NHS
Somerset
Clinical Commissioning Group

Report to the NHS Somerset Clinical Commissioning Group on 24 September 2020

Title: Decision Making Business Case (DMBC) for the proposed relocation of acute inpatient mental health services for adults of working age from St Andrews, Wells site, to Yeovil	**Enclosure** **G**

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Summary and Purpose of Paper

The purpose of this paper is to present the Decision Making Business Case (DMBC) for approval on the proposed relocation of acute inpatient mental health services from St Andrews Ward in Wells to the ward space adjacent to Rowan Ward in Yeovil.

The DMBC has been developed following, and informed by the formal consultation on the viable options which were considered by the public and stakeholders and should be read alongside the Pre Consultation Business Case approved in January 2020 and the independent report on the consultation feedback. These documents can be found at the following locations:

- "Proposed Changes to Acute Mental Health Beds for Adults of Working Age Consultation Findings Report. 16th January – 12th April 2020." (Independent report from Participate) https://www.fitformyfuture.org.uk/wp-content/uploads/2020/08/mh-consultation-report-final.pdf
- Pre Consultation Business Case considered by the Governing Body on 16 January 2020. https://www.somersetccg.nhs.uk/wp-content/uploads/2020/09/Enc-C1-FFMF-Proposals-for-Changing-Acute-Inpatient-MH-Services-for-Adults-of-Working-Age.pdf

In this paper, we highlight:

- The clinical case for change
- The consultation process and the response we received
- Our consideration of the consultation response and how we have used this to strengthen our proposal
- The legal duties on the Governing Body in making the decision and how we have met these legal duties
- The recommendations we are making to Governing Body in relation to making this decision and the next steps required

Recommendations and next steps

The Governing Body members are asked to:

1 **COMMENT** on the Decision Making Business Case which sets out the evidence for the case, including:

- The clinical case for change and evidence of support
- The proposed model of care for acute inpatient services
- Feedback from engagement and consultation
- Findings from the equality impact assessment (EIA)
- The financial plan and affordability, which provides an assessment of value for money
- The Secretary of State for Health and Social Care's four tests for proposed service change and are considered to have been met:

  - ❖ Strong public and patient engagement
  - ❖ Consistency with current and prospective need for patient choice
  - ❖ A clear clinical evidence base
  - ❖ Support for proposals from clinical commissioner
  - ❖ That the NHS England "fifth" test, applicable from 1 April 2017, specifically related to bed closure is considered not to apply as the number of beds will remain the same.

2 **NOTE** the statement of support from Somerset County Council, Somerset NHS Foundation Trust, and Yeovil District Hospital Foundation Trust for the DMBC.

3 **NOTE** and **CONSIDER** whether the CCG has met its legal duties in relation to this Decision Making Business Case.

4 **APPROVE** the recommendations within the DMBC:

a) The mental health inpatient unit for adults of a working age at St Andrews Ward in Wells should be relocated to Yeovil where it will be operated alongside the existing Yeovil unit in refurbished and fit for purpose modern facilities which can be used flexibly to create male and female ward space preserving privacy and dignity.

b) A service user and carer reference group should be put in place to support the implementation of the proposal, and particularly to review how the potential negative impacts of increased travel time can be mitigated.

c) In order to address issues identified by consultation feedback related to travel and access to services and the potential impacts on service user and visitor experience the CCG should work with the Somerset NHS Foundation Trust and other partners to:

- Ensure that local community based services are available in the Wells area (and across the whole county) to support the transition of patients from inpatient units back into their local networks. These may include but not be limited to step up and step down beds. As far as the step up/step down beds are concerned they are currently funded until March 2021, but a bid has been put in nationally for longer term capital and revenue funding for the service. There is system agreement that if their effectiveness is confirmed they should be prioritised within our longer term commissioning plans. The beds currently in place are at both Yeovil and Wells; should there be a requirement to reduce numbers retaining the Wells beds should be prioritised.

- Ensure a continued focus on the effective integration of the specialist inpatient units with local services.

- Continue to develop ways to support interaction of patients with families and carers where actual visits are not possible, particularly through the use of digital technology.

- Continue to work across Somerset to improve community based transport support services. In particular it is considered likely that significant impetus could be given to community transport services with a relatively low "seed corn" investment which would focus on sustaining and improving current community transport schemes and developing new ones. This approach could be piloted within the Mendip area.

d) Feedback should be gathered from current and former patients on St Andrews Ward, their carers and current staff about what they value about their unit. We will then work with our units in Taunton and Yeovil to make sure that this feedback directly informs the way care is provided for everyone.

e) The responsibility for implementing the service re-location and delivering these recommendations should ultimately rest with the Somerset NHS Foundation Trust working in collaboration with the CCG.

5 **NOTE** that the next steps will be to work with Somerset NHS Foundation Trust to develop the implementation plan which is expected to take circa 18 months.

Impact Assessments – key issues identified	
Equality	The Equality Impact Assessment was completed in two parts, with the initial phase completed prior to the public consultation and in light of the consultation feedback, a second stage more detailed EIA was carried out by a group including the CCGs Quality and Equality Officer, the Quality Lead for Community Services, LD & MH and the Deputy Director of Commissioning - Mental Health, Autism, & Learning Disabilities. This EIA was validated by the Mental Health, Autism and Learning Disability Strategic Cell. The full EIA can be found in Appendix One of the DMBC. Overall, the assessment is that the impact of the move is positive with all protected characteristics receiving a positive or neutral impact assessment with the exception of carers, with the summary of impact as below: "Some carers may have to travel further to visit their loved ones, which may be more difficult and expensive, especially if reliant on public transport. This should be mitigated in part by the recommendations in this DMBC". A specific recommendation is being made to consider how community transport can be supported to improve.
Quality	There are significant quality and safety issues for patients and staff resulting from the current inpatient service configuration. This consists of four wards, two of which are co-located at Taunton and two of which are "standalone" (one at Wells and one at Yeovil). The one at Wells is a substantial distance from an emergency department and cannot offer 24/7 medical cover. • Single wards on one site cause problems in providing safe staffing and ensuring that patient risks can be managed effectively. For this reason, they are rare in England.

	• An acute mental health inpatient ward that is a long way away from an acute hospital with an emergency department can face problems in getting urgent medical care; this is a risk as this patient group faces higher risk of requiring emergency care for physical health conditions, and there are occasions when patients attempt suicide or self-harm. • Inpatient bed capacity in Somerset is currently sufficient. It is anticipated that planned changes and improvements in community based service will reduce pressures on beds and could potentially enable a reduction in numbers in the future. However, this is subject to learning from experience with the planned services; all options considered allow for the same bed numbers as now. This proposal will address these issues by co-locating St Andrews Ward, Wells to the adjacent ward next to Rowan Ward in Yeovil.
Privacy	The provision of en-suite rooms within the new unit will enhance privacy and dignity.
Engagement	The DMBC has been informed by 12 weeks of public consultation which ran from 16 January to 12 April 2020. The consultation was managed by the Fit for my Future (FFMF) programme team and 52 staff from across the Somerset system supported the delivery of the consultation. Due to Covid-19, a number of planned face to face events in the last three weeks had to be cancelled and the consultation was moved to a digital approach. Action was taken to promote involvement in the consultation through paid advertising, BBC Radio Somerset phone in as well as ensuring that postal, telephone and online feedback remained open. During this time, we: • Attended 63 events, attended by 732 people • Reached 3,538 people through a Face Book live session • Received 538 survey responses. The feedback received was independently analysed by Participate Limited. The independent report can be found at https://www.fitformyfuture.org.uk/. Section 7 of the DMBC outlines this feedback and provides a summary of our consideration of this feedback.
Financial / Resource	If the proposal is approved then the project will be resourced and implemented by Somerset Foundation NHS Trust. There are no costs for the CCG associated with this paper. The potential saving, if the current costs are compared with those of the proposed option, will be reinvested into mental health services and incorporated into future financial plans moving forward ensuring the Somerset system delivers the Mental Health Investment Standard.
Governance or Legal	Legal advice has been provided by Bevan Brittan throughout the process of developing the PCBC and DMBC to ensure that we comply with our legal duties and to ensure that our approach mitigates the risk of legal challenge at a later stage in the process. Bevan Brittan has outlined the legal duties which the CCG Governing Body should consider when reviewing the DMBC. These are set out in Appendix One of this document. The DMBC and associated documentation has been presented to the following groups:

	<table><tr><th>Date</th><th>Meeting/ Action</th><th>Purpose</th></tr><tr><td>21/07/20</td><td>Mental Health, Autism and Learning Difficulties Cell</td><td>Reviewed Participate report and makes recommendations to FFMF Programme Board</td></tr><tr><td>28/7/20</td><td>FFMF Programme Board</td><td>Accept Participate report as a competent document, prior to public release and to agree the timeline for production and governance of the DMBC</td></tr><tr><td>30/7/20</td><td>Governing Body Meeting</td><td>Key findings of Participate's independent analysis shared with Governing Body</td></tr><tr><td>10/08/20</td><td>Mental Health, Learning Disabilities and Autism Programme Board</td><td>Review of draft DMBC and make recommendation to FFMF Programme Board</td></tr><tr><td>14/08/20</td><td>FFMF Programme Board</td><td>Review of the draft DMBC</td></tr><tr><td>26/08/20</td><td>YDH Board of Directors Development Day</td><td>Review of consultation feedback and response to provide statement of support</td></tr><tr><td>02/09/20</td><td>Somerset Clinical Executive Committee</td><td>Feedback from the consultation and consideration of the feedback in final proposals Review Draft DMBC</td></tr><tr><td>02/09/20</td><td>Public meeting (virtual)</td><td>Share Participate report, next steps and decision making process</td></tr><tr><td>08/09/20</td><td>Somerset Foundation NHS Trust</td><td>Review of consultation feedback and response, draft DMBC and to provide statement of support</td></tr><tr><td>09/09/20</td><td>Somerset County Council – Scrutiny for Policies, Adults and Health Committee</td><td>Presentation of the Participate independent report on the consultation feedback. Ensuring that Scrutiny feedback is taken into account by the CCG Governing Body</td></tr><tr><td>17/09/20</td><td>Somerset Health and Wellbeing Board</td><td>Update on the mental health consultation include feedback and the next steps</td></tr><tr><td>17/09/20</td><td>FFMF Programme Board</td><td>Approval of Final Draft DMBC with recommendation for CCG Governing Body for approval</td></tr></table>
Risk Description	The major risk relating to this programme is that if the required consultation programme is deemed inadequate or has not followed due process, this might lead to a Judicial Review or referral to the Secretary of State for an Independent Review. To mitigate against this the following has been undertaken: • A Programme Board has overseen the process, which has membership from all key stakeholders and supported by the Mental Health, Autism and Learning Disabilities Programme Board • Engagement and oversight by NHS England and Improvement, the South West Clinical Senate Review Panel, Somerset CCG Clinical Executive

	Committee, Somerset County Council – Scrutiny for Policies, Adults & Health, Trust Boards and the Health Committee, and Somerset Health and Wellbeing Board; • Independent analysis commissioned for the consultation feedback. • Pre-consultation engagement with patients and carer representatives, acute trusts, primary care network, GPs (with an interest in mental health), Healthwatch, Patient Participation Group (PPG) networks, mental health organisations and external stakeholders, including representatives from MIND, Rethink and Young Somerset, all of whom are on the Mental Health and Learning Disabilities Programme Board, have been involved in developing the model from the outset • Legal advice commissioned to ensure that the process is technically accurate.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref

DECISION MAKING BUSINESS CASE (DMBC) FOR THE PROPOSED RELOCATION OF ACUTE INPATIENT MENTAL HEALTH SERVICES FOR ADULTS OF WORKING AGE FROM ST ANDREWS, WELLS SITE TO YEOVIL

1 INTRODUCTION

1.1 Our county wide inpatient service of 62 beds is one small but important part of our mental health services and we need to ensure that these provide a safe a service as possible. This has been the basis of our review and consultation with the public. If approved, the preferred option that was presented to the public would maintain the same number of beds as today albeit it that they would be relocated into fully refurbished, modern, improved facilities.

2 THE CASE FOR CHANGE

2.1 There are significant quality and safety issues for patients and staff resulting from the current inpatient service configuration. This consists of four wards, two of which are co-located at Taunton and two of which are "standalone" (one at Wells and one at Yeovil). The one at Wells is a substantial distance from an emergency department and cannot offer 24/7 medical cover.

- Single wards on one site cause problems in providing safe staffing and ensuring that patient risks can be managed effectively. For this reason, they are rare in England

- An acute mental health inpatient ward that is a long way away from an acute hospital with an emergency department can face problems in getting urgent medical care; this is a risk as this patient group faces higher risk of requiring emergency care for physical health conditions, and there are occasions when patients attempt suicide or self-harm

- Inpatient bed capacity in Somerset is currently sufficient. It is anticipated that planned changes and improvements in community based service will reduce pressures on beds and could potentially enable a reduction in numbers in the future. However, this is subject to learning from experience with the planned services; all options considered allow for the same bed numbers as now.

3 THE CONSULTATION PROCESS

3.1 On 16 January 2020 we launched a 12 week public consultation to seek the views from as many people and representative organisations as possible about our preferred option to relocate 14 acute inpatient mental health beds, for adults of working age, from St Andrews Ward, Wells to existing ward space adjacent to Rowan Ward, Yeovil. The consultation switched to digital/telephone approach in the latter few weeks due to public health advice in relation to the Covid-19 outbreak.

3.2 The consultation was led by the Fit for my Future (FFMF) programme team, part of Somerset Clinical Commissioning Group (Somerset CCG), working in partnership with Somerset County Council, Somerset NHS Foundation Trust and Yeovil District Hospital Foundation Trust.

3.3 During the consultation, we widely distributed and publicised the consultation documentation across Somerset; presented at 63 events with 732 people in attendance;

received 538 consultation surveys in response and reached 3,538 people through a Facebook Live event. Care was taken to ensure that the views of people and communities who are seldom heard were obtained, and a number of events were supported by charities connected to mental health services to facilitate this.

3.4 Consultation feedback was independently analysed in a report by Participate Limited which has been published on our website and shared at a virtual public meeting on 2 September. The report was also considered by the Somerset County Council – Scrutiny for Policies, Adults and Health Committee at a meeting on 9 September 2020 and Health & Wellbeing Board. The consultation report can be found on Fit for my Future website, https://www.fitformyfuture.org.uk/.

4 THE CONSULTATION RESPONSE

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

4.2 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 in the feedback from meetings and in other correspondence.

4.3 In the other localities accounting for the remaining Somerset population, the majority of the survey responses were in favour of the proposal (54%) with 33% against.

4.4 Participate's analysis suggests that the reasons people most commonly gave for opposing the proposals were related to the loss of local access to the service at Wells and the impact on travel times. Respondents suggested that people would need to travel further to receive their care, and that carers and family visitors would also have longer, more difficult and more expensive journeys. Responses suggested that:

- These access issues were exacerbated by lack of good public transport between the Wells, Mendip areas and Yeovil
- Having people's inpatient care further away from their homes would cause problems in terms of their links to local support networks and would result in gaps in care as the local community mental health teams would be based further away from the inpatient unit
- Carers and family members might be deterred from visiting because of the increased difficulty and cost of travel, and this would have a negative impact on patient outcomes
- These issues would particularly impact on lower income groups, older people, and people with disabilities

- The valued skills and experience of staff currently working at the Wells unit could be lost as staff might not choose to go and work at Yeovil instead.

4.5 The main reasons people gave for supporting the proposal were primarily those set out in the Consultation document of:

- Concerns over staff and patient safety at smaller standalone sites
- The importance of 24/7 medical cover.

4.6 Other comments the Participate report highlighted were that:

- It was suggested that managing learning disabilities and providing adequate support would be easier across two sites (as opposed to the current three)
- 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.

5 OUR CONSIDERATION OF THE CONSULTATION RESPONSE

5.1 Consideration was given to the issues raised through the consultation and this is detailed in Section 7 of the DMBC. The initial assessment was undertaken by members of the FFMF Programme Team in conjunction with Somerset NHS Foundation Trust. It was subsequently considered by both the Mental Health, Autism and Learning Disabilities Programme Board, CCG Clinical Executive Committee and the Fit for my Future Programme Board.

5.2 In response to the feedback:

- We have been clearer about what the additional investment in the wider mental health services will deliver for the population of the Wells/Mendip area, and the County as a whole
- We have taken the feedback presented in relation to improving community mental health provision and incorporated that into these services including the trailblazer work, Open Mental Health
- We are piloting the use of step up/step down beds in Wells and Yeovil. These provide a bridge between the inpatient unit and local services (the “Springboard service”). We have confirmed the funding for these beds until March 2021. We have put in a bid nationally for longer term capital and revenue funding for the service to enable them to continue into the future
- Recommended that a service user and carer reference group be established to support the implementation of the proposal, and particularly to review how the potential negative impacts of increased travel time can be mitigated
- Somerset NHS Foundation Trust have worked to support interactions of patients with families and carers where actual visits are not possible, particularly through the use of digital technologies. We have undertaken this in support of the current Covid-19 pandemic which has provided learning and experience to be considered by the service user and carer reference group

- We will work to address the concerns related to increased travel times for families and visitors to a relocated service. This will include personalised support based on the inpatient care plan, use of digital technology and working across Somerset to improve community based transport services with VCSE organisations. In particular it is considered likely that significant impetus could be given to community transport services with a relatively low "seed corn" investment which would focus on sustaining and improving current community transport schemes and developing new ones. This approach could be piloted within the Mendip area

- We have reviewed and updated the Equality Impact Assessment.

6 CCG GOVERNING BODY LEGAL DUTIES

6.1 When considering the DMBC, the CCG Governing Body should satisfy itself that the CCG has met its legal duties. The table below demonstrates how the CCG has met these legal duties as set out by Bevan Brittan.

Legal Duties		**Assessment**
1	***Duty to promote NHS Constitution -*** **Section 14P NHS Act** The CCG is under a duty both to exercise its commissioning functions with a view to ensuring that that health services are provided in a way that promotes the NHS Constitution and promote awareness of the NHS Constitution among staff, patients and the public.	**Yes** This proposal is in line with the NHS Constitution and upholds both the seven principles which guide the NHS in everything it does and is in line with the core NHS values which underpin these principles. https://www.gov.uk/government/publications/the-nhs-constitution-for-england
2	***Duty to exercise functions effectively, efficiently and economically -*** **Section 14Q NHS Act** The CCG is under a duty to exercise its functions effectively, efficiently and economically.	**Yes** The CCG has carried out an assessment of both capital and revenue costs for the preferred option, along with the other options that were considered. If the proposal is approved then the project will be resourced and implemented by Somerset Foundation NHS Trust. There are no costs for the CCG associated with this paper. Somerset NHS Foundation Trust has confirmed that they are not expecting any savings from mental health services as a result of this business case. Whilst the DMBC demonstrates a potential saving if the current costs are compared with those of the proposed option, any such savings will be reinvested into mental health services and incorporated into future financial plans moving forward. This can be found in Section 8.2.
3	***Duty to secure improvement of service***	**Yes**

	Section 14R NHS Act The CCG is under a duty to exercise its functions with a view to securing continuous improvements in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness. In particular, to secure continuous improvements in the outcomes of the services in terms of their effectiveness, safety and patient experience.	The proposals will address the significant quality and safety issues for patients and staff resulting from the current inpatient service configuration. This can be found in Section 3.1 of the DMBC.
4	***Duty to reduce inequalities*** **Section 14T NHS Act** The CCG is under a duty to exercise its functions, having regard to the need to the need to: (a) reduce inequalities between patients with respect to their ability to access health services; and; (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.	**Yes** The EIA assessment has demonstrated that overall there is a positive impact on protected characteristics, with the exception of carers. Some carers may have to travel further to visit their loved ones, which may be more difficult and expensive, especially if reliant on public transport. This should be mitigated in part by the recommendations in this DMBC. This can be found in Appendix One
5	***Duty to promote involvement of each patient*** **Section 14U NHS Act** The CCG is under a duty in the exercise of its functions to promote the involvement of patients, and their carers and representatives, in decisions which relate to: (a) the prevention or diagnosis of illness in the patients, or (b) their care of treatment.	**Yes** Section 5 of the DMBC outlines the process of consultation and the activities undertaken to maximise the approach of the consultation. This also included consulting with people with lived experience of mental health and their carers. Drop in sessions were held at each inpatient ward.
6	***Duty as to patient choice -*** **Section 14V NHS Act** The CCG is under a duty, in the exercise of its functions, to act with a view to enabling patients to make choices with respect to aspects of health services provided to them.	**Yes** Mental health inpatient services are primarily for patients who are having some form of crisis in their lives; admissions are not planned for some point in the future but need to take place immediately on assessment. As with all emergency services this means that the NHS is not normally in a position to offer a choice of which provider will offer care, nor the location of the service that will be used. The proposal does not reduce the number of providers of this service and therefore

		choice in respect of provider is not affected.
7	***Duty as to promoting education and training*** **Section 14Z NHS Act** The CCG is under a duty, in the exercise of its functions, to have regard to the need to promote education and training.	**Yes** By moving to two sites, the proposal will have a positive impact on training: • The two locations are accredited training facilities for Trainee Doctors. The Wells site is unable to comply with the strict training and safety rules set out by the General Medical Council (GMC) and the Royal Colleges of General Practice and Psychiatry • The Clinical Senate identified that the proposal to move to fewer sites would have benefits for medical education and training for all disciplines
8	***Duty to promote integration*** **Section 14Z1 NHS Act** The CCG is under a duty to exercise its functions with a view to securing that: (a) services are provided in an integrated way and; (b) the provision of health services is integrated with the provision of health-related services (services that may have an effect on health) and social care services where this would improve the quality of the services (including outcomes), reduce inequalities of access or reduce inequalities in outcomes.	**Yes** The inpatient service is one small, but important part of our mental health services and over the last two and a half years, we have worked with staff, people with lived experience of mental health, carers and colleagues in the voluntary sector to co-create a new model of mental healthcare for Somerset which provides an integrated range of support from prevention and maintaining wellbeing through to crisis support and inpatient care. This has been nationally recognised and has resulted in an additional investment of £13m coming into Somerset for adult mental health services.
9	***Duty to involve the public*** **Section 14Z2 NHS Act** The CCG is under a duty in relation to health services which it provides or commissions to make arrangements so as to secure that individuals to whom the services are being (or may be) provided are involved by consultation or otherwise at various stages including: (a) in the **planning** of commissioning arrangements; (b) in the development and consideration of **proposals for change**; and (c) in **decisions** affecting the operation of commissioning arrangements, **where implementation would have an**	**Yes** Section 5 of the DMBC outlines the process of consultation and the activities undertaken to maximise the approach of the consultation. This section also outlines the impact of Covid-19 and the steps we took to mitigate the impact of public health restrictions.

