Transforming mental health services summary consultation document

A consultation on proposals for developing adult and older people’s mental health services in Hambleton and Richmondshire

June 2017

Involving patients, carers, professionals and partners in shaping local NHS services
The purpose of this public consultation is to seek the views of local people on a range of options for improving mental health services for adults and older people in Hambleton and Richmondshire.

The proposals and options have been developed as a result of extensive engagement with service users, carers, staff, partner organisations, the voluntary sector and the wider local community.

A majority of people told us they want to be cared for at home, or as close to home as possible. They said admission to a mental health hospital should be the exception rather than the norm and that there should be more support available in the community.

We recognise, however, that some people need to spend time in hospital and the quality of the inpatient environment is extremely important. Patients, clinicians and inspectors from the Care Quality Commission (CQC) have severely criticised the standard of accommodation on the inpatient wards at the Friarage Hospital in Northallerton.

We have used the feedback gathered from local people including the voluntary sector, alongside clinical evidence and best practice, to develop our proposals. We are consulting on two options for enhancing our community and crisis services to support more people in or near their own homes, whilst making sure that appropriate inpatient care is available for those who need it. We have also included a ‘do nothing’ option, which would mean things would stay as they are now with all the challenges we currently face.

This document summarises information to support discussions with the local community about the options open to us. It includes background information explaining why we need to change and outlines in detail the three options and what they would mean for people.

It explains how you can give us your views and contribute to developing plans.

This document is a summary of the full consultation document which can be found online at: www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-mental-health-services

Summary of options

1: Do nothing - sustaining current level of service provision with the current challenges.

2: Enhanced community and crisis services with access to the nearest neighbouring assessment and treatment mental health beds.

3: Enhanced community and crisis service with access to an assessment and treatment bed base in a single neighbouring locality i.e. West Park (Darlington) OR Roseberry Park (Middlesbrough).

For options 2 and 3 specialist inpatient care for people with dementia would be provided at Auckland Park Hospital in Bishop Auckland.

Further detail on each option can be found in this document. Options can be chosen using the form on the reverse of this document.
Background

We have an ambition to improve the health and wellbeing of our population through the ‘Fit 4 the Future’ programme. One aspect of this ambition is to transform the way that mental health and wellbeing is supported and managed.

We want to support people to live fulfilling and meaningful lives in their community, irrespective of symptoms or diagnosis of mental illness (a recovery-focussed approach).

We aim to achieve this by:

1. providing more recovery-focussed services in the community, closer to patients’ homes
2. making sure patients and their carers get the treatment and support they need, when they need it (any time, day or night)
3. supporting access to specialist assessment and treatments such as inpatient care, when required
4. providing evidence-based treatment in the most appropriate care setting
5. mental health services continuing to work closely with general practitioners (GPs) to provide local services for local people
6. delivering inpatient and community services in high quality, fit-for-purpose buildings

We have carried out extensive public and stakeholder engagement since 2013 which demonstrated support for, and a real understanding of, the need for change.

One of the main messages from local people was that they wanted to be supported to stay in their own homes whenever possible and that care closer to home should be for people with both physical and mental health problems.

How have we engaged?

We considered learning from previous engagement activities during 2016. This included engagement under “Fit 4 the Future, Transforming Our Communities” and engagement specifically on mental health concerns which included an event held at Richmondshire Cricket Club attended by over 100 delegates.

Pre-consultation engagement officially began in January 2017. This resulted in 537 comments captured from a number of events attended by 481 people. In addition, 258 comments were collected via email or completed forms.

In May 2017, two larger events were held: one in Northallerton and another in Richmond. These were attended by 64 local service users, clinicians, voluntary sector organisations and residents.
Current services

Mental health services in Hambleton and Richmondshire are focussed around the mental health unit at the Friarage Hospital in Northallerton, with a heavy reliance on inpatient services. These services are run by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

There are two mental health assessment and treatment wards at the Friarage Hospital:

- A 12 bed mixed sex ward for working age adults.
- A 10 bed mixed sex ward for older people with both functional illnesses (e.g. psychosis and severe depression) and organic illnesses (e.g. dementia).

