Transforming Mental Health Services

Hambleton and Richmondshire

Pre-consultation engagement

Events summary report

Wednesday 10 May, Northallerton
Thursday 11 May, Richmond
Foreword

On Wednesday 10 and Thursday 11 May 2017, NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) held joint engagement events with the main local provider of mental health services, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

These events formed the final part of the pre-consultation engagement under ‘Fit 4 the Future, Transforming Mental Health Services’. The CCG and TEWV have attended a number of targeted groups and sessions across Hambleton and Richmondshire with staff, service users and carers since January 2017.

We’re building on learning from DISCOVER!, engagement from the North Yorkshire Dementia strategy and the ‘Fit 4 the Future, Transforming Our Communities’ consultation, where a majority of people said they wanted services at home or as close to home as possible.

Currently, adults and older people requiring in-patient services are admitted in the main into the Friarage Hospital in Northallerton. Other or specialist intensive mental health is provided in Teesside or Darlington.

It’s our ambition to support people to live fulfilling and meaningful lives in their own communities, no matter what their symptoms or diagnosis is – that includes mental health.

We’ve therefore been asking for views on how we can support more people at home and improve the standard of care for those experiencing a mental health crisis.

Staff, service users, carers and residents of Hambleton and Richmondshire were invited to attend two open pre-consultation engagement events from 4pm – 6pm in May 2017.

This report gives a summary of both events and identifies key themes which will help inform the development of formal consultation options. A full consultation document will include details of all engagement taken place since January 2017.

More information on the consultation can be found on the CCG’s website: www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-mental-health-services

Sincere thanks to all who attended these events or took part in the engagement. We hope you enjoy the read.

Janet Probert
Chief Officer
NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group

Adele Coulthard
Director of Operations, North Yorkshire Tees, Esk and Wear Valleys NHS Foundation Trust
Event format

Both events took place 4pm until 6pm. The format of the sessions was as follows:

1. Welcome
2. About the consultation (presentation enclosed)
3. Break-out sessions with table top discussions with themes:
   - Care closer to home
   - Crisis/urgent care
   - Dementia
   - Integration
   - Isolation
   - Self-care and prevention
   - Support for families/carers
   - Recovery
4. Write-up and key themes presented from each table
Event attendees

Facilitators included representatives from the CCG, TEWV and North Yorkshire County Council. A service user put themselves forward to facilitate the ‘Recovery’ table at the Northallerton event.

The total number of delegates attending each event (not including CCG or TEWV representatives) were as follows:

- Wednesday 10 May, Northallerton – 42
- Thursday 11 May, Richmond – 22
Key themes from each event

The top four themes captured from the Northallerton event were as follows:

1. Community
2. Support
3. System
4. Workforce

Further themes have been identified and are captured in the chart below:
The top four themes captured from the Richmond event were as follows:

1. **Primary care**
2. **Support**
3. **Integration**
4. **Transport**

Further themes have been identified and are captured in the chart below:
Sample comments from each table

Care closer to home

Facilitators: Lisa Pope (CCG) and Dr Mark Hodgson (CCG)

- Want to be closer to home but some just want to be in the best place
- Build up care closer to home (using local networks) so crisis occurs less
- Awareness of community services and support available
- Need more support in the community like community psychiatric nursing and support for carers
- Peer support groups are needed - many 'sitting' services don’t do personal care
- Transport can be an issue
- Effective integrated team / multi agency meetings involving 3rd sector
- Patients meeting lots of different staff so they are "confused" and "confounded"

Crisis/urgent care

Facilitators: Mark Spencer (TEWV)

- Crisis - someone or somewhere in the middle of the night, telephone help line, sympathetic ear, not clinical, can offer practical support
- Crisis services for dementia
- Crisis team not really a crisis team, it is a telephoning answering machine service in both York and Friarage
- Access to 136 suite
- 1 hour response to crisis referrals - is there more money?