	impact on the manner in which services are delivered or the range of services available.	
10	***Consultation about commissioning plans*** **Section 14Z13** The CCG is under a duty to consult people for who it is responsible for providing services on its commissioning Plan, or any significant revision to it. The CCG is also under a duty to supply a copy of the draft to all relevant Health and Wellbeing Boards, and to consult them as to whether the draft plan takes proper account of the Health and Wellbeing strategy published by that Health and Wellbeing Board**.**	**Yes** These proposals have been consulted with the public (as stated above). This has included the Somerset Health and Wellbeing Board and is in line with the Improving Lives strategy. The CCG's commissioning plans are formally presented to the public via its Annual Report, the Annual General Meeting, as well as open access to Governing Body Reports presented at their regular meetings, held in public. Specific to mental health commissioning plans these have been developed with key partners and people with lived experience and the emerging priorities and new models of deliver were presented in the consultation documentation an throughout the consultation period. Regular updates are presented to both the Scrutiny Committee and the Health and Wellbeing Board on an ongoing basis. This will continue to be the case as the commissioning cycle is a dynamic process.
11	***Review and scrutiny by Local Authorities*** **Section 244 NHS Act** and **Regulation 23 Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013** The CCG is under a duty to consult with the Local Authority ("LA") about any proposals for a *substantial* development or variation of the health service in that Local Authority's area. ('*Substantial'* is not defined in the Regulations)	**Yes** The CCG has engaged and consulted the Somerset Policies for Adults and Health committee and the Somerset Health & Wellbeing committee throughout the development of these proposals. Details of engagement with the Scrutiny Committee can be found in Section 10 of the DMBC.
12	***Equality Act 2010*** **Section 149** Relevant Protected Characteristics: (a) age; (b) disability; (c) gender reassignment; (d) pregnancy and maternity; (e) race; (f) religion or belief;	**Yes** The PCBC Equalities Impact Assessment has been reviewed and updated in the light of the consultation feedback and its core findings that the consultation proposal has an overall positive impact are confirmed as being valid. The assessment identifies that: • The overall benefits to quality of care and outcomes will benefit all protected

	(g) sex; (h) sexual orientation. The CCG is under a duty, in the exercise of its functions to have due regard to three main aims: (a) to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act; (b) to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and (c) to foster good relations between persons who share a relevant protected characteristic and persons who do not share it. In particular: (a) removing or minimising disadvantages suffered by persons with protected characteristics that are connected to that characteristic; (b) taking steps to meet the specific needs of persons with protected characteristics; (c) encouraging persons with protected characteristics to participate in public life or in any other activity in which participation of such persons is disproportionately low; (d) tackling prejudice; and (e) promoting understanding. *Please note, compliance with this duty is often supported by an Equality Impact Assessment and some form of public engagement.* *In carrying out its consultation duties, the CCG must also ensure that it complies with its equality duties.* *In recent cases concerning Local Authorities, the court considered that the consultation process was flawed because of failure to consider the equalities duties. Important points to note from these cases are:*	groups • There are specific benefits in relation to disability, gender re-assignment, race and ethnicity, religion or belief, pregnancy and maternity, and sex • The only area where there is an overall negative impact is the increase in travel times for some carers who may have to travel further to visit their loved ones, which may be more difficult and expensive, especially if reliant on public transport. This can be found in Appendix One

	*(a) the purpose of equalities legislation is to require public bodies to give **advance consideration** to issues of discrimination before making any policy decision;* *(b) process is the key factor rather than outcome - it is not merely a 'box-ticking' exercise and there must be **'vigorous'** consideration; and* *(c) equality issues must be considered **during** the consultation process, carrying out an impact assessment after the consultation will be too late.*	

7 CONCLUSION

7.1 The PCBC approved by the Governing Body in January 2020 suggested that the consultation proposal represented the best way forward for mental health inpatient services for adults of a working age.

7.2 The key question for the Governing Body to consider now is whether it is clear that the proposal is still the best option in the light of:

- Careful consideration of the consultation feedback received
- Other changes and developments since the PCBC.

7.3 The PCBC made it clear that the choice of the way forward depended upon the relative importance of:

- The quality and safety risks posed by continuing to have two standalone inpatient wards, one of which is remote from an emergency department and does not have 24/7 medical cover
- The additional travel times for some patients and their visitors which will result from relocating the service currently at Wells to Yeovil.

7.4 The feedback from the consultation makes it clear that this remains the issue.

- On the one hand, the majority of consultation responses oppose the change, and it is clear from the Participate report that the biggest reason for this is the travel implication
- On the other hand, none of the feedback has identified an alternative deliverable and sustainable option which maintains three sites and addresses the current quality and safety risks.

7.5 The clinical evidence is unequivocal:

- The Clinical Senate Review has said that “The Clinical Review Panel (CRP) were unanimous in their view that clinical evidence and best practice supported the proposals to move 14 inpatient mental health beds for adults of working age from the ward currently in Wells to Yeovil where two wards will be combined to address concerns around maintaining stand-alone units”

- The lead clinicians operating the service have said that “It is the unanimous view of the medical staff of Somerset Partnership that the current situation of a stand-alone inpatient acute adult ward in Wells is a very unsatisfactory. This has been discussed repeatedly at the Trust medical staff meeting (SMSAG). 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 the ignoring of Parity of esteem principles and recruitment and training problems.”1

7.6 The main challenge to this clinical view lies within the consultation feedback that moving the unit from Wells to Yeovil will:

- Separate patients from local networks

- Result in patients getting fewer visits from friends and family, which could impact on their recovery

- Add travel time and cost to visitors.

7.7 These points are discussed in detail in section 7.3 which recognises these are real concerns. However,

- The distance from local networks can be significantly mitigated through the service developments that are already in place and planned mitigations, which should provide strong support for effective transition from the acute unit back to the patient’s home and for re-establishing links with local networks.
- It is theoretically possible that having fewer visits might impact on patient outcomes, but this needs to be weighed up against problems with the current configuration such as:

    - ❖ The need for some patients to be admitted to the Taunton service before they can go to Wells because of the limitations of medical cover at Wells. We know that such transfers can damage continuity of care

    - ❖ The risks to patients and staff that result from standalone units.

- This is a Somerset wide specialist inpatient service that works on an emergency basis. This means patients need to be admitted very quickly, and it is normal with the current three site service that a patient will be admitted to the most appropriate bed available, which is not necessarily in the closest unit to them. This in turn means it is normal that visitors can have a relatively long journey to visit inpatients. For example, only 64% of the patients admitted to the Wells unit in a two year period came from the Well/Mendip area.

[1] Letter from Dr Oke to the Chair of the Mental Health Programme Board emailed on 20th June 2019

7.8 As well as the consultation feedback this DMBC has considered whether there are any changes in context or new information which would mean the consultation proposal is no longer the best way forward. The conclusion is that:

- There is an increase in capital costs of the proposal, but this increase would equally affect all other options and would not change the PCBC analysis that the proposal represented the most affordable way forward
- The capital development required remains affordable and deliverable
- The timescale for implementation will be longer than suggested by the PCBC because of delays related to the Covid-19 outbreak.

7.9 Our overall conclusion is that the consultation proposal remains the best way forward for delivery of high quality, safe, sustainable and affordable services.

Fit for my future.

SOMERSET County Council

NHS

Decision Making Business Case

September 2020

Changes to Somerset's mental health hospitals

visit

fitformyfuture.org.uk

Contents

Appendices

Appendix One: Equalities Impact Assessment

Appendix Two: Questions and answers from public feedback event on 2 September 2020

Separately available documents

"Proposed Changes to Acute Mental Health Beds for Adults of Working Age Consultation Findings Report. 16th January – 12th April 2020." (Independent report from Participate)
https://www.fitformyfuture.org.uk/wp-content/uploads/2020/08/mh-consultation-report-final.pdf

Pre Consultation Business Case considered by the Governing Body on 16 January 2020.

https://www.somersetccg.nhs.uk/wp-content/uploads/2020/09/Enc-C1-FFMF-Proposals-for-Changing-Acute-Inpatient-MH-Services-for-Adults-of-Working-Age.pdf

Statement of support

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

Our mental wellbeing can affect every aspect of our life including our physical health. Around 70,000 people in Somerset experience mental illness at any one time and this can be made worse by social isolation and problems with jobs, relationships or money.

We know there has been a history of under-investment in our mental health services in Somerset. We are determined to address this, and we have made good progress over the past eighteen months.

We have successfully bid for £13million funding to improve community mental health services for adults and £4million funding to improve mental health services for children and young people. Our focus is on making sure people can access support more easily, bringing care as close to home as practicable and improving support for people in crisis.

People who have used mental health services have helped us shape our new model of care which includes new services as well as improvements to current services. The whole model is centred on a 'no wrong door' approach which is making it easier for people to reach a whole system of support through just one referral.

Around 1% of adults in Somerset at any one time will have a serious mental health illness requiring specialist treatment and intensive support. Our acute mental health inpatient services for adults of working age are one small, but vitally important, part of our mental health services. People who are admitted to our inpatient mental health wards are at their most vulnerable and we need to do everything we can to keep them safe and support their recovery.

We are very proud of the dedication and quality of staff who provide our services. However, we recognise that continuing to operate from three different locations, two of which are standalone wards, does not allow us to provide the safest possible care for patients or the best working environment for staff.

We believe there is a better solution. This means changing how our services are arranged by providing our acute inpatient services from two sites and not three. We know that people are concerned about extra travel times for patients and visitors, but we believe safety must be paramount.

There is a strong clinical case for the proposed relocation of the mental health beds from St Andrews Ward, Wells to Yeovil; but only by listening to and learning from the people of Somerset can we be truly confident of reaching the best decisions. Early this year, we embarked on a consultation to gain a wide range of views from the public. The consultation ran over 12 weeks, gaining feedback from service users, voluntary sector partners, staff and other local healthcare providers. We have held 63 consultation events which were attended by 732 people and received

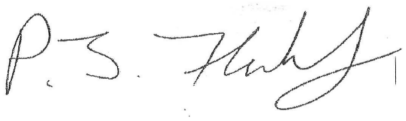
538 responses to our online and paper surveys. The feedback we have received has informed the development of this decision-making business case. Section 7 reviews each key issue raised in the response to the consultation, alongside discussion and evidence and the conclusion and response

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

James Rimmer
Accountable Officer and Chief Executive, Somerset Clinical Commissioning Group

Peter Lewis
Chief Executive, Somerset NHS Foundation Trust

Jonathan Higman
Chief Executive, Yeovil District Hospital NHS Foundation Trust



Pat Flaherty
Chief Executive, Somerset County Council

Executive Summary

Introduction

The purpose of this Decision Making Business Case (DMBC) is to enable the Somerset Clinical Commissioning Group (CCG) Governing Body to make a decision on the proposal (i.e. the preferred option) set out in the recent public consultation on changing acute inpatient mental health services for adults of working age. This is a county wide service for adults with acute mental health issues. The proposal was that the current inpatient ward for adults of a working age at Wells should be relocated to Yeovil in order to improve the quality and safety of care.

The DMBC should be read alongside the Pre Consultation Business Case (PCBC) approved in January 2020, and the independent report on the consultation feedback provided by Participate.

The consultation proposal was developed as part of the FFMF Programme with substantial engagement with the public and service users.

It should be noted that in this document the term "service user" may refer to anyone who uses mental health services, while the term patient is used to refer specifically to people who have been admitted to an acute mental health ward.

The case for change

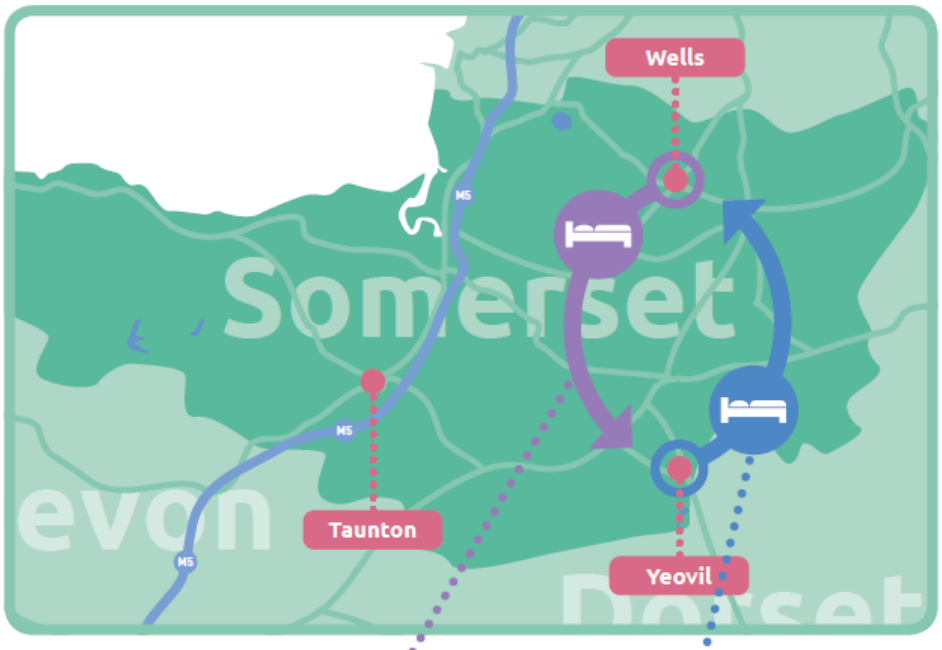
There are significant quality and safety issues for patients and staff resulting from the current inpatient service configuration. This consists of four wards, two of which are co-located at Taunton and two of which are "standalone" (one at Wells and one at Yeovil). The one at Wells is a substantial distance from an emergency department and cannot offer 24/7 medical cover.

- Single wards on one site cause problems in providing safe staffing and ensuring that patient risks can be managed effectively. For this reason, they are rare in England.
- An acute mental health inpatient ward that is a long way away from an acute hospital with an emergency department can face problems in getting urgent medical care; this is a risk as this patient group faces higher risk of requiring emergency care for physical health conditions, and there are occasions when patients attempt suicide or self-harm.
- Inpatient bed capacity in Somerset is currently sufficient. It is anticipated that planned changes and improvements in community based service will reduce pressures on beds and could potentially enable a reduction in numbers in the future. However, this is subject to learning from experience with the planned services; all options considered allow for the same bed numbers as now.

Significant additional investment is being identified for mental health services as a whole to help address long term under-investment (this is a national issue as well as a local one in Somerset). Money is not the major driver in terms of the consultation proposals, although it is of course important that all services deliver good value for money. The consultation proposal/preferred option

Three options of an original longlist of six were shortlisted for detailed consideration as indicated in the diagram below.

Figure 1 : The shortlisted options



OPTION 1

Stay the same

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

OPTION 2

Relocate Wells service to Yeovil

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

OPTION 3

Relocate Yeovil service to Wells

Relocate beds from Rowan Ward, Yeovil and create two wards, refurbishing or rebuilding the existing Phoenix Ward, Wells.

The detailed assessment of the options against an agreed set of criteria suggested that option 2 was the best option.

Option 2 performed substantially better than the other options in terms of quality and safety of care and affordability. It performed worse than Option 1 in terms of travel times and access, but this was more than outweighed by Option 1's poor performance in terms of quality and safety of care.

A Clinical Senate review panel fully endorsed Option 2 saying that "The CRP were unanimous in their view that clinical evidence and best practice supported the proposals to move 14 inpatient mental health beds for adults of working age from the ward currently in Wells to Yeovil where two wards will be combined to address concerns around maintaining stand-alone units.".

The consultation process

Following approval of the PCBC the consultation ran from 16 January 2020 to 12 April 2020. The consultation was managed by the Fit for my Future (FFMF) programme team with support from Participate, a leading UK public participation agency. The role of Participate within the consultation was to receive all feedback and analyse it (their detailed feedback report is attached).

The consultation process was designed with the help of input from a stakeholder workshop which included carers, mental health service users and voluntary groups.

52 staff from FFMF, Somerset Clinical Commissioning Group, Somerset NHS Foundation Trust, Yeovil District Hospital Foundation Trust and Somerset County Council supported the delivery of the consultation, including attending consultation events and meetings, discussing proposals with members of the public and explaining the rationale behind them.

Consultation documentation was widely distributed and publicised across Somerset together with a consultation survey which could be completed either in hard copy or online. 538 surveys were completed. There were 63 consultation events over the 12 week period. These included focus groups, attendance at meetings of various organisations and groups and drop-in events. Feedback was also sought through social media. The consultation included significant work by Somerset NHS Foundation Trust [1]to gain the views of staff working within the service.

Care was taken to ensure that the views of people and communities who are seldom heard were obtained, and a number of events were supported by charities connected to mental health services to facilitate this. 20% of responses to the survey were from current or former users of the service, and a further 18% from carers or family members of service users.

The Covid-19 lockdown began before the consultation period concluded which meant that a number of planned face to face events in its last three weeks had to be cancelled. Action was taken to further promote involvement in the consultation by other means including paid advertising in local newspapers in Wells and the Mendip area, and postal, telephone and online feedback continued to be provided up to the end of the consultation process.

[1] At the time of the consultation mental health services were operated by the Somerset Partnership NHS Foundation Trust. However, since the consultation this Trust merged with the Taunton and Somerset NHS Foundation Trust to create the Somerset NHS Foundation Trust.

Quantitative results from the consultation

In total 538 surveys were completed in response to the consultation. The consultation was county wide but there was significant geographic variation in terms of the number of surveys completed, with a much higher proportion coming from the three localities closest to Wells. 44% of the responses to the consultation came from these three localities (Central Mendip, West Mendip and North Sedgemoor). In addition to the completed surveys, feedback was also received and documented at the consultation events described above, and through the post, email, social media and telephone calls.

A key question in the survey was the extent to which people supported the proposal in the consultation:

- 36.9% of respondents either agreed or strongly agreed with the proposals.
- 51.5% of respondents either disagreed or strongly disagreed with the proposals.

Views on the proposal were correlated to where people live; respondents from the three localities closest to Wells were much more likely to oppose the proposal, while a majority of responses from the other localities were in favour of it. The overall majority against the proposal was therefore driven by the views of people living close to Wells where the response rate was highest.

Table 1 : Support and opposition depending on where respondents lived

%	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[2]	11%	8%	13%

Views also varied by type of respondent. In particular, 68% of NHS staff responding to the survey agreed that the risk of continuing with the status quo was too high while only 39% of members of the public agreed.

A petition with 382 signatures which proposed the CCG should adopt a new "Option 7" which would "keep St Andrews Ward, increase staffing and safety, additionally increase beds at Yeovil for future sustainability." It is not known how many of the people who signed the petition also responded to the survey.

[2] Other includes "neither agree nor disagree", "prefer not to say" and "don't know"

Qualitative feedback from the consultation

While it is important to understand the overall sentiment of the public the most important responsibility of the CCG is to understand, consider and take account of the merits of the reasons given by respondents for suggesting the proposal might not be the best way forward or could be improved. It is this consideration that will inform and direct the CCG's decision making. The feedback has been organised into key themes and the responses to each feedback theme has been reviewed and confirmed by the Mental Health, Autism, and Learning Disabilities Programme Board.

Key themes

Participate's analysis suggests that the reasons people most commonly gave for opposing the proposals were related to the loss of local access to a service at Wells and the impact on travel times. Respondents suggested that people would need to travel further to receive their care, and that carer and family visitors would also have longer, more difficult and more expensive journeys. Responses suggested that:

- These access issues were exacerbated by lack of good public transport between the Wells, Mendip areas and Yeovil.
- Having people's inpatient care further away from their homes would cause problems in terms of their links to local support networks and would result in gaps in care as the local community mental health teams would be based further away from the inpatient unit.
- Carers and family members might be deterred from visiting because of the increased difficulty and cost of travel, and this would have a negative impact on patient outcomes.
- These issues would particularly impact on lower income groups, older people, and people with disabilities.
- The valued skills and experience of staff currently working at the Wells unit could be lost as staff might not choose to go and work at Yeovil instead.

