

NHS Somerset CCG

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



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1. Executive Summary

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

1.1 Overall Response to the Proposal

The consultation demonstrated significant divergence of views depending on where people lived. The majority of responses (52%) to the survey were opposed to the proposed change, while 37% were in favour.

However, it is important to note that these overall figures are significantly affected by the higher response rate in the three localities closest to Wells (Central Mendip, West Mendip and North Sedgemoor).

- These localities constitute around 21% of the Somerset population, but produced 44% of the responses. The remaining Somerset localities account for 79% of the Somerset population, but only produced 56% of the responses. This may reflect the strength of local feeling in the areas closest to Wells.
- In the three localities closest to Wells the proposals were strongly opposed with 75% of survey responses disagreeing with the proposal to relocate the Wells unit to Yeovil, and only 16% agreeing with them. This is mirrored by the feedback throughout meetings and in other correspondence.
- In the other localities accounting for the remaining Somerset population, the majority of the survey responses were in favour of the proposal with 54% of responses being in favour and 33% against.

1.2 Key Themes from Feedback - For and Against the Proposal

1.2.1 Main Reasons People Gave for Opposing the Proposal

The rural geography of the area surrounding the Wells site, was stated as being a particular challenge in terms of travel if inpatient beds were relocated to Yeovil. The increased travel time, lack of public transport, and additional cost of travel were the main reasons the majority of respondents opposed the proposals. In addition, the

overall feeling was that the proposals would result in a general downgrading of mental health service provision for the area.

- It was suggested, the additional travel times to get to Yeovil would cause additional stress to patients and carers and could in turn decrease the frequency of people visiting patients, which it was felt could have an adverse effect on patient's recovery.
- Some people also predicted the additional travel could deter staff from moving from St Andrews Ward, Wells to Yeovil, which drew concerns about experienced and valued staff being lost.
- The perceived cost of using public transport to access the relocated services was felt to be prohibitive for some, especially low-income households, elderly and/or disabled people. Suggestions were made to alleviate the issue of cost and accessibility, but they remained a prominent theme in relation to the impact the proposal would have on these particular groups of people.
- Perceived loss/downgrading of mental health and other related services within the surrounding area of Wells was noted as another reason people opposed the proposal e.g. the day centre at St Andrews Ward, Wells for people with Alzheimer's Disease.
- One of the key points made in opposition to the proposal made in a petition organised by the Somerset Constituency Labour Party, which gained 382 signatures, was that the small number of patients who need to be referred to A&E did not outweigh the concerns about the loss of St Andrews Ward, Wells, and the difficulty patients and their families would encounter to travel to the proposed relocated sites, particularly by public transport.
- The petition questioned the need to relocate services to Yeovil because of the lack of A&E support, suggesting all Wells residents have to travel to access emergency care anyway. They proposed developing a case for a new hospital to be built in mid-Somerset to address this need.
- Concerns about the relocation of services were mirrored to some extent by a third of survey respondents, who did not believe the proposal delivered quality healthcare for people in and around Wells.

1.2.2 Main Reasons People Gave for Supporting the Proposal

40% of survey respondents agreed that the risk associated with staying the same is too great, however, most lived furthest away from the St Andrews Ward, Wells. The main reasons for agreement with the proposals focused primarily on the service improvement for staff and patients outlined in the consultation document.

- People residing outside of the immediate Wells area were more likely to have concerns for safety for staff and patients at the smaller site at Wells, and agreed that there is a need to offer 24/7 medical cover and support.
- NHS staff, clinicians and other stakeholders were more broadly in favour to reconfigure the services including moving beds from Wells to Yeovil, than service users, carers and members of the public. Findings from the survey were mirrored by comments during the group meetings and from some of the official responses from professional bodies.
- NHS staff and clinicians were less concerned about the travel impacts for them in terms of travelling to Yeovil instead of Wells.
- A fifth of respondents living in the areas around Wells agreed that there is a lack of A&E provision overall for residents, as well as for mental health patients. However, they highlighted that there had not been many incidents of mental health patients needing an emergency department.
- It was suggested that managing learning disabilities and providing adequate support would be easier across two sites.
- Some organisational responses outlined the emphasis on the development of community mental health services, and implied this supported the proposed changes e.g. promoting prevention and early intervention, single point of access, crisis cafés and voluntary sector support for self-directed care.

1.3 Suggestions for Amending/Enhancing the Proposal

The main suggestions provided for amending the proposals came from the petition, with an alternative solution being suggested. Other options for enhancing the proposals included travel and transport additions, considering step down services and privacy.

- The Somerset Constituency Labour Party petition, which received 382 signatures, stated a preference to retain the St Andrews Ward at Wells, with increased funding for safer staffing levels, whilst also investing in additional capacity at Yeovil to meet future demand. The argument was based on the desire to ensure services were accessible and local to meet the needs of people living in and around Wells.
- Part or fully subsidised travel and parking as well as dedicated transport services was suggested, specifically for low income families, older people and those with a disability. The emphasis being to support those who would need to travel further due to the proposed changes.
- It was noted that the St Andrews Ward, Wells, is a familiar setting for patients and carers/family members with a friendly ‘family atmosphere’ created by staff in a smaller setting. It was stated that if, when patients are allowed to go out of the unit, they feel their immediate environment is familiar it makes it easier for them to step down or discharge. Some people suggested retaining the St Andrews Ward, Wells, as a crisis café or a step-down service.
- Some people suggested ensuring any new services include enhanced privacy by having male and female wards.

1.4 Other Issues People Suggested were Important

Other important issues suggested during the consultation centred around the need to improve services by increasing the use of multi-agency working and improving communications between teams.

- A key theme from the groups and meetings highlighted that the self-referral system doesn't work in a lot of cases as many patients don't recognise that they are ill or are having an episode, and people gave examples of how they or their family members 'had fallen through the cracks in the system'. It was felt that early detection of mental health conditions was crucial. Suggestions included; having a strong Community Mental Health Team, and an overall multi-agency approach involving GPs, police, local authorities, social workers, schools and other health professionals.
- A multi-agency holistic approach was also considered important for supporting discharge and reducing the need for re-admission.
- Maintaining links with the Community Mental Health Team and ensuring teams across the localities work closely together, was highlighted by NHS staff and clinicians as an important factor.
- There were statements made that people 'get lost in the system', especially when transitioning from child to adult services. It was felt that this was less likely to happen in a smaller setting that was more familiar i.e. the St Andrews Ward, Wells. Increasing support for people when moving between services was seen as vital to decrease crisis incidents and suicide attempts, which would mean improving communication between all agencies especially the ward, community health services and CAMHS.
- It was felt that suitable and appropriate communication and support for communities where English is not their first language (e.g. Timorese) and for people with learning disabilities, was needed to explain how the new services work.

