Transforming Mental Health Services
Post Consultation Report

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

October 2017

Involving patients, carers, professionals and partners in shaping local NHS services
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This document along with supporting information about the proposals can be viewed online at www.hambletonrichmondshireandwhitbyccg.nhs.uk

If you would like this document in another format please call 01609 767600 or email HRWCCG.HRWCCGenquiries@nhs.net

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Executive Summary

This report provides feedback on a consultation that Hambleton, Richmondshire and Whitby Clinical Commissioning Group (the CCG) undertook in partnership with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) from 26 June 2017 to 15 September 2017 on the transformation of adult and older people's mental health services across Hambleton and Richmondshire.

It is important to note that the population of Whitby and the surrounding area is served mainly by the Teesside and Scarborough mental health teams therefore the Whitby population were not included in this consultation. However, developments which have arisen from this system transformation will be considered for the whole CCG population.

Prior to the formal public consultation, we had identified through the mechanisms outlined below, that the current service could be improved:

- A review of current levels of service, usage of those services and the spread of resources across the care pathway,
- A review of national guidance and best practice regarding modern mental health practice,
- Feedback from our regulators, clinicians and the Northern Clinical Senate; and
- Significant engagement with service users, their carers, staff and the public since 2013.

This told us that:

1) A majority of people wanted to receive their care at home (or as close to home as possible),
2) The under developed community service resulted in an over reliance on the use of inpatient beds,
3) The current inpatient wards at the Friarage Hospital, Northallerton (wards 14 and 15) do not meet the essential standards required of modern therapeutic inpatient wards; and
4) We were not using our finite resources to the best effect.

We therefore, through our engagement, developed a proposed new model of care that would provide enhanced community services to enable us to deliver as much care as possible in the community, either in people’s homes or as close as possible. It would also ensure that people would only be admitted to an inpatient bed when it is absolutely necessary. The proposed new model would also ensure that for those people who did need an admission that this was to an environment which is able to deliver modern therapeutic inpatient care that supports their recovery.

In order to implement this model we identified three options as set out below:

1. Do nothing – maintain the current inpatient provision at the Friarage Hospital and the current level of community mental health services (9am to 5pm, Monday to Friday).
2. Enhanced community and crisis services with inpatient care provided when necessary at the nearest neighbouring hospital in either Darlington or Middlesbrough. Older patients with very severe organic mental health problems will go to Bishop Auckland General Hospital which is the nearest specialist hospital for these patients.

3. Enhanced community and crisis service with inpatient care at a single site at either Darlington or Middlesbrough. Older patients with very severe organic mental health problems will go to Bishop Auckland General Hospital which is the nearest specialist hospital for these patients.

We then asked the public via the consultation process to indicate their preference in terms of the options and to tell us if they thought that option would result in better services and care closer to home for a majority. The input that we received was extremely valuable and is detailed in sections 4. and 5. of this document.

We made it clear throughout the consultation that Option 2 was preferred by the CCG and our main provider TEWV and why this was the case.

The overall view of those who responded to the consultation was that Option 2 was also their preferred option; however a number of issues/concerns were raised through the consultation which were predominantly;

- Concerns relating to travel distances and public transport for inpatient care under proposed options 2 and 3,
- Concerns regarding the future of the Friarage Hospital in general,
- Suggestions to build a new inpatient unit on the Friarage site; and
- Queries around details relating to the community based model.

We address each of these themes in detail in section 5 of this document.

We presented our preliminary findings to the North Yorkshire Scrutiny of Health Committee on September 22nd and following that meeting they asked us to consider the following points:

- How might any changes in our area impact on the wider North Yorkshire service provision
- The impact of any estates issues or other service changes across the TEWV or South Tees trust areas
- The need for a detailed plan of transition which would articulate the decant of patients and services before any change

We have considered the impact of this change on other parts of the local health economy and these are articulated throughout this document. We also remain committed to working with our partners across North Yorkshire to ensure that our proposals are joined up and do not adversely impact any area or patient group. There will also be detailed transition plans drawn up for the next phases of the transformation in due course.
This report will be presented to the CCG Governing Body and will recommend that Option 2 is implemented. However in order to address the issues raised it will also recommend the following is put in place to mitigate the issue and concerns raised;

- Share information regarding the multi-agency transport work – ‘go local’ once available,
- More detail around the future vision for the Friarage Hospital from South Tees Hospitals NHS Foundation Trust,
- Detailed plans of the new mental health hub that will built on the Friarage site by TEWV in order to support the implementation of the enhanced community services; and
- Implementation plans, detailing how to get involved and co-design intentions once the project moves to the next phase.