Other themes of responses opposed to the proposal included:

- Feedback from some respondents that the service in Wells currently offered a more friendly and family oriented service and that this ethos would be lost if the service was combined into a larger unit at Yeovil.
- A concern that the Mendip area was having health services generally downgraded, and that there could be knock on implications of the change for other services including other mental health services at St Andrews Ward in Wells.
- A perception that the proposals would result in reduced bed numbers.
- The suggestion that the consultation was biased, that the decision had already been made, and that the proposal was driven by the motive of saving money.

Overall, the key message from those opposing the proposal was that the risks for patients and staff in standalone wards a long way from and acute emergency department:

- Should be addressed in another way (e.g. through having an emergency department in a new hospital in Mendip, and/or increased staffing of the current service).
- Were outweighed by the travel and access issues.

The Participate report says that the main reasons people gave for supporting the proposal were primarily those set out in the Consultation document of:

- Concerns over staff and patient safety at smaller standalone sites.
- The importance of 24/7 medical cover.

Other comments the Participate report highlighted were that:

- It was suggested that managing learning disabilities and providing adequate support would be easier across two sites (as opposed to the current three).
- 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.

<u>Consideration of consultation feedback and response</u>

Section 7 of this document provides a more detailed consideration of all of these issues. Its overall conclusions are:

- ***Quality and safety.***
  - ~ While the importance of local networks is recognised, these are outweighed by the need to address the quality and safety risks related to the current configuration. It has anticipated that the development of new local services will mitigate the issues that might be caused by the distance of the specialist inpatient service from people's homes. For example, a number of step up/step down mental health beds have been introduced at Wells for the period of the Covid-19 outbreak. If they prove to be cost effective, we would hope to maintain them as a key transition between local services and the acute inpatient services. We have put in a national bid for revenue and capital funding to support the commissioning of this service for the longer term.
  - ~ The mental health service has developed considerable expertise at providing integrated and holistic care for patients who are assessed and treated at a specialist unit some distance from their home, with the development of strong links with local Community Mental Health Teams (CMHTs). It is already the case for quite a high proportion of patients that they are not treated in the unit closest to their home as there is often not an appropriate bed available. For example, between November 2017 and March 2019 36% of patients from the Mendip area were admitted to Yeovil or Taunton rather than Wells. This is a county wide service, and clinicians need to ensure that patients are admitted to the most appropriate location for their needs, not just the closest location.

- The alternative suggestions of investing in extra staffing at Wells to address the quality and safety issues and/or building a new emergency hospital at Wells to address the issue of distance from an emergency department are simply not deliverable or sustainable in staffing or financial terms.
- The proposals do not deliver reduced bed numbers, and any investment in additional inpatient beds would divert money better spent on services in community settings.

- ***Travel and access***

- Moving to two units rather than three inevitably means that some patients and visitors to the service will have longer journeys. For example, in year 2018/19 there would have been 77 patients who would have had longer journeys from home to the inpatient unit under the consultation proposal than if we retained the inpatient unit at Wells. However, it is already often the case that patients are not admitted to the closest unit to their homes (because of the lack of availability of a suitable bed). For example: approximately one third of patients in Mendip area were admitted to either Taunton or Yeovil during the period from November 2017 to March 2019. In the same period 34 patients from the South Somerset area were admitted to Wells rather than Yeovil. In some cases, journey times will be shorter under the proposal (e.g. for the patients from South Somerset currently admitted to Wells not Yeovil). Overall, the travel time differences are not as significant for people with access to a private car as for those reliant on public transport.
- Somerset is a rural county with relatively poor public transport links and there will be an undoubted negative impact for some patients and visitors in terms of travel times and costs as a result of the change. The issue is therefore whether this negative impact is unacceptable, and sufficient to outweigh the quality and safety risks related to retaining the current configuration.
- As suggested in some of the feedback the cost impact on visitors might theoretically be mitigated through the development of a transport service or a subsidy. However, there is no express power or duty which requires/allows CCGs to fund family contact with inpatients. Another issue with this approach is that the issue goes beyond mental health services. There are many specialist services which require patients and their visitors to travel. If subsidies were offered for mental health, they would have to be offered for all services; doing so would directly reduce funds available for front line healthcare services which have to be a priority.
- This DMBC proposes a number of key mitigations to address the potential impact of transport and access issues on patient visits. These include:
    - Personalised support based on the inpatient care plan. On a case by case basis staff will work with family/carers when distance or cost may be preventing visits which are important to the patient's care plan to identify and support ways that can make those visits possible.
    - The use of digital technology to enable patients to interact with family and friends over video links.

- Working across Somerset with key partners to improve community based transport support services.

- ***Staffing.*** It is recognised that travel times to Yeovil might deter a number of current staff working at Wells from transferring to the new unit. However, it is considered that any challenges resulting from this will be temporary, and that combining the two units may make recruitment and retention easier as it will reduce the stress on staff currently working without backup.

- ***Concern about bias in the process.*** While it is inevitable that some staff and managers have very clear views in favour of the proposal, this does not mean the consultation is biased. The consultation document transparently included the information on the pros and cons of all options. It would have been misleading not to say that the evidence appeared to suggest that the proposal was the best way forward. However, it is quite clear that the CCG Governing Body has not yet made a decision and will not do so until it has taken full account of the consultation feedback. It is also not correct that the proposal is driven by a desire to reduce costs. Taking forward the proposal will require significant capital expenditure.

The overall conclusion of the consideration of the feedback is that the core rationale supporting the consultation proposal set out in the PCBC and the consultation document remains valid, but that a number of mitigations could be put in place to address some of the potential negative impacts of the proposal described in consultation feedback, as set out in this DMBC recommendations.

Changes in context and new information since the PCBC

Service model

Since the start of the Covid-19 outbreak significant changes have been made to our service provision. The lockdown accelerated many of the positive transformational plans in support of both the NHS Long Term Plan and the emerging model of mental health support in Somerset. There has been a particular focus on reducing occupancy in inpatient wards with more people being supported in the community through a range of local services. These have included:

- Introducing two step up/down facilities with the aim of providing a bridge between the inpatient unit and local services (the “Springboard service”).

- Mental Health Workers based in primary care (in GP practices).

- A new community based talking therapies service for people with complex mental health trauma.

- An all age 24/7 emotional wellbeing support service, a collaboration between a range of VCSE partners, Somerset NHS Foundation Trust, and the respective commissioners to provide a listening and signposting service for people in distress. This service was set up and fully operational with just over a week’s notice.

- The use of digital technology to provide access to services and to support closer working between local community teams and ward staff.

Mental health services are being improved across the whole of Somerset. However, we recognise the specific concerns expressed by people living near the inpatient services at Wells that the consultation proposal will lead to a reduction in services available in their local area. We have agreed plans in place which are substantially increasing service provision in this geographic area.

- These plans will lead to more than 35 additional community based staff located in the Mendip and Wells area. This include staff working directly alongside primary care in local practices, additional therapists within the Talking Therapy service, the introduction of additional psychologists and assistant psychologists and the appointment of peer support workers (these are people with lived experience of mental health problems).

- Working with "Second Step" we plan to establish three community front room locations for crisis café style services in the Wells and Mendip area at least one of which will be in Wells.

- The Springboard project has established four beds at Wells which can provide 24 hour care for patients to support their early discharge from mental health inpatient wards. More recently we have been piloting their use as step up beds for those who need support in a crisis and would otherwise probably need admission to an inpatient ward.

- Local people in Mendip and Wells will have full access to the new 24/7 phone line based wellbeing support service described above.

Changes in costs

The costs used in the PCBC financial appraisal have been re-assessed. This has shown it is likely that the capital costs of all the options has increased by between 15-17%. These changes in the estimates have been made following experience of recent tenders where bids were significantly higher than last year, potentially reflecting Covid-19 related issues. However, this does not change the ranking of the options and Option 2, the consultation proposal, remains the most affordable option in terms of annual revenue costs as shown in Table 2 below.

The Somerset NHS Foundation Trust has confirmed that they are not expecting any savings from mental health services as a result of this business case. While the table below shows a potential saving if the current costs are compared with those of the proposed option, any such savings will be reinvested into mental health services and incorporated into future financial plans moving forward. The total capital funding required to support the reconfiguration has been ringfenced by the system within the overall funding envelope in 2020/21 and will be ringfenced in 2021/22 when the capital funding allocation for the system is known to support this business case.

Table 2 : Revenue costs of options (rounded to nearest whole number)

Cost element	2019/20 Current Cost £	Costs in 2023/24 Option 1 £	Option 2 £	Option 3 £
Ward costs				
Ward Pay	3,147,235	3,147,235	2,805,213	2,805,213
Ward Non Pay	261,520	261,520	232,305	232,305
Drugs	55,927	55,927	49,913	49,913
Medical	349,211	349,211	250,256	250,256
Capital/site revenue costs				
Depreciation	107,269	209,051	254,900	320,660
3.5% Public Dividend Capital	90,322	230,917	294,232	457,383
Running Costs	102,000	102,000	153,000	153,000
Total Costs	**4,113,484**	**4,355,860**	**4,039,818**	**4,268,729**

Changes in implementation timing

The PCBC suggested that this DMBC would be approved at the end of May 2020, and that it should be possible to implement the new service by the end of summer 2021.

The Covid-19 situation has delayed this timetable, and as a result the Governing Body decision on the consultation proposal and its approval of this document is not expected until September 2020.

The Somerset NHS Foundation Trust has reviewed the implementation timetable set out in the PCBC. It considers that if the Governing Body approves the proposal it is likely to take 18 months from the date of that approval to fully implement the service change.

Quality and equalities assessment

The PCBC Equalities Impact Assessment has been reviewed and updated in the light of the consultation feedback and its core findings that the consultation proposal has an overall positive impact are confirmed as being valid. The assessment identifies that:

- The overall benefits to quality of care and outcomes will benefit all protected groups.
- There are specific benefits in relation to disability, gender re-assignment, race and ethnicity, religion or belief, pregnancy and maternity, and sex.
- The only area where there is an overall negative impact is the increase in travel times for some carers.

Confirmation of proposal sustainability

The DMBC confirms that the proposal continues to represent the only sustainable solution in quality and safety terms. While there are short term staffing risks relating to the transition it is not anticipated that these will cause significant issues.

The Somerset NHS Foundation Trust has confirmed that the revenue costs set out for option 2 will be incorporated into future financial plans. The total capital funding required to support the reconfiguration has been ringfenced by the system within the overall system funding envelope in 2020/21 and will be ringfenced in 2021/22 when the capital funding allocation for the system is known.

Somerset County Council Scrutiny for Policies, Adults and Health Committee

NHS staff attended a meeting of this committee on 9th September 2020 and provided an update on the consultation, with a particular focus on the feedback received. After questions and comments the Chair's summary of the discussion was:

- It was a difficult consultation given it was impacted by Covid-19; however, it was "reasonable".
- The committee had no formal points to raise.
- The committee had had positive engagement on the consultation at previous meetings.

Governance and assurance

The consultation forms part of the mental health workstream of the FFMF programme. It has been managed by the FFMF Programme Director and programme team in line with the consultation strategy and plan included in the PCBC.

It is the responsibility of the Somerset CCG Governing Body to consider the feedback from the consultation process, to take account of it, and then to make the decision on whether or not the consultation proposals should be implemented or should be changed.

This DMBC was developed by the programme team and has been assured by the Mental Health, Autism, and Learning Disabilities Programme Board and the FFMF Programme Board.

Should this DMBC be approved by the CCG Governing Body the implementation of the proposal will be the responsibility of the Somerset NHS Foundation Trust which will:

- Provide regular updates to the FFMF Programme Board until the new service is fully in place.
- Ensure compliance with the recommendations agreed by the Governing Body.

Compliance with legal requirements and good practice

The NHS has clear guidance on the principles which need to guide all consultations on significant change. As part of the development of this DMBC the process followed has been compared with the guidance. It is concluded that:

- It complies with the 4 nationally mandated tests for change.
- It complies with NHS England's 5th test in respect of service change relating to inpatient bed closures.
- The process conforms to the "Gunning Principles" established by the courts on what constitutes a "fair" consultation and with the other key requirements set out in the NHS guidance.

Key considerations for decision making

The clinical evidence is unequivocal. The Clinical Senate Review has stated that the panel was "unanimous in their view that clinical evidence and best practice supported the proposals to move 14 inpatient mental health beds for adults of working age from the ward currently in Wells to Yeovil where two wards will be combined to address concerns around maintaining stand-alone units." The lead clinicians within the service have also said in writing that "It is the unanimous view of the medical staff of Somerset Partnership that the current situation of a stand-alone inpatient acute adult ward in Wells is very unsatisfactory."

The main challenge to this clinical view lies within the consultation feedback that moving the unit from Wells to Yeovil will:

- Separate patients from local networks, and
- Result in patients getting fewer visits, which could impact on their recovery.

Alongside this is the evidence from the consultation that the majority of responses opposed the proposal, with particularly strong opposition from the localities around Wells. These are both substantive concerns; however, it is considered that the risk of separation from local networks can be effectively mitigated, particularly with the development of new services such as step down beds and the development of improved services through digital technology. It is clearly true that for some visitors the journey will be longer and more costly. However, the NHS has a clear imperative to focus on quality and safety, and this outweighs the issue of travel time.

After careful consideration of the consultation feedback it is therefore concluded that the consultation proposal remains the best option.

Recommendations

1. The mental health inpatient unit for adults of a working age at St Andrews Ward in Wells should be relocated to Yeovil where it will be operated alongside the existing Yeovil unit in refurbished and fit for purpose modern facilities which can be used flexibly to create male and female ward space preserving privacy and dignity.

2. A service user and carer reference group should be put in place to support the implementation of the proposal, and particularly to review how the potential negative impacts of increased travel time can be mitigated.

3. In order to address issues identified by consultation feedback related to travel and access to services and the potential impacts on service user and visitor experience the CCG should work with the Somerset NHS Foundation Trust and other partners to:

   - Ensure that local community based services are available in the Wells area (and across the whole county) to support the transition of patients from inpatient units back into their local networks. These may include but not be limited to step up and step down beds. As far as the step up/step down beds are concerned they are currently funded until March 2021, but a bid has been put in nationally for longer term capital and revenue funding for the service. There is system agreement that if their effectiveness is confirmed they should be prioritised within our longer term commission plans. The beds currently in place are at both Yeovil and Wells; should there be a requirement to reduce numbers retaining the Wells beds should be prioritised.

   - Ensure a continued focus on the effective integration of the specialist inpatient units with local services.

   - Continue to develop ways to support interaction of patients with families and carers where actual visits are not possible, particularly through the use of digital technology.

   - Continue to work across Somerset to improve community based transport support services. In particular it is considered likely that significant impetus could be given to community transport services with a relatively low “seed corn” investment which would focus on sustaining and improving current community transport schemes and developing new ones. This approach could be piloted within the Mendip area.

4. Feedback should be gathered from current and former patients on St Andrews Ward, their carers and current staff about what they value about their unit. We will then work with our units in Taunton and Yeovil to make sure that this feedback directly informs the way care is provided for everyone.

5. The responsibility for implementing the service re-location and delivering these recommendations should ultimately rest with the Somerset NHS Foundation Trust working in collaboration with the CCG.

1 Purpose and Introduction

The Somerset CCG Governing Body met on 16 January 2020 and considered a PCBC containing proposals to improve the safety and quality of mental health inpatient services. The preferred option within the business case was to relocate the inpatient unit at Wells to join the inpatient unit at Yeovil. The Governing Body agreed to carry out a public consultation on the proposed changes so that it could fully consider the views of the public, service users, stakeholder organisations and staff before a final decision was made.

This took place between 16 January to 12 April 2020. Now that the consultation is complete the purpose of this DMBC is to support the Governing Body in making a decision on the proposal. NHS England's guidance "Planning, Assuring and Delivering Service change" (2018) says that "The DMBC should ensure that the final proposal is sustainable in service, economic and financial terms and can be delivered within the planned for capital spend, and show how views captured by consultation were taken into account.". In order to do this the DMBC:

- Explains how the proposals were developed.
- Describes the case for changing services.
- Summarises the rationale for the proposal in the consultation document.
- Describes the consultation process and confirms that the engagement and consultation approach used complied with good practice and relevant legislation.
- Summarises the key feedback received during the consultation.
- Considers the key feedback themes and assesses whether the proposals within the consultation should be amended or developed further in response to the feedback.
- Considers whether there have been any significant changes in the service context or in the analysis of the options and the proposal since the assessment in the PCBC which should be taken account of now.
- Confirms the sustainability of the consultation proposal.
- Confirms the governance process for delivery of the proposals.
- Makes recommendations to the CCG Governing Body on the change proposal in the consultation.

The DMBC should be considered alongside two other key documents:

- ***The Pre Consultation Business Case*** considered by the Governing Body on 16 January 2020. The DMBC summarises some of the key information from that document at high level but does not include its detailed analysis.

- The independent report from Participate on the public consultation "***Proposed Changes to Acute Mental Health Beds for Adults of Working Age Consultation Findings Report. 16th January – 12th April 2020***." This report provides full information on the feedback received in response to the consultation. The DMBC draws upon and responds to the feedback summarised in that report.

2 How the consultation proposals were developed

The consultation proposals were developed through an open process led by the FFMF Programme Board. This process included the following elements:

- An initial system wide review in 2018 to consider the future vision for all health and care services. The review included a specific workstream for mental health which set out a number of proposals for change including recommending further work on the capacity and configuration of our mental health inpatient services for adults of working age.

- Between September of 2018 and December of 2018 there was a broad process of public engagement on all the FFMF change proposals. Feedback received was used to help refine and develop plans further.

- The Mental Health, Autism, and Learning Disabilities Programme Board led the development of a detailed case for change in relation to mental health inpatient services.

- An option appraisal process was then carried out which:

  ~ Established a potential longlist of options.

  ~ Confirmed a shortlist and appraised each of the options against a range of criteria which had been approved by the FFMF Programme Board after being tested with focus groups involving members of the public and staff. The option appraisal process included a stakeholder event on 12th July 2019 independently facilitated by Participate. The stakeholder panel for the event included clinical staff, patient and user representatives, representatives from independent mental health organisations and GPs.

- All of these elements were written up in detail in the PCBC. This was reviewed and assured by NHS England with a process including assurance by the Clinical Senate. Following this assurance process the PCBC was considered by the CCG Governing Body which confirmed that the preferred option in the PCBC should be taken to public consultation. The Somerset County Council Adult Scrutiny Committee and the Health and Wellbeing Board were both briefed on the consultation proposals.

3 Summary of case for change

The case for change is set in detail in the PCBC and is summarised here (with minor updates where any information has changed).

3.1 Quality case for change

There is a generally recognised need to enhance the quality of our mental health provision. Services have faced years of relative underinvestment and there are significant gaps in provision.

Mental health inpatient services for adults of a working age are provided as a specialist county wide service for the people of Somerset.

The main quality concerns in relation to inpatient services are driven by the fact that we have four acute inpatient wards for adults of working age in three locations (two wards at Taunton, one at Wells and one at Yeovil.) The Wells and Yeovil wards are effectively "standalone" (i.e. are individual wards not located alongside other specialist mental health wards), and the Wells ward is also a long way from the nearest emergency department.

- Single wards on one site cause problems in providing safe staffing and ensuring that patient risks can be managed effectively.
- An acute mental health inpatient ward that is a significant distance away from an acute hospital with an emergency department can face problems in getting urgent medical care; this is a risk when patients attempt suicide or self-harm. This issue applies to Wells which is 22 miles from the nearest District General Hospital (DGH).
- Medical cover is not available at Wells out of hours (overnight and at weekends). This is partly because the Wells unit is not an accredited training facility for Trainee Doctors and also because it is not sustainable to provide 24/7 medical cover at three locations at the same time.

A risk management approach has been adopted to mitigate these risks. The protocol means that several patients are admitted to Taunton each year (40 in one recent year) for their initial assessment and treatment and only being moved to Wells when their risk level is clearly understood. Having to be admitted to two different locations within a short period provides a worse patient experience and can potentially damage continuity of care. Clinicians do not believe the protocol can fully mitigate the risks.

The consultant medical staff responsible for all mental health inpatient services for adults of working age have expressed the unanimous view that the current situation is unsatisfactory, particularly in relation to Wells which is both a long way from an emergency department and has a standalone ward.

The Clinical Senate have also stated that the proposal to move to fewer sites would have benefits for medical education and training.

3.2 Capacity case for change

The PCBC reviewed a range of factors to assess the future bed capacity required for inpatient services and concluded that all options should be able to deliver the same overall capacity as now – i.e. 62 inpatient beds. It recognised that there were occupancy pressures on wards but concluded that the impact of investment in community based provision should reduce these pressures sufficiently that 62 beds should be enough for the short to medium term. Whether the investment in additional community provision would enable a further reduction in bed numbers was a long term issue, and should be determined in the future based on an audit of the impact of investment in community based provision on the requirement for inpatient admissions and length of stay.

3.3 Financial case for change

The Somerset health system currently has a large financial deficit and in 2019/20 delivered an overall deficit of approximately £48m. The operational planning process for 2020/21 was paused due to Covid-19 with the financial framework still being uncertain and so a projection for 2020/21 is not available.

As with the rest of the country Somerset also has a history of underinvestment in mental health services. However, the Somerset system spends significantly less per head of population on mental health services than the average CCG in England (it would need to spend an additional £8.1m per annum to be at the average).

