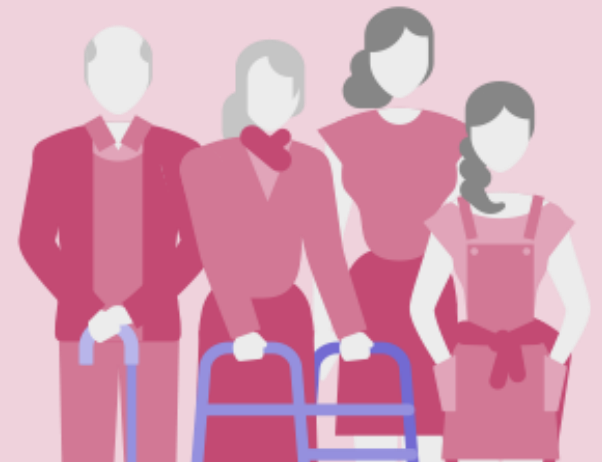


Mental Health Stakeholder Panel Event

12th July 2019





Welcome

Dr Alex Murray
Clinical lead, Fit for my Future
& Bridgwater GP



Introduction

Jonathan Bradley

Director of Consultation and Engagement, Participate Ltd.

Introduction



**Jonathan
Bradley**
Director, Participate
Here to facilitate
the process....

What is today about?

- Discussion and deliberation around:
 - Inpatient mental health services for adults of working age
 - The challenges to address
 - How best to deliver high quality services
 - The options to discuss and the criteria to assess them
 - What that could mean for people
 - The impacts and suggestions to take into account

How will today work?

Information

- We will give you information in bite-sized chunks

Discussion

- As groups you will discuss what you have heard and how you feel it may impact upon people

Report

- Everything you say will be captured as group findings and reported back into the process

Today's Agenda

- Introductions
- Case for Change
 - Group Discussion
- Proposed Mental Health Model
 - Group Discussion
- Open Questions
- Lunch
- Evaluation Criteria
 - Group Discussion and Individual Exercise
- The Options
 - Group Discussion and Prioritisation
- Open Questions
- Thanks and Close

We're here to deliberate

- What is deliberation?
 - Open discussion
 - Look at the issues
 - Discuss the facts
 - Understand different points of view
 - Listen to other people without bias
 - Give time for people to have their say



Your comfort today

- Natural break whenever you like
- Water on tables
- Ask if you need anything else
- Please put phones on silent
- Finish around 4pm



Introductions

- Please take five minutes now get to know your new group members

“Hi, I’m Jonathan and....”



Case for Change

Dr Alex Murray

Clinical lead, Fit for my Future

Why we need to change

- Demand outstrips our capacity to meet it
- Too many people are going to A&E
- Increasing rate of suicides
- Concerns about safety and gaps in services
- Difficulties in recruiting and retaining staff
- Under-investment in the past
- Correct the imbalance in provision between mental and physical health services

More reasons for change

- Staff, patients & carers say access to right services at right time for patient is a challenge
- Too many people end up in hospital but average stay is shorter than in other areas
- Higher risk of readmissions – community-based support after discharge not always enough
- Greater focus on person-centred prevention & recovery
- Link mental & physical health care services & treatments

Benefits of integrated mental health care

People with multiple physical and mental health conditions, including older people with frailty as well as younger people with highly complex needs

People with long-term physical health conditions who would benefit from support for the psychological aspects of adjusting to and living with their condition

Who could benefit from integrated mental health care?

People with persistent physical symptoms such as chronic pain that can be maintained and reinforced by psychological and biological processes acting in tandem

People with severe mental health problems who often experience poor physical health and less effective care and support for their physical health needs

Exercise 1 – What does this mean for you?

- Look at the summaries on your table
- Talk through what you have heard
- What's good about it?
- What are the issues?
- What are your suggestions and questions?