Once again we would like to thank all those who contributed and we are committed to continued work with service users, carers, staff, primary care, the local authority and wider stakeholders to ensure successful implementation.
1. **The purpose of this report**

The purpose of this report is to:

- Present the findings of the consultation process undertaken from 26 June 2017 to 15 September 2017 on the transformation of adult and older people’s mental health services across Hambleton and Richmondshire,
- Analyse those findings; and
- Make a recommendation to the CCG Governing Body on which of the three consultation options should be implemented.

This report includes the following:

- A summary of the role and purpose of the CCG,
- A summary of the case for change and how we developed this through the engagement we undertook,
- The options we identified for consultation,
- The consultation process we undertook,
- What people told us through the consultation process; and
- A recommendation to the CCG Governing Body on the preferred option including recommendations on how we can address some of the concerns/issues that people raised throughout the consultation.

This report does not include the detailed case for change. This can be found in the full consultation document (including summary version and easy read) which can be found at [https://www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-mental-health-services](https://www.hambletonrichmondshireandwhitbyccg.nhs.uk/transforming-mental-health-services)

This document demonstrates compliance with the Department of Health’s four test criteria for service change which include:

- Support for proposals from clinical commissioners,
- Strong public and patient engagement,
- A clear clinical evidence base; and
- Consistency with current and prospective need for patient choice.
2. The role of the Clinical Commissioning Group

As the commissioners of mental health services provided by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) we - Hambleton, Richmondshire and Whitby Clinical Commissioning Group (the CCG) - are statutorily responsible for this consultation. We have undertaken this process because it is our job to commission services that are “Fit 4 the Future”, reflect the views of patients, public and clinicians and, most importantly, deliver the needs of our population within the resources which are available.

The CCG footprint is geographically large and is situated in rural North Yorkshire, covering nearly 1,000 square miles including parts of the Yorkshire Dales and the A1 corridor to the east and across to the coastal town of Whitby and its surrounding villages.

The population of approximately 144,000 live mainly in small towns and villages with pockets of extreme rural sparsity. Northallerton is the largest centre of population with approximately 18,000 people. Many communities within the CCG footprint are very rural with limited access to good transport links or local amenities.
As a CCG, we are driven by our values:

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We have a legal duty under the NHS Constitution to commission high quality, safe services and to operate within the financial allocation set by NHS England. It is therefore our mission

“to commission (buy) first class healthcare which improves the health and wellbeing of everyone living in Hambleton, Richmondshire and Whitby.”

Our patients are at the heart of everything we do and ensuring local services are safe and sustainable is our number one priority.

Together with the people of Hambleton, Richmondshire and Whitby we want to radically reimagine how care and support for the local population is provided in order to make it ‘Fit 4 the Future’. By doing this we believe in taking a whole life and integrated approach, with the needs of the individual and the community at its heart.

Our plans seek to ensure that hospitals are used only when appropriate in order to provide urgent and specialist treatments for those that will benefit most. The integration of physical and mental health needs and services is also key to the successful implementation of whole person care and is a golden thread which runs throughout our transformation work.

The CCG, whilst retaining our organisational autonomy, is now part of a wider footprint for planning purposes – the Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby Sustainability and Transformation Partnership (STP). The key ambition of our STP is to ensure sustainable, evidence based transformation is taken forward at pace and scale, cutting across organisational boundaries, to deliver an integrated health and social care system which achieves this aim.

However, whilst our STP faces north, we remain resolutely within North Yorkshire and are committed to supporting the local model of care based at the Friarage Hospital in Northallerton as the hub for the rural population and renewed services.