Despite the major financial challenges identified for health services as a whole the Somerset health and care system has decided to commit significant additional investment into mental health to start the process of tackling this underinvestment. This is detailed within this PCBC and supports the proposals for enhancing the future model of care.

4 The consultation proposals

4.1 Identification of the preferred option

The PCBC identified six options which should be considered in response to the case for change.

A shortlisting assessment identified three of these options as not meriting inclusion on the shortlist as it was not feasible that they would be selected as a preferred option. These were:

- Moving all inpatient services from Yeovil and Wells to Taunton (Option 4).
- Moving all inpatient services from Yeovil and Wells to another location in a new build (Option 5).
- Moving all inpatient services from Yeovil and Wells and Taunton to another location in a new build (Option 6).

While all of these options would resolve the quality issues in the case for change the assessment suggested they were not acceptable in terms of access and travel times, deliverability and cost.

Three options were selected for detailed appraisal. These were as set out in the table below.

Table 3 : Shortlisted options

Option	Description
1	***Do minimum*** – retain current configuration, including ward locations, functions and bed numbers. Investment would be required over time to ensure the wards were fit for purpose.
2	***Two ward service at Yeovil*** using existing ward space at Rowan/Holly Court which could be refurbished to enable the change. This would involve moving the current service at Wells to Yeovil, and no change for the Taunton service.
3	***Two ward service at Wells***, refurbishing an existing ward to enable the change and also investment in the existing ward to provide en-suite facilities and improved disabled access. This would involve moving the current service at Yeovil to Wells, and no change for the Taunton service.

Information on the relative performance of the shortlisted options against the agreed FFMF criteria was collated and assessed. The criteria were:

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

In each case the assessment focussed on the factors that differentiated between options. The options were also considered at a stakeholder workshop including service users, members of the public, GPs, staff from current services and from voluntary and community sector organisations. Their views were taken into account in the conclusions outlined below.

After detailed consideration, Option 2 (to relocate the Wells ward to Yeovil and operate alongside the existing ward there) was identified as the clear preferred option. The reasons for this are outlined below:

- It performed best by a considerable margin on quality of care/safety. It provided the safest environment for patients, and the best opportunity for good outcomes. The lack of adjacent staff to provide additional support on occasions when there could be a challenge to the safety of staff or patients, and the distance from an acute hospital with an emergency department were significant issues for Option 1 which retained the current configuration.

- On affordability and value for money Option 2 was also the best option by a significant margin. Its annual costs were approximately £560,000 less than those of Option 1 and £260,000 less than Option 3.

There were no criteria on which Option 3 (to relocate the Yeovil ward to Wells and join it with the current ward there) performed better than Option 2. While Option 1 (retaining the status quo) performed better than Option 2 in terms of travel times, this was more than outweighed by the poor performance of Option 1 against the other main criteria.

It was concluded that Option 2 should be taken forward to formal consultation with the public as a proposal for change.

The Clinical Senate review of the proposal strongly supported this conclusion as set out in the following extract of their Stage 2 Clinical Review Report.

Report Extracts

"The Clinical Review Panel (CRP) were unanimous in their view that clinical evidence and best practice supported the proposals to move 14 inpatient mental health beds for adults of working age from the ward currently in Wells to Yeovil where two wards will be combined to address concerns around maintaining stand-alone units.

The Clinical Review Panel also noted that there are ongoing patient and staff safety risks at the Wells unit which, while being reasonably mitigated currently, present an ongoing risk which should influence the timeline for implementation of these proposals.

The key observations of the Review Panel in relation to the overall recommendation are summarised below:

The current arrangements with a stand-alone inpatient facility presents risks to both patients and staff.

Clinical evidence and best practice from elsewhere support the co-location of facilities, moving 14 beds to mitigate stand-alone facility risks.

The potential benefits of the model to training of all disciplines were understated in the proposals.

The CRP recognised that the current facilities at Yeovil would need significant refurbishment to provide a modern facility for the delivery of mental health care."

4.2 The consultation proposals

The consultation therefore stated that Option 2 was the CCG's preferred option.

In summary the proposal taken to public consultation was that:

- The two current standalone wards for mental health inpatient beds at Yeovil and Wells should be reconfigured with one of the wards joining the other – thus ensuring better clinical support and reducing clinical risk.
- These two wards should be located together at Yeovil.
- The ward reconfiguration would be delivered through a refurbishment project which would ensure high quality, modern and flexible facilities supporting privacy and dignity.

5 The consultation process

The formal consultation process ran from 16 January 2020 to 12 April 2020. The remainder of this section describes:

- How the consultation was managed.
- What information was provided to support it.
- How it was publicised.
- What was done to maximise the reach of the consultation.
- How people were able to get involved and provide feedback.
- How that feedback was collected and analysed.
- How the consultation was affected by the Covid-19 situation.
- What will happen next.

5.1 How was the consultation managed?

The consultation was led by the FFMF Programme Director, FFMF Clinical Director and the Somerset CCG Head of Communications and Engagement and was accountable to the FFMF Programme Board.

The consultation plan was developed with input from Participate and from a stakeholder panel with representatives from stakeholders, services users, carers and members of the public.

The consultation team carried out the following functions:

- Undertook a detailed stakeholder mapping of all organisations and individuals who may be affected by the proposals under consultation or who may have an interest in the consultation.
- Ensured that all identified key stakeholders and organisations received direct notification of the consultation and how they could get involved.
- Organised and attended 63 engagement events including drop-in sessions, meetings and focus groups.
- Delivered the communications plan that included press and social media promotion of the consultation and paid advertising in selected local newspapers and journals (the latter being part of our response to the impact of Covid-19 on the consultation towards the end of the consultation period).
- Distributed consultation information.
- Developed and supported a community asset led approach[3] to hear from seldom heard groups and individuals.
- Collated feedback from the consultation and sent it for independent analysis.

The consultation team was supported by Participate, a leading UK public participation agency. The role of Participate within the consultation was to receive all feedback and analyse it on an independent basis and to provide a report on this to the Somerset Clinical Commissioning Group. This included feedback from:

- 538 survey responses.
- 29 letters/ emails/ phone calls.
- 1 petition.
- Recorded feedback from 46 events.

52 staff from FFMF, Somerset Clinical Commissioning Group, Somerset NHS Foundation Trust, Yeovil District Hospital Foundation Trust and Somerset County Council supported the delivery of the consultation, including attending consultation events and meetings, discussing proposals with members of the public and explaining the rationale behind them. These included:

[3] Community assets are the collective resources which individuals and communities have at their disposal; those which can be leveraged to develop effective solutions to promote social inclusion and improve the health and well-being of citizens. Assets include organisations, associations and individuals.

- GP input from the FFMF's Clinical Director who attended 12 events including both public meetings.

- Clinical/specialist input from the CCG Clinical Lead for Mental Health and Dementia, GPs, a consultant psychiatrist, psychologists, social workers, mental and physical health nurses.

- The Chief Executive Officers of both Somerset Clinical Commissioning Group and Somerset NHS Foundation Trust attended the Wells public meeting as did the Director of Adult Social Care for Somerset County Council.

5.2 Consultation information

The main information about the proposed changes was set out within a detailed consultation document. This was supported by a summary version and an "easy read" version. HealthWatch Somerset's Readers Panel reviewed the consultation documents and changes were made following their recommendations.

These were supported by a consultation survey which asked people a range of questions to seek their views on the proposals.

Printed versions of the consultation document were distributed to all hospitals, GP surgeries, pharmacies and libraries across Somerset. A total of 14,500 documents were printed. These were used at consultation events and sent out to 214 venues.

As well as providing printed versions of the documentation, all the consultation information and feedback forms were made available online on the FFMF website.

5.3 Publicising the consultation

The consultation was widely publicised with the aim of maximising awareness of the proposals and ensuring that as many people as possible were able to feed in their views.

Publicity included the following elements:

- A media briefing was held on Monday 13 January 2020 and all local and regional media were invited. Pre-record interviews took place with the Programme Director and Clinical Director for BBC Radio Somerset which were broadcast to further raise awareness of the consultation.

- Posters were sent to 121 venues including drop-in locations and nearby community venues, town halls, councils and local art centres. Thirty six venues confirmed putting posters up.

- Website and newsletter ready copy promoting the consultation was sent to all Parish Councils in Somerset, all GP practices, County and District Councils, Avon and Somerset Police, Devon and Somerset Fire Service, all NHS providers (including South Western Ambulance Service NHS Foundation Trust), Somerset Chamber of Commerce, and the largest 10 employers in Somerset as well as all local colleges with the request that they include the information on their websites and intranets and in their newsletters to staff, stakeholders and their communities.

- Advertisements in papers: Frome Times, published on 26 March; Western Gazette, published on 26 March; Wells Voice, published on 30 March; Somerset County Gazette, published on 26 March and 2 April.

- We published three press releases, and these were sent out to 40 members of the local and regional media.

- Phone in on BBC Radio Somerset with the Clinical Director to further raise awareness of the consultation on the 12 March.

- We created 46 posts on our FFMF Facebook page and hosted one Facebook Live event. In addition, we joined 97 Facebook groups (47 Somerset organisations and 50 community groups) and regularly shared and posted in these groups. Our mental health posts were shared 340 times by groups and individuals.

- We created 54 posts on Twitter. We were retweeted 174 times and received 110 link clicks.

- We created four posts on Instagram.

5.4 Maximising the consultation reach

5.4.1 Service users and carers

Given the nature of the services affected by the consultation there was a particular aim to obtain feedback from mental health service users and carers. Information was made available to service users both in community and inpatient settings and staff were encouraged to ask for feedback during "have your say" engagement meetings on the ward. The Somerset NHS Foundation Trust directorate management visited the St Andrews and Rowan wards during the consultation to meet with current inpatients and discuss the proposals. There was a drop-in session at Wellsprings in Taunton.

As set out in section 6, 38% of consultation responses came from service users and carers.

5.4.2 Seldom heard from groups and individuals

A community asset based approach[4] was used to hear the views of communities and individuals who are seldom heard. Three charities that connect with users of mental health services in Somerset agreed to run focus groups and one to one interviews with individuals who were unlikely to attend any of the consultation events. Many of these events were planned for late March and early April so were unable to go ahead due to the Covid-19 restrictions. These and a further 26 organisations did have their say on the consultation at a focus group session that took place on 3 February 2020 as part of a Somerset Engagement and Advisory Group. Swan Advocacy were also represented at the Yeovil Public meeting.

The table below shows the community asset work that was planned to take place compared with the actual figures.

Table 4 : Community asset based consultation events

Charity/Organisation	Planned number of focus groups	Planned number of interviews	Actual number of focus groups	Actual number of interviews
Compass Disability	1	4	1	4
Swan Advocacy	2	20		10
Martock Parish Council*		6		
Total	**3 (minimum of 15 attendees)**	**30**	**1 (12 attendees)**	**14**

* Martock Parish council planned to run 6 x 1:1 interviews with people in their community who they connected with who have mental health issues and use mental health services.

5.4.3 Location of events

The consultation affected services for the whole of Somerset, and it was therefore designed to ensure that views were obtained from across Somerset. The below map shows the geographical spread of consultation events that took place and also indicates where events had to be cancelled because of the Covid-19 outbreak. Overall, it suggests that despite the unfortunate necessity to cancel some events a good overall spread of events was provided across the county.

[4] Community assets are the collective resources which individuals and communities have at their disposal; those which can be leveraged to develop effective solutions to promote social inclusion and improve the health and well-being of citizens. Assets include organisations, associations and individuals.

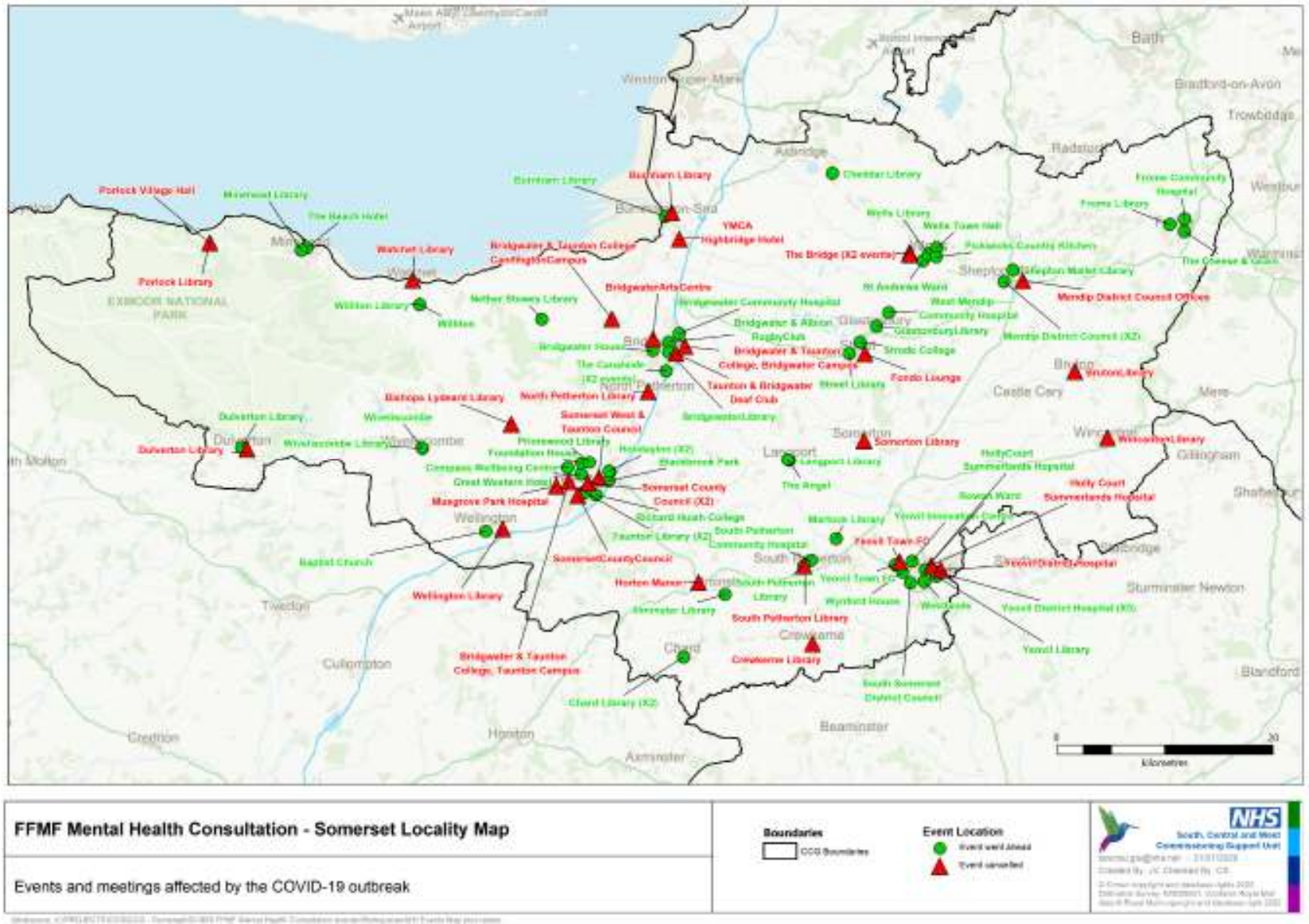


Figure 2 : Location of consultation events

5.4.4 Staff

The delivery of the changes outlined in the consultation proposal will depend on the staff working within the services affected. The consultation programme therefore included a range of mechanisms to maximise the opportunity for staff to understand and feedback on the proposals, as follows:

There was significant involvement with staff over several years within the provider Trust in the development of the consultation proposals. There have been management visits to the St Andrews site on a regular basis to keep the staff informed of progress and emerging ideas. There were regular briefings during directorate management meetings and ad hoc visit to wards and services. Over the last 4 years, since the development of the proposals commenced, there have been increased number of visits to regularly update the team in Wells, both attending the ward on a regular basis and meeting with individual staff where this has been requested. Usually these discussions formed part of ward meetings and more specific sessions once the consultation started. Feedback from staff is that they have felt fully informed throughout the process

Information and documentation regarding the consultation was made available in all mental health inpatient and community settings and the FFMF team ran a number of additional "drop-in events" in the inpatient/community mental health services centres across each locality in the county. These were supported by senior managers from the mental health directorate and would typically involve one to one and small group discussions reviewing the consultation documentation. The sessions were extended into the evening to be available for staff who were unable to attend during working hours. In February over 100 staff attended a "celebration of mental health" where a short presentation was given, and information made available. Staff numbers attending formal meetings was relatively low: it is believed that this was because of the significant involvement of staff prior to the formal consultation.

The following events involving NHS staff took place (primary care events are covered section 5.5.2):

Table 5 : Events involving NHS Staff

Date	Meeting Name/Group Description	Venue	Total attendees
30/01/2020	Engagement Drop-In Event	St Andrews Ward, Wells	1
05/02/2020	Medical Management Board	Yeovil District Hospital	20
13/02/2020	Engagement Drop-In Event	Foundation House, Taunton on the Wellspring site	5
14/02/2020	Yeovil District Hospital - Senior Staff Meeting (Emergency department)	Yeovil District Hospital	9
20/02/2020	Staff Engagement Drop-In Event	Holly Court, Summerlands Hospital Site, Yeovil	6
20/02/2020	Engagement Drop-In Event	Rowan Ward, Yeovil	2

27/02/2020	Directorate Staff Event	The Canalside, Bridgwater	100

5.5 How did people get involved in the consultation?

People were able to get involved in the consultation in several ways as outlined below.

5.5.1 Providing views by answering the consultation survey

The consultation survey was included in the printed consultation documents, and there was also an online version people could complete. Surveys could be completed by hand at events, emailed or posted (using Freepost). As well as specific questions the surveys included space to add free text comments on the proposals and the issues. The survey questionnaire is included as an appendix to the Participate report. A total 538 surveys were completed and analysed. These surveys provide the basis for the numeric information included within this report on the extent to which people agreed or disagreed with the proposals.

5.5.2 Focus groups and meetings

Eleven focus groups and meetings were held in several different locations across the county. At these events the proposals were described, people could ask questions about them, and were given the opportunity to discuss them and make comments. Discussions were led by facilitators and went through each of the elements covered in the survey.

The table below shows the dates and locations of events and the number of people who attended them.

Table 6 : Focus groups and meetings

Date	Meeting Name/Group Description	Venue	Total attendees
13/01/2020	Media Briefing for Mental Health consultation	Yeovil Innovation Centre	3
23/01/2020	Patient Participation Group Chairs Network	Wynford House, Yeovil,	16
03/02/2020	Somerset Engagement & Advisory Group	Bridgwater & Albion Rugby Club	28
11/02/2020	Somerset Neurological Alliance meeting	Blackbrook Park, Taunton	10
11/02/2020	Patient Voice Meeting	Yeovil District Hospital	3
12/02/2020	Somerset hospitals League of Friends meeting	Westlands, Yeovil	1*
27/02/2020	Workshop for primary care staff	The Canalside, Bridgwater	1*
04/03/2020	Workshop for primary care staff	Mendip District Council, Shepton Mallet	1*
10/03/2020	Wellbeing Friends Group (run by Compass Disability)	The Cheese and Grain, Frome	12

11/03/2020	Stay and Play Toddler Group, Taunton	Compass Wellbeing Centre, Taunton	6
12/03/2020	Workshop for primary care staff	Holiday Inn, Taunton	11

*Note: that the Somerset hospitals League of Friends meeting and the workshops for primary care had a primary focus on engagement on community health and care services but people did have the opportunity to discuss the mental health consultation – the figures for attendees reflect the number of attendees who gave feedback or discussed the mental health consultation (not the total number of attendees at the event).

5.5.3 Public meetings

The table below shows the dates and locations of the public meetings and the number of people attending them.

Table 7 : Public meetings

Date	Meeting Name/Group Description	Venue	Total attendees
16/01/2020	Somerset CCG Governing Body Extraordinary Meeting	Taunton library	5
06/02/2020	Public Meeting	Wells Town Hall	49
10/02/2020	Community Scrutiny Committee - Sedgemoor District Council	Bridgwater House, King Square, Bridgwater	9
11/02/2020	Public Meeting	Yeovil Town Football Club	4
17/02/2020	Scrutiny Board	Mendip District Council, Shepton Mallet	11
03/03/2020	Scrutiny Committee	South Somerset District Council, Yeovil	13

5.5.4 Drop-in sessions

Drop-in sessions allowed members of the public to view key information on the proposals and to ask questions and make comments.

The table below shows the dates and locations of the drop-in sessions and the number of people who attended them.