1.5 Feedback on the Consultation

There were some accusations that the consultation materials were biased towards the preferred option and the decision to move services had already been made. Some respondents from the groups and meetings wanted to see further detail on the proposed changes so they could better understand the implications. Others also felt it would be important to review what has been achieved elsewhere and apply the findings to the feedback received from this consultation to ensure that the true impacts of any changes are understood, and that there is scope for influence in the decision-making process.

1.6 How the Consultation was Undertaken

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

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

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

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

2. Introduction

Participate Ltd was commissioned by NHS Somerset CCG (Clinical Commissioning Group) to independently analyse and report upon the data from the consultation **‘Improving Mental Health Services for adults in Somerset. Our proposals for changing acute inpatient mental health services for adults of a working age’**. This report sets out the analysed and thematic data from the consultation that concluded in April 2020.

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

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

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

The consultation set out the findings of an option appraisal on the future location of inpatient services. This appraisal considered a list of six options and through a process to review these options, which included stakeholders and service users, led to the conclusion that the best way forward was to relocate the current ward at Wells to Yeovil, and join it with the mental health ward already there, ensuring that there would be no ‘standalone’ wards in Somerset.

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

It recognised that the changes would have travel time implications for patients and carers which would need to be addressed during the implementation of the proposal. The consultation document concluded by seeking views from local people and stakeholders on the proposals so that the CCG could take them into account before making a decision on the way forward.

3. The Consultation Process

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

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

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

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

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

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

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

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

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

4. Approach to Analysis

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

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

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

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

5. Potential Equality Impacts and Profiling Information

5.1 Potential Equality Impacts

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

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

The following outlines themes that have been extracted when mentioned in open ended survey responses, in discussion group meetings or during other forms of response.

Age Related Themes

- It was felt that there is a need to identify mental health issues earlier, meaning that GPs and schools require additional training in identifying issues in children and young people (e.g. eating disorders).
- It was highlighted that there can be issues around the transition from child to adult mental health services, with some ‘falling through the cracks’.
- Therefore, there is a need to ensure CAMHS is fully included in the model.
- It was felt that transport for older people should be included in the proposal, as they may be less likely to drive and may rely on others who may not have the time to travel to Yeovil.
- Public transport difficulties for older people, including suitability to access buses and trains, was highlighted and that many need to be on a bus for a long period of time if they live in remote areas (with a large number of stops).

- If there is no direct bus service from the north of the county, then older family members or carers may find visiting someone who is an inpatient at Yeovil difficult.

Carer Related Themes

- It was felt that some carers could experience added stress and anxiety from potential transport difficulties if services are moved.
- Some carers felt that a move to Yeovil would have a detrimental effect on their own health, which could in turn add to the 'NHS workload'.
- Many carers work or have other commitments near to their home, which may mean they cannot provide as much support if the patient is moved to Yeovil.
- Some felt that the needs of carers had been overlooked in considering these proposals.

Deprivation Related Themes

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

Disability (Physical and Mental Health) Related Themes

- Consideration may need to be made for those with learning disabilities and Autism, who would need any changes explained to them in a suitable format and language with additional support to interpret the proposed changes.
- It was suggested that managing learning disabilities and providing support would be easier on two sites than spread across three sites.
- It was stated that St Andrews Ward, Wells is currently used as a day care centre for Alzheimer's patients and the loss of this facility could adversely affect that group.
- It was suggested that a disability transport service should be provided for free to assist disabled carers and relatives when visiting inpatients.

Gender Related Themes

- For privacy it was suggested that the two wards, in the new model based at Yeovil, could be split by gender into a male and female ward.

LGBT+ Related Themes

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

Seldom Heard Groups Related Themes

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

5.2 Profiling Information

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

Table 1 – Profiles of respondents from demographic questions

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

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

Profiling Information	Number	Percentage of survey responses	Somerset Population Percentage	Source/Reference
Which of the following best describes your disability(ies)?				
Behavioural and emotional - Such as Autistic Spectrum Disorder	32	5.95%		
Manual dexterity	14	2.60%		
Memory or ability to concentrate or understand	34	6.32%		
Mobility or gross motor	44	8.18%		
Perception and physical danger	9	1.67%		
Personal, self-care and continence	26	4.83%		
Progressive conditions and physical health Such as HIV, cancer or Multiple Sclerosis	15	2.79%		
Sight	13	2.42%		
Speech	4	0.74%		
Severe disfigurement	2	0.37%		
Prefer not to say	91	16.91%		
Other	60	11.15%		
Do you have a religion or belief?				
Buddhist	5	0.93%		
Christian	205	38.10%		
Hindu	0	0.00%		
Muslim	0	0.00%		
Jewish	0	0.00%		
Sikh	1	0.19%		
No religion or belief	164	30.48%		
Prefer not to say	103	19.14%		
Other	37	6.88%		
Not answered	23	4.28%		
What is your first/main language?				
Burmese (Myanmar)	1	0.19%		
English	491	91.26%		
French	1	0.19%		
Polish	1	0.19%		
Punjabi	1	0.19%		
Spanish	2	0.37%		
Swaheli	1	0.19%		
Not answered	40	7.43%		

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

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

6. Survey Data Feedback

6.1 Summary of Questions

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

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

In total there were 538 responses to the survey.