As part of the CCG’s work, we are also committed to realising the General Practice Five Year Forward View and making the vision of General Practice which is articulated therein a reality for the people of our localities. The primary themes of redesigning to deliver sustainable services today and transformed services tomorrow include

- Greater use of self-care,
- Better use of technology,
- A wider workforce to meet the holistic needs of our population; and
- Other actions to address challenges with general practice capacity.

All of these factors underpin the proposals we have set out in this document.
The CCG, as commissioners for local services, has a specific role in implementing significant service change and any change must carried out in line with the requirements of NHS England guidance for major service change. The CCG is required, when considering any service reconfiguration, to assess whether the four key service test assurances (set down by the Secretary for State in 2010) have been met as referenced in section 1 of this report.

Feedback from the inspectorates, patients and clinicians tells us that the model of mental health provision currently at The Mental Health Unit, at the Friarage Hospital, Northallerton ‘requires improvement’ and what we articulate here is a whole system change within existing commissioning arrangements. As this would require significant service change, the CCG has held a formal consultation process with the public to consider three options.

The outcomes of the consultation process and analysis of the options appraisal are detailed in this report. The CCG is overseen by the Governing Body. The Governing Body is clinically-led by GPs and nurses, with support from NHS managers. The public voice is represented by our Vice Chair and Lead for Patient and Public Involvement alongside three appointed Health Engagement Network (HEN) representatives.

Our Governing Body should use the feedback and recommendations in this report to help it reach a final decision about the best option for the transformation of adult and older people’s mental health services across Hambleton and Richmondshire
3. **A summary of the case for change and how this was developed**

Following discussion between the CCG and TEWV, the Fit 4 the Future engagement held between 2013 and 2016 and consultation undertaken by partners, it became clear that we needed to transform our adult and older people’s mental health services across Hambleton and Richmondshire.

In order to make changes to services, a formal public consultation process needed to take place. In doing this we had to ensure we met the requirements of the formal process for public consultation; therefore a number of key stages took place outlined below.

**Pre-engagement (2013 – December 2016)**

Before proceeding with pre-consultation engagement and in order to develop an initial case for change, the CCG and TEWV reviewed discussions held across the localities concerning mental health service provision dating back to 2013. A summary of what people told us then can be found in Appendix 3.

Overall, people told us that:

- They wanted to receive their care in the community and as close to home as possible,
- They wanted accommodation which preserves their privacy and dignity,
- They wanted to only have to tell their story to health professionals once and to improve communication between health and social care professionals,
- They wanted us to improve crisis support for people in mental distress.
- They wanted us to improve dementia services; and
- They want to know who is caring for them and to improve continuity of care.

This information helped develop the initial case for change document which can be found in Appendix 2.

Following this we undertook further engagement in order to develop the case for change. This was so we could hear what clinicians, NHS staff and services users and carers thought about the current service and what would be important to them in the development of a model. This engagement known as ‘pre-engagement’ consisted of 13 additional events including one stakeholder event with 100 attendees.

More information on these events can be found in Appendix 2 of the full consultation document under the Communications and Engagement Strategy and in Appendix 3 of this report.
Pre-consultation engagement analysis (1 January – 12 May 2017)

As is statutorily required; a pre-consultation engagement phase took place between 1
January and 12 May 2017. The purpose was to hold open conversations with service
users, carers, clinicians, staff, voluntary sector organisations and the wider public about
current and potential future services along with the initial case for change developed via
the pre-engagement described previously.

17 pre-consultation events took place across Hambleton and Richmondshire (details in
Appendix 4).

We recorded and analysed every single comment received which helped to inform the
development of the formal consultation options and refine the case for change. To help
‘start a conversation’, the pre-consultation engagement included asking people for their
responses to the following questions:

1. What can your local NHS do to care for more people with mental health problems in
   the community?
2. How can we improve the standard of care for those who are in crisis?
3. What can we do to reduce the need for hospital admission and to keep the length
   of stay to a minimum?

In addition to the face to face events, a large number of feedback forms were distributed
to various organisations and locations across Hambleton and Richmondshire via email
and post (summary of feedback themes in Appendix 4). The CCG also prepared
engagement packs which were issued to a number of voluntary and community groups to
enable them to facilitate their own conversations reporting results to the CCG. The packs
included

- Facilitator briefing,
- Stakeholder briefing,
- Information leaflets,
- Information flyer,
- Flashcards (with discussion topics to rank in order of priority),
- Returning information sheet,
- Coloured stickers,
- A5 capture cards (for the 3 key questions); and
- A4 capture sheets (for the 3 key questions).