Table 8 : Drop-in sessions

Date	Meeting Name/Group Description	Venue	Total attendees
30/01/2020	Engagement Drop-In Event	St Andrews Ward, Wells	1
01/02/2020	Engagement Drop-In Event	Wiveliscombe Library	0
01/02/2020	Engagement Drop-In Event	Taunton Library	0

Date	Meeting Name/Group Description	Venue	Total attendees
03/02/2020	Talking Café	Great Western Hotel, Taunton	0
04/02/2020	Talking Café	Williton	3
04/02/2020	Engagement Drop-In Event	Bridgewater Community Hospital	1
05/02/2020	Engagement Drop-In Event	Cheddar Library	0
05/02/2020	Engagement Drop-In Event	Wells Library	3
08/02/2020	Engagement Drop-In Event	Burnham-on-Sea Library	10
08/02/2020	Engagement Drop-In Event	Bridgewater Library	4
10/02/2020	Engagement Drop-In Event	Illminster Library	1
10/02/2020	Engagement Drop-In Event	Chard Library	5
13/02/2020	Engagement Drop-In Event	Foundation House, Taunton	5
13/02/2020	Somerset Mental Health Stakeholder Forum meeting	Baptist Church, Wellington	40
14/02/2020	Talking Café	Dulverton Library	8
14/02/2020	Engagement Drop-In Event	West Mendip Community Hospital	44
17/02/2020	Talking Café	The Beach Hotel, Minehead	0
17/02/2020	Engagement Drop-In Event	Minehead Library	0
19/02/2020	Talking Café	Wiveliscombe	14
19/02/2020	Engagement Drop-In Event	South Petherton Community Hospital	22
20/02/2020	Engagement Drop-In Event	Frome Community Hospital	2
20/02/2020	Staff Engagement Drop-In Event	Holly Court, Summerlands Hospital Site, Yeovil	6
20/02/2020	Engagement Drop-In Event	Rowan Ward, Yeovil	2
21/02/2020	Talking Café	South Petherton Library	0
24/02/2020	Engagement Drop-In Event	Nether Stowey Library	3
29/02/2020	Engagement Drop-In Event	Glastonbury Library	28
29/02/2020	Engagement Drop-In Event	Frome Library	4
02/03/2020	Engagement Drop-In Event	Priorswood Library	0
02/03/2020	College Engagement Event	Richard Huish College, Taunton	40
03/03/2020	College Engagement Event	Strode College	91
05/03/2020	Yeovil District Hospital Governors Meeting	Yeovil District Hospital	24
06/03/2020	Engagement Drop-In Event	Martock Library	4

Date	Meeting Name/Group Description	Venue	Total attendees
06/03/2020	Engagement Drop-In Event	Yeovil Library	3
07/03/2020	Public Listening Event	Holiday Inn, Taunton	3
07/03/2020	Engagement Drop-In Event	Williton Library	3
09/03/2020	Engagement Drop-In Event	Langport Library	4
09/03/2020	Engagement Drop-In Event	Street Library	6
10/03/2020	Engagement Drop-In Event	Shepton Mallet Library	0
11/03/2020	Talking Café	Yeovil District Hospital	5
12/03/2020	Talking Café	Pickwicks Country Kitchen, Broad Street, Wells	7
16/03/2020	Talking Café	The Angel, Langport	1
16/03/2020	Talking Café	Chard Library	0

5.5.5 Individual emails, letters and telephone calls and social media

A total of six emails, 20 letters, and two telephone calls were made to the consultation team.

One hundred and two comments were made on social media.

We reached 3,538 people with our Mental Health Facebook Live event with eight public questions being asked during the broadcast.

Key points from the above were recorded and shared with Participate to be analysed with all other feedback.

5.6 Capturing and considering the feedback

Feedback from all the sources described in the section above was collated and passed on to Participate who have been responsible for reviewing the feedback independently and documenting it.

Where feedback was obtained through meetings and drop-in sessions the views of the people attending were documented and noted. Participate have reviewed all the feedback from the meetings and surveys and other responses and organised it into the key themes and have provided a detailed consultation feedback report.

The feedback they have identified is summarised in section 6 and 7. section 7 sets out a full consideration of the main feedback themes.

5.7 The impact of the Covid-19 situation on the consultation

Face to face consultation events stopped on 16 March 2020 following Government guidelines and as a result 31 face to face events were cancelled (23 of these were "drop-ins". Two focus groups and six other meetings also had to be cancelled).

In the final weeks of the consultation, we adapted our plan to respond to the emerging situation and continued to promote the opportunity to take part by advertising in local newspapers in the Wells and Mendip areas, promotion of the consultation on Facebook to the Mendip area in particular, posting in community Facebook groups, sending posters and consultation materials to libraries, pharmacies, GP surgeries and other venues that the public were still able to access.

We sent an email to all identified key stakeholders and organisations (including mental health charities in Wells, the Mendip area and countywide) to advise that the consultation would continue without face to face meetings/events and to highlight how people could continue to have their say.

We held a phone in on the consultation with BBC Radio Somerset and sent out a press release. People were able to provide feedback through a dedicated phone line, through an online and paper survey, through letters and emails and by commenting on our social media posts.

5.8 Post consultation public engagement – sharing of feedback report findings

The CCG held an open virtual event on 2nd September 2020 with 24 attendees. This had the aim of sharing the key findings from Participate's independent consultation feedback report with interested members of the public. The event had significant publicity including

- Emails to all stakeholders – county councillors, district councillors, parish councils, MPs, VCSE organisations, Healthwatch, PPG Chairs, Somerset Engagement and Advisory Group etc.
- Paid advertising on social media – Facebook.
- Paid advertising in the Wells Voice, Frome Times and the Western Gazette and Mid Somerset Series including the Wells Journal, Central Somerset Gazette, Cheddar Valley Gazette, Shepton Mallet Journal, Frome Standard and Somerset Guardian.

The event included a presentation summarising the Participate report and setting out:

- How the feedback was analysed.
- Potential equality impacts.
- Key themes from the feedback – for and against the proposal.
- Suggestions for amending or enhancing the proposal.
- Other issues people suggested were important.

Attendees were then able to ask questions and make comments. There was also the opportunity to submit questions in advance. Appendix Two sets out the details of the questions and comments and the answers given.

6 Feedback from the public consultation

The feedback from the public consultation was independently analysed and reported on by Participate. Their report should be read alongside this document as it provides significantly more detail than is included here.

This aim of this section is to summarise the key quantitative information from that report in terms of:

- The number of responses received, and how those responses break down in terms of geography and type of respondent.
- Proportions of responses favouring and opposing the proposals.
- Significant difference in responses dependent on locality and type of respondent.

Section 7 describes the qualitative feedback received in terms of the rationale for people's views and any suggestions for changes/improvements to the proposals.

In addition to the completed surveys feedback was also provided through a petition for a different option with 382 signatures, comments at meetings, and through emails. It is not possible to provide a numeric analysis of the information from these sources as the information is not provided in a structured way, and there is no way of knowing if people who completed surveys also signed the petition or responded in other ways. However, all of the key themes and issues identified in these sources of feedback were analysed by Participate and are included in the analysis in Section 7.

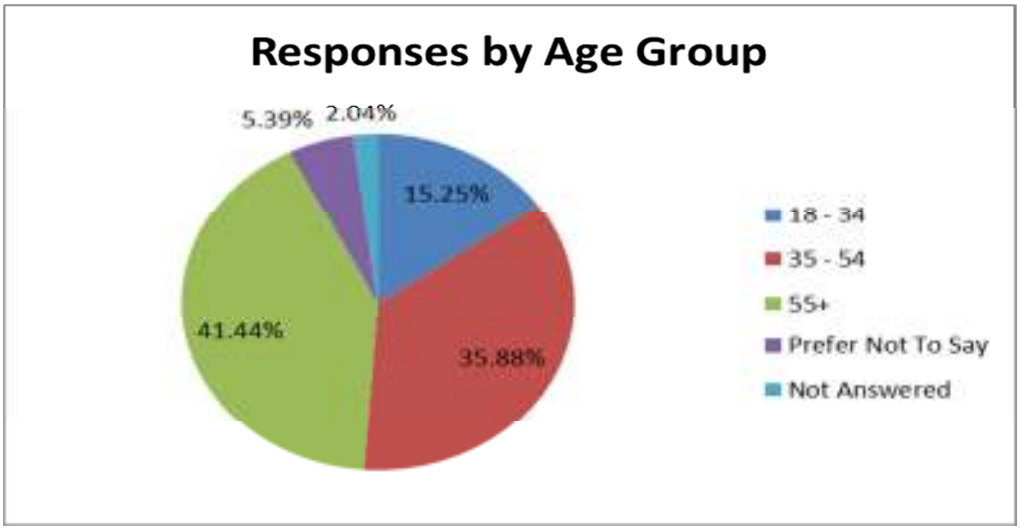
6.1 Breakdown of consultation responses

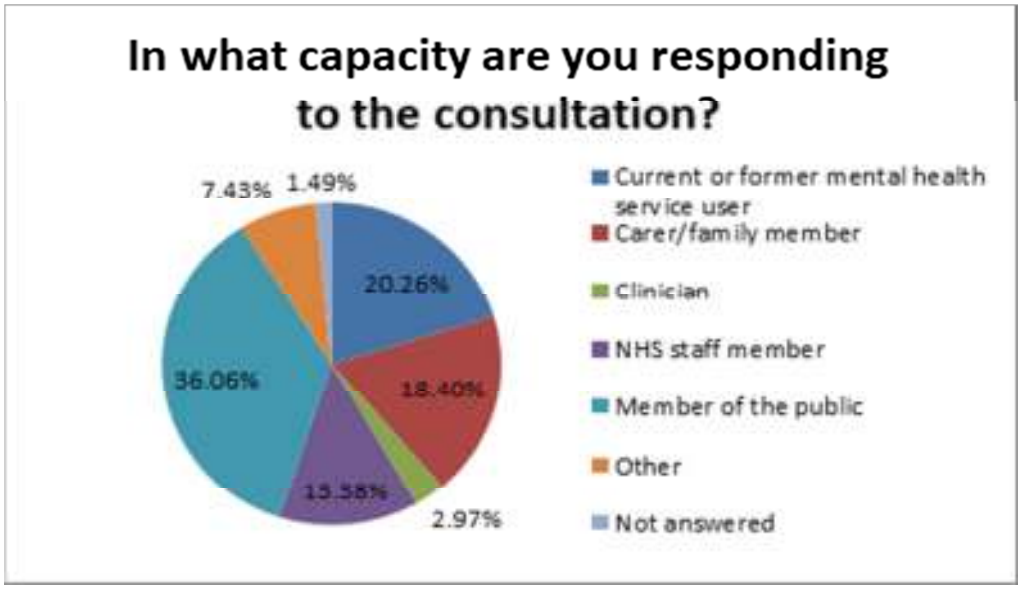
A total of 538 responses to the consultation survey were received. The breakdown of responses is summarised in the figure overleaf (please note: where percentages add up to less than 100% this is because a response was not given to the relevant question).

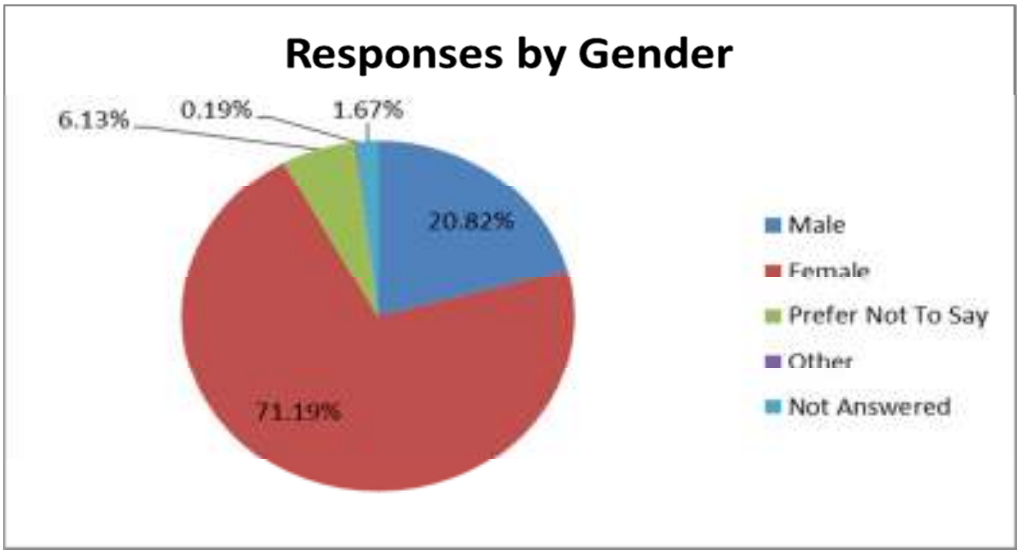
Some key points from the breakdown are that:

- 15% of respondents were aged 18-34, 36% were aged 35-54 and 44% were 55 or more.
- Significantly more responses were received from women (71%) than men (21%).
- 20% of the responses came from current or former mental health service users, and 18% from service user carers or family members. 36% were from members of the public, 13% from NHS staff members and 3% from clinicians.

Figure 3 : Responses to the consultation







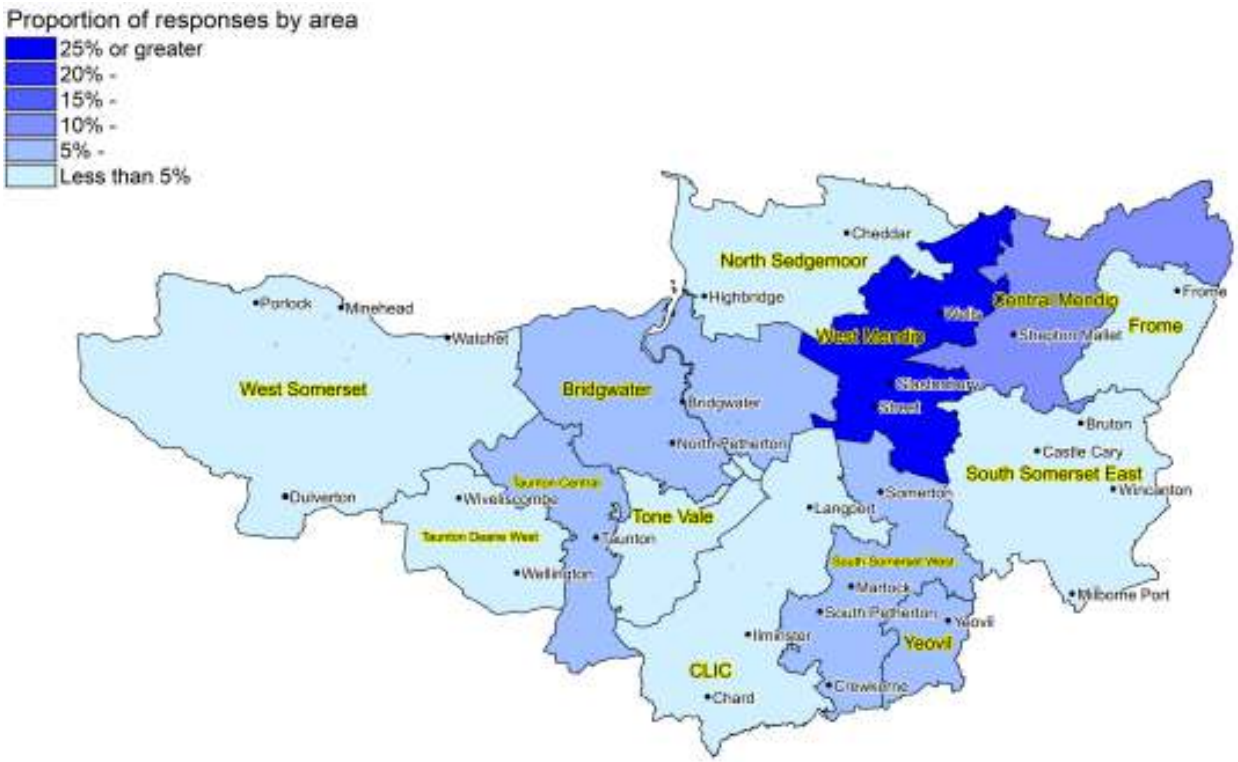
The consultation was county wide across Somerset. However, there was a significant variation in terms of level of surveys completed in the different localities. The level of response seems to have been determined by geographic closeness to the current inpatient service at Wells:

- The three localities closest to Wells (Central Mendip, West Mendip and North Sedgemoor) are home to 21% of the Somerset population, but accounted for 44% of the responses.
- The remaining Somerset localities are home to 79% of the Somerset population, and accounted for 56% of the responses.

The map below 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.

Figure 4 : Response rate by area



In addition to the completed surveys feedback was obtained from a range of other mechanisms. These could not be analysed quantitatively in the same way as the survey but all comments and notes from discussions were read and included as appropriate by Participate in their report. These mechanisms included:

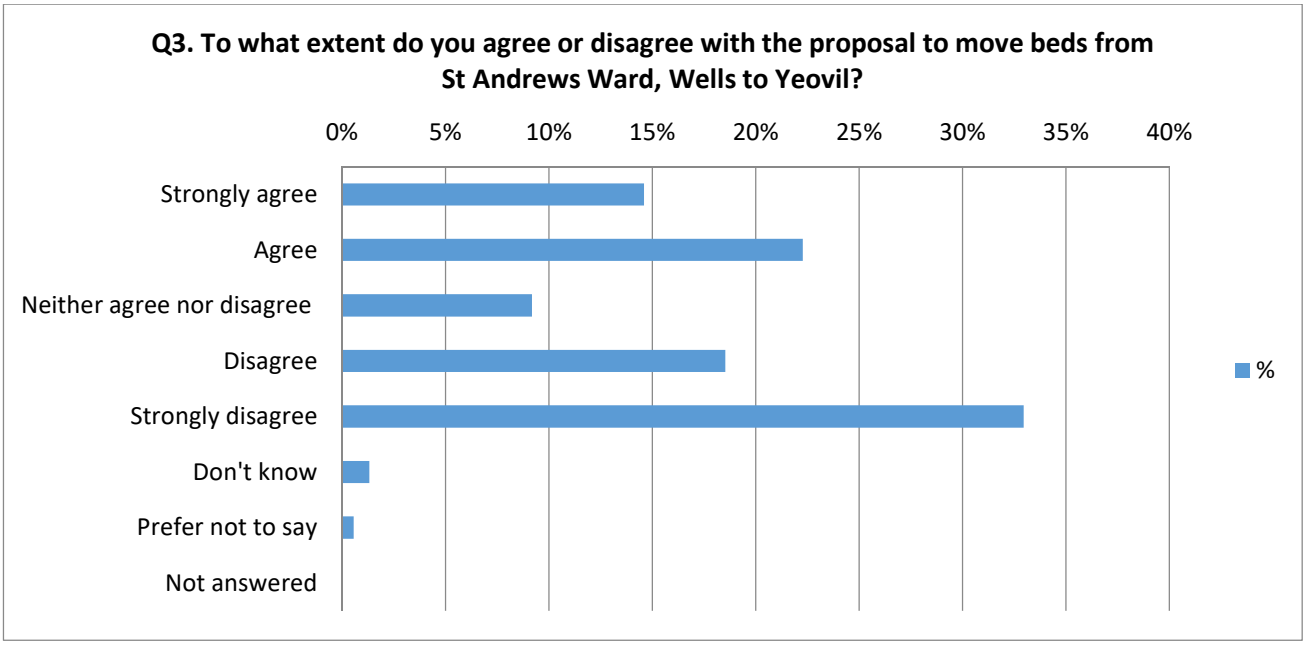
- Feedback from focus groups and discussion groups.
- Fourteen emails/letters and other documents from various organisations and groups including a petition.
- Responses on social media.
- Emails and letters from 12 individuals.

6.2 Analysis of support for and opposition to the proposals

One of the questions on the survey specifically asked about the extent people supported the proposal in the consultation. The key feedback was that:

- 36.9% of respondents either agreed or strongly agreed with the proposals.
- 51.5% of respondents either disagreed or strongly disagreed with the proposals.

Figure 5 : Overall view on proposals



The Participate analysis demonstrates that the support and opposition for the proposals diverges substantially depending on where people live. As shown in the table below:

- Those localities closest to Wells (Central and West Mendip and North Sedgemoor) show a large majority opposing the proposals.
- A majority of responses from other localities support them.

Table 9 : Support and opposition depending on where respondents lived

%	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%

The differences in views by locality are illustrated in the map below.

Figure 6 : Agreement with the consultation proposal by geography

The consultation also included a question asking people whether they agreed that the risks of keeping the system as now are too great. The answers to this question broadly mirrored the responses indicating general support and opposition to the proposals. (The detailed analysis of responses to this question is not included here but is shown in the Participate report).

- 39.5% of people agreed that the risk of staying as now was too high.
- 46.6% disagreed.

The Participate analysis suggests there is divergence in views between the public in general and NHS staff and clinicians in terms of whether the risks related to keeping the current system were too high:

- 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.

7 Key issues raised in the consultation feedback

7.1 Introduction

The purpose of this section is to consider the key issues raised by consultation respondents and to assess their impact on the decision the CCG Governing Body needs to make in terms of whether the consultation proposals should go ahead or should be amended.

The initial assessment was developed by members of the FFMF Programme Team in conjunction with Somerset NHS Foundation Trust. It was subsequently considered and commented on by Mental Health, Autism and Learning Disabilities Programme Board.

The issues raised have been organised into the following areas:

- Quality and safety of care.
- Travel times/cost and local access.
- Staffing.
- Other issues.
- The consultation process.

Section 7.2 summarises

the main points made for and against the proposals and then the subsequent sections address each area in turn with:

- A summary of the comments/feedback received. In some cases the feedback is to express a view, and in others to suggest changes or amendments to the proposals.

- Analysis of and response to the feedback.