Dementia

Facilitators: Cath Crawford (TEWV)

- Dementia awareness required in the community e.g. pools, shops, any community facilities that may be used
- Discharge to assess - hospital is not the right place to be assessed
- GPs not recording that people are carers. Hambleton carers association sent carer forms to GPs and practice managers rang eventually to ask why the forms were being sent to GPs
- More day care in different places to keep people in society
- People with learning disabilities and dementia - are they sufficiently identified and supported?
- Education for children in schools to raise awareness of dementia
• What happens after diagnosis - what do GPs, practices do to support the person – e.g. communicating with carer?
• Are staffing levels considered in light of increasing older population and increasing residential developments? People are already working at capacity
• What is in place for carers who have reached the end of their tether?
• Identifying dementia early is complicated by non-mental health and non-older people clinicians being less aware of dementia symptoms
• Avoiding hospital admissions when person with dementias carer is in crisis
• Discharge to assess patient discharged to get financial assessment and look at support
• Dementia awareness for all local amenities
• Patients end up with unused medication building up at home
• Services for younger people diagnosed with dementia - lacking at present

Integration

Facilitators: Julie Jones (TEWV) and Neil Bowden (NYCC)

• Peripatetic services within communities - police, health and social care, members of the public
• Communication so services know what community service are available
• Health and social care inequalities – is there more work to do with partners to address this e.g. should there be a premium for providers that can demonstrate how they’ve addressed this?
• Integrate with police. People are being passed around the system because they didn’t fit specific criteria
• Integration in children’s services are really important – and pressures on young people in today’s society
• If there’s not enough social care then this impacts on healthcare
• Staff are frustrated by lack of integration in older people’s services
• For GPs to have invites to mental health forum for increased awareness
• More collaborative working between first level (primary care) and charity/organisation in order that people with mental health difficulties are aware of options
• Referral by GP to be made for people not under CMHT
• Third sector to be involved, role as first one options
• Integration between health services that crossover county boundaries but have that shared service

Isolation

Facilitators: Linda Lloyd (CCG) and Georgina Sayers (CCG)

• Weekends are hard
• Lack of transport
• Coordination of services, join up the dots
• Use what already exists
• Somewhere in the middle of the night - telephone helpline
More information about existing services
Care closer to home for as long as it takes (not just 6 weeks)
Consistent staffing - look after them so they can continue to look after us
More outreach support workers - funding for mileage
Improved communication including GPs about existing services - sign posting
Buddy system
Transport difficult due to rurality
More social networks in the evening and weekends - reduce isolation and loneliness
Pop up coffee shops open late into the evening and train staff in MHFA
Records - don’t seem to follow the patient or perhaps not fast enough (Isolation)
Some patients are isolated by choice - they don't know what is available
Transport to clinics and groups
Challenge of technology
Use of technical jargon
Some issues with technology and signal
Better transition between services
Assistance with transport
Issues around visiting relatives in hospital - if they don’t drive and are unable to use public transport it can be costly to visit relative (carer paying £80 for a taxi once a week is an example). If they didn’t visit relative, relative may become more unwell
Family members very far away - I use Whatsapp to talk with my daughter
Skype consultations are good but not necessarily for all patients. It depends on the condition
Cutting bus service - out of hours is an issue
Having a bus pass is helpful

Self-care and prevention

Facilitators: Janet Probert (CCG) and Dr Charles Parker (CCG)

- Early intervention and prevention
- Social media - negative influence
- Training for GPs
- Stigma
- Parents - wider detriment of wealth impacting on parenting
- Horizons service
- Being open: talking about issues to support older aging well beforehand
- Supportive living
- Waiting for IAPT
- Training services
- Occupational support
- Political influence and lobbying
- Networks
- Keep us well
- Start early - build resistance - 0-5 young mums schools and investment
- Localism
- Minimum health spend
- Self-presentation
- Whole person
- Not mental v physical health
- Language/Acronyms
- Offer more carer support at earlier stage (eg: Primary care) - not just carers - assessment and leaflets - but a "listening ear" and short term 1-2-1 support. This could prevent carer or service user becoming more unwell and needing secondary care
- A need for guidance, education and information on how to best support someone or info on diagnosis
- One person to help not loads of leaflets?

Support for families/carers

Facilitators: Georgina Sayers (CCG) and Cath Crawford (TEWV)