Community teams and the memory service work five days a week.

We provide a seven day crisis service and intensive home support service for all adults with functional illnesses. However, there is no crisis service for people with dementia.

Community services

The diagram below provides an illustration of what happens when someone is referred to current secondary care community services:
Current services

Crisis services

The diagram below provides an illustration of what happens when someone is referred to secondary care services during a mental health crisis:

Why we need to change

As shown in the diagrams, the current system is very complicated. The people of Hambleton and Richmondshire deserve access to high quality mental health care. We also need to make sure that we are making best use of our resources – that every pound spent on mental health services provides the best possible outcome for the people who access those services.

We have included children’s services (CYPS and T4 beds) in the graphic but they are not part of this consultation.
What are the main drivers for change?

Hospital admissions
Based on feedback from service users and comparisons with national data, it is clear that too many people are spending too long in hospital and some are admitted to hospital when it may not be necessary.

Adults admission rates
- 23% higher than the national average
- 5% higher than the Trust average

Adults lengths of stay
- In line with the national average
- 33% higher than the Trust average

Older people admission rates
- 25% higher than national average
- 17% higher than the Trust average

Older people lengths of stay:
- 17% lower than the national average
- 3% higher than the Trust average

Inpatient environment
Care Quality Commission (CQC) inspectors have told us on a number of occasions (supported by the patient feedback they received) that our inpatient facilities are not fit for purpose and that we must take action to remedy this.

There are no single bedrooms and the wards are mixed sex (although there are male and female 'zones'). The layout of the multi-bed bays significantly impacts on individuals' privacy and dignity and patients also tell us that they do not feel safe.

Community services
To address the higher than normal admission rates we need to invest more in community and voluntary services, providing care in the place nearest to where people live.

The inability to provide care seven days a week often means that people’s care needs are met by admitting them to an inpatient bed or accessing the local emergency department. This is often not the best place to meet the needs of people with mental illness or organic mental health presentations such as dementia and places our most vulnerable at increased risk of harm.

It also means that we cannot provide support to people and staff in nursing and care home settings which again often means that older people with mental health problems are admitted to an inpatient bed rather than being cared for in their own homes.

Some hospital admissions can lead to a functional decline including:
- Increased risk of illness and death
- Diminished quality of life
- Less autonomy and greater dependence
- Admittance to nursing and residential homes
- Increased lengths of hospitalisation
- Readmission to hospital
Looking to the future

It is evident from the engagement that there are opportunities for change and that our ambition to improve services is achievable and affordable with our current funding. By changing the way we use our resources we will be able to strengthen our community services and reduce the need for admission to hospital. The diagram below illustrates our vision:
Consultation options

We used the feedback gathered from local people, alongside clinical evidence and best practice, to develop two new ideas (known as options) for enhancing our community and crisis services. The aim is to support more people in or near their own homes, whilst making sure that appropriate inpatient care is available for those who need it.

We have also included a ‘do nothing’ option, which means things would stay as they are now with all the challenges we currently face.

Option 1: do nothing
Maintain current level of community and crisis service:
- Community services – five days a week.
- Crisis service – seven days a week (not provided for people with dementia).

Maintain inpatient wards at the Friarage Hospital.

Advantages
- No additional travel for patients and carers.
- Current service users would continue to access services that they are familiar with.

Disadvantages
- The inpatient environment is not fit for purpose (with limited scope or funds for redesign):
  - there are no single, en-suite bedrooms.
  - the wards are mixed sex (although there are male and female ‘zones’).
  - the layout of the multi-bed bays significantly impacts on individuals’ privacy, dignity and feeling of safety.
  - we are unable to provide ground floor accommodation for adults which goes against national guidance about providing easy access to outside space.
  - We are unable to provide separate wards for people with dementia and older people with other mental illnesses such as psychosis and severe depression.