7.2 Summary of points made for and against the proposals

Participate's analysis suggests that reasons people most commonly gave for opposing the proposals were related to the loss of local access to a service at Wells and the impact on travel times. Responses suggested that people from Wells and surrounding localities would need to travel further to receive their care, and that carer and family visitors would have longer, more difficult and more expensive journeys. They said:

- These access issues were exacerbated by lack of good public transport between the Wells and Mendip areas and Yeovil.
- Having people's inpatient care further away from their homes would cause problems in terms of their links to local support networks and would result in care gaps as the local community mental health teams would be based further away from the inpatient unit.
- Carers and family members might be deterred from visiting because of the increased difficulty and cost of travel, and this would have a negative impact on patient outcomes.
- These issues would particularly impact on lower income groups, older people and people with disabilities.
- The valued skills and experience of staff currently working at the Wells unit could be lost as staff might not choose to go and work at Yeovil instead.

Other points raised in opposition included:

- The feedback that the Wells ward offered a more friendly and family oriented service and that this ethos would be lost if the service was combined into a larger unit at Yeovil.
- A concern that the Mendip area was having health services generally downgraded, and the knock on implications of the change for other services including other mental health services at St Andrews Ward in Wells.
- A concern that the proposals would result in reduced bed numbers.

Overall, the key message from those opposing the change in relation to the points made in the consultation document about the risks for patients and staff in standalone wards a long way from and acute emergency department appear to be that those risks:

- Should be addressed in another way (e.g. through having an emergency department in a new hospital in Mendip, and/or increased staffing of the current service).
- Were outweighed by the travel and access issues.

A petition with 382 signatures articulated the argument against the proposal as follows:

Petition Text.

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.

The Participate report says that the main reasons people gave for supporting the proposal were primarily those set out in the Consultation document of:

- Concerns over staff and patient safety at smaller standalone sites.
- The importance of 24/7 medical cover

Other comments the Participate report highlighted were that:

- It was suggested that managing learning disabilities and providing adequate support would be easier across two sites (as opposed to the current three).
- 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.

7.3 Feedback and assessment– quality and safety of care

This section sets out the main quality and safety concerns raised by respondents about the proposal, and assesses the issues raised.

ISSUE RAISED IN FEEDBACK

Patients from the local area who would have been treated at Wells will have worse outcomes because they will be isolated from their local community in a number of ways:

- Further from their local support networks.
- Not able to "step down" into local community so easily.
- Fewer visits from carer's families and friends who may face challenges in travelling to Yeovil.

DISCUSSION/EVIDENCE

We have not been able to identify any evidence which demonstrates that outcomes are better for patients who are treated in inpatient units closer to their homes. However, we fully recognised that distance can make it harder for family and friends to visit and that patients value and benefit from visits.

Mental health inpatient units offer specialist care for individuals in a time of a crisis who may be at high risk of harming themselves and/or others.

It is usual practice for specialist care to be concentrated in a small number of locations in order to make sure that patients have access to the full range of the support they may need. It is a key responsibility of the NHS to prioritise and safeguard patient and staff safety. By concentrating specialist care in a small number of locations quality care can be delivered to a significant number of patients at any one time which supports everyone's safety.

Overall, clinicians believe that when people need specialist inpatient care it is more important that they have rapid access to the right specialist skills and can be safely managed in an emergency than that they are treated close to home.

At the moment this is not always possible at the Wells unit because of the issues described above around distance from an emergency department, the lack of 24/7 medical cover, and the lack of support from staff on a neighbouring ward. The consequence is a significant risk to patient outcomes and to patient experience.

- In the four years between Jan 2015 – Jun 2019 there were 67 serious incidents at the St Andrews Ward. These are times when the lack of support from a neighbouring ward and/or the long distance to an emergency department could have had a poor outcome.

- Because of the limited medical cover at Wells many patients have to be first admitted to the Taunton service and then moved to the Wells unit. Moving between two units in a short period of time is disruptive and has its own risks in terms of continuity of care. We estimate this takes place about 40 times a year.

Equally, once patients are past this they do not require the specialist inpatient care available at

an acute unit it is important that they should be moved home or close to home as quickly as possible so that they can engage with their local networks and swiftly transition to independent living and better wellbeing. This is why we are investing in an extended range of community services such as "community front rooms"[5] which will further support the transition back to locality networks.

In addition, as part of our response to Covid-19 we have introduced 11 mental health step up/down beds across the county to help reduce the use of beds in acute units. The value and cost effectiveness of these beds will be assessed, and they may be able to play a substantial part in addressing the transition issues identified. Four of these beds have commissioned within the Wells area, so that when patients from the area are ready for the transition they can be supported locally.

In addition, as part of our response to Covid-19 we have introduced the use of digital technology to enable patients to talk to family and friends using video links. This will provide an alternative way for patients to obtain at least some of the benefits they would otherwise get through visits.

CONCLUSION/RESPONSE

We consider that the risks to quality and outcomes resulting from retaining the Wells service are significantly greater than those that might arise from the consultation proposal in terms of some patients being treated further away from their own homes. It is therefore right in terms of quality/outcomes to support the proposal. However, it is also right to do everything we can to mitigate the impact of distance including:

- The development of locally based community services supporting the transition from inpatient services back to local communities.
- Further and continuing use of new technology to enable "virtual visits" including supporting people who may not have access to the necessary digital devices.

This is reflected in the report recommendations.

[5] "Community front rooms" are a location where people could have booked appointments for specific services but would also offer the opportunity for dropping in to receive ad hoc support as with the "crisis café" approach.

ISSUE RAISED IN FEEDBACK

It will be harder for the services in the community supporting patients from the Wells area (CMHTs/Psychiatrists) to liaise effectively with the inpatient unit because it will be further away from the local provision.

DISCUSSION/EVIDENCE

It is entirely understandable that people would have this concern.

However, it needs to be recognised that our acute mental health services are highly experienced at managing the transition between specialist inpatient units and local services.

While our first choice would always be for people to be treated in the closest available unit to their home, patient safety is always our top priority and people experiencing a mental health crisis or extreme distress cannot wait for a bed to become available. Our adult mental health beds are a countywide resource and it is routine for people to be admitted to a unit which is not in their local area.

For example, our analysis included in the PCBC reviewing two years of inpatient activity showed that:

- 1 in 3 patient admissions from the Mendip area were not to Wells but to Yeovil or Taunton.
- 65 of the 299 admissions to the Wells unit were not from either the Mendip or Sedgemoor localities.

For this reason, mental health services have had to ensure that the right links to local services are in place for all patients, whether or not they are being treated in the unit closest to their home.

Staff are very familiar with the issues involved and are experienced at liaising with colleagues who may be geographically some distance away. This experience has been increasingly important in the recent situation with Covid-19 as it has become normal for colleagues to work together remotely without physical face to face contact.

CONCLUSION/RESPONSE

Clinicians are confident that links between inpatient services and the local community mental health teams are being managed effectively now, and will continue to be in the future, irrespective of the actual location of the inpatient services. This is therefore not a good reason to change the proposal.

However, we recognise the importance of establishing and maintaining strong links between local community mental health teams and the different inpatient units and is reflected in the report recommendations.

ISSUE RAISED IN FEEDBACK The smaller setting at St Andrews Ward creates a more "family environment" that helps recovery and will be lost in a larger unit at Yeovil. Some respondents said that the St Andrews Ward at Wells provides a better and friendlier service than Yeovil.
DISCUSSION/EVIDENCE It is recognised that staff at Wells have worked hard to provide high quality care and to provide a positive and supportive environment, and that many patients value this. Equally many patients have valued the services they have received at our other units. While the proposed unit at Yeovil will be larger than the current unit at Wells because it will have two wards not one, the ward sizes in terms of bed numbers are the same and are not bigger than before. Within the modern facilities of the refurbished unit it will be easier to support privacy and dignity, and we would hope this will enhance patient experience not diminish it.
CONCLUSION/RESPONSE Staff are committed to providing high quality person centred care in all the adult mental health inpatient units and are continually learning from both best practice and from each other. If the proposal is taken forward we will gather feedback from current and former patients on St Andrews Ward, their carers and current staff about what they value about their unit. We will then work with our units in Taunton and Yeovil to make sure that this feedback directly informs the way care is provided for everyone.

ISSUE RAISED IN FEEDBACK The number of cases where access to a DGH emergency department is important is low and therefore does not outweigh other factors such as access.
DISCUSSION/EVIDENCE The importance of any risk is determined by two factors. These are the likelihood of the risk occurring, and the seriousness of the consequence of it occurring. Clinicians are concerned about the risk related to distance from a DGH because the consequence could be very serious. A large proportion of people with serious mental illnesses have significant physical health issues, including long term conditions, which require treatment and, occasionally, emergency interventions. Equally in the event of serious self-harm or a suicide attempt, the distance from a DGH could be critical in terms of whether or not a life is saved. It is true that we do not have data to show where the distance has resulted in loss of life. However, as described above between Jan 2015 – Jun 2019 there were 67 serious incidents at the St Andrews Ward. Ambulances had to be called to the unit on at least 14 occasions in the

last three years.

Any of these incidents and occasions could have resulted in serious outcomes, and the risk of this occurring is greater because of the distance from an emergency department.

CONCLUSION/RESPONSE

Avoiding risks that are potentially life threatening is a key NHS responsibility. This cannot be achieved effectively as long as we continue to maintain standalone services.

While it is also important that travel times for visitors and carers are minimised, this cannot outweigh the importance of avoiding life threatening risks for patients and staff.

ISSUE RAISED IN FEEDBACK

If access to a local emergency hospital is the issue the right way to address it is to provide the Wells area with its own emergency hospital facility ("It should be one of the governments planned 40 new hospitals").

DISCUSSION/EVIDENCE

We recognise that many people in the Wells/Mendip area feel that they are disadvantaged by their distance from the two emergency departments in the county and also from the Royal United Hospital at Bath. We also know that the geography of Somerset makes it difficult to provide consistence services across the county, however Emergency hospitals have to serve a minimum population size so that they have critical mass to enable 24 hour emergency care 7 days a week for all the different needs people coming to an emergency department may have.

Every hospital with an emergency department needs to have doctors on site 24 hours a day from several different specialties. Maintaining such a rota can require 6 whole time equivalent doctors in each specialty, therefore, creating an additional emergency department in Somerset would mean we need a substantial number of extra doctors, even though we would be treating the same number of patients.

Equally, if a hospital has a small population in its catchment area it will not receive enough emergency cases each day to be able to maintain the essential rotas of specialist doctors.

Given the national shortage of medical staff, it would be highly unlikely we could recruit the doctors needed to staff an additional emergency department and there would be issues with doctors not seeing enough patients to maintain their skills and expertise and support their training.

We do not believe that with a population of 560,000 people Somerset could maintain three clinically viable emergency hospitals. In addition, the system is already in financial deficit, in part because of the costs of running two acute hospitals for a relatively small population.

The extra capital and revenue costs required to develop a third emergency hospital would also

result in substantial resources having to be taken away from primary and community and mental health care to fund the acute hospital service.

Our priorities in Somerset require us to need to reshape our expenditure so that we spend less on acute hospital care and more on prevention, primary care, mental health care and care closer to people's homes. This would not be possible if we invested substantial new resources in an additional emergency hospital.

It should also be noted that the initial government commitment regarding 40 new hospitals has been clarified. It has been confirmed that it refers to hospital projects in existing hospitals rather than new hospitals in new places, and all the investments identified so far have been about upgrading and improving existing hospitals.

CONCLUSION/RESPONSE

We do not believe that an additional emergency hospital at Wells is realistic, and therefore we need a proposal for mental health services which does not rely on one.

The consultation proposal is the only one possible which ensures all our adult mental health inpatient services are close to an emergency department.

ISSUE RAISED IN FEEDBACK

If patients at Wells need access to an Emergency Department they can go to Royal United Hospital in Bath.

DISCUSSION/EVIDENCE

The emergency department at the Royal United Hospital in Bath is 22 miles from Wells and the journey can take up to 45 minutes. This is equivalent to the journey from Wells to Yeovil.

The risk to patient safety in the event of a physical health emergency requiring transfer to an emergency department therefore remains regardless of whether the emergency department at Bath, Yeovil or even Taunton were used.

The key point is that Wells is too far away from any emergency department to ensure that serious incidents impacting on physical health of patients or staff can be addressed quickly.

CONCLUSION/RESPONSE

We believe the possibility of accessing emergency care at Bath does not alter the strength of the case for the consultation proposal.

ISSUE RAISED IN FEEDBACK

Investment should be made to provide 24/7 medical cover at Wells to address the out of hours issue and focus on improving the service at Wells rather than moving it.

DISCUSSION/EVIDENCE

The case for change highlighted three main quality issues with the standalone ward at Wells:

- The provision of on-site 24/7 medical cover.
- The risk issue related to remoteness from an Emergency Department.
- The lack of support from a neighbouring ward in event of a problem when there are not enough staff on the ward.

If we could provide 24/7 cover it would only resolve the first quality issue. The other two issues would remain.

It is unlikely to be feasible to recruit sufficient doctors to create viable 24/7 cover for the following reasons:

- Medical cover for inpatient services in Somerset is dependent on a rota of trainee doctors (foundation year, GP and psychiatry trainees). This rota is governed by strict training and safety rules set out by the General Medical Council (GMC) and the Royal Colleges of General Practice and Psychiatry. This rota did originally cover the St Andrews Ward but the cover had to be removed as with the staff available it was not possible to comply with the rules of the GMC and both Colleges. There is no prospect of complying with these rules in future while still operating across three sites. Given this trainee doctors cannot be relied on to support the rota.
- The only other alternative for providing psychiatric medical cover to the unit would be to employ non training grade doctors (specialty doctors). Six whole time equivalent doctors would be required to support 24/7 cover. There are currently 1.6 of these speciality doctors in Mendip. The conditions of employment of these two doctors would need to be changed (as they are not currently required to be part of a 24/7 rota). We do not know if they would accept this as there would be a significant impact on quality of life in moving away from normal working hours. If these doctors agreed to be part of the rota there would be requirement to recruit a further 4.4 doctors to create a rota compliant with European working time directives (and if they do not it would be six). Speciality doctors of this nature are hard to recruit in any case; this would be exacerbated because on-call work is not popular with doctors with family commitments. Given the currently difficulties in recruiting such doctors there is no realistic prospect this could be achieved.

In addition, it should be noted that the additional doctors would add an annual additional cost of approximately £350,000 to a system which is already in financial deficit. Staff reductions in other areas would be needed to enable this to be afforded.

CONCLUSION/RESPONSE

We do not believe that investing in 24/7 medical cover at St Andrews Ward is a deliverable or affordable solution.

ISSUE RAISED IN FEEDBACK

There should be a new Option 7 which retains beds at Wells and invests in better staffing there, but which would add beds at Yeovil. (This was the proposal articulated in a petition with 382 signatures.)

The petition proposal is also related to responses which suggested we would not have enough beds in future and that the proposal would reduce the number of beds we have now.

DISCUSSION/EVIDENCE

All of the points made in response to the previous suggestion discussed (i.e. that that the best way forward is to increase staffing on the St Andrews Ward) also apply to the suggested option 7. In summary:

- It would not solve the issue of risk resulting from distance to an emergency department.
- It is not a sustainable option because it is not realistic that the number of staff required could be recruited. Even if they could be recruited the extra costs would be substantial.

In addition, it is not considered that increasing the number of inpatient beds in acute units is the best way to deal with pressures on mental health services. Our intention is that increased investment in community based facilities will reduce the requirement for mental health beds. If we invest additional funds in more inpatient beds, we would have to reduce community based provision, and more people would be supported further away from home. The PCBC suggested that:

- The range of initiatives we have in place to reduce the number of inpatient admissions and readmissions (through better community based services) should reduce the need for acute inpatient beds.
- The maximum number of beds likely to be needed for acute inpatient care is 62 (the current number of beds). The consultation proposal will deliver this. It is therefore not correct to say that the proposal will reduce bed capacity.

CONCLUSION/RESPONSE

The service configuration described at Option 7 was not considered in the option appraisal leading to consultation because:

- It would not address the main quality problems with the current service.
- It would not be deliverable in staffing terms.
- It would reduce resources available for community based services.
- It would not be affordable.

These arguments remain valid.

ISSUE RAISED IN FEEDBACK Could one of the wards at Yeovil be reserved for men and one for women so as to enhance patient privacy and dignity?
DISCUSSION/EVIDENCE It is entirely agreed that privacy and dignity are essential and that ward facilities should enable men and women to have their own separate space. It is intended that the wards at Yeovil will be fully refurbished to a flexible design which will mean separation of male and female patients can be achieved irrespective of the numbers of each admitted at any one time. It is believed that this is a better solution than committing a whole ward to being for women and another for men. This is because our data shows that more men are admitted to our adult mental health wards than women. Having separate male and female wards could potentially result in a situation where we have empty beds on the female ward and no beds available on the male ward in which to admit a male patient in crisis.
CONCLUSION/RESPONSE We believe that the important issue of maintaining privacy and dignity for men and women in our inpatient wards is fully addressed by the consultation proposal.

7.4 Feedback and assessment – Travel times/cost and local access

This section sets out the main travel and access concerns raised by respondents about the proposal, and assesses the issues raised.

It does not include the feedback in relation to potential impacts on patient outcomes/experience of having an inpatient stay further away from the local home networks with the potential fewer visits as this has already been addressed under the quality and safety of care heading in section 7.3. It also does not cover points made about the impact of travel time on recruitment and retention of staff in the service as this is addressed in section 7.5.

ISSUE RAISED IN FEEDBACK

Increased travel times to a relocated service, together with the lack of good public transport alternatives in a predominantly rural area and the potential additional costs of travel were the main reasons the majority of respondents opposed the proposals.

The concern was particularly expressed for people with low incomes, older people and the disabled.

Concern was also expressed for carers with work commitment who might find it difficult to visit because longer journeys would be harder to manage.

DISCUSSION/EVIDENCE

Our overall Somerset ambition is to have many services as possible as close to people's homes as practicable, and it is fully recognised that increasing travel times to services is never welcome.
We also acknowledge that increased travel times will have different impacts on patients compared to their visitors and carers.
For some patients there may be an increase in overall travel time, but the NHS provides appropriate transport to ensure they can get to the unit and return home from it.

- Patients requiring admission to hospital would be conveyed to the hospital most commonly by an ambulance, or occasionally by the Hospital Transport Service or by a Care Co-ordinator.
- Once admitted patients will be conveyed back home for leave or discharge either by the Hospital Transport Service/Care Co-ordinator or by the ward staff using the pool car.
- Patients who are required to return to hospital for review would be conveyed both there and back home by the Hospital Transport Service/Care Co-ordinator or by the ward staff using the pool car.

The main impact is therefore on people who want to visit and support people in hospital – including their carers and their families and friends. Here the situation is the same for mental health inpatient services as for every other service, and visitors to hospital are expected to provide their own transport.

It is true that moving from three core service locations to two will inevitably increase travel times, inconvenience and cost for some people. However, it is important to note that under the current countywide service configuration a large number of patients every year are admitted to units which are not in their local area. This is for two reasons:

- People in crisis or acute distress are admitted to the most appropriate unit with an available bed, not the closest unit to their local area, as the priority is always maintaining their safety and supporting their wellbeing quickly.

- The current risk management protocol for the St Andrews ward means not everyone can be admitted to the unit (this is due to the lack of 24/7 medical cover and distance from an emergency department).

This is demonstrated by the table below from the PCBC which looks at 18 months of admissions to the current countywide adult mental health inpatient service by site.

Table 10 : Activity split by the patients' home area – November 2017 to March 2019

Geographical area	Inpatient admissions by site			
	Rowan ward (Yeovil)	Rydon wards (Taunton)	St Andrews (Wells)	All admissions
Mendip	66	38	188	**292**
Sedgemoor	23	152	23	**198**
South Somerset	231	42	34	**307**
Somerset West and Taunton	24	320	16	**360**
Other (Out of Area)	12	77	15	**104**
Unknown	24	64	23	**111**
Grand Total	**380**	**693**	**299**	**1372**

This pattern of activity means that the reduction in the number of locations will not have a uniformly negative impact. For example, the 34 patients from South Somerset who were admitted to Wells in this period would under the new proposed solution have been admitted to Yeovil which is closer to where they live. Some patients will be further away from the inpatient service they use, and some (albeit a smaller number) will be closer.

To put the numbers in context the PCBC travel analysis looked at patterns of patient activity in a recent full year (1918/19) and showed that in that period there would have been 77 patients for whom journey times between home and the inpatient unit would be longer under the proposal than under the current configuration.

For those arriving by private car the impact is relatively small. The PCBC travel and transport analysis concluded that "The average patient who was admitted at Wells would have faced a 6 minute longer journey if they had had to go to Yeovil instead". Assuming that carers and visitors lived relatively near the patients the impact on them would be similar.

However, for those dependent on public transport the issue is different. This group is more likely to include people with low incomes, older people and the disabled. It is entirely accepted that people living in the Mendip and North Sedgemoor will face more difficult and potentially more expensive journeys by public transport to visit patients if the service is located at Yeovil rather than Wells.

It should also be noted that irrespective of whether this proposal goes ahead there will always be inpatients whose visitors will face relatively long and complex journeys. For example, someone living in Barnstaple would have a journey of 53 miles likely to take over an hour by private car, and significantly longer by private transport.

CONCLUSION/RESPONSE

We recognise that the increased journeys times and costs for some patient visitors are undoubted negative impacts of the proposal. However, we believe that a number of important mitigations could be put in place. It is proposed that that if the CCG Governing Body endorses the consultation proposal as the best way forward it should also require that the following mitigations should be put in place:

- ***Personalised support based on the inpatient care plan.*** Our support for patients is based on the individual care plan. This is based on the person's specific needs and focusses on support that will improve their health outcomes. Where the care plan identifies that visits from family or carers are important but such visits are not possible because of the difficulty/cost of the journey our staff from the community mental health teams and the ward will work with the patient and their family to identify and support ways of enabling the visits to happen.