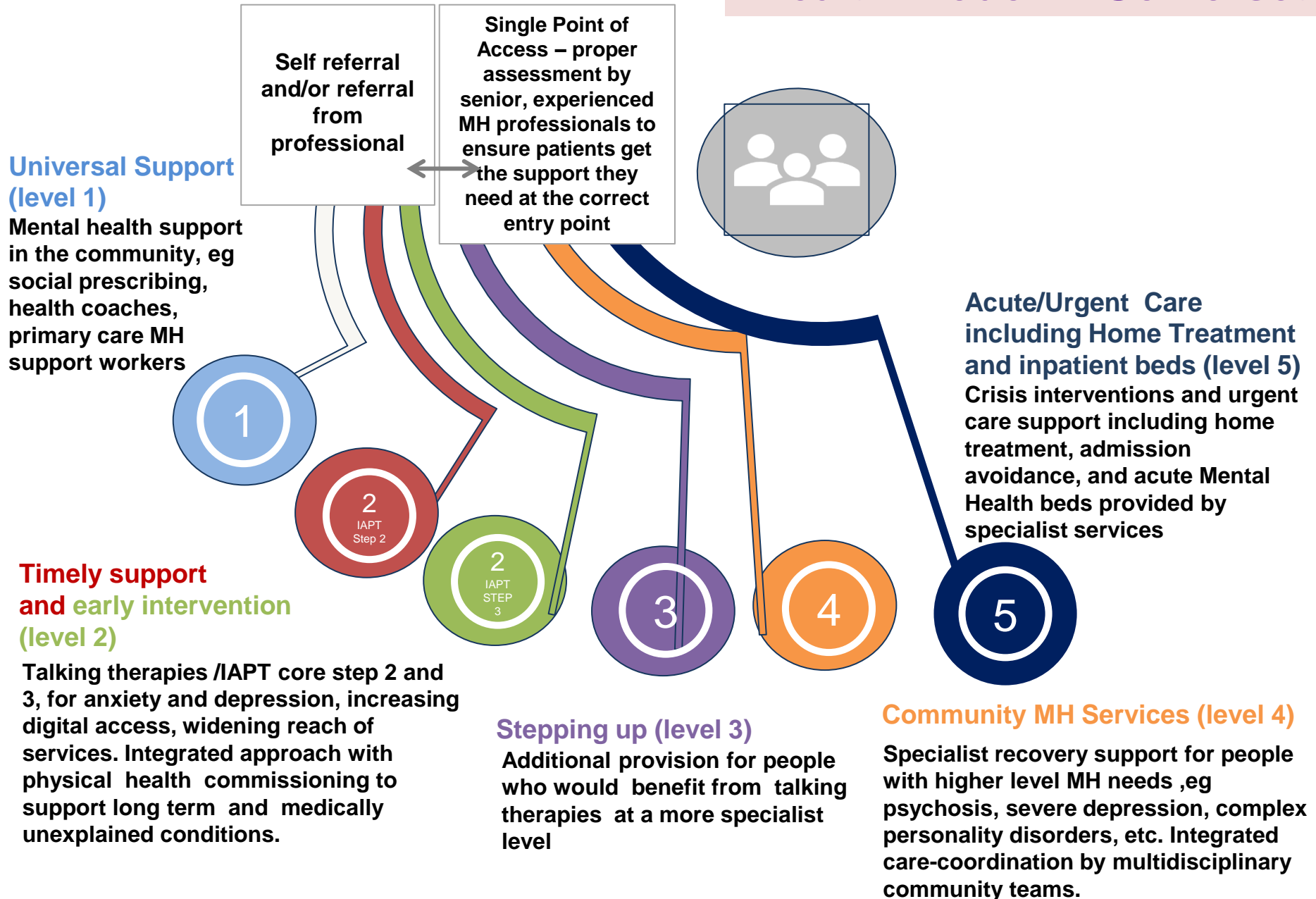


The Proposed Model

Dr Alex Murray

Clinical lead, Fit for my Future

The emerging Mental Health model in Somerset



Investing in community mental health services

1. A 'universal' primary mental health service
2. Timely support and early intervention
3. 'Stepping up' enhanced community-based support for people with more complex needs
4. Adult community mental health services
5. Home treatment (crisis) team.....

But, sometimes it is important to admit someone on to a specialist ward. We'll explore that this afternoon.

Exercise 2 – Patient Journeys

- Look at the patient journeys on your table
- Use them as examples to guide your discussion
- What do you feel are the benefits of the MH model?
- What facilities do you think may be required?
- What's the impact on other services?





OPEN QUESTIONS.....





LUNCH





The Criteria

Dr Alex Murray

Clinical lead, Fit for my Future

Role of Evaluation Criteria

- Generated from focus groups
- Helps us evaluate options for where inpatient mental health services should be located
- Ensures consistency, breadth & range – eg from clinical evidence, safety & risk to patient and carer access, and ability to recruit & retain staff to run services
- Using these criteria makes it a transparent process

Quality of Care

- What are the safety impacts of the option?
- Does clinical effectiveness lead to improved outcomes for patients?
- How well are the patients' psychiatric and medical needs being met?
- Will health and wellbeing be improved and illness reduced?
- How will the option impact upon (multiple) emergency responsiveness?

