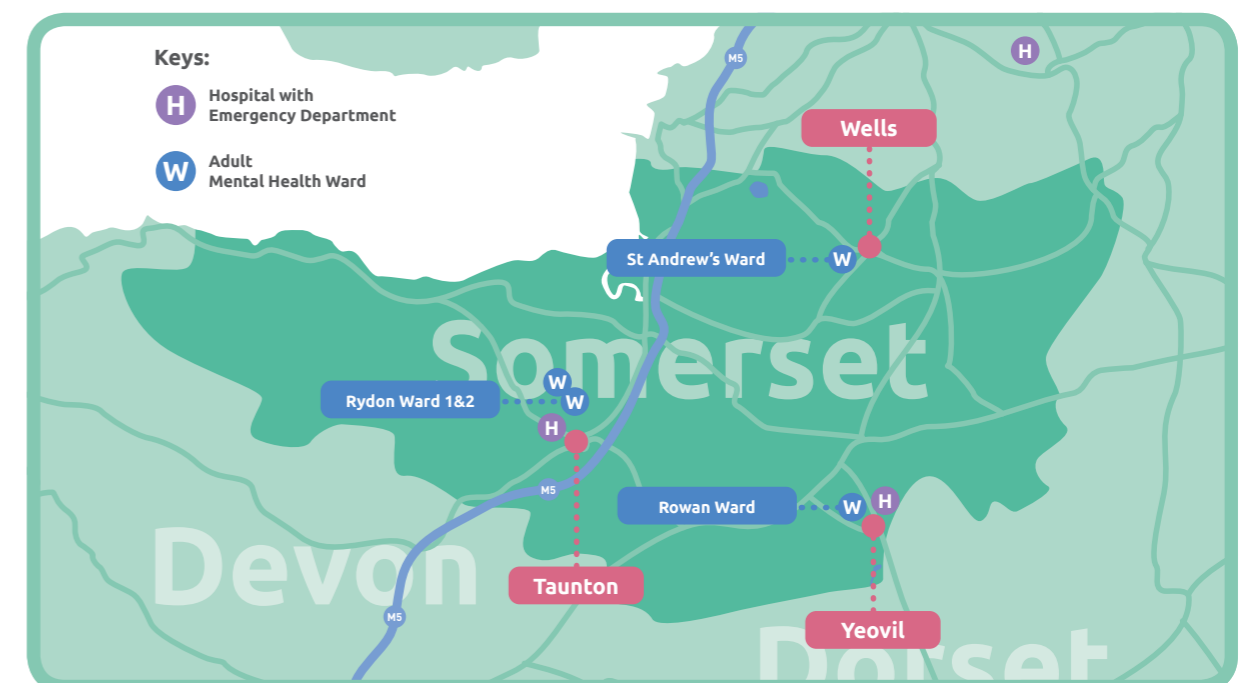
03

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.



In addition, we do not have consistency in the provision of out-of-hours medical cover, and proximity to an Emergency Department differs greatly for each location.

In summary therefore, there are three key risks that impact on the way our acute inpatient wards are working now:



Lack of support from staff in an adjacent ward for staff in 'stand-alone' wards at a time of crisis.



Distance from an Emergency Department when patients need emergency physical healthcare support.



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.