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

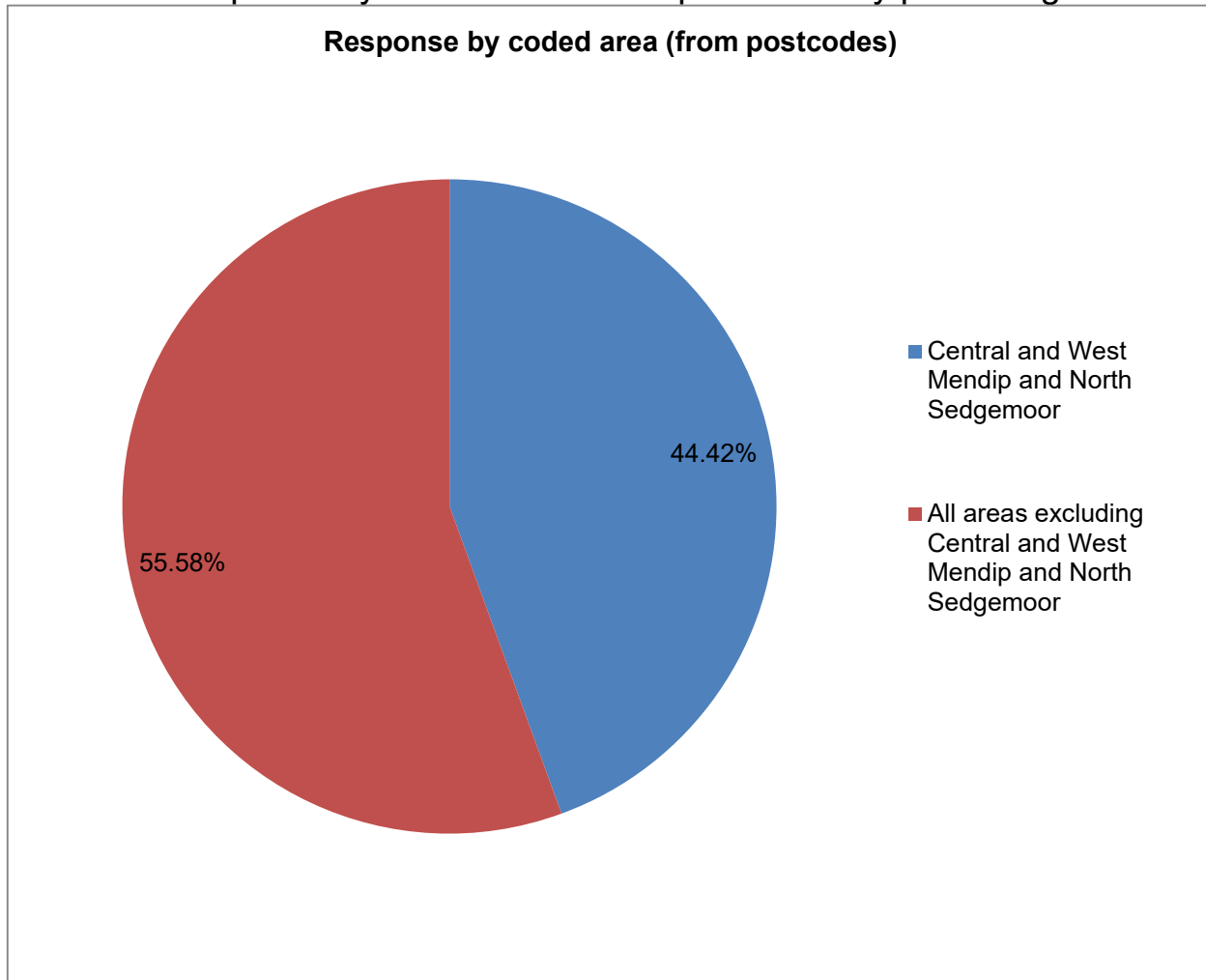
6.2 Cross Tabulation by Postcode

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

Table 2 – Response by area from postcode matching

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

Chart 1 – Response by coded areas from postcodes by percentage

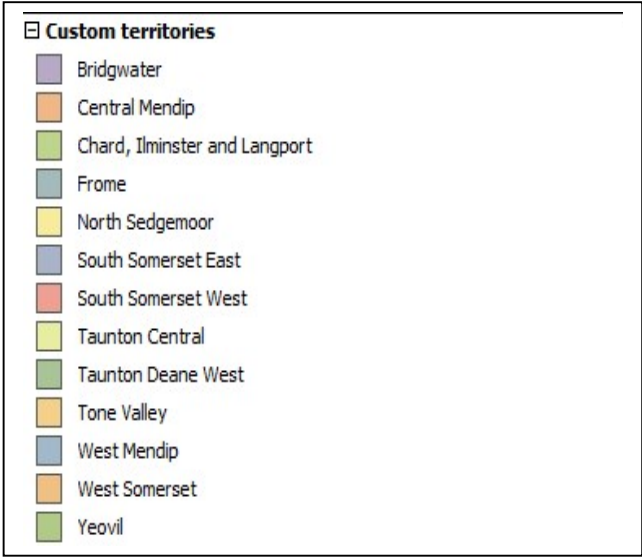
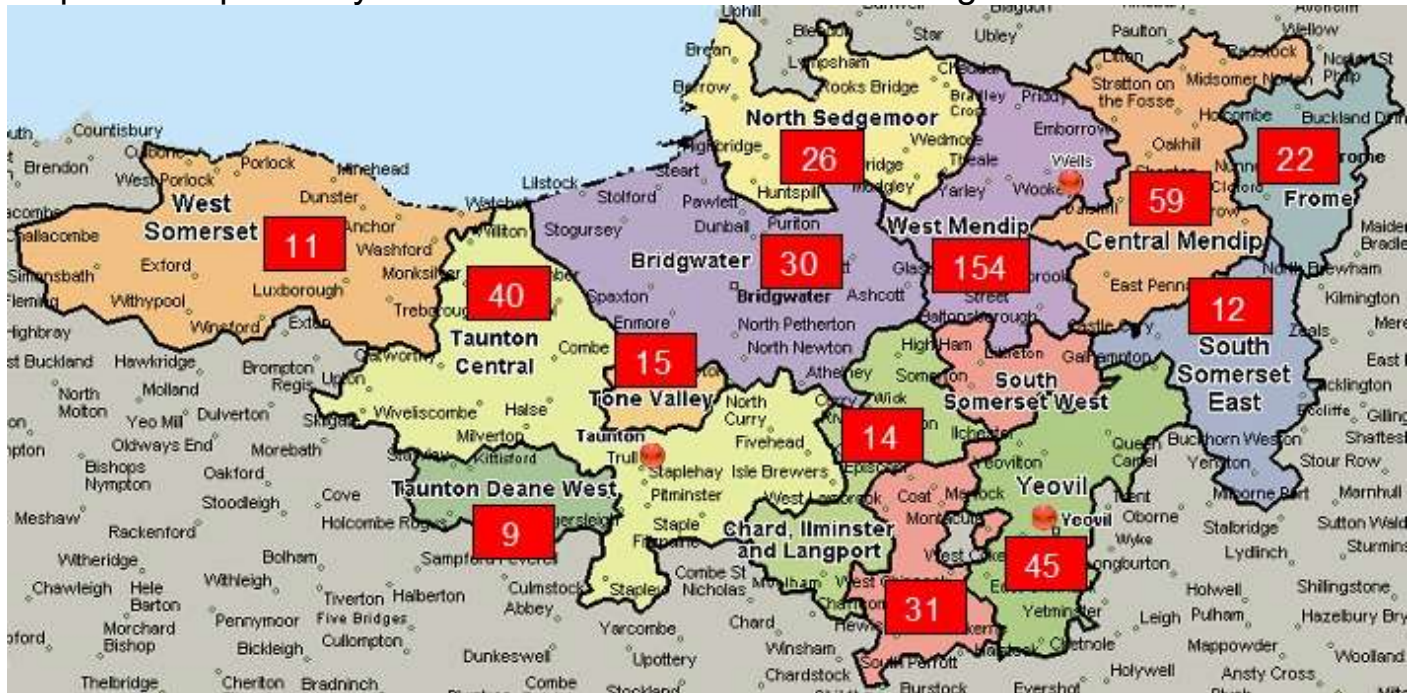


Base = 538

West Mendip, Central and North Sedgemoor which are geographically closest to the proposed relocated site at Wells, account for 44.42% of all responses.