Impacts on patient and carer experience

- Is care provided in a positive environment?
- Does it support privacy and dignity?
- Does it promote rapid recovery?
- Will it support carers in managing the impact upon them?
- Will it improve discharge planning and links into other services?

Travel Time for Patients, Carers and Visitors

- How much longer will their journeys take by private transport?
- How long will it take by public transport and how difficult is the journey to make?
- Are any particular geographic areas especially negatively affected?

Impact on Equalities

- Are any disadvantaged groups particularly impacted, negatively or positively?
- Is there a particular positive or negative impact in terms of access and travel times for areas with relatively high levels of people who are less well-off?

Deliverability

- How long would each option take to implement?
- Would there be any particular risks to patients during the implementation period?
- Does it make best use of current facilities?
- Will it help to join up with other health and care services?

Affordability and Value for Money

- What is the overall impact on health and care services budgets for the tax payer on:
 - **revenue costs** (the money spent on day to day expenses like salaries and running costs)
 - **capital costs** (the money spent on big items like buildings and equipment) health and care services) from the perspective of the taxpayer?
- Would the option enable the estate to be utilised in the most effective way to meet the wider system needs?

Workforce Sustainability

- Does the option help to ensure a sustainable workforce to cover 24 hours, seven days a week, or as needed for the specific services?
- Are we able to attract and retain high quality staff – mental health, medical and allied health?
- Does the option support multi-disciplinary working and improved integration across different services?

Exercise 3 – Evaluation the Criteria

- Discuss the evaluation criteria using the lists on your table
- What are your thoughts on this?
- As an individual complete the exercise
- Your facilitators will help