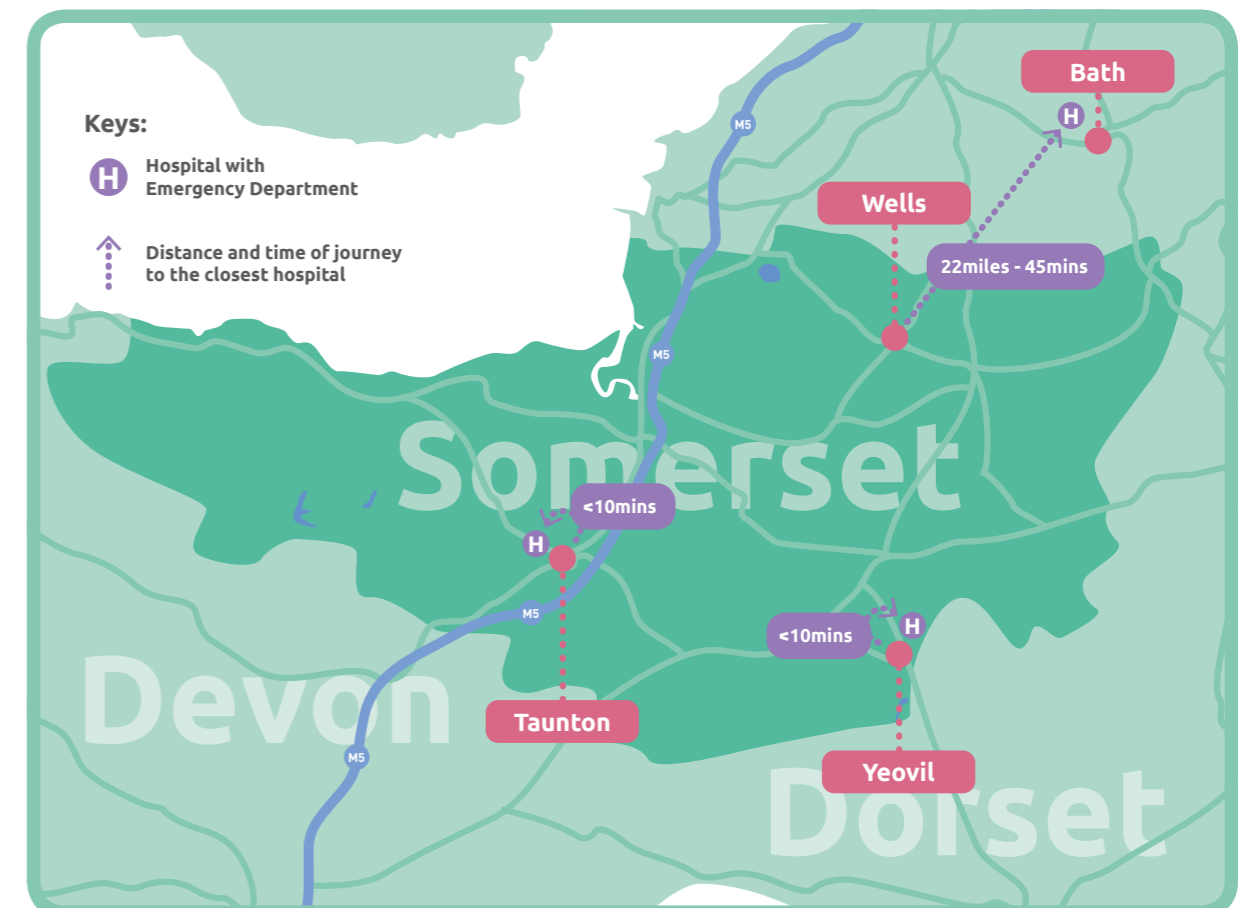
People staying on acute mental health wards can often pose a risk to themselves or others. Sometimes, despite all attempts by staff to prevent them harming themselves, they will try to attempt suicide or self-harm, or harm other patients or members of staff.

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.



Wells

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.



Yeovil

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.



Taunton

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.



Police

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.

Why 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.

Historically there have also been difficulties in attracting and retaining medical staff which has resulted in over-reliance on locum cover.

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

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

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.

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

04

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.



What does the new model of care look like?

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.

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.

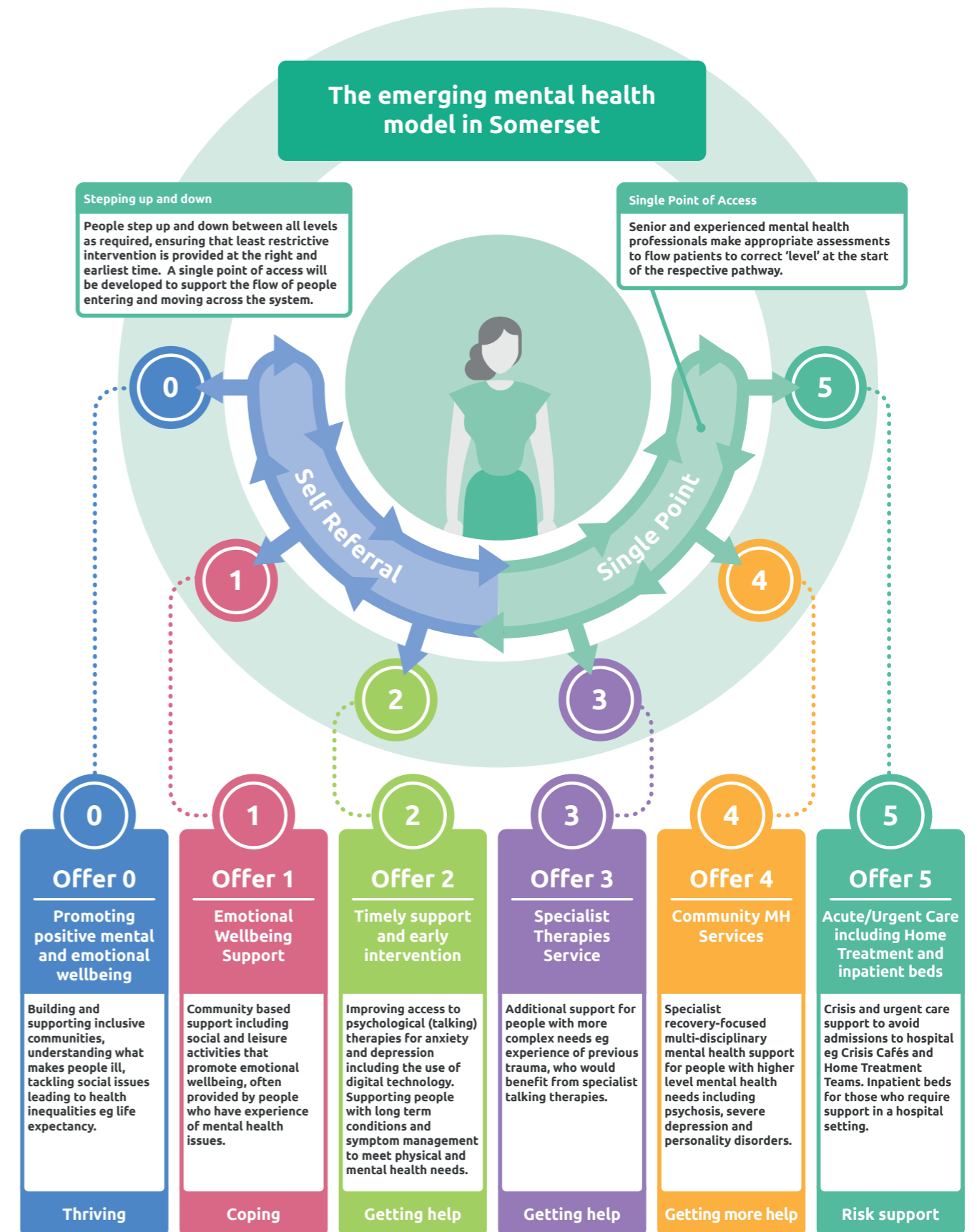
Working with recovery partners has helped us to design a new integrated mental health service model that builds on mental health, physical health and emotional wellbeing across the system. They describe it as a 'one door, no wrong doors' approach.