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

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



The map of localities above demonstrates the high level of responses both for the West Mendip and Central Mendip areas, which are more rural and closer to the Wells site. This contrasts with the lower response rates for areas in the west and south, where people would use the services in Yeovil and Taunton that are being retained in the proposal.

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

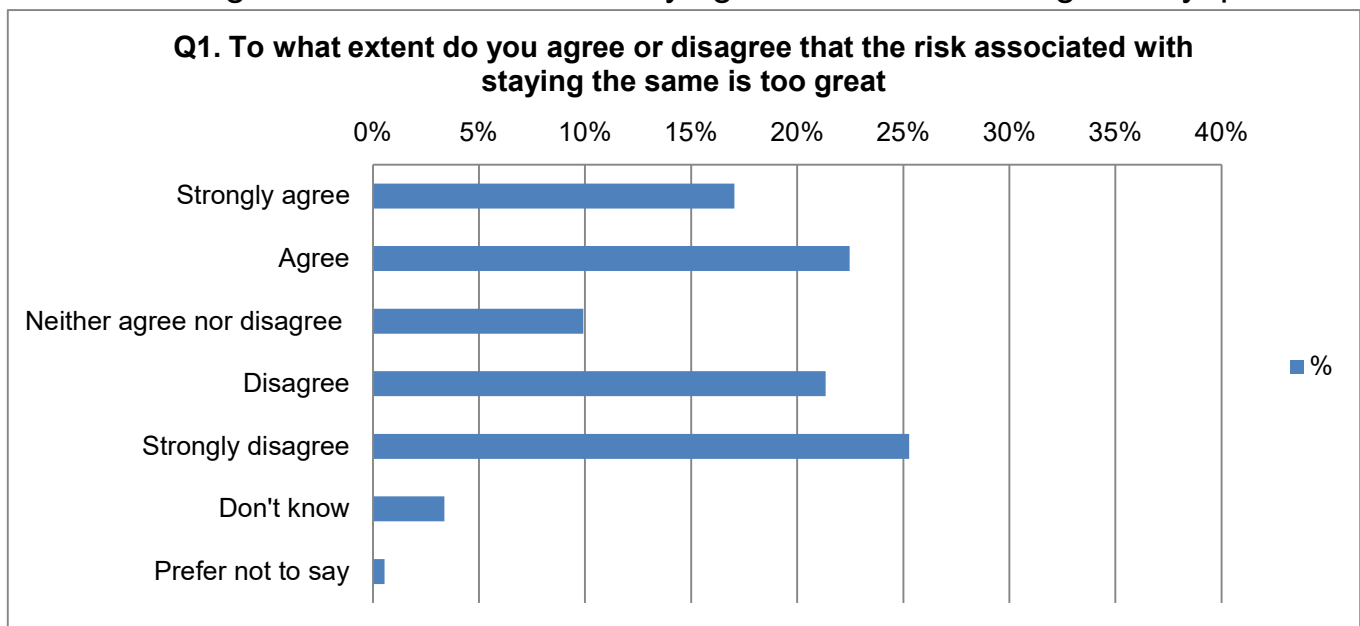
PLEASE NOTE – the areas have been identified by clustering the first half of the postcodes supplied. Q10 of the survey provided the postcode data and therefore, the summary table of these postcodes is not included within this section of the report.

6.3 Section One - Why Do We Need to Change?

Q1. We think we need to move beds to two sites (Taunton and Yeovil) instead of keeping wards at Taunton, Wells and Yeovil as they are now. We think the risk of staying the same is too great.

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

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



Base = 534

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

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

In terms of respondent type:

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

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

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

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

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

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

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

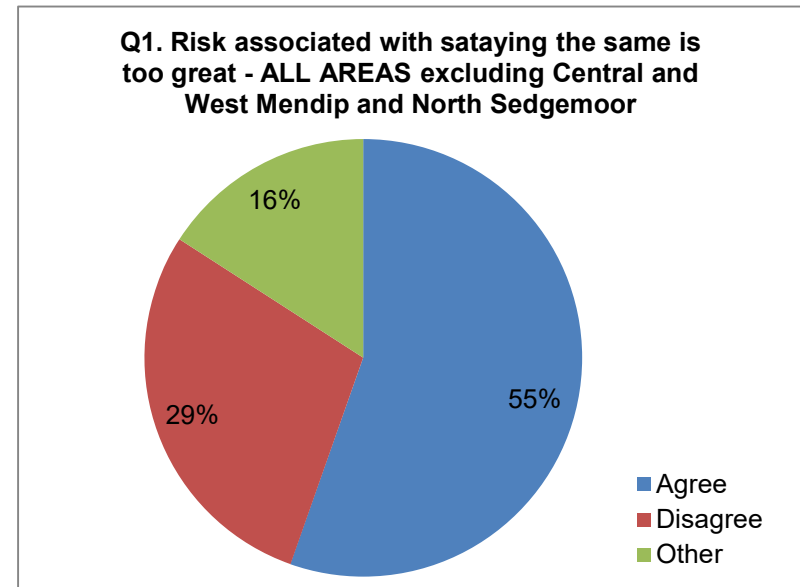
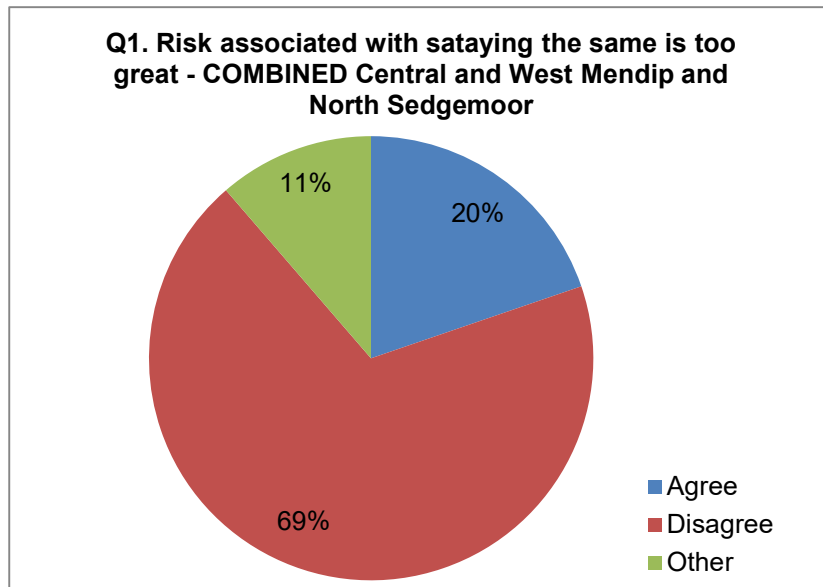