- ***Digital technology.*** The impact can potentially be mitigated by the use of digital technology to enable patients to interact with family and friends over video links, as has increasingly been taken place as a result of the Covid-19 situation. We recognise that this can never be a complete solution, particularly where individuals do not have access to modern digital technology.

- ***Working across Somerset to improve community based transport support services.*** We recognise that the rural geography of Somerset means that developing accessible transport services is a key objective in addressing health and wellbeing issues – for example in addressing social isolation and loneliness. The development of accessible community transport services could play a key part in addressing the travel issues raised by the consultation feedback. It is considered likely that significant impetus could be given to community transport services with a relatively low "seed corn" investment which would focus on sustaining and improving current community transport schemes and developing new ones. This approach could be piloted within the Mendip area. **[This proposal is being reviewed, and so the wording may need to change]**

ISSUE RAISED IN FEEDBACK

A number of responses suggested that further work to understand the travel impacts of the proposals should have been done. This included

- The suggestion that insufficient consideration had been given to the needs of carers and the impact on their travel time.
- That statement that a travel analysis should have been carried out.

DISCUSSION/EVIDENCE

The option appraisal which led the CCG Governing Body to conclude that the preferred option for public consultation was to relocate the Wells service to Yeovil was informed by a detailed travel analysis.

In the PCBC there was a specific section focussed entitled "Travel times for patients, their carers and visitors" and this included the findings of a comprehensive travel analysis that compared the options based on both private and public transport travel times.

The PCBC clearly stated that the current configuration (Option 1) was the best option on the key travel time measures by a significant margin. However, it also suggested that this gap was not sufficient to outweigh the quality and safety and financial issues which showed that the consultation proposal was better than the current configuration.

CONCLUSION/RESPONSE

It is considered that the analysis undertaken to support the development of the PCBC and the option appraisal was appropriate for the level of change being carried out, and that in identifying the potential negative travel impacts the option appraisal demonstrates that the position of carers was being considered.

However, it is also suggested that if the consultation proposal is approved it would be appropriate to put a users and carers group together which would advise the implementation programme on the best way to deliver the proposal so that any negative impacts can be mitigated. This group should consist of current service users and carers and aim to recruit members from the Mendip area.

ISSUE RAISED IN FEEDBACK Some feedback suggested that if the proposal went ahead the NHS should provide subsidies to help visitors with the extra costs of travel, or put specific travel services in place to help them visit inpatients.
DISCUSSION/EVIDENCE We fully recognise the positive impact on wellbeing that visits from carers, friends and family can have for patients. Clearly this suggestion would help mitigate some of the negative impacts on visitors/carers identified by consultation feedback. A subsidy to assist with travel for visitors is something that has been put in place when there have been temporary closures of community hospitals on a time limited exceptional basis. However, there are many specialist services which people sometimes need to access which are a long way from their homes. Specialist mental health services are one example among many. Just as people with mental health issues benefit from being able to see visitors, so do people in hospital with physical health issues. In addition, the legal framework surrounding the funding of travel expenses to facilitate family contact is such that any exclusions to the general position that such travel is not funded by the NHS would require exceptional circumstances and would need to be considered on a case by case basis. It is difficult to see how we could justify that one group of patients should benefit from having their visitors' travel costs subsidised (or a special travel service being put in place) and another not. A decision to invest NHS funds to support visitors' travel to mental health inpatient services would therefore mean that the support would need to be offered for other services. The overall financial implications would be likely to be substantial.
CONCLUSION/RESPONSE The Somerset health system continues to face major financial challenges and has a large deficit; it has the obligation to work to reduce the deficit so that income and expenditure match. Any funds put into subsidies for visitors' travel to hospitals (or funding for an alternate transport service) would therefore require a reduction in funds for other frontline services. In addition, the legal framework is such that financial support for visitors' travel would require exceptional circumstances and need to be considered on a case by case basis. For these reasons it is not considered that the suggestion can be progressed.

7.5 Feedback and assessment – Staffing

ISSUE RAISED IN FEEDBACK The statement that staff currently in the Wells service will not want to move to Yeovil and will be deterred by travel time, and the result will be a loss of their skills and experience. One response asked if there be sufficient trained staff to run the new model.
DISCUSSION/EVIDENCE This is an important concern. It is clearly essential that if the proposal is taken forward it is possible to staff the two wards at Yeovil effectively. Clearly there is a risk that some staff currently based in Wells may choose not to move their work base to Yeovil. Feedback from Somerset NHS Foundation Trust shows that: • The majority of staff from the Wells service spoken to have indicated that they would be prepared to work at Yeovil. • Qualified staff are most likely to be willing to move, and it is this group that is hardest to recruit. Some of the nurses currently working in Wells actually live closer to Yeovil. We believe that it will be easier to recruit to a larger two ward unit, because staff will not have the concerns about working without backup which currently apply at both Yeovil and Wells because they have single standalone wards.
CONCLUSION/RESPONSE While it is expected that the overall impact on staffing of the move can be managed over time, it will be important for the transition to be carefully managed and for an active programme to be put in place to ensure that the new service configuration is fully and effectively staffed.

7.6 Feedback and assessment – other issues

ISSUE RAISED IN FEEDBACK
The comment was made, that individuals should have choice about where their care is delivered and have the right to remain as close to social networks as possible. This meant that the NHS should not be reducing the number of inpatient locations.
DISCUSSION/EVIDENCE
The response to this is mainly as set out in the PCBC discussion on the impact of the proposal on patient choice. The PCBC said "Mental health inpatient services are primarily for patients who are having some form of crisis in their lives; admissions are not planned for some point in the future but need to take place immediately on assessment. As with all emergency services this means that the NHS is not normally in a position to offer a choice of which provider will offer care, nor the location of the service that will be used. This is therefore not a service in which patient choice plays any significant role."
CONCLUSION/RESPONSE
It is agreed that patients should be as close to local networks as possible while still maintaining quality and safety of care. In this case ensuring quality and safety of care means that some patients will have to be treated further away from their local networks (as is already the case now). However, we are committed to supporting patients to maintain their social networks through the use of digital innovations and also by working closely with their care co-ordinator to support their transition back to home.

ISSUE RAISED IN FEEDBACK
A number of respondents raised comments and questions about the future of other mental health services at St Andrews mentioning the day centre and day hospital services there.
DISCUSSION/EVIDENCE
The day centre service at St Andrews Ward was a social care service that has been withdrawn by Somerset County Council and alternative provision put in place. It is not expected that this will change. The day hospital service is for services like outpatient appointments and clinics. There is no particular reason why these services should be located in a hospital environment. The overall approach across all of Somerset for these services is that they should be devolved to locations as close as possible to people's home. This strategy will ensure that there remains good local access to these services, but not necessarily from the current St Andrews site.
CONCLUSION/RESPONSE
It is important that we retain a full range of locally based services in all parts of Somerset. However, those service should be in the most appropriate environments and, for mental health services this is often not provided by traditional hospital sites.

ISSUE RAISED IN FEEDBACK
It was suggested that the space vacated by the ward at St Andrews could be used for a crisis café or other mental health services.
DISCUSSION/EVIDENCE
The Somerset health system is committed to enhancing community based mental health services and is continually looking to develop the best possible approaches for this. One model being developed is that of a community "front room" – this would be a location where people could have booked appointments for specific services, but would also offer the opportunity for dropping in to receive ad hoc support as with the "crisis café" approach. The aim with all of these kinds of services is that they should be provided in the least institutional type environment possible. This would suggest that a hospital site like St Andrews would not be the preferred location.
CONCLUSION/RESPONSE
Our aim is to maximise the level of locally based services for mental health and we will consider the best location for each service on a case by case basis, looking for facilities that provide the best access and the best environment for the specific service offered in a cost effective way. We have committed to providing a crisis café in the Mendip/Wells area as part of our investment in community mental health services.

ISSUE RAISED IN FEEDBACK
Some respondents said that the motivation behind the change proposal was to save money.
DISCUSSION/EVIDENCE
The key motivation of the lead clinicians and managers who have developed these proposals is to improve quality and safety. The reality is that implementing the proposal requires the system to make a significant capital expenditure to improve and refurbish the additional ward space at Yeovil. It is correct that staffing will be more efficient with this proposal than it would be if we continued to operate the current service.
CONCLUSION/RESPONSE
Delivering the option requires us to spend significant capital sums, and there is no expectation that inpatient services overall will cost less in future as a result of this proposal than they do now.

ISSUES RAISED IN FEEDBACK

A number of respondents raised issues which are of concern in terms of overall mental health services rather than this specific proposal. These included:

- Mental health services being under-resourced.
- The importance of transition services between CAMHS and adult services.
- The need for a more holistic approach towards mental health, and no relying on self-referral.
- The need for staff working with people with autism and learning disabilities to have full training so that they can help them access services. A specific point was made about the need to think about how to communicate the proposed changes to these groups.

DISCUSSION/EVIDENCE

All of these points are supported and are taken into account in our approach towards commissioning mental health services.

The proposals in relation to inpatient beds for adults are only one part of a much wider set of proposals for all ages of people and cover people with mental health needs, learning disabilities, and autism.

There is a desire and commitment to improve the resourcing, the quality and the transitions between all the services that are commissioned in the county.

The new model of delivery will include but will not rely on self-referrals. We are adopting a 'no wrong door' approach to mental health care. In many instances the ability to refer oneself for support is empowering, it improves access to services, enhances the engagement of the person concerned, and ultimately their recovery. This tends to be the case for less severe conditions, however for more acute and complex conditions there will always remain the need for formal professional referrals to be made for some services.

CONCLUSION/RESPONSE

We accept the need for the improvement of community mental health services county wide and in part that is what the proposals originally supported. The advent of the pandemic has in many ways accelerated the move to a new model of delivery (see section 8 below) that responds to this need but has done at pace what we would have otherwise delivered over a longer period.

Although the details of future investments are not yet clear the commitment to continuing this new way of working is, i.e. the move to a more community based inclusive model based on prevention, health promotion, and where appropriate early intervention.

We will continue to address the concerns raised as part of this work.

7.7 Feedback on the consultation process itself

ISSUES RAISED IN FEEDBACK

A number of respondents criticised elements of the consultation process itself including:

- The claim that the consultation was biased towards the preferred option and the decision was already made.
- The full impacts of the proposal were not understood.
- It was important for people to continue to be able to influence the decisions.

DISCUSSION/EVIDENCE

The purpose of holding the public consultation was to provide the public with information on the rationale for the proposal at a formative stage in the decision making process and to get their feedback prior to making any decision, giving them the opportunity to challenge that rationale and make alternative suggestions. It is of course true that some staff members have clear views that the proposal is the best way forward. For example, the lead clinicians for the service wrote a joint letter in favour of it which was quoted in the consultation. However, the decision is not being made by those clinicians or by managers from the service who have supported and developed the proposal. The decision is the responsibility of the CCG Governing Body which has a duty to take account of the evidence in the DMBC, and all the feedback received in the consultation.

It should also be noted that the whole process was designed to ensure that evidence and information was developed through open scrutiny and with the participation of the public. For example; a major stakeholder workshop including a full range of stakeholders such as service users, carers and representatives from voluntary organisations was held to consider the detailed evidence on the option appraisal and to give their views on it. The PCBC provided clear and evidenced information on both the positive and negative impacts of the proposal.

It is difficult to respond to the suggestion that the full impacts of the proposal were not understood without information on what impacts the respondent had in mind. However, it should be noted that the option appraisal considered the relative merits of the proposal in a structured way against a comprehensive set of criteria, as set out in the PCBC. The PCBC also included a quality impact assessment and equalities impact assessment.

CONCLUSION/RESPONSE

We consider that the process has been open, robust, provided comprehensive information and has offered a genuine opportunity for the public to influence the Governing Body's decision making.

It is also suggested that if the consultation proposal is approved it would be appropriate to put a users and carers group together which would advise the implementation programme on the best way to deliver the proposal so that any negative impacts can be mitigated. This group should consist of current service users and carers and aim to recruit members from the Mendip area. This will ensure that people will continue to be able to influence decisions on the implementation

of the proposal.

8 Changes in service context and other relevant information since the PCBC

The purpose of this section is to review the information in the PCBC which supported the consultation proposal and to confirm if there were any significant changes which might affect the decision on the consultation proposal (in addition to the feedback from the consultation itself which has already been described). It covers:

- Relevant changes in services.
- Potential changes in costs/finances which supported the option appraisal, and which apply to the consultation proposal.
- The implementation timetable.
- The quality and inequalities impact assessment.

8.1 Changes in services/service model

The most significant changes to mental health services since the Governing Body considered the PCBC were made in response to the nationwide 'lockdown' designed to contain and manage the impact of the Covid-19 pandemic. This had, and continues to have, significant impact on all services and how they are delivered including both community and inpatient mental health support.

However, not all of the changes due to the impact of Covid-19 have been negative: no mental health service in Somerset has been stood down or closed, though *how* services have been delivered has been significantly redesigned. The lockdown accelerated many of the positive transformational plans designed to support both the NHS Long Term Plan and the emerging model of mental health support in Somerset.

A national imperative for all hospitals was to reduce the number of people in inpatient facilities by about 50%. This was achieved by the Trust which enabled greater capacity on each ward if there was a surge in demand due to the virus, but also to enable social distancing on the wards to be maintained to a sufficiently safe degree.

To facilitate a reduction in the number of occupied beds greater emphasis was placed on supporting people in the community in more innovative ways. One example of this has been the establishment of two 'step up and step down' bedded facilities in the county, (7 beds in Yeovil and 4 beds in Wells). This has been a successful innovative partnership between the Trust and Voluntary and Community Sector partners. While the effectiveness of these services will need to be reviewed, they are currently viewed positively, and it is likely that they will continue into the future providing a bridge between the inpatient units and the local services. This is particularly relevant in addressing the concerns expressed in the consultation that the transition back into local networks would be harder if the inpatient unit was further away. The step up/down beds in Wells should provide substantial support for this transition.

Another example of the county's innovative approach to responding to the pandemic has been the expansion of Mindline in Somerset[6] to become a 24/7 emotional support line for all ages. This was achieved through the active collaboration of a range of VCSE partners, Somerset NHS Foundation Trust, and the respective commissioners. This service was set up and fully operational with just over a week's notice. Mindline in Somerset is primarily a listening service to support people in emotional distress – whether in relation to the pandemic or not – but it can also provide direct access to a range of other services including statutory agencies as required.

With many buildings closed to the public, the previous emerging approach of *'no wrong door, and preferably no door'* to accessing support became particularly pertinent. Alternative and multiple routes to support were quickly developed and delivered; these include the greater use of online, telephone, and video-calling technologies as well as continued face-to-face contacts where this was essential.

The level of activity, (i.e. number of contacts/appointments), increased as staff members were released from other time consuming activities, such as excessive travel time and the cancellation of some less urgent meetings.

The Somerset NHS Foundation Trust also adopted the 'See and Treat' model of delivery; this approach means that no longer will a person be assessed and then have to wait for treatment to start at a later date. Rather the focus is on 'treating' at the first point of contact where this was appropriate to do so. The previous way of working led to long waits for some people if they were waiting for a Care Co-ordinator to be allocated. Earlier this year there were approximately 150 people waiting for a Care Co-ordinator to be allocated, today this is down to single figures.

Additional support services were developed or expanded including extra provision commissioned from both Marie Curie and Mind in relation to bereavement support due to the complicating restrictions put in place during the pandemic for grieving relatives, (e.g. greater difficulties due to restrictions on visiting, funeral arrangements, and inability in many instances to 'say goodbye' in the normal manner).

The rough sleeper initiative enabled a significant number of homeless people to be supported in more appropriate accommodation, receive health and social care support, and in many instances secure more permanent accommodation as a consequence.

A new A&E diversion service was also set up at Musgrove Hospital, Galmington House. This is a service for people experiencing a mental health crisis but for whom going to A&E, especially during the pandemic's restrictions and pressures, is not the optimal setting. Both the Police and the Ambulance service have found this additional service option particularly useful during this difficult time.

[6] See https://www.mindinsomerset.org.uk/our-services/adult-one-to-one-support/mindline/

Finally, the county has been able to secure additional funding to expand its suicide prevention programme of work, with a particular emphasis on providing more training to more groups of people or sectors, and for the targeting of men's mental health in particular, (the highest risk group). The funding will also assist with bereavement support and emotional wellbeing podcasts.

At the time of writing it is not clear what the financial situation will be for the provision of mental health services post pandemic, but as a local system the commitment to keep as many, if not all, of the above positive developments in place for the long term is of the highest priority. None of the developments change the case expressed in the PCBC in favour of the preferred option, and some of them (the local step up/down beds in particular) should assist in dealing with people's concerns about the proposal.

Mental health services are being improved across the whole of Somerset. However, we recognise the specific concerns expressed by people living near the inpatient services at Wells that the consultation proposal will lead to a reduction in services available in their local area. We have agreed plans in place which are substantially increasing service provision in this geographic area.

- These plans will lead to more than 35 additional community based staff located in the Mendip and Wells area. This include staff working directly alongside primary care in local practices, additional therapists within the Talking Therapy service, the introduction of additional psychologists and assistant psychologists and the appointment of peer support workers (these are people with lived experience of mental health problems).

- Working with "Second Step" we plan to establish three community front room locations for crisis café style services in the Wells and Mendip area at least one of which will be in Wells.

- The Springboard project has established four beds at Wells which can provide 24 hour care for patients to support their early discharge from mental health inpatient wards. More recently we have been piloting their use as step up beds for those who need support in a crisis and would otherwise probably need admission to an inpatient ward.

- Local people in Mendip and Wells will have full access to the new 24/7 phone line based wellbeing support service described above.

8.2 Review of financial appraisal/costs in PCBC

The Somerset NHS Foundation Trust has reviewed the financial appraisal documented in the PCBC.

It now anticipates that the capital costs of the different options within the PCBC have changed. There have been significant increases in likely capital costs of all options, reflecting building cost inflation in the current uncertain financial environment. The increase is of between 15% and 17.5% for the options and the different figures are shown in the tables below. These changes in the estimates have been made following experience of recent tenders where bids were significantly higher than last year, potentially reflecting Covid-19 related issues. As can be seen the changes do not affect the relative ranking of the options in capital terms from that shown in the PCBC. Option 1 results in the lowest capital cost, and option 3 the highest.

Table 11 : Revised capital costs

Initial Capital Costs	Option 1	Option 2	Option 3
Building Works	2,052,000	3,637,000	4,303,000
Overheads	206,000	309,000	431,000
Design Risk	513,000	275,000	1,076,000
Build Contingency	139,000	INC	291,000
Fees	437,000	634,000	916,000
Net cost excl VAT	3,347,000	4,855,000	7,071,000
VAT	670,000	971,000	1,404,000
Total Costs	**4,017,000**	**5,826,000**	**8,421,000**

The revenue costs of the options have also changed, primarily as a result of the changes in capital costs. It can be seen that Options 2 and 3 provide the lowest revenue cost. This is because moving to a two ward service results in economies of scale and staffing efficiencies. (The staffing model proposed is based on the current staffing model at Taunton which already has a two ward service). Option 2 (the consultation proposal) has a lower cost than option 3 because of the revenue consequences of the higher capital spend in option 3.

The Somerset NHS Foundation Trust has confirmed that they are not expecting any savings from mental health services as a result of this business case. While the table below shows a potential saving if the current costs are compared with those of the proposed option, any such savings will be reinvested into mental health services and incorporated into future financial plans moving forward.

Table 12 : Revised revenue costs (using 2020/21 cost levels)

Cost element	2019/20 Current Cost £	Costs in 2023/24 Option 1 £	Option 2 £	Option 3 £
Ward costs				
Ward Pay	3,147,235	3,147,235	2,805,213	2,805,213
Ward Non Pay	261,520	261,520	232,305	232,305
Drugs	55,927	55,927	49,913	49,913
Medical	349,211	349,211	250,256	250,256
Capital/site revenue costs				
Depreciation	107,269	209,051	254,900	320,660
3.5% Public Dividend Capital	90,322	230,917	294,232	457,383
Running Costs	102,000	102,000	153,000	153,000
Total Costs	**4,113,484**	**4,355,860**	**4,039,818**	**4,268,729**

Note: If comparing these revenue figures with those in the PCBC there has been a technical change in the presentation. The costs in the table above are based on constant prices, while those in the PCBC included an allowance for inflation. The change has no significant impact on the relative costs of the options.

8.3 Implementation timetable

The PCBC suggested that this DMBC would be approved at the end of May 2020, and that it should be possible to implement the new service by the end of summer 2021.

The Covid-19 situation has significantly delayed this timetable, and as a result it the Governing Body decision on the consultation proposal and its approval of this document is not expected until 24 September 2020.

The Somerset NHS Foundation Trust has reviewed the implementation timetable set out in the PCBC and considers that it is likely to take 18 months from the date of Governing Body approval.

8.4 Quality and Inequalities Impact assessment.

The PCBC included a Quality and Equality Impact Assessment and its conclusion was as follows.

Extract from PCBC section 10.2.