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?



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.

How the new mental health model would help Dylan:

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.



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.

How the new mental health model would help Hannah:

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

05

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

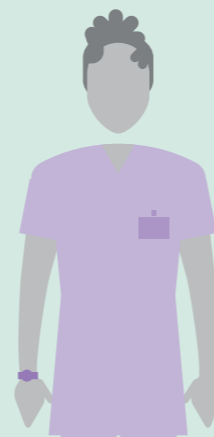
Stay the same

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.



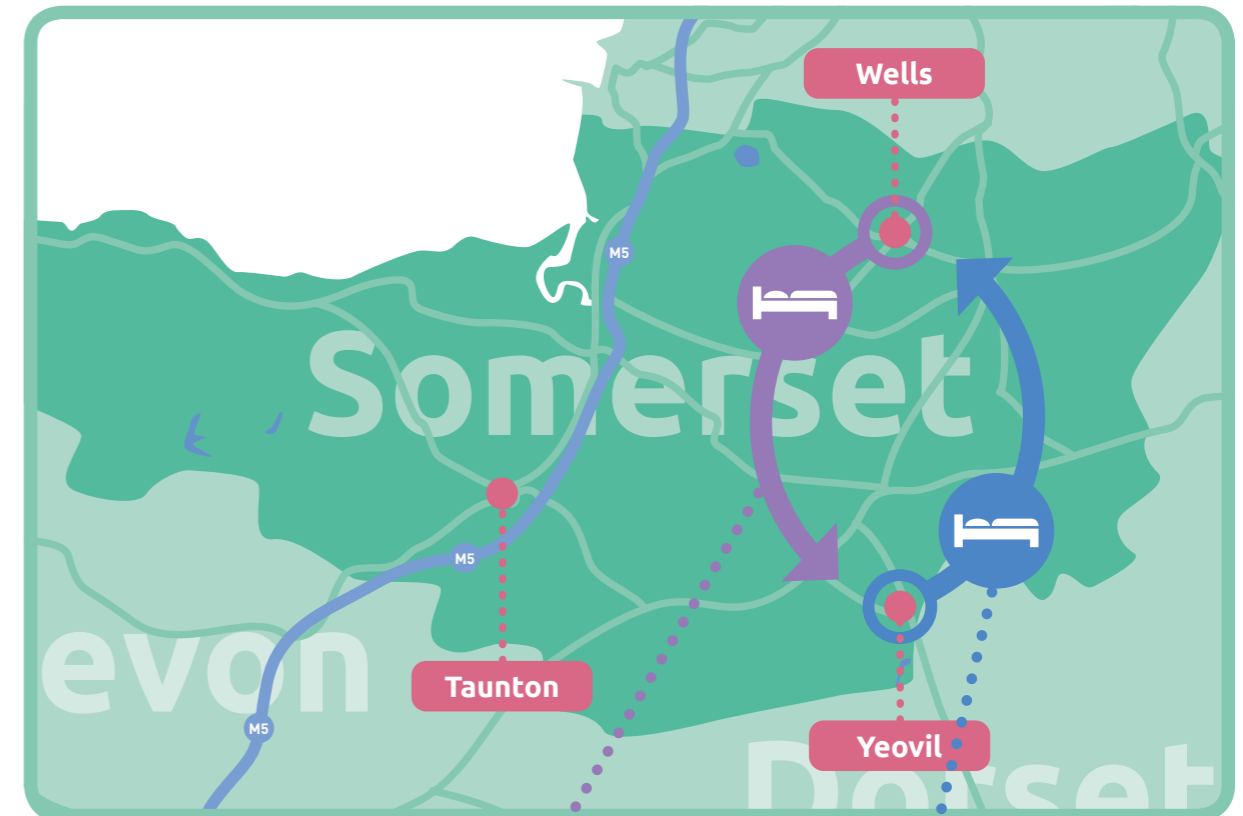
These criteria were used to come up with a short list to go forward for detailed appraisal.

