Transforming Mental Health Services
Hambleton and Richmondshire

Consultation Outcome Report

Gill Collinson, Chief Nurse
26 October 2017
Our Aim

To transform adult and older people’s mental health services for Hambleton and Richmondshire

• Recovery-focussed, community services
• Increase treatment and support
• Access to specialist inpatient care
• Evidence-based treatment
• Working closely with GPs
Engagement and Consultation

- Pre-engagement: 2013 – 2017
- Pre-consultation engagement: January–May 2017
- Formal consultation: June – September 2017

We have engaged with 1,381 people
The options

Option 1
Do nothing

Option 2 - preferred
Enhanced community and crisis services with inpatient care provided at the nearest neighbouring hospital in either Darlington or Middlesbrough.

Option 3
Enhanced community and crisis service with inpatient care at a single site at either Darlington or Middlesbrough.

Consultation: 26 June 2017 – 15 September 2017
Who we spoke with

- Healthwatch
- NHS
- Clinical Senate Yorkshire and the Humber
- Community Groups
- NHS England
- Patient Participation Group
- North Yorkshire County Council
- Media
  - Internet
  - Radio
  - Television
  - Magazines
  - Newspapers
What we did

- Consulted with **866** people
- Engaged with **515** people
- Attended **27** extra meetings
- Hosted **35** open public events
- Published **162** Social media posts
- Distributed **748** Hard copy summaries
How we did it

- Targeted voluntary and community groups
- Released statements and briefings
- Utilised Digital Media
- Worked closely with a service user group
- Multiple Events across the area
- Published information in multiple formats
- Listened, learned and adapted
- Kept in touch
From our consultation with 866 people....

442 questionnaires

387 comments

55 other feedback
What people told us

Overall respondent preferred option:

Option 1 – 23% (100 respondents)

Option 2 – 65% (289 respondents)

Option 3 – 7% (33 respondents)

(These figures exclude the 5% of respondents that did not specify a preferred option)
Respondents choosing option 2 as their preferred:

- 74% stated they believe the option would result in better services
- 72% stated they believe the option would help get care closer to home for a majority

(These figures exclude respondents that selected ‘no’ or did not respond to these questions)
Overall respondents by location:

- 56% – Hambleton
- 26% – Richmondshire
- 1% – Whitby and surrounding areas

(These figures exclude respondents that selected ‘other’, ‘prefer not to say’ or did not respond to these questions)
Overall respondents by gender:

- 59% - Female
- 26% - Male

(These figures exclude respondents that selected ‘other’, ‘prefer not to say’ or did not respond to this question.)
Overall respondents by age group:

- 12% – Over 75
- 20% – 66 to 75
- 31% – 41 to 65
- 11% – 26 to 40
- 3% – 16 to 25

(These figures exclude respondents that selected ‘prefer not to say’ or did not respond to this question)
Overall respondents by type (multiple choice option):

17% – Carer
47% – Local resident
17% – Health/social care professional
17% – Service user/patient

(These figures exclude respondents that selected ‘other’, ‘prefer not to say’ or did not respond to this question)
“There is no mention of public transport in the document - that is how many of our older people get around.”
What people told us

“It is closure of the Friarage by stealth!”
What people told us

“If you are funding into a centre at the Friarage Hospital why doesn't it have inpatient services?”
What people told us

“Care closer to home is a good thing but what will it look like?”
Overall support

“More (care) needs to be delivered in the community.”
Survey comment

“Care in the community is (the) most important (thing) as (people) need their (familiar) surroundings. Home comforts, family & friends.”
Service user, July 2017

“I would rather have .. good quality in-patient mental health care in an appropriate environment ... than receive care in a sub-standard and arguably dangerous environment.”
Survey comment

“more need(s) to be done to support & prevent admission”
Carer, July 2017

“I have read the full document – and it is good for patients – we should have done this 7 years ago.”
Health Care Professional, July 2017

“Overall support”
Feedback

• **Healthwatch** – interviews, focus groups and report.

• **Richmondshire Liberal Democrats** – petition with 347 signatures

• **68 specific queries** – Age UK, Over 50s forums and various other groups and individuals.
Council of Members

• 21 practices responded in support of Option 2 as their preference

• 1 practice abstained
Feedback

North Yorkshire Scrutiny of Health Committee asked us to consider:

• Impact of change on North Yorkshire
• Impact on wider estates issues
• A detailed plan of transition
Feedback

NHS England asked us to consider:

• Clearer financial information
• Out of area placements and modelling assumptions is included in the information presented.
• Findings from the Northern Clinical Senate are taken into account.
• Assurance is based on the Clinical Senate’s findings.
### Affordability

#### No Bed base at the Friarage Hospital - Beds re provided in the Trust

<table>
<thead>
<tr>
<th>Current State</th>
<th>Current State</th>
<th>Future State</th>
<th>Future State</th>
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<tr>
<td></td>
<td>Beds</td>
<td>WTE</td>
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<td>20.88</td>
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<td>104,000</td>
<td>CRES 2.2%</td>
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<td>(Surplus)/Deficit</td>
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Potential risks and mitigations

**Risk**

- Cost savings from option 2 are insufficient to fund enhance community model
- TEWV cannot recruit enough staff to deliver the new model
- The estates challenges faced by TEWV will affect their ability to deliver the enhanced model

**Mitigation**

- CCG Service specification and contract variation. TEWV Board support
- New model will enable a broader range of roles including voluntary sector.
- TEWV given assurance that no changes will be made until the new model can be implemented
Other feedback

The Northern Clinical Senate asked us to consider:

• How occupational therapists will feature in the adult community teams.

• Ensuring staffing levels are right within the new model (e.g. potentially consider benchmarked with other similar units).

• The estate requirements of the new service.

• The work required to develop the team culture that will need to exist in the new service.
How will we demonstrate progress

• Implementation group with service users

• Co-design principles

• Quarterly newsletter
Recommendations

The Governing Body is asked:

• review all of the information and evidence gathered

• recommend Option 2 is taken forward

• commissioning strategy encompasses the feedback from the consultation and the Governing body is updated on progress quarterly during implementation.
Thank you

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