Table 5 – Agreement that risk of staying the same is too great by Area

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

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

Table 6 - Reasons for Q1 answers

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

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

Base = 459

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

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

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

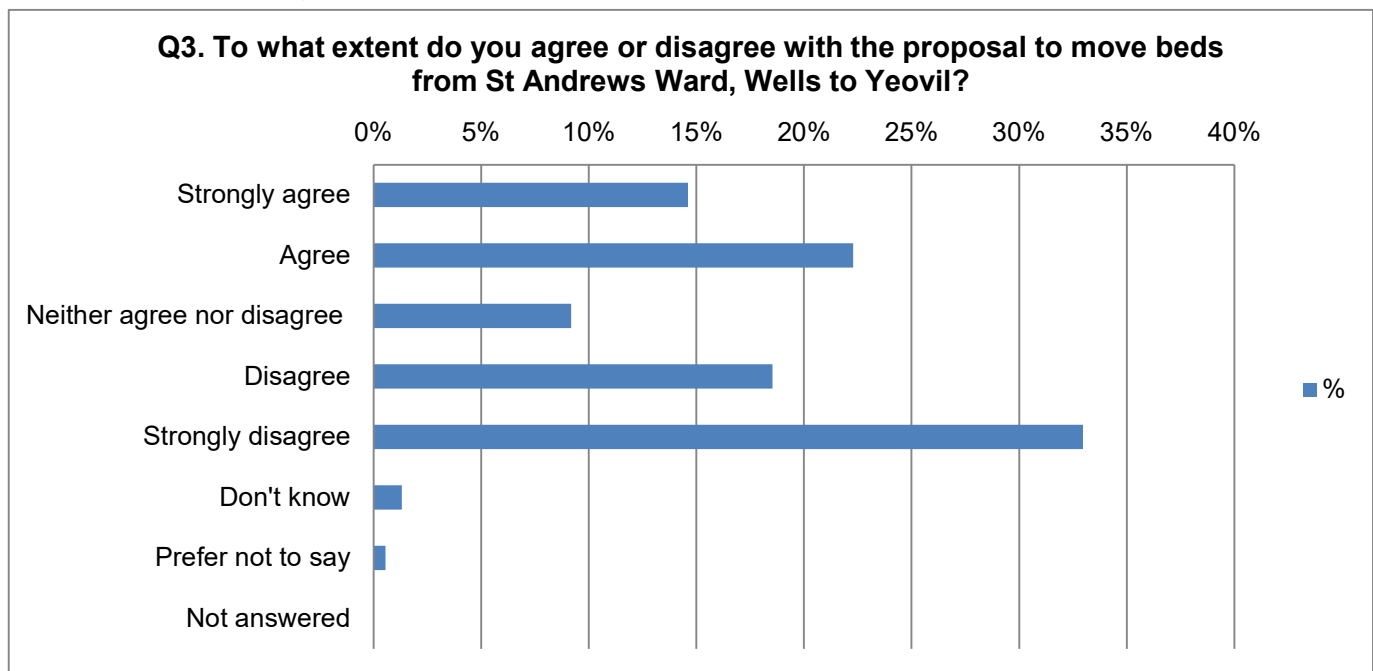
Q2. Please explain your reasons for the answer you have given to Q1:			
Coded theme	West Mendip, Central Mendip and North Sedgemoor	All other areas	Total
Need access to diagnostic services	1	3	4
More locations will spread service too thinly	1	11	12
Yeovil is established and well run	1	3	4
St Andrews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

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

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

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

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



Base = 538

- 36.89% agree (combined strongly agree and agree) and 51.50% disagree (combined disagree and strongly disagree) with this proposal.
- In the three localities closest to Wells the proposals were strongly opposed with 75% of survey responses disagreeing with the proposal to relocate the Wells unit to Yeovil, and only 16% agreeing with them (table 9, chart 6).
- The highest response to the survey came from the West Mendip area where St Andrews Ward, Wells is located.
- In the other localities accounting for the remaining Somerset population, the majority of the survey responses were in favour of the proposal with 54% of responses being in favour and 33% against.

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

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

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

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

NB: Somerset Population stats taken from:

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

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

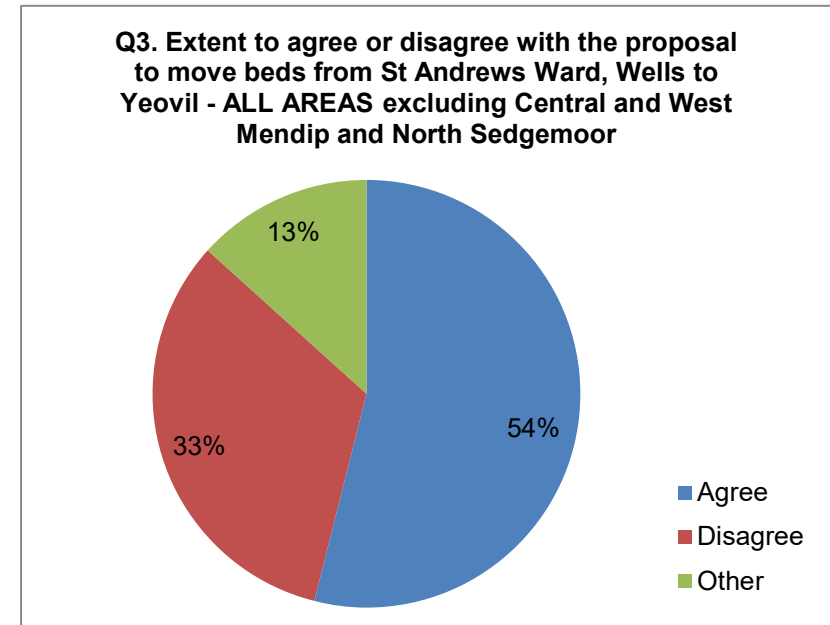
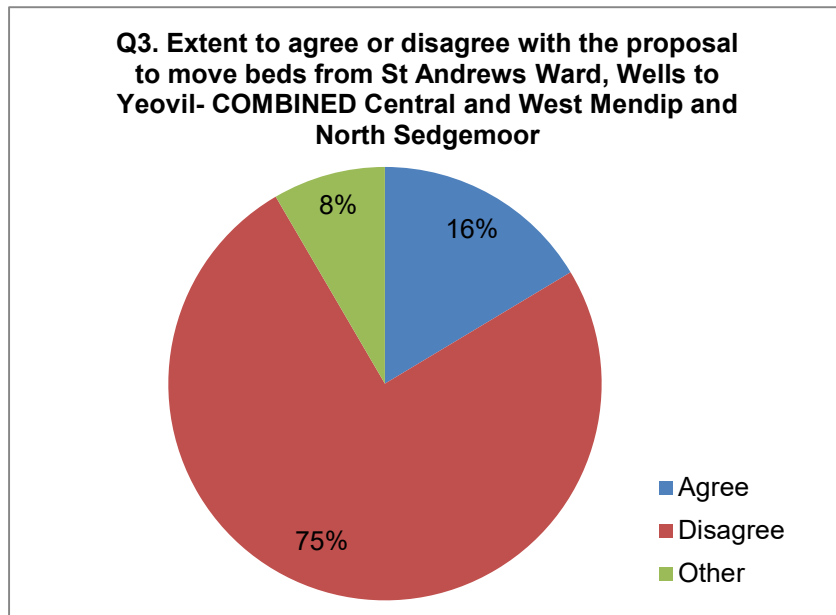


Table 10 – Extent agree or disagree with moving beds from St Andrews Ward, Wells to Yeovil – split by Area

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

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

Table 11 - Reasons for Q3 answers

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

Base = 443

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

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

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

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

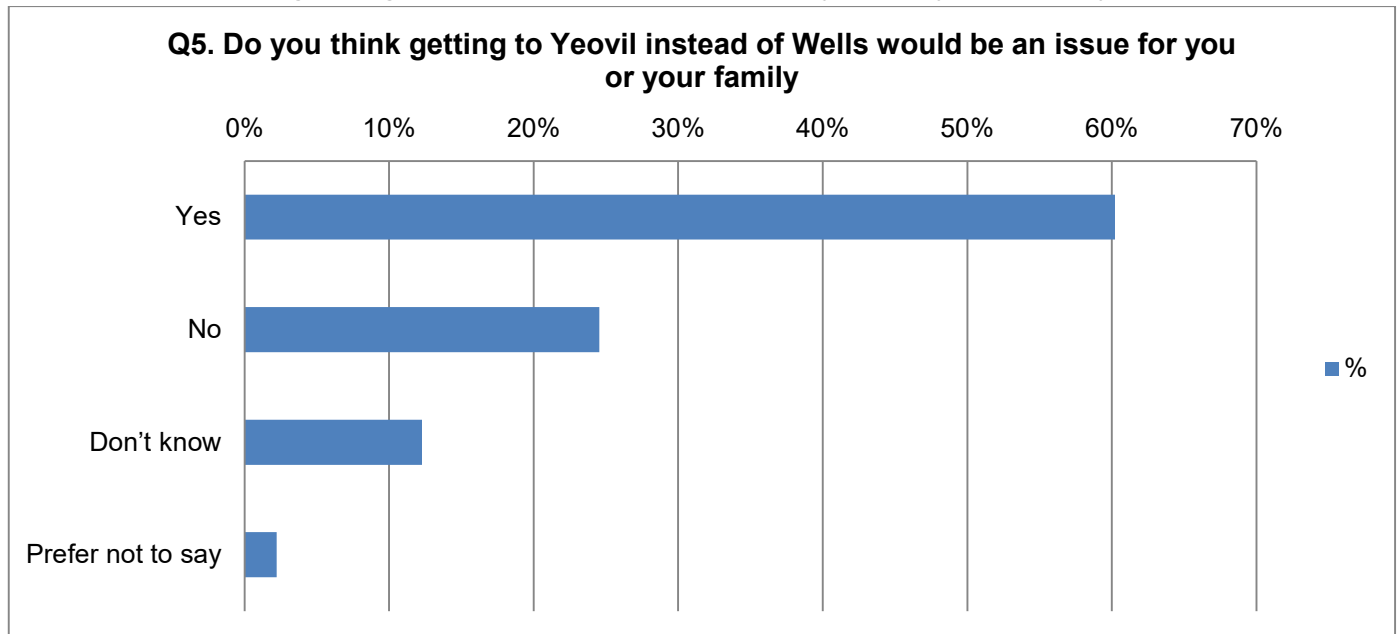
Q4. Please explain your reasons for the answer you have given to Q3:			
Coded theme	West Mendip, Central Mendip and North Sedgemoor	All other areas	Total
There is no danger to staff or patients at Wells	3	1	4
Distance is not so far	2	17	19
Savings should be invested in a better service	1	6	7
How can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

Base = 443

6.4 Section Two – Travel Impacts

Q5. We understand that travel and transport may be an issue for you and your family if we move beds from Wells to Yeovil. Do you think getting to Yeovil instead of Wells would be an issue for you or your family?