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.

Most viable options

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



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.



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.



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.



Quality of care – outcomes and safety

Thinking about the options against quality of care in terms of patient outcomes and safety, moving beds from Wells to Yeovil came out the best because:

- 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.



Workforce sustainability

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.



Deliverability

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.



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.



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.

The potential impact of what we're proposing and how it will address the challenges

06

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.

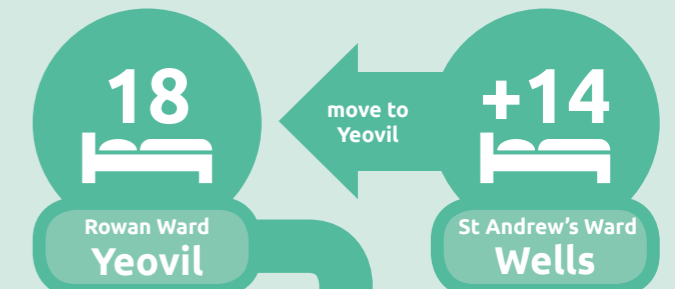
What would the acute inpatient service at Yeovil look like?

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.

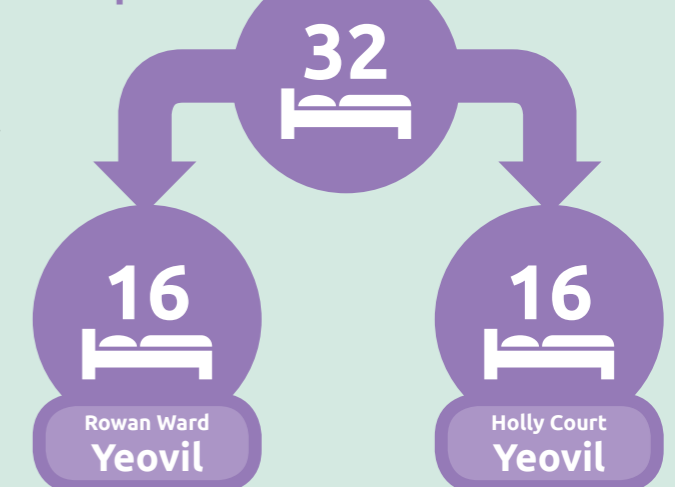
Some rebuilding and refurbishment of the old Holly Court ward and the existing Rowan Ward would create two equal sized wards of 16 beds each, both of which would include a bed designated as extra care which would provide a further enhancement to the existing provision.

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.

Existing:



Proposal:



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.

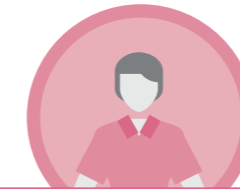
Specific to these two areas, we will also be developing two Crisis Cafés, enabling people experiencing emotional and / or mental health distress to have access to a safe space where they can speak freely about their experiences at times of greatest need.

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, families and carers

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.



Staff

Our staff are incredibly hard working and committed to caring for patients, and often work long hours in demanding circumstances. We recognise that it can be unsettling when there is uncertainty about the future shape of services.

As this would be a relocation of beds rather than a cut in the service the staff numbers would remain broadly the same. No-one will be without a job. Nursing staff would be able to move to the new ward at Yeovil and for those who do not want to travel, there are new career opportunities with the roll-out of the new mental health model, working with teams in different ways and closer to patients in the community.

If our proposal to consolidate beds on two sites were to be implemented, staff and patient safety would also be improved, addressing some of the concerns voiced by staff on stand-alone wards. Staff who are affected will be fully consulted about the proposed changes.

Giving your views

07

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.

Improving mental health services for adults in Somerset

Consultation document

January 2020



fitformyfuture.org.uk

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