Table 5 in Appendix 4 shows the themes identified from the pre-consultation engagement
forms along with the CCG’s response and an indication as to whether they feature in the
consultation options. During the pre-consultation engagement we received 212
comments from the forms.

Materials developed and distributed during this phase included an information leaflet and
posters. Examples of these can be found in the supporting evidence document which
accompanies this report.


**Refining the case for change**

Overall, during the CCG and TEWV pre-engagement and pre-consultation engagement the total response was as follows;

- 451 people engaged at events,
- 64 people engaged at two stakeholder events (report in Appendix 3 of the full consultation document),
- 280 comments received during events,
- 212 comments received from feedback forms; and
- 68 correspondences received (with 12 received outside of this period).

In conjunction with the feedback from the pre-engagement events, discussions with partners and NHS England, the final case for change within the consultation document was created along with the consultation options. It was an omission that the summary of pre-consultation engagement feedback with key themes was not shared within the full consultation document but this can be found in Appendix 4 of this report.

**Additional correspondence**

Throughout the pre-consultation engagement phase we also received correspondence via our dedicated email address hrwccg.feedback@nhs.net. In total there were 68 comments received (plus 12 received outside of the formal engagement phase).

The correspondence consisted of completed feedback forms, comments on the consultation in general, and suggestions for modelling and personal stories/experiences. This was all analysed prior to finalising the consultation document and options.

**Summary of findings**

We recorded and analysed every single comment received during the pre-consultation phase which helped to inform the proposed service model and the formal consultation options. It was clear to us upon analysing the data that most people wanted to be cared for closer to home. They felt that we currently have a relatively 'old-fashioned' in-patient model of mental health care and that we need to invest in our mental health community services in order to deliver the care that people want, need and rightly expect.

As is best practice, we sought to assure our decision making and process at each stage seeking input from the North Yorkshire Scrutiny of Health Committee, NHS England and the Northern Clinical Senate. The work that we have undertaken throughout this process has passed each checkpoint and we have been assured that we have carried out our statutory responsibilities correctly.
4. The options we developed

The final case for change identifies two main issues with the current service that people told us they wanted us to improve:

1. We need to improve the availability of services in the community so that people can receive a full range of services closer to home that also reflect the Five Year Forward View for Mental Health and that of clinical practice recommendations. The lack of a full range of community based services means that often there is a lack of alternatives to admitting people to inpatient care. National benchmarking information shows that more patients are admitted to hospital in Hambleton and Richmondshire than the national average and for other areas where Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) is the mental health provider. These patients also tend to stay longer in hospital than other TEWV hospitals and clinical evidence confirms that this is not good for patient outcomes and their recovery.

2. The collective feedback and inspection outcomes of the mental health inpatient wards at the Friarage Hospital, Northallerton (FHN) told us that the wards do not meet expected standards in terms of inpatient environments and do not support the provision of high quality clinical care. They are situated on the ground and first floors (limited access to outside space and leave approval being required for those on the first floor), with environmental risk factors, have managed mixed sex accommodation and privacy issues. The Care Quality Commission (CQC) has expressed concerned about the inpatient accommodation during their last two inspection visits and under their Mental Health Act inspections.

The pre-engagement and pre-consultation engagement undertaken helped to inform the case for change within the full consultation document and the development of options to take forward to formal consultation.

Therefore the potential changes which the public of Hambleton and Richmondshire were consulted on related to four key areas:

1. The enhancement of community and crisis teams generated from a change to the local bed base that supports care closer to where a majority live.

2. The potential development of partnership community beds, as an alternative to secondary care mental health admission, so that patients can be admitted to community beds and still receive the specialist care from a local mental health trust.

3. The Mental Health Inpatient Unit at the Friarage Hospital currently provides access to inpatient beds for people with adult and older age mental health needs. This consultation looked at the possibility for a reduction and/or change of inpatient beds if more care was to be managed in a community setting.