From a quality perspective it is considered that this option would bring about a small positive impact overall, across each of the quality criteria of Patient Safety, Effectiveness, Systems and Patient Experience. No negative impacts of the option were identified.

From an equality perspective it is considered that this option would bring about a small positive impact overall with no negative impact being identified across equality criteria of Age, Disability, Gender Reassignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race, Religion or Belief, Sex, Sexual Orientation, Human Rights and Other Groups.

In the light of consultation feedback, a more detailed Equality Impact Assessment has been carried out by a group including

- The Quality Lead for Community Services, LD & MH at the CCG
- The Quality and Equality Officer at the CCG
- The Deputy Director of Commissioning - Mental Health, Autism, & Learning Disabilities,

The detailed assessment is included as Appendix One.

Key points from the assessment are set out in the table below together with the “traffic light” outcome where green is overall positive, amber is overall neutral and red is overall negative. Overall, the assessment is that the impact of the move is positive.

Table 13 : Equalities impact assessment summary

Protected group	Summary of impact	Outcome –
Factors affecting most groups	All groups receive benefits from a safer, higher quality environment with improved medical cover and reduced risk. Some patients and visitors will have to travel further but this is overall outweighed by the benefits.	☒
Disability	The redesigned will be better suited to support patients with disabilities.	☒
Gender reassignment	Refurbished wards and bedrooms will include en-suite bedrooms and ward areas and will enhance privacy and dignity.	☒
Marriage and civil partnership	No identified impact	☒
Pregnancy and maternity	Refurbished wards and bedrooms will include en-suite bedrooms and ward areas and will enhance privacy and dignity for breastfeeding/expressing mothers.	☒
Race and ethnicity	Small positive impact	☒
Religion or belief	Small positive impact	☒
Sex	The proposal would have a positive impact on patients due to having modern facilities with en-suite individual rooms, as well gender specific and neutral areas identified.	☒
Sexual orientation	No significant impact	☒
Rurality	Some patients will need to travel further and some less. For those who travel further this should be mitigated in part by the recommendations in this DMBC However, there is improved quality of care for patients in an improved physical environment. Overall, this is a neutral outcome.	☒
Carers	Some carers who will have to travel further to visit their loved ones which and may far more difficult and more expensive journeys. may be significant and expensive – especially if reliant on public transport. This should be mitigated in part by the recommendations in this DMBC	☒

9 Confirmation of sustainability

9.1 Service sustainability

The PCBC concluded that the consultation proposal to relocate the mental health inpatient service currently at Wells to Yeovil, and to join it with the existing ward there was the best way to ensure service sustainability. It was the only option which would

- Allow 24/7 medical cover to be provided for all the inpatient wards:
- Ensure that all patients could be rapidly transferred to an emergency department in the event of a serious incident requiring emergency physical healthcare support.

This conclusion was strongly supported by the Clinical Senate Review of the options.

However, it is important to consider if any of the issues raised in consultation feedback could alter these conclusions.

- As described in section 7 some of the consultation feedback suggests that there could be service sustainability issues with the proposal in that it might prove hard to staff the service at Yeovil if staff currently working at Wells did not wish to move. The analysis in section 7 suggests that this risk can be managed.
- The feedback in section 7 also suggested that in a number of areas quality of care would reduce – particularly because of the perceived loss of access to local networks and potential reductions in visits because of travel issues. However, the analysis in section 7 suggests that the issues around access to local networks can be mitigated (e.g. through use of step down beds) and that the safety and quality issues with the current service more than outweigh the travel time disadvantages of the proposal. The analysis also identified other options/methods to facilitate family contact via the use of technology.

It has been confirmed by the Mental Health, Autism and Learning Disabilities Programme Board that if consistent maintenance of quality and safety for all patients is viewed as being fundamental to sustainability the consultation proposal is the only sustainable option.

9.2 Financial and economic sustainability

The review of the financial appraisal in the PCBC set out in section 8.2 confirms that the consultation proposal remains the most affordable of the options considered.

The total capital funding required to support the reconfiguration has been ringfenced by the system within the overall funding envelope in 2020/21 and will be ringfenced in 2021/22 when the capital funding allocation for the system is known to support this business case.

10 Feedback from Somerset County Council Scrutiny for Policies, Adults and Health Committee

Throughout the FFMF process the CCG has ensured that this committee has been fully briefed and has had the opportunity to influence our approach to the change proposals and the public consultation. We have regularly attended committee meetings to keep members appraised of progress on the programme as a whole. There have been a number of specific discussion on the proposals within this DMBC. On 11 September 2019 we reported on the output of the public/stakeholder option appraisal workshop which took place prior to the consultation and on 22 October 2019 we reported further in closed session on the detail of Pre Consultation Business case and the consultation proposals.

Following completion of the consultation earlier this year and the subsequent development of the independent feedback report by Participate, NHS staff attended a meeting of this committee on 9 September 2020 and provided a further update on the consultation, with particular focus on the feedback received. After questions and comments the Chair's summary of the discussion was:

- It was a difficult consultation given it was impacted by Covid-19; however, it was "reasonable".
- The committee had no formal points to raise.
- The committee had had positive engagement on the consultation at previous meetings.

11 Governance and assurance

This section:

- Summarises how the programme was governed up to the end of the consultation.
- Sets out how this DMBC has been assured.
- Confirms compliance with good practice, NHS guidance and legislation in relation to engagement and consultation on service change
- Describes how the implementation of the proposal will be governed if the Governing Body decides it should go ahead with the proposal.

11.1 Governance to the end of public consultation

This proposal for mental health services was developed by the mental health workstream of "FFMF", a multi-agency programme which is being delivered within the context of the Somerset Sustainability and Transformation Plan. Leadership was provided through:

- **The Mental Health, Autism, and Learning Disabilities Programme Board (design group)** developed and shaped the change proposals. This group includes members such as local clinicians, staff working in services, patients, voluntary and community based organisations.

- **The FFMF Programme Board** - The FFMF Programme Board membership incorporates leaders from across the system including Somerset County Council, the Somerset CCG and the main local NHS providers.

- **The Partnership Executive Group (PEG)** maintained oversight of all aspects of System Transformation in Somerset, including FFMF Programme.

- **Somerset CCG Governing Body** signed off key stages of the programme and took the decision based on the PCBC to take the proposal within this document to Public Consultation and approved the consultation approach (on 16 January 2020).

The detailed work on the programme was supported by the FFMF programme team working to the programme director, working closely with managers and clinicians from the service.

11.2 Assurance of this DMBC

This DMBC has been assured as follows.

- The Mental Health, Autism, and Learning Disabilities Programme Board has reviewed the DMBC, particularly focussing on section 7 which sets out the consideration of the consultation feedback and section 12 which sets out the recommendations. The DMBC was amended as required to reflect their feedback.

- It was reviewed and agreed by the FFMF Programme Board.

11.3 Compliance with legal requirements, guidance and good practice

NHS England has issued a range of guidance in relation to service change which is designed to ensure compliance with the relevant legal framework and good practice. This section considers compliance with this guidance, focussing on the requirements set out in "Patient and public participation in commissioning health and care" (2017)[7] which is statutory guidance for CCGs and "Planning, assuring and delivering service change for patients" (updated March 2018)[8].

11.3.1 The five tests of service change

The guidance sets out 5 key tests, all of which the proposal and process comply with, as summarised below.

Strong patient and public involvement.

The PCBC describes an extensive process of engagement and involvement prior to the formal consultation. This included:

- Early engagement on the case for change and emerging proposals for health and care in Somerset. During autumn 2018 we carried out an extensive engagement exercise on the broad case for change, across all FFMF workstreams including mental health. The process included 20 drop-in sessions, online surveys, and seeking the views of 725 stakeholder organisations.
- Engagement on the criteria for option appraisal – through three focus groups (two with members of the public and one with staff) to identify the most important criteria for decision making.
- Participation in the option appraisal – through substantive stakeholder workshops in which the performance of options was assessed and considered. This included staff, patient representatives and a number of organisational stakeholders.
- Participation in designing our approach to public consultation – through a second workshop event with the same invitee list as the option appraisal workshops.
- Regular communication with the Somerset County Council Adult and Health Overview Scrutiny Committee and the Health and Wellbeing Board.
- An online event to share the findings of the independent consultation report with all interested members of the public was held on 2 September as described in section 5.8.

[7] https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf
[8] https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf

The culmination of the process is the period of formal public consultation, the feedback received from the consultation and the consideration of that feedback (described in section 5, 6 and 7 of this DMBC). The independent report from Participate on the consultation feedback is strong evidence of the extent of the consultation and the depth of involvement, particularly considering that this is a relatively small service. This element is considered further in section 11.3.2 below.

Conclusion: The test has been met.

Consistency with Current and Prospective Need for Patient Choice.

As set out in the PCBC this is an emergency inpatient service in which patient choice cannot play a significant role as it is normally essential to admit a patient to an immediately available bed. In addition, given the urgent nature of the care required for patients being admitted to an inpatient mental health bed (i.e. this is generally not elective care), the provisions for patient choice are unlikely to apply on the basis that the obligations are not applicable to individuals detained under the Mental Health Act 1983 or to any service where it is necessary to provide urgent care[9]. In addition, the proposal does not mean a reduction in the number of providers of services and therefore choice in respect of provider is not affected. In the event that an informal elective admission is required, the patient could choose to be treated out of county if that was the preference.

Conclusion: The test has been met.

Clear clinical evidence base.

This has been confirmed by the Clinical senate review described in section 4.1. The review said that:

"The CRP were unanimous in their view that clinical evidence and best practice supported the proposals to move 14 inpatient mental health beds for adults of working age from the ward currently in Wells to Yeovil where two wards will be combined to address concerns around maintaining stand-alone units."

Conclusion: The test has been met.

Support from clinical commissioners.

This will be confirmed by the decision of the CCG Governing Body on the proposal.

[9] The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012- Regulations 40 and 41

Appropriateness of bed closures.

No bed closures are planned as part of this proposal. There are currently 62 inpatient beds and the preferred option will also have 62 beds. It should be noted that the Clinical Senate review of the proposal said:

"The CRP confirmed that the bed test is not applicable for this review as there are no plans currently being proposed to reduce bed numbers. However, the panel recognised that the community model, which is being developed in parallel to these proposals, may well reduce the systems reliance on inpatient beds in the future."

Conclusion: The test does not apply.

11.3.2 Key requirements for Public Consultations

The courts have established guiding principles for what constitutes a fair consultation exercise, known as the 'Gunning' principles. NHS England guidance includes these, and a number of others. Each relevant principle is set out below alongside and assessment of compliance. (The Gunning principles are numbered 1-4)

Extracts from guidance		Compliance assessment
1	***Consultation must take place when the proposal is still at a formative stage*** Meaningful consultation cannot take place on a decision that has already been made. Decision makers can consult on a single proposal or 'preferred option' (of which those being consulted should be informed) so long as they are genuinely open to influence. There is no requirement, and it would be misleading, to consult on adopting options which are not genuinely under consideration, or are unrealistic or unviable – but it may be necessary to provide some information about arguable alternatives.	Some criticism was received in consultation feedback which suggested that the decision had already been made, and that materials were "biased" towards the proposal. It is true that the consultation included a preferred option, However, it did so on the basis of a transparent assessment of the evidence available at the time, and subject to receiving and being influenced by the consultation feedback. The CCG Governing Body which is the decision making body has always been clear that the final decision would only be made after due consideration of the feedback. That consideration is provided within this document, so that they can make the decision. It should also be noted that criticism was received that the consultation did not consult on an "Option 7" which maintained the Wells unit, improved its staffing, and added to the beds at Yeovil. However, the rationale for this is clear, and in line with the principle as outlined;

Extracts from guidance		Compliance assessment
		the Option 7 being advocated is not realistic or sustainable.
2	**Sufficient information and reasons must be put forward for the proposal to allow for intelligent consideration and response**. Those being consulted should be provided with sufficient information to enable them to understand what the proposal is, the reasons for it and why it is being considered. They should be made aware of the basis on which a proposal for consultation has been considered and will be considered thereafter, including any criteria to be applied or factors to be considered. This may involve providing information about (or at least making reference to) arguable alternatives and the reasons why they are not also being considered. The level of detail provided will depend on the circumstances.	The consultation document contained significant levels of information on the proposal, its rationale, and why it was considered to be better than the alternatives. In addition, the PCBC which set out all the detail of the analysis in full was made available as a public paper in relation to the relevant Governing Body meeting.
3	**Adequate time must be given for consideration and response** People must have enough time to properly consider and respond to the consultation. There is no automatically required timeframe within which the consultation must take place.	The consultation extended over the period between 16 January and 12 April, a total of 12 weeks. However, responses continued to be received during the final weeks, and action was taken to publicise alternative options for being involved.
4	***The product of consultation must be conscientiously taken into account*** Decision makers must properly consider what they have heard during the consultation when the ultimate decision is taken.	It is a key responsibility of the CCG Governing Body to take full account of the feedback documented in Participate's independent report, and the consideration of the key issues raised by that feedback within this DMBC to inform their decision.
5	***Who needs to be involved?*** Staff should involve patients and those who may use the services in future. This includes carers and families, where relevant.	Service user and carer representatives were included on the panel originally considering the options. As set out in section 6 20% of the consultation responses came from current or former service users and 18% from carers or family members.
6	***When should public involvement take place?*** Staff should decide on the best timing for public involvement, bearing in mind the need for	As set out in the PCBC and in section 2 of this document there has been substantial public involvement from the

Extracts from guidance		Compliance assessment
	fairness, as set out in the 'Gunning' principles. The public does not necessarily need to be involved at the earliest possible stage, especially if there is insufficient information for them to consider. It will sometimes be appropriate to first develop a proposal, a shortlist of options or a preferred option. However, involvement should never be left to a time when the views obtained could not make a meaningful difference to the approach being taken.	beginning of the process – and members of the public were closely involved in the shortlisting of options and the choice of preferred option.
7	***Feeding back on the results of participation is a critical step in the process.*** It can help people to feel valued and encourage them to be involved. Feedback should show how views have been considered and how they have impacted (or not) on commissioning decisions. If public participation has indicated support for a proposal which is not taken, the reasons should be explained. It is recognised that commissioning decisions are highly complex, and the views of patients and the public are one of a number of factors for CCGs and NHS England to take into consideration. Feedback to patients and the public should generally be themed, and individuals' identifiable information should not be released. Feedback should be shared with other partners where appropriate, to maximise joint intelligence and avoid the risk of people being asked the same/ similar questions more than once.	The importance has been recognised by the use of Participate, an independent expert company, to summarise the feedback in accordance with the guidance. This DMBC considers each consultation theme, and where feedback has been received which is not in accordance with the proposed decision the reasons for this have been explained (see section 7). In addition, as set out in section 5.8, an online event has been held to share the findings from the consultation analysis.
8	***Advance equality and reduce health inequalities*** CCGs and NHS England should be able to demonstrate how they have tried to ensure: • Participation activity reaches diverse communities and groups with distinct health needs and those who experience difficulties accessing health services, including inclusion health groups. • People who have characteristics that are protected under the Equality Act 2010 are	The CCG equalities impact assessment did not show that the different potential choices for the future of mental health inpatient services had a specific significant impact on people with characteristics protected by the Equality Act. It concluded that the proposal would have a small positive impact on all groups. It is recognised that people with mental health issues may have difficulty in engaging with consultation processes which is why, as part of the

Extracts from guidance		Compliance assessment
	involved. • People who lack capacity are protected and empowered and that the provisions of the Mental Capacity Act 2005 are met.	consultation; a significant effort was made to engage directly with mental health service users. The high level of participation (20% of all responses) from current or former mental health service users suggests this was effective. In addition, consultation materials were made available to a wide range of voluntary and charitable groups, many of which are concerned with people with protected characteristics.

11.4 Governance of proposal implementation

It is proposed that the Governing Body should ask the Somerset NHS Foundation Trust to manage the implementation of the delivery of the proposals in this DMBC, should the proposal be approved by the Governing Body.

The Trust should report back on progress to the FFMF Programme Board and provide assurance that the implementation has taken full account of the Governing Body decisions on the proposal.

12 Decision making and recommendations

12.1 Is the consultation proposal the best way forward?

The PCBC approved by the Governing Body in January 2020 suggested that the consultation proposal represented the best way forward for mental health inpatient services for adults of a working age.

The key question for the Governing Body to consider now is whether it is clear that the proposal is still the best option in the light of:

- Careful consideration of the consultation feedback received.
- Other changes and developments since the PCBC.

The PCBC made it clear that the choice of the way forward depended upon the relative importance of:

- The quality and safety risks posed by continuing to have two standalone inpatient wards, one of which is remote from an emergency department and does not have 24/7 medical cover.
- The additional travel times for some patients and their visitors which will result from relocating the service currently at Wells to Yeovil.

The feedback from the consultation makes it clear that this remains the issue.

- On the one hand, the majority of consultation responses oppose the change, and it is clear from the Participate report that the biggest reason for this is the travel implication.
- On the other hand, none of the feedback has identified an alternative deliverable and sustainable option which maintains three sites and addresses the current quality and safety risks.

The clinical evidence is unequivocal:

- The Clinical Senate Review has said that "The Clinical Review Panel (CRP) were unanimous in their view that clinical evidence and best practice supported the proposals to move 14 inpatient mental health beds for adults of working age from the ward currently in Wells to Yeovil where two wards will be combined to address concerns around maintaining stand-alone units."

- The lead clinicians operating the service have said that "It is the unanimous view of the medical staff of Somerset Partnership that the current situation of a stand-alone inpatient acute adult ward in Wells is a very unsatisfactory. This has been discussed repeatedly at the Trust medical staff meeting (SMSAG). 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 the ignoring of Parity of esteem principles and recruitment and training problems."[10]

The main challenge to this clinical view lies within the consultation feedback that moving the unit from Wells to Yeovil will:

- Separate patients from local networks.

- Result in patients getting fewer visits from friends and family, which could impact on their recovery.

- Add travel time and cost to visitors.

These points are discussed in detail in section 7.3 which recognises these are real concerns. However,

- The distance from local networks can be significantly mitigated through the service developments that are already in place and planned mitigations, which should provide strong support for effective transition from the acute unit back to the patient's home and for re-establishing links with local networks.

- It is theoretically possible that having fewer visits might impact on patient outcomes, but this needs to be weighed up against problems with the current configuration such as:

  ~ The need for some patients to be admitted to the Taunton service before they can go to Wells because of the limitations of medical cover at Wells. We know that such transfers can damage continuity of care.

  ~ The risks to patients and staff that result from standalone units.

[10] Letter from Dr Oke to the Chair of the Mental Health Programme Board emailed on 20th June 2019

- This is a Somerset wide specialist inpatient service that works on an emergency basis. This means patients need to be admitted very quickly, and it is normal with the current three site service that a patient will be admitted to the most appropriate bed available, which is not necessarily in the closest unit to them. This in turn means it is normal that visitors can have a relatively long journey to visit inpatients. For example, only 64% of the patients admitted to the Wells unit in a two year period came from the Well/Mendip area.

As well as the consultation feedback this DMBC has considered whether there are any changes in context or new information which would mean the consultation proposal is no longer the best way forward. The conclusion is that:

- There is an increase in capital costs of the proposal, but this increase would equally affect all other options and would not change the PCBC analysis that the proposal represented the most affordable way forward.

- The capital development required remains affordable and deliverable.

- The timescale for implementation will be longer than suggested by the PCBC because of delays related to the Covid-19 outbreak.

Our overall conclusion is that the consultation proposal remains the best way forward for delivery of high quality, safe, sustainable and affordable services.

12.2 Recommendations

Recommendations

1. The mental health inpatient unit for adults of a working age at St Andrews Ward in Wells should be relocated to Yeovil where it will be operated alongside the existing Yeovil unit in refurbished and fit for purpose modern facilities which can be used flexibly to create male and female ward space preserving privacy and dignity.
2. A service user and carer reference group should be put in place to support the implementation of the proposal, and particularly to review how the potential negative impacts of increased travel time can be mitigated.
3. In order to address issues identified by consultation feedback related to travel and access to services and the potential impacts on service user and visitor experience the CCG should work with the Somerset NHS Foundation Trust and other partners to:

    - Ensure that local community based services are available in the Wells area (and across the whole county) to support the transition of patients from inpatient units back into their local networks. These may include but not be limited to step up and step down beds. As far as the step up/step down beds are concerned they are currently funded until March 2021, but a bid has been put in nationally for longer term capital and revenue funding for the service. There is system agreement that if their effectiveness is confirmed they should be prioritised within our longer term commission plans. The beds currently in place are at both Yeovil and Wells; should there be a requirement to reduce numbers retaining the Wells beds should be prioritised.

    - Ensure a continued focus on the effective integration of the specialist inpatient units with local services.

    - Continue to develop ways to support interaction of patients with families and carers where actual visits are not possible, particularly through the use of digital technology.

    - Continue to work across Somerset to improve community based transport support services. In particular it is considered likely that significant impetus could be given to community transport services with a relatively low “seed corn” investment which would focus on sustaining and improving current community transport schemes and developing new ones. This approach could be piloted within the Mendip area.

4. Feedback should be gathered from current and former patients on St Andrews Ward, their carers and current staff about what they value about their unit. We will then work with our units in Taunton and Yeovil to make sure that this feedback directly informs the way care is provided for everyone.
5. The responsibility for implementing the service re-location and delivering these recommendations should ultimately rest with the Somerset NHS Foundation Trust working in collaboration with the CCG.