- We would not be able to release funds to develop other community based services that could reduce the reliance on inpatient beds:
  - No enhanced, seven day, community service (five day service will continue).
  - No specialist outreach service for older people with dementia living in care homes.

- There would continue to be a heavy reliance on inpatient services rather than increasing the level of support available in the community.
Option 2
Provide enhanced community and crisis services (seven days a week) to support more people at home with:

- **Specialist inpatient care for people with functional illnesses provided in nearest available appropriate bed** (in one of TEWV’s adult and older people’s purpose built mental health assessment and treatment units, e.g. Roseberry Park in Middlesbrough and West Park Hospital in Darlington).
- **Specialist inpatient care for people with dementia provided in a dedicated unit** (Auckland Park Hospital in Bishop Auckland).
- **No mental health inpatient services at the Friarage Hospital** (money released would support investment in community services).

This is the preferred option based on feedback from engagement.

**Advantages**

- Seven day access to community mental health services with a first assessment within four weeks.
- Access to talking therapy services six days a week.
- Memory services will consistently provide diagnosis and access to appropriate treatment within four weeks of referral.
- Ability to support more people at home and reduce the need for admission to hospital.
- Increased specialist community based services and therapies.
- Dedicated care home liaison service to support people with dementia in nursing and residential homes and reduce the need for hospital admission.
- People who need to spend time in hospital will have access to modern, purpose-designed inpatient accommodation, which offers:
  - single en-suite bedrooms.
  - separate male and female wards.
  - separate wards for people with dementia and older people with other mental illnesses such as psychosis and severe depression.
  - access to a broader range of specialist facilities and staff.
- Increased opportunities for support staff and specialist roles which would improve staff recruitment and retention.
- Development of a new mental health community resource centre to replace Gibraltar House in Northallerton (improved clinical and working environment for service users and staff).
- Reallocation of investment into inpatient settings to support the enhanced community service seven days a week.

**Disadvantages**

- 23% of service users (those who live closest to Northallerton) who need to spend time in hospital may have to travel further.
- People who need assessment under the Mental Health Act in a health based place of safety (section 136 suite) would be admitted to Harrogate. This would increase the transport time (police and ambulance) for between 4-6 people a month.
Option 3
Provide enhanced community and crisis services (seven days a week) to support more people at home with:

- Specialist inpatient care for people with functional illnesses provided in a single location in one of TEWV’s purpose built mental health units (either Roseberry Park in Middlesbrough or West Park Hospital in Darlington).
- Specialist inpatient care for people with dementia provided in a dedicated unit (Auckland Park Hospital in Bishop Auckland).
- No mental health inpatient services at the Friarage Hospital.

Advantages

- The advantages for this option are the same as Option 2.
- In addition, service users will know in advance where their inpatient care will be provided from.
- Patients will have the same in-hospital care they currently receive from the Friarage Hospital but out of the area.

Disadvantages

- The disadvantages for this option are the same as Option 2.
- In addition, more service users and their families may need to travel further to the inpatient unit.

Other care models considered

In addition to these three options we also considered a different model. This model proposed a six day enhanced community and seven day crisis response, with access to a smaller local, new build, all-age adult assessment and treatment facility on the Friarage Hospital site (this would not include beds for people with dementia).

After much discussion, most notably with clinical colleagues, we concluded that this option is not viable for three significant reasons:

- it is not safe or clinically appropriate and directly contravenes the Royal College of Psychiatry guidance which states that services for adults of working age and older people need to be separated in order to address their very specific and different care needs.
- it is not financially viable due to the significant additional capital implications. Additionally - the release of inpatient investment into the enhanced community model would be reduced by half. This would be largely due to the need for increased staffing to enable us to care for young and frail elderly people in one ward.
- the focus of the service would remain on inpatient provision, not on increasing the availability of care in community settings, and this is in direct opposition to what service users and the public have told us they want.