4. The local provision of a Health Based Place of Safety, where people present with significant risk to themselves or others and require short-term
assessment under the Mental Health Act, if there is no access to assessment and treatment beds in the locality.

These four areas were presented to the public as three main options for potential implementation. The following summaries show the three options, detailed in the full consultation document (June 2017) that we consulted upon with the public, patients and carers, professionals, voluntary sector organisations and wider stakeholders.

**Option 1 – Do Nothing**

To retain the current specialist mental health service with access to the two wards for adults and older people at the Friarage Hospital.

Continuation of the current level of community service delivery for adults of working age and older people. Provision of the memory service and community mental health teams working five days a week and seven day crisis support for people over 16 with functional mental health presentations only. The ability to provide intensive home support seven days a week for adults only.

**Option 2 – 7 day enhanced community and crisis service.** Inpatient care will be provided in the service users nearest neighbouring assessment and treatment mental health bed at West Park Hospital, Darlington or Roseberry Park Hospital, Middlesbrough and Bishop Auckland General Hospital (for those patients with organic illnesses such as dementia).

To provide an enhanced specialist mental health community service, providing access to adult and older person community mental health teams and crisis response for people over 16 years up to seven days a bed.

People requiring specialist inpatient care will have access to the nearest purpose built specialist adult and older person inpatient wards, as close to their home as possible.

This will mean no assessment and treatment beds, for adults or older people, will be available at the Friarage Hospital.
In addition to these options we agreed to also 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.

**Other developments considered:**

In addition to the three options articulated above a fourth delivery model was considered. This model proposed a 6 day enhanced community and 7 day crisis response, with access to a smaller local, new build, all-age adult functional assessment and treatment facility on the Friarage Hospital site.

However, after much discussion, most notably with our clinical colleagues, it was concluded that this option was not viable to take forward for public consultation for three significant reasons:

Firstly - 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.

The Royal College of Psychiatrists (RCP, 2011) guideline recommends that working age adults and older people should have separate in-patient facilities, due to the differing nature of their mental health needs and frailty of the older population; resulting in staffing and implications for delivery of safe care. In addition, the RCP advocates that ‘inpatient care for older people is
highly specialised, focused on the most vulnerable, those with greatest need and complexity’ and should offer;

- Single sex accommodation,
- Age specific accommodation,
- Separate organic and functional facilities,
- Continuing care,
- An appropriate physical environment; and
- A full staffing complement.

Similarly, the RCP Centre for Quality Improvement published in July 2017 their refreshed standards for acute inpatient services for working-age adults. Section 4 of their quality standards relates to environment and facilities. There are a number of these quality standards that cannot be met on the adult ward, those being:

- All patients have single rooms; currently includes dormitory accommodation,
- Every patient to have an en-suite bathroom, currently shared facilities,
- There is secure, lockable access to a patient’s room, with external override by staff; not possible in the dormitory areas,
- The environment complies with current legislation (Equality Act 2010) on disabled access; limited due there only being one bathroom accessible to this patient group,
- Patients are able to personalise their bedroom spaces; not possible in dormitory accommodation
- Staff and patients can control heating, ventilation and light; currently governed by the acute hospital site,
- The design of the windows considers safety and patient comfort and is consistent with Health Building Notes; currently results in first floor windows being permanently locked; and
- Patients are able to leave the ward to access safe outdoor space every day. currently limited outside space and leave approval required for first floor patients to access.

Ward 15 has not been able to submit evidence to meet the full AIMS (accreditation for inpatient mental health services) because of their inability to meet the requirements of the ward environment.

Secondly - it is not financially viable due to the significant additional capital implications associated. Additionally the release of inpatient investment into an enhanced community model would be reduced by half. This would be largely due to the need for increased staffing required for the inpatient unit, to accommodate caring for younger adults and frail elderly people on the same ward. And thirdly - 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 that they want.
5. The consultation process

Following approval to proceed to formal consultation from NHS England, the Clinical Senate and the North Yorkshire County Council Scrutiny of Health Committee, a 12 week formal public consultation took place between 26 June and 15 September 2017.