- Don’t know who to talk to about concerns who to access
- Crisis issues - how to deal with it
- Discussions with family friends about future wishes - advanced decision making essential
- End of life planning
- Recommend wills to be made for any illness but particularly where memory issues/dementia/capacity and issues
- Lack of information for neighbours regarding what to do
- Neighbourhood networks are often great but needs to be supported by GPs and outreach into the community
- Workforce development for staff, health, social care, community, shops about dementia
- Frightening for people to know what to do when presented with peoples change/behaviour/dementia
- Socialisation/inclusivity - reduce avoid stress, anxiety or depression. Often named by carers of people linking with dementia at diagnosis when actually eventually diagnosed as dementia
- Advanced care planning
- Making decisions before the crisis occurs
- Talking to younger people in the family to ensure they know what your wishes are
- People would like to have consistent and adequate care at home, how to achieve this within budget constraints
- Highlight opportunities for community group, clarity about what help is possible
- Better working with other services and health & social care
- Skilling up staff in regular groups so people with dementia can feel comfortable accessing them
- Avoid too many moves
- Help carers in family
- Impact on your carers, need more help, should be social care
- Access to correct advice and information
- Living well services - telephone number for support to help coordination
- More information for patients and families around
- Interested in contact centre / support for families & parents within TEWV NHS FT
- Need assessments on carers
- NYCC offer a support line service
- "Living Well" engagement by NYCC
- Some carers are not carers - they are just family and friends "doing their job"
- I turn to family and friends and attend groups in Bedale and Northallerton
- Added pressure from multiple family members with mental health conditions - often falls to one family member
- More "family work/therapy" resource needed
- Relying on neighbours - when they move they can't support
- Join up the support groups more
- Support system is no longer there - older people are wary about the future
- As you get older the more support you need
- Carers supporting carers and family members - they provide company

**Recovery**

**Facilitators: Jess Williams (service user) Dr Richard James (CCG)**

- Mental and physical health are interconnected need to be soon as such
- Why couldn't psychiatrists /psychologists
- Learning a way of coping and hoping not a cure
- Transport is an important issue for family and carers
- Point of contract IAPT needs to be more available
- How long is a piece of string - different for everyone
- Will there be enough staff put into the local community
- Support which is going, encouragement
- Different things at different times
- Focus resources in the community
- Team well informed about mental health issues and 3rd sector organisations
- Better to have a team and support at home /in community to prevent a crisis
- Need a key worker plan/CPN (Health worker, midwife, Police, 136 etc) to provide info
- Access to 3rd sector - meet others, pace to stay away from home
- Not at hospital if at all possible
- Challenge people about how services are provided - clarity, pro-actively in service
- Communication of what is out there
- Communication
• Flexible, tailored, to the individual
• More services are seen in the community - more open to a more centralised specialist service
• Issue more complex than just distance - culture
• Transition services
• Clarity of diagnosis
• Challenging stigma
• Supported employment
• Exercise
• Walks
• Reading
• Positive Risk Taking
• Health carers, remove plank flow one’s own tune

Event feedback

10 May – Northallerton

Out of the 20 comments received, the event was rated as below:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Very good</td>
<td>9</td>
</tr>
<tr>
<td>Good</td>
<td>7</td>
</tr>
<tr>
<td>Average</td>
<td>3</td>
</tr>
<tr>
<td>Poor</td>
<td>1</td>
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</tbody>
</table>

Positive comments included:

“Well-structured table discussion and brainstorming”

Learning identified included:

“Please ensure that GP surgeries advertise these meetings - nothing was noted in my surgery notice board as recently as Monday this week”
11 May – Richmond

Out of the 8 comments received, the event was rated as below:

Positive comments included:

“A very good idea, need to have more of these meetings”

Learning identified included:

“The coffee!”

Where delegates learnt about these events:

<table>
<thead>
<tr>
<th>Source</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG email/letter</td>
<td>8</td>
</tr>
<tr>
<td>Community groups</td>
<td>5</td>
</tr>
<tr>
<td>Facebook</td>
<td>3</td>
</tr>
<tr>
<td>Meeting</td>
<td>1</td>
</tr>
<tr>
<td>Newspaper</td>
<td>2</td>
</tr>
<tr>
<td>Poster</td>
<td>2</td>
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<td>TEWV email</td>
<td>2</td>
</tr>
<tr>
<td>Website</td>
<td>1</td>
</tr>
<tr>
<td>Word of mouth</td>
<td>3</td>
</tr>
<tr>
<td>Work</td>
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Conclusion and next steps

The public have given us a very clear view that they feel strongly about the future of mental health services in Hambleton and Richmondshire. The output and intelligence we have been able to gather from our pre-consultation engagement work has shown us that the public agree that the current arrangements are not fit for purpose and that the current service specification does not provide equitable access for all patients across the patch by virtue of geography.

We therefore now have a clear direction from the public that we need to do something differently. We will assess all of the data we have collated in more detail in order to complete a draft consultation document which will be presented the North Yorkshire County Council Scrutiny of Health Committee on 23 June 2017 where we will ask them for formal permission to begin consultation. If we receive permission to consult at that meeting a formal 12 week consultation period will begin on June 26 2017.