We have agreed, however, to explore opportunities to remodel provision for people who suffer from significant physical health issues and ‘organic’ mental health issues – i.e. those experienced by older people with a decreased mental function due to a medical or physical condition including dementia-related conditions.

People with an organic presentation need to access specialist integrated physical and mental health inpatient care as close to their home as possible and we have committed with our health economy colleagues to develop this.
Patient travel

Option 1: Do nothing
All patients from across Hambleton and Richmondshire need to travel to the Friarage Hospital in Northallerton.

Approximate travel times by car:
- Catterick to Northallerton — 25mins
- Hawes to Northallerton — 1hr 5mins
- Great Ayton to Northallerton — 25mins
- Thirsk to Northallerton — 15mins

Option 2: Preferred option
Patients who need in-hospital care will go either to Darlington or Middlesbrough. Patients with “organic” illness will be admitted to Auckland Park Hospital in Bishop Auckland. Other care will be provided closer to home.

Approximate travel times by car:
- Catterick to Darlington — 25mins
- Hawes to Darlington — 1hr 10mins
- Great Ayton to Middlesbrough — 20mins
- Northallerton to Middlesbrough — 40mins
- Thirsk to Darlington — 50mins

Option 3: West Park in Darlington as the main in-hospital facility
All patients who need in-hospital care will go to West Park Hospital in Darlington. Patients with “organic” illness will be admitted to Auckland Park Hospital in Bishop Auckland.

Approximate travel times to Darlington by car:
- Catterick to Darlington — 25mins
- Hawes to Darlington — 1hr 10mins
- Great Ayton to Darlington — 40mins
- Northallerton to Darlington — 40mins
- Thirsk to Darlington — 50mins

Option 3: Roseberry Park in Middlesbrough as the main in-hospital facility
All patients who need in-hospital care will go to Roseberry Park in Middlesbrough. Patients with “organic” illness will be admitted to Auckland Park Hospital in Bishop Auckland.

Approximate travel times to Middlesbrough by car:
- Catterick to Middlesbrough — 45mins
- Hawes to Middlesbrough — 1hr 30mins
- Great Ayton to Middlesbrough — 20mins
- Northallerton to Middlesbrough — 40mins
- Thirsk to Middlesbrough — 30mins

Key:
- Auckland Park Hospital, Bishop Auckland
- West Park Hospital, Darlington & Roseberry Park, Middlesbrough
- The Friarage Hospital, Northallerton
Summary

Based on the valuable information received during our engagement with members of the public, clinicians, voluntary sector, social care and other local stakeholders, the CCG has developed a set of criteria to assess each option against. This can be found in the table below.

<table>
<thead>
<tr>
<th>Options criteria</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care closer to home for the majority of our population</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Convenience and accessibility of services, especially for people who may find it difficult to travel</td>
<td>X</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td>Improved integration in the provision of physical and mental health and social care</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Enables GPs to better support out of hospital care</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Provides support for our population to maintain independence</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Retains wards 14 and 15 at the Friarage Hospital in Northallerton</td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Creates opportunities for the better use of technology</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Tried and tested model of service delivery in our CCG area</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>High quality care with good clinical outcomes</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Would actively reduce long lengths of stay in hospital</td>
<td>X</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Equality in relation to service access for the majority of the population of Hambleton and Richmondshire</td>
<td>X</td>
<td>✓</td>
<td>X</td>
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<tr>
<td>Maintains a sense of familiarity of services being delivered in known facilities</td>
<td>✓</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Financial sustainability</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

What happens next?

We really need your views on these options. It is important that this consultation process is transparent and that the NHS is accountable for the decisions it makes.

What happens to the responses?

During the consultation all the feedback and responses will be collated. A final report will be produced and analysed before any decisions are made.