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

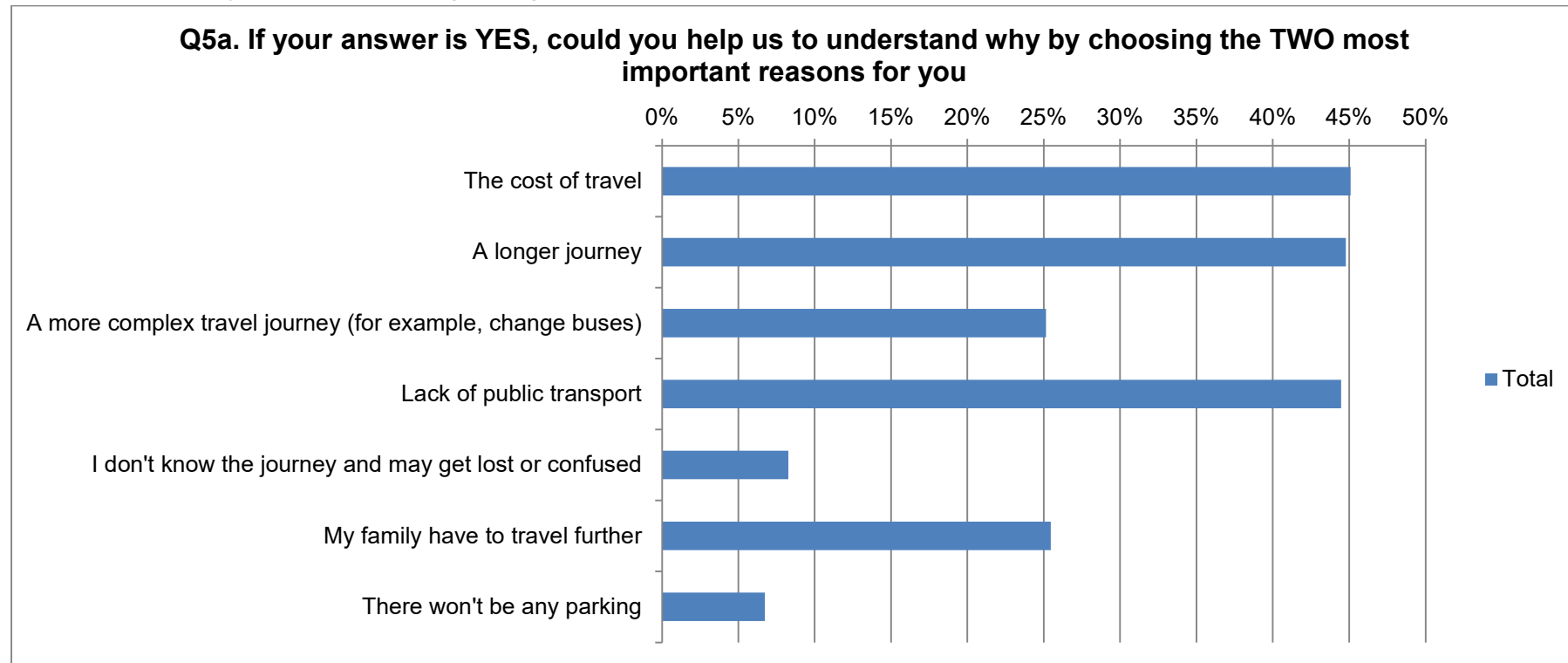


Base = 534

- 60.22% thought that it would be an issue to get to Yeovil for them or their family, with 24.54% stating that it would not be.
- 84.94% of those who were located in West Mendip, Central Mendip and North Sedgemoor stated that getting to Yeovil would be an issue compared to 40.47% of those from the rest of the county:
 - 90.91% of those based in Frome also thought getting to Yeovil would be an issue for them .
- In terms of respondent types:
 - NHS staff members and clinicians were the least concerned
 - Carer/family members were the most concerned, followed by current or former mental health service users
 - 66.67% of service users stated that they or their families would have an issue getting to Yeovil instead of Wells.

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

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



Base = 326

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

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

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

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

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

Table 14 – Explain travel or transport issues

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

Base = 356

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

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

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

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

Base = 356

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

Table 16 – Any other comments

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

Base = 275

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

Table 17 – Any other comments – Split by area

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

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

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

Base = 275

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

6.5 Section Three – About You

Respondents Affiliations and Organisational Representations

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

Table 18 – Organisations represented and/or affiliated to

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

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

Base = 41

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

Table 19 – Response by type of responder

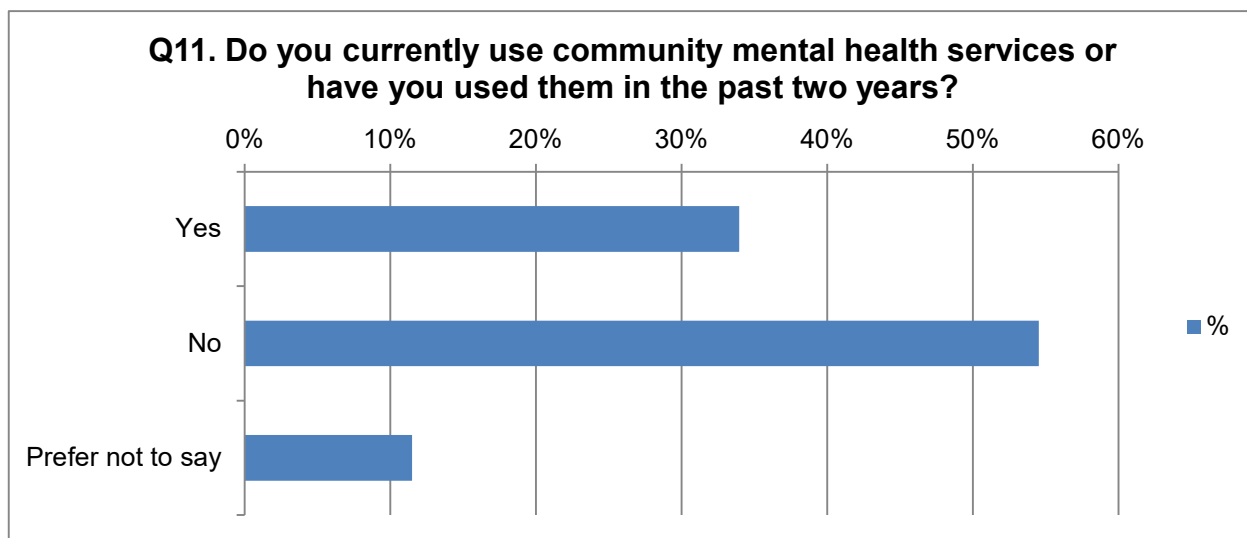
In what capacity are you responding to the consultation?	Overall
Current or former mental health service user	20.26%
Carer/family member	18.40%
Clinician	2.97%
NHS staff member	13.38%
Member of the public	36.06%
Other	7.43%
Not answered	1.49%
Base	538

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

- Members of the public made up the largest group of respondents at 36.06% (194), followed by 20.26% (109) of the responses coming current or former mental health service users.
- Carer/family members of the public at 18.40% (99), NHS staff members at 13.38% (72) and clinicians at 2.97% (16), were the next largest groups of representation.

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

Chart 10 – Response by type of responder



Base = 530

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

7. Discussion Groups and Meetings Data

7.1 Introduction

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

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

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

Table 20 provides details of each specific group held.