The Options

Dr Alex Murray

Clinical lead, Fit for my Future

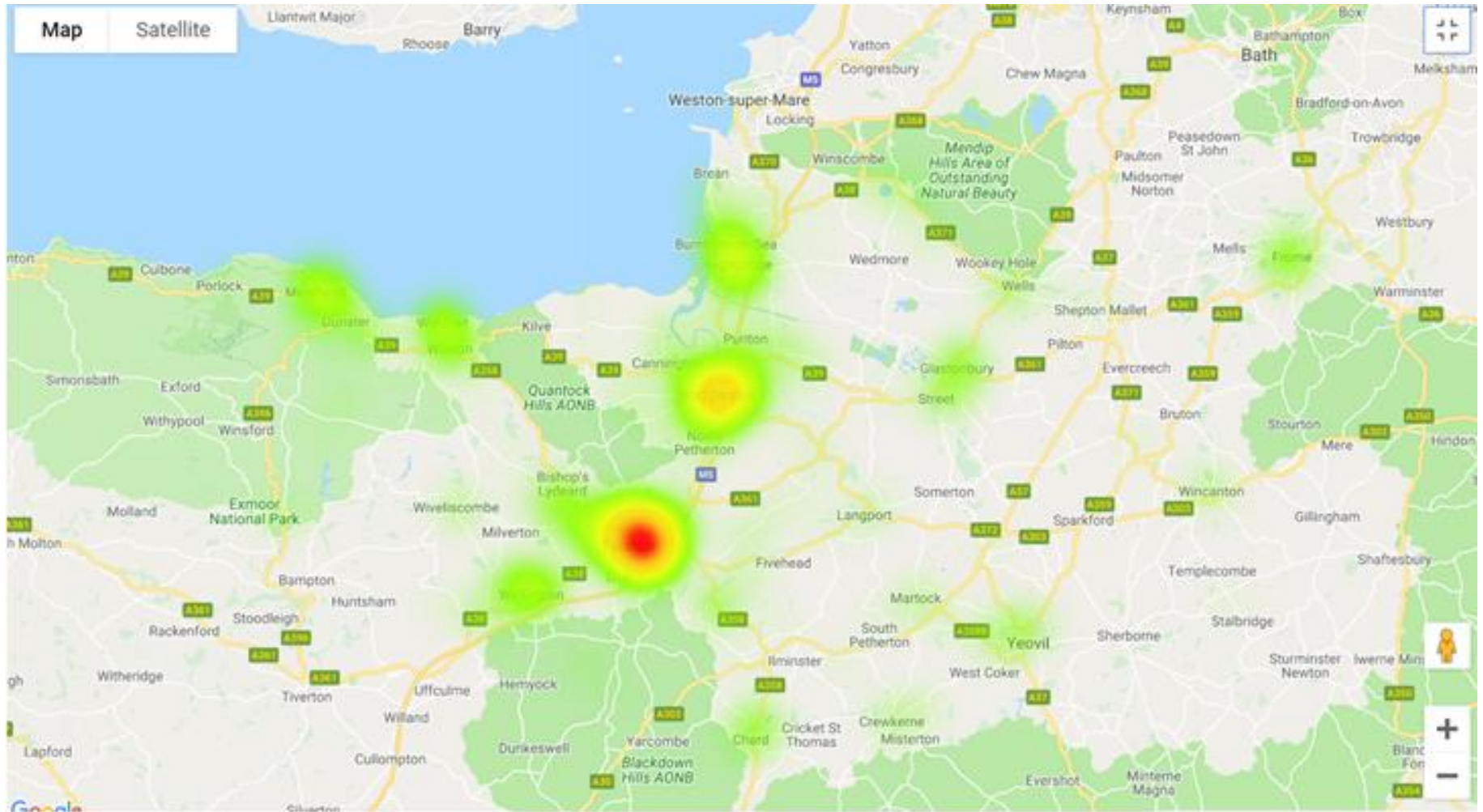
Rydon Wards 1 & 2, Taunton

- 30 beds – admits unknown at-risk patients out of hours as well as providing core acute inpatient service
- Psychiatric Intensive Care Unit, S136 suite (designated ‘place of safety’) & other associated mental health services close by
- 24 hour psychiatric doctor cover so can take admissions 24/7
- Musgrove Park Hospital A&E adjacent

Which means....

- Staff from other wards close by to provide immediate response to emergencies & mental health incidents
- 24/7 psychiatric doctor onsite to prescribe rapid tranquilisation
- A&E close by to provide urgent treatment for physical injuries after suicide attempts, such as serious and significant self harm, & other medical conditions

Geographical spread of patients admitted to Rydon Wards



St Andrew's Ward, Wells

- Stand-alone ward; 14 beds
- Isolated unit; no other inpatient staff close by
- Monday-Friday 9am-5pm; psychiatric cover on-site but no admissions after 3pm
- Out of hours cover provided by on-call psychiatric consultant (phone support) & out of hours GP (no psychiatric training)
- Nearest ED 45 minutes away

Which means....

- Staff dependent on police to provide support to regain control of challenging situations
- No-one available to prescribe rapid tranquilisation out of hours so mitigation in place to keep high risk patients at Taunton
- Recovery from serious suicide attempts, such as serious and significant self harm, seriously compromised; recovery dependent on severity of attempt & time taken for ambulance to reach ED