The decision making process

The outcomes report will be discussed with the CCG Council of Members (which is made up of representatives from each of the member GP Practices). Final proposals will be shared with North Yorkshire County Council Scrutiny of Health Committee for approval. The final decision will be made by the CCG Governing Body due in October 2017.

The views of the public are extremely important and we would like the public to get involved by telling us what they think of the options listed within this document.

The CCG website includes a dedicated page for the consultation, and an online and printed survey will be available to complete.
Get in touch

The 12 week consultation will run until mid September 2017. A full version of the consultation document is available at:

www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-mental-health-services

Consultation questionnaire

A questionnaire will be available both online and in hard copy.
The online version can be submitted directly to the CCG.
The hard copy version can be completed and returned to either hrwccg.feedback@nhs.net or by post to the address below.

Consultation events

Your can have your say in person by coming to see CCG and TEWV staff at local consultation events.
We will be located in a number of areas across Hambleton and Richmondshire. Take a look on our website for more information or call the CCG on 01609 767600.

Other ways to get in touch

Email: hrwccg.feedback@nhs.net
Phone: 01609 767600
Post: Freepost Plus, RTER-KESE-BGCH, Hambleton, Richmondshire and Whitby
Clinical Commissioning Group, Civic Centre, Stone Cross, Northallerton DL6 2UU.
Have your say

Please complete and return this questionnaire via email to hrwccg.feedback@nhs.net or by post to Freepost Plus, RTER-KESE-BGCH, Hambleton, Richmondshire and Whitby Clinical Commissioning Group, Civic Centre, Stone Cross, Northallerton DL6 2UU. Alternatively you can hand it to reception staff at your GP surgery. The survey return deadline is 5pm Friday 15 September 2017.

Question 1

Please read the options then rank your preferences 1–3, with 1 being your most preferred option and 3 being your least preferred option. Example below:

Option X 1 2 3
Option X 1 2 3
Option X 1 2 3

More information regarding the consultation can be found in the full document on our website:

www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-mental-health-services

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<thead>
<tr>
<th>1</th>
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<tr>
<td>Option 1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Option 2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Option 3</td>
<td>1</td>
<td>2</td>
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</tbody>
</table>

1 is your most preferred and 3 is your least preferred (Please circle)

Question 2 (optional)

If you would like to provide more detail to justify your choice, please comment here:

Question 3

Do you think your preferred option will result in better services? (please tick)

☐ Yes ☐ No ☐ Unsure

Question 4

Do you think your preferred option will help get care closer to home for a majority? (please tick)

☐ Yes ☐ No ☐ Unsure
Please tell us about yourself (optional)

Please complete and return this questionnaire via email to hrwccg.feedback@nhs.net or by post to Freepost Plus, RTER-KESE-BGCH, Hambleton, Richmondshire and Whitby Clinical Commissioning Group, Civic Centre, Stone Cross, Northallerton DL6 2UU. Alternatively you can hand it to reception staff at your GP surgery.

Where do you live?

- Hambleton
- Richmondshire
- Whitby
- Other, please state

Would you like to be kept up to date with information about the NHS (including this programme)?

- Yes
- No
  
  If yes, please provide contact details below.
  
  Name:
  
  Email or postal address:

Are you responding as….? (please tick all that apply)

- A service user/patient
- A carer
- A local resident
- Health/social care professional
- Other
- Prefer not to say

Are you….?

- Female
- Male
- Transgender
- Prefer not to say

Are you aged….?

- Under 16
- 16 to 25
- 26 to 40
- 41 to 65
- 66 to 75
- Over 75
- Prefer not to say

What is your ethnic background?

- White British
- White Irish
- Any other White background
- Black British
- Black Caribbean
- Black African
- Any other Black background
- Asian British
- Indian
- Bangladeshi
- Pakistani
- Chinese
- Any other Asian background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other ethnic group
- Prefer not to say

Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say