Table 20 – Details of groups held

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

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

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

7.2 Approach to Analysis

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

The analysis has been split into 3 sections:

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

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

7.3 General Views from Meetings and Drop-In Sessions

Table 21 – Feedback from general groups – Top 10 themes

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

- Many comments related to requests for further detail on the proposed changes, so that the attendees could understand how changes will be implemented or the potential effects upon their care.
- The most common responses related to a range of transport issues, which it was felt that the proposals would cause to staff, family, friends and carers.
- It was also felt by many that there needs to be a facility in the Mendip area as there is a perception that the locality is being ‘downgraded for services’ and that the rural geography makes travel to other services in other areas more difficult. Some stated that if the changes take place they would “cross the border” and use services in Bath, as they would be closer and easier to access.
- There were questions and concerns about the future involvement of the Community Mental Health Team. It was felt by some that early intervention by this team had reduced admissions and potentially saved lives. Some thought it would be more difficult for the Team to operate across the wider geography.
- Some concerns were raised as to whether the new model would provide sufficient capacity to cope with increasing demand and if there would be enough beds.
- A number of people simply objected to the planned relocation of St Andrews Ward in Wells. Some of these people raised the option of retaining St Andrews Ward, Wells, as a Crisis Café or step-down service.

- Issues around the referral to mental health services were raised. People provided personal stories of how they or their family members “had fallen through the cracks” in the system. It was felt that self-referral didn’t always work as people do not know when they are “having an episode”. GPs were highlighted as key referral contacts along with the Police and Social Services.
- Staffing impacts were frequently raised due to concerns about the effects of staff travelling, which it was felt could lead to losing staff due to the extra stress of travel. It was questioned if the new service would be sufficiently staffed and include budgets for staff costs.
- The need for a multi-agency holistic approach was identified by many attendees. This was specifically important in terms of the support on discharge from a mental health ward, as it was thought to have an effect on good outcomes and lowering re-admission rates. Early intervention from schools and social workers relating to young people and the transition to adult mental health services were also mentioned.
- There were some comments in general support of the proposals with safety issues being a key concern.

Some protected characteristic issues were identified from the groups:

- It was felt that carers would find it difficult to support a patient due to the time needed to visit, transport difficulties and being further away to offer support. Some carers felt it could have a detrimental effect on their own health, which would add to the ‘NHS workload’.
- Children were highlighted as a potential weakness in the model, with the perception of poor early diagnosis (and intervention) of mental health conditions, health impacts of conditions (such as eating disorders) and falling through the cracks when transitioning to adult services. It was perceived that young people have higher suicide rates and so are particularly vulnerable.
- It was stated that there could be difficulties for the elderly, as many do not drive and would rely on family members to transport and support them.
- The high cost of travel and poor public transport service were viewed as an issue for low-income service users. It was stated that they may not own a car, buses can often take too long, and trains and taxis are expensive. Assisted travel schemes were suggested.

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

7.4 Focus Groups

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

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

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

7.4.1 Views on the Need to Change

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

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

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

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

Some protected characteristic issues were identified from the groups:

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

7.4.2 Views on Whether the Proposal will Address the Challenges Faced

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

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

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

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

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

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

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

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

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

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

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

7.4.5 Other Comments, Suggestions and Alternatives

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

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

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

7.5 Mental Health Stakeholders Engagement Forum

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

Key findings are grouped as follows:

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

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

What things could help?

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

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

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

- Foundation House (Taunton) support staff are brilliant.

What are the most helpful forms of support?

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

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

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

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

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

Do you fully understand the term “Lived Experience”?

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

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

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

8. Organisational Responses

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

Table 27 – Professional Groups that responded

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

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

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

Overall

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

Acute Bed Relocation

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

Impact of the Current Covid-19 Pandemic

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

New Model of Care

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

Somerset Health, Care and Housing Memorandum of Understanding

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

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

The following Petition gained 382 signatures, 372 were unique.

Petition text:

Mental Health:

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

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

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

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

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

8.3 Email – Somerset Police – 20/01/2020

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

8.4 Email – Compass Disability – 23/02/2020

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

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

- The GP Board discussed the FFMF consultation documents on Adult Mental Health Inpatient Beds at its most recent meeting.
- The GP Board supports the preferred model with the proviso that enhanced community services must be already in place when beds are transferred to avoid gaps in service.
- Look forward to hearing more as things progress.

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

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

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

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

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

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

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

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

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

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

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

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

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

- Attended the consultation on 29/02/2020.
- Discussed the issue of the potential closure of St Andrews Ward in Wells on 03/03/2020.
- Unanimously agreed that removing all of the mental health wards from Wells would be fundamentally detrimental to mental health services in this area.
- There has been a cash injection into Somerset mental health services, and proposals 5 & 6 on p35 of the consultation booklet seem to be far more expensive than simply investing in Option 7 – an option not even proposed – which we unanimously agreed to at the meeting.
- This option would be to keep the beds at St Andrew’s Ward and increase the funding to provide safe and sustainable levels of staffing, and to additionally increase the number of beds at Yeovil. By doing this, we would be able to meet increased demand in the future and send fewer people out of the county for treatment.
- Also noted that requiring people in the local area to travel further to access this type of service will be detrimental, both to the recovery of the patient and to

the carbon footprint, which needs to be seriously considered in the current climate emergency.

- Closing St Andrews Ward, Wells is another step along the planned neglect of the NHS.
- Closure of Phoenix Ward was ill advised and has placed staff at risk and should have been considered at the time.
- On behalf of Glastonbury & Street Branch Labour Party request that St Andrews Ward, Wells is retained and properly invested in and that the two closed wards in both Yeovil and Wells are reopened.
- Bear in mind the increased need for mental health services that will be required once the Covid 19 pandemic has passed.

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

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

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

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

9. Social Media

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

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

Questions raised and comments made included:

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

10. Other Responses

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

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

Table 28 – Other responses received

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

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

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

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

Appendix

Survey Questionnaire:

Section 1 – Why do we need to change

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

We think we need to move beds to two sites (Taunton and Yeovil) instead of keeping wards at Taunton, Wells and Yeovil as they are now. We think the risk of staying the same is too great because:

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

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

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

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

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

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

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

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

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

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

Section 2 – Travel impacts

Q5. We understand that travel and transport may be an issue for you or your family if we move beds from Wells to Yeovil.

Do you think getting to Yeovil instead of Wells would be an issue for you or your family?

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

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

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

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

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

Section 3 – About You

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

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

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

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

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

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

- Yes
- No
- Prefer not to say