Geographic spread of patients admitted to St Andrew's Ward



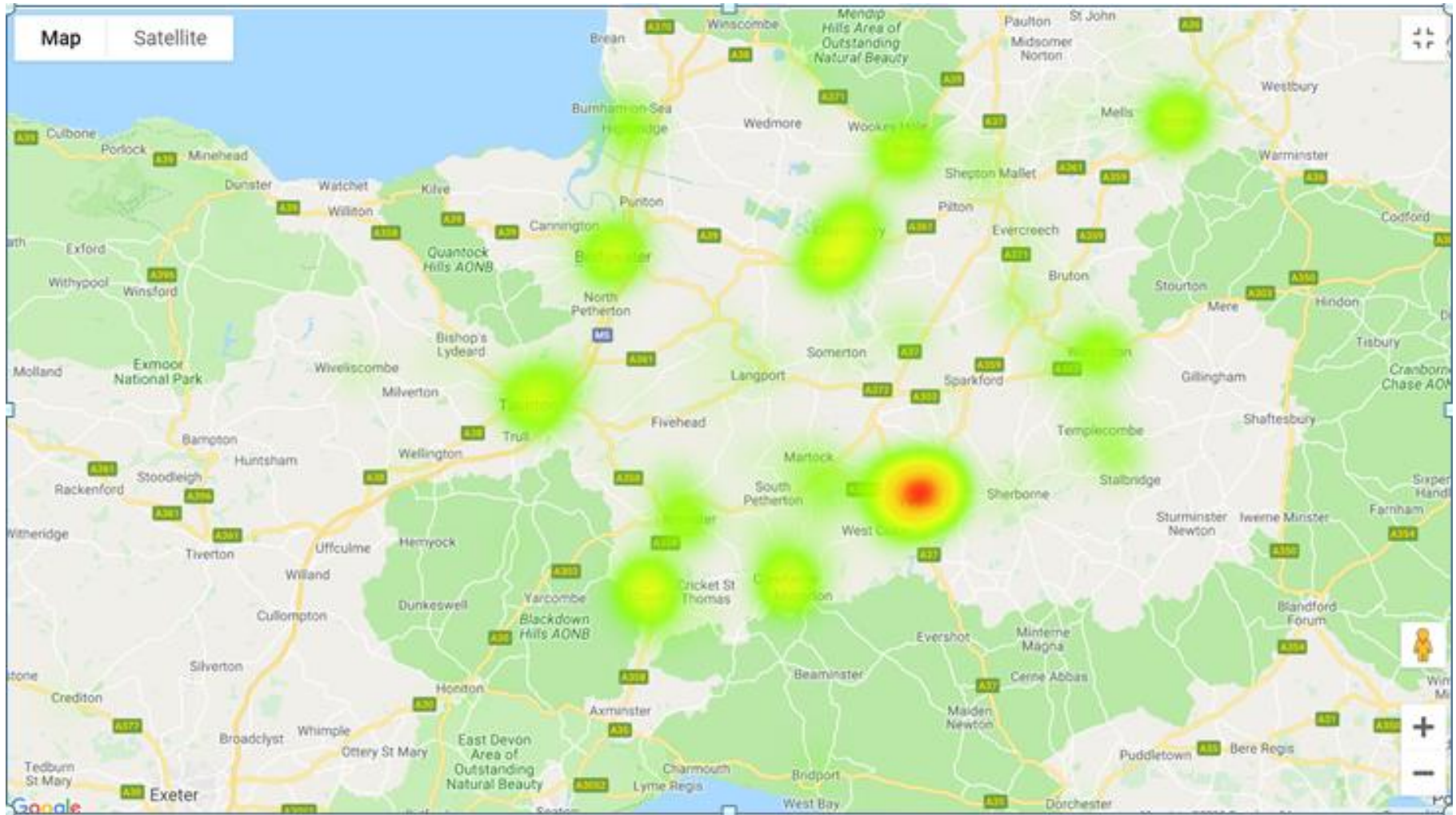
Rowan Ward, Yeovil

- Stand-alone ward; 18 beds
- Section 136 suite (designated 'place of safety') staffed by Rowan Ward team when required
- Isolated unit; no other inpatient staff close by
- 24/7 psychiatric doctor cover on site so can take admissions 24/7
- Yeovil A&E close by

Which means....

- Staff dependent on police to provide support to regain control of challenging situations; strong relationship & good response times due to presence of S136 suite
- 24/7 psychiatric doctor onsite to prescribe rapid tranquilisation
- A&E close by to provide urgent treatment for physical injuries after suicide attempts, such as serious and significant self harm, & other medical conditions

Geographical spread of patients admitted to Rowan ward



Key facts (3) – CQC findings (2017 inspection)

- “Wards in Taunton & Yeovil had access to out of hours medical cover. However St Andrew’s was in a more rural position that made it more difficult to access emergency health care.”
- “The psychiatrist on call could respond to telephone calls (for) advice and support and a local GP was used as well. A psychiatrist would visit the ward in an emergency.”
- “If emergency physical health care was required, staff could call an emergency ambulance (but) were reliant on the speed with which the ambulance reached the ward. The average response time was 45 minutes but ... it could take as long as 2 hours.”
- “Also noted that rapid tranquilisation is not used on this site due to lack of medical cover, and patient requests for a doctor of their own sex have been unable to be met in the past.”

View from Somerset Partnership clinicians

Letter to Dr Peter Bagshaw, Chair of Fit for my Future Mental Health & Learning Programme Board

“It is the unanimous view of the medical staff of Somerset Partnership that the current situation of a stand alone inpatient acute ward in Wells is very unsatisfactory. The reasons for this are well-known and have been repeatedly voiced. They include the risks of no on-call mental health medical staff, the lack of back-up from local wards for nursing staff in a psychiatric or medical emergency, the distance from DGH and the risks this poses as well as ignoring Parity of Esteem principles and recruitment and training problems.”

From Dr Sarah Oke, Joint Medical Director for Mental health, Adult In-Patients and Outpatients Liaison

Future - three options to consider

Option 1 – Do minimum

- retain wards where they are, same functions & bed numbers
- Invest in buildings where needed to keep to reasonable condition

Option 2 – Relocate Wells service to Yeovil

- Create two wards using existing ward space at Rowan / Holly Court
- Would require some refurbishment to enable change

Option 3 – Relocate Yeovil service to Wells

- Create two wards, refurbishing existing Phoenix ward / rebuilding depending on cost

Exercise 4 – Discussing the Options

- Discuss the Options in turn
- What is good about them?
- What are your concerns?
- What else needs to be taken into account?
- What needs further information?





OPEN QUESTIONS.....