This section presents the process undertaken to meet the statutory guidance for major service change consultation. The CCG as commissioners for local services are required, when considering any service reconfiguration, to assess whether the four key service test assurances (set down by the Secretary for State in 2010) have been met:

- Support for proposals from clinical commissioners,
- Strong public and patient engagement,
- A clear clinical evidence base; and
- Consistency with current and prospective need for patient choice.

Consultation Process

Over the 12 week period, the CCG and TEWV invited residents of Hambleton and Richmondshire to local consultation events to hear ideas and give feedback around the transformation of adult and older people’s mental health services in response to our ‘Transforming Mental Health Services Consultation Document’.

Information produced

We produced a full consultation document which detailed the journey so far, why we needed to make changes, feedback from pre-engagement and pre-consultation engagement and the options for the future.

The full consultation document was made available online with 32 hard copies distributed to key locations around Hambleton and Richmondshire, including:

- GP surgeries / health centers,
- Libraries,
- The Friarage Hospital mental health wards; and
- Groups and individuals upon request.

As the full consultation document was lengthy and expensive to print, we also produced a summary consultation document to assist members of the public in making a decision about the consultation. This summary document was widely distributed with over 530 hard copies printed, along with 880 separate hard copy questionnaires. Following feedback, an easy read version of the summary was released in August with 140 hard copies printed by the CCG.

65 copies of the poster with details of the consultation events were distributed to people/venues to use to help promote the consultation.

All information was made available on the CCG’s website and distributed electronically. Hard copies were taken to public consultation events. Alternative
formats were supplied upon request and we offered to post out copies for anyone who required them.

How we communicated and engaged

Throughout the full engagement and consultation process, we spoke with 1,381 service users, staff, carers and local residents. We wanted to involve as many people as possible in our consultation so we used a variety of approaches to let people know about the consultation and to provide people with the opportunity to have their say.

We looked at who our key stakeholders and target audiences were and we developed a communications and engagement strategy to ensure we reached those people in a timely and appropriate way. Our communications and engagement strategy was included as an appendix of the full consultation document.

During the full consultation in summary we:

- Published a full consultation document and summary consultation document (printed and made available online),
- Published an easy read version of the consultation summary document (printed and made available online),
- Produced an information leaflet as part of the pre-consultation engagement phase,
- Produced two short videos; one with a focus on transforming older people’s mental health services and one for transforming adult mental health services. These were made available from the CCG YouTube channel, CCG website and social media,
- Spoke with 515 people at 33 pre-engagement and pre-consultation listening events to help shape the options included in the consultation,
- Conducted a public survey, both online and in paper form which resulted in 442 responses,
- Held 35 open public consultation events across the CCG footprint to which 606 people attended,
- Attended 27 extra meetings and events with identified groups to discuss the consultation (of which 260 people attended),
- Met with representatives and attended meetings of local groups e.g. Age UK, Dementia Collaborative, Parents 4 Parents, Holy Rood House, Mental Health Support and the Mental Health Forum,
- Met with the clinicians and supporting staff at the Friarage Hospital and in community teams to discuss the proposals,
- Circulated four stakeholder briefings,
- Briefed and gained approval from North Yorkshire County Council Scrutiny for Health Committee both prior to and during the consultation,
- Briefed NHS England and gained approval to proceed prior to consultation,
- Presented the consultation options to North Yorkshire County Council Hambleton Forum and Hambleton/Richmondshire District Committees,
- Presented the consultation to the CCG Council of Members (representing each of the 22 GP Practices),
- Involved local GP practices through clinical visits, email correspondence and locality meetings,
- Distributed pre-consultation engagement packs to voluntary and community groups which included feedback forms and freepost envelopes,
- Distributed 748 copies of our summary consultation document both in hard copy (not including circulation of PDF),
- Produced and distributed posters advertising the consultation and events to 23 locations,
- Launched a dedicated webpage which received 1,198 page visits from 16 February to 15 September 2017,
- Issued three proactive media releases and three reactive statements to promote the consultation, which generated print and online coverage including one radio interview,
- Responded to four media enquiries and two MP letters (CCG and TEWV responses),
- Posted 101 dedicated tweets with many using #TransformingMentalHealthServices and #TransformingMentalHealth,