Assessing the Options

Option 1 - Do Minimum; retain current configuration (1)

Criteria	Option Key Facts
Quality of care	<ul style="list-style-type: none"> • Wells ‘stand-alone’ unit: psychiatric consultant cover 9am-5pm, Mon-Fri; no admissions after 3pm; 24/7 cover by psychiatric consultant on-call (phone); medical cover by on-call GP (no psychiatric training); safety risk mitigation involves calling police if patient is violent; mitigation in place to keep high risk patients elsewhere • Nearest Emergency Department (ED) is 45 minutes away by ambulance (doesn't include time for ambulance to arrive) • Taunton Rydon Wards 1 & 2: central point for admitting and assessing patients before transfer to Wells; 24/7 psychiatric cover; Musgrove Park Hospital ED close by • High risk patients stay in Taunton wards, close proximity of psychiatric intensive care unit, S136 suite & other specialist psychiatric services mitigates safety risks • Yeovil ‘stand-alone’ unit: plus S136 suite (but staffed by same team); psychiatric cover on site 24/7; Yeovil ED close by; safety mitigation risk involves calling police who know staff & site well due to presence of S136 suite
Impact on patient and carer experience	<ul style="list-style-type: none"> • Admission to Taunton for assessment prior to move to Wells can impact on patient condition, treatment & recovery time • No 24/7 psychiatric cover on-site at St Andrews; on-call GP out of hours • No ensuite facilities at St Andrew's; refurbished facilities would improve patient comfort & safety in long term but disruption in short term (see deliverability)
Travel times for patients, carers & visitors	<ul style="list-style-type: none"> • Core visiting times: Mon-Fri 3 (Yeovil) / 4pm – 8 / 9pm (Taunton); Weekends 10am – 8 / 9pm (Taunton) • 85.5% of people living in Somerset can get to one of the wards by car within 30 minutes during off-peak drive times • 95.6% of people can get to one of the wards by car within 40 minutes in peak times • 49.5% of people are within 60 minutes of a ward by public transport on a Saturday morning • 50.7% of people are within 60 minutes of a ward by public transport on a Tuesday afternoon

Option 1 - Do Minimum; retain current configuration (2)

Criteria	Option Key Facts
Impact on equalities	<ul style="list-style-type: none"> • Wells complies with basic legal DDA requirements: Yeovil newer ward with better accessibility • Shared bathrooms at Wells; en-suite bathrooms at Yeovil – better for women, LGBTQ and disabled people and people going through gender reassignment
Affordability and value for money	<ul style="list-style-type: none"> • ‘Mothballed’ Phoenix Ward will be refurbished to become the new St Andrew’s Ward at a capital investment cost of £3.655million • Old St Andrew’s Ward will be demolished
Deliverability	<ul style="list-style-type: none"> • Programme of work time is lengthened due to need to refurbish Phoenix Ward before patients can be moved • Continuing with existing St Andrew’s ward is not sustainable in long term due to need to remove ligature points
Workforce sustainability	<ul style="list-style-type: none"> • More difficult to recruit staff to stand-alone wards (Wells & Yeovil) due to lack of clinical supervision and support • Deanery does not allow trainees at Wells due to insufficient levels of supervision; Yeovil& Taunton registered as providers of psychiatry training • Average staff turnover for last three years is 5.26% (Taunton wards); 9.8% (Wells); 6.3% (Yeovil) • Workforce related stress is 37.9% (Taunton wards); 37.5% (Wells); 15.2% (Yeovil) – the highest risk patients are on the 2 Taunton wards; staff at Wells say they feel isolated, especially at weekends / evenings.

Option 2 - Relocate Wells service to Yeovil (1)

Criteria	Option Key Facts
Quality of care	<ul style="list-style-type: none">• Patients would be admitted directly either to Taunton or Yeovil; no onward transfer• Psychiatric medical cover is available in all wards 24/7 for admissions• Co-locating wards increases capacity & capability to treat complex & acute patients in Yeovil• Improved continuity of care; patients are admitted to most appropriate ward in the first place• Yeovil ED and wider clinical support are 1 mile away enabling swift response to treatment for physical health needs in an emergency• In case of incident, staff will be supported very quickly by staff from the other co-located ward.• More staff would be available to staff the S136 designated place of safety suite when required.
Impact on patient and carer experience	<ul style="list-style-type: none">• More settled care & treatment regime, and shorter stay for patients because they don't have to transfer elsewhere• Modern wards, en suite rooms, easy to navigate building, good disabled access & facilities
Travel times for patients, carers & visitors	<ul style="list-style-type: none">• Patients from the north of the county may be placed further from home; visitors have to travel further• Core visiting times: Mon-Fri 3 (Yeovil) / 4pm – 8 / 9pm (Taunton); Weekends 10am – 8 / 9pm (Taunton)• 73.9% % of people living in Somerset can get to one of the wards by car within 30 minutes during off-peak drive times• 91.6% of people can get to one of the wards by car within 40 minutes in peak times• 39.6% of people are within 60 minutes of a ward by public transport on a Saturday morning• 37.2% of people are within 60 minutes of a ward by public transport on a Tuesday afternoon

Option 2 - Relocate Wells service to Yeovil (2)

Criteria	Option Key Facts
Impact on equalities	<ul style="list-style-type: none">• No groups are negatively impacted• All bathrooms are ensuite so better for women, LGBTQ and disabled people and people going through gender reassignment
Affordability and value for money	<p>£4.733million capital upgrade investment required to:</p> <ul style="list-style-type: none">• Refurbish / build of space at Rowan Ward to create additional ward• Relocation of patients & beds from St Andrew's to Rowan Ward
Deliverability	<ul style="list-style-type: none">• Outline programme timeline – 14 months from full business case to completion of work (12 months construction time)• S136 designated place of safety suite would need to stay at Yeovil; urban centres of Yeovil & Taunton account for highest number of S136 patients; Yeovil suite currently staffed by Rowan ward team when required
Workforce sustainability	<ul style="list-style-type: none">• Staff turnover and work-related stress are already lower at Rowan than any of the other ward• St Andrew's has the highest level of staff turnover• Stress levels at St Andrew's are more or less the same as Rydon Wards 1 and 2 whose patients include people with the most acute and complex conditions

Option 3 - Relocate Yeovil service to Wells (1)

Criteria	Option Key Facts
Quality of care	<ul style="list-style-type: none">• Patients could be admitted directly to one of four wards at Taunton and Wells• Onsite psychiatric medical cover at Wells could still be an issue for 24/7 admissions• Co-locating wards at Wells could increase capacity & capability to treat more complex & acute patients in Wells as well as Taunton• Improved continuity of care as patients are admitted to most appropriate ward in the first place• Better patient outcomes & shorter inpatient stay due to uninterrupted care & treatment• Critical physical medical care not available close by – time to nearest ED (45 minutes) impedes swift access to emergency and wider clinical medical support for patients with physical health needs
Impact on patient and carer experience	<ul style="list-style-type: none">• More settled care & treatment regime, and shorter stay for patients because they don't have to transfer elsewhere• New build / refurbishment would create more modern wards with en suite rooms, easy to navigate buildings, good disabled access & facilities• Patients with critical physical health condition or attempting self-harm would have to travel by ambulance to Yeovil or Taunton ED
Travel times for patients, carers & visitors	<ul style="list-style-type: none">• Patients from the south of the county may be placed further from home; visitors have to travel further• Core visiting times: Mon-Fri 4pm – 8 / 9pm (Taunton); Weekends 10am – 8 / 9pm (Taunton)• 70.4% % of people living in Somerset can get to one of the wards by car within 30 minutes during off-peak drive times• 98.2% of people can get to one of the wards by car within 40 minutes in peak times• 36.7% of people are within 60 minutes of a ward by public transport on a Saturday morning• 36.1% of people are within 60 minutes of a ward by public transport on a Tuesday afternoon

Option 3 - Relocate Yeovil service to Wells (2)

Criteria	Option Key Facts
Impact on equalities	<ul style="list-style-type: none">• No groups are negatively impacted• New build / refurbished wards will be equipped with ensuite bathrooms – better for women, LGBTQ and disabled people and people going through gender reassignment
Affordability and value for money	<p>£9.234million capital upgrade investment required to:</p> <ul style="list-style-type: none">• Demolish ‘mothballed’ Phoenix Ward and build new ward• Refurbish & upgrade St Andrew’s Ward to remove ligature points etc• Relocate patients from Rowan Ward to Wells
Deliverability	<ul style="list-style-type: none">• Programme will take longer than option 2 due to challenge of obtaining larger capital sum.• Yeovil S136 suite can’t be transferred to Wells due if no 24/7 psychiatric cover on site; important to retain second S136 suite; Yeovil S136 suite currently staffed by Rowan Ward team as required
Workforce sustainability	<ul style="list-style-type: none">• St Andrew’s has the highest level of staff turnover• Stress levels at St Andrew’s are more or less the same as Rydon Wards 1 and 2 whose patients include people with the most acute and complex conditions• Improved ability to recruit staff to a two ward geographically isolated stand-alone unit is untested.

Exercise 5 – Prioritising the Options

- Walk around the room
- There are posters for each Option
- The column on the left shows the criteria
- Use your coloured dots and place against each
 - Red dot means it DOESN'T meet the criteria
 - Orange dot means it's a GOOD fit
 - Green dot means it EXCEEDS the criteria

Next Steps

- 31 July – workshop to design consultation strategy
- 5 September - South West Clinical Senate carry out clinical review of proposals
- 15 October - NHS England / Improvement Quality Assurance of clinical proposals & overall business case, including engagement and consultation
- November 2019 – February 2020: Public consultation, if approval for plans from SWCS & NHSE / I



THANKS AND SAFE TRAVELS



Questionnaire

Have your say about the future locations of acute mental health beds for adults of working age in Somerset

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

We are interested in what you think.

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

- 1.** Your views are important to us. Please complete this questionnaire online or by hard copy and return it to:
FREEPOST SOMERSET MH CONSULTATION
The proposals are explained fully in our consultation document which you can find at www.fitformyfuture.org.uk
- 2.** This survey is also available as a Word document. You can access these different formats at www.fitformyfuture.org.uk or by emailing somccg.fitformyfuture@nhs.net or by calling **01935 384119**

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

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

SECTION 1 – Why do we need to change?

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

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

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

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

Strongly agree	Strongly disagree
Agree	Disagree
Neither agree nor disagree	Don't know
Prefer not to say	

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

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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
- 2) 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 proposal to move beds from St Andrews Ward, Wells, to Yeovil?

Strongly agree	Strongly disagree
Agree	Disagree
Neither agree nor disagree	Don't know
Prefer not to say	

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

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Diversity Monitoring Form

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

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

Q12. Please select your age group:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> 18 – 24 | <input type="checkbox"/> 55 – 64 |
| <input type="checkbox"/> 25 – 34 | <input type="checkbox"/> 64 and over |
| <input type="checkbox"/> 35 – 44 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 45 – 54 | |

Q13. What is your gender?

- | | |
|--|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Female | |
| <input type="checkbox"/> Prefer not to say | |

Q14. What is your current status?

- | | |
|--|---|
| <input type="checkbox"/> Single | <input type="checkbox"/> With partner |
| <input type="checkbox"/> Widow(er) | <input type="checkbox"/> Divorced/dissolved |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Married/Civil partnership | |

Q15. Do you have primary care responsibilities for a friend, relative or neighbour over the age of 18 years old?

- | | |
|---|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes – 50 or more hours a week |
| <input type="checkbox"/> Yes – 1-19 hours a week | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Yes – 20-49 hours a week | |

Q16. Are you currently pregnant or have had a child in the last six months?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |

Q17. Do you have caring responsibilities for a child under the age of 18?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

Q18. Which of the following best describes your sexual orientation?

- | | |
|---|---|
| <input type="checkbox"/> Heterosexual/straight | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Homosexual/gay/lesbian | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Bisexual | |

The Equality Act 2010

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

Q19. Do you consider yourself to have a disability as defined by the Equality Act 2010?

- | | |
|--|---|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes – Activities not limited |
| <input type="checkbox"/> Yes – Activities limited a little | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Yes – Activities limited a lot | |

Q20. Which of the following best describes your disability(ies)?

- | | |
|--|---|
| <input type="checkbox"/> Behavioural and emotional
Such as Autistic Spectrum Disorder | <input type="checkbox"/> Sight |
| <input type="checkbox"/> Manual dexterity | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Memory or ability to concentrate or understand | <input type="checkbox"/> Severe disfigurement |
| <input type="checkbox"/> Mobility or gross motor | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Perception and physical danger | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Personal, self-care and continence | |
| <input type="checkbox"/> Progressive conditions and physical health
Such as HIV, cancer or Multiple Sclerosis | |
| | |

Q21. Do you have a religion or belief?

- | | | |
|------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> No religion or belief |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Hindu | | <input type="checkbox"/> Other |
| <input type="checkbox"/> Muslim | | |

Q22. What is your first/main language?

.....

Q23. Which of these best describes your ethnicity?

White

- British
 Irish
 Other European

- Gypsy/Traveller
 Other

Asian or Asian British

- Bangladeshi
 Chinese
 Indian
 Pakistani
 Other

Black or Black British

- African
 Caribbean
 Other

Dual-heritage

- White and Asian
 White and Black African
 White and Black Caribbean
 Other

Other

- Arab
 Other
 Prefer not to say

Next Steps

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

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

We will publish the report on our website: www.fitformyfuture.org.uk

The report will be available at the beginning of June and shared widely with service users and the local community.

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

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

Please return completed form to:

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or email a scanned or photographed copy to somccg.engagement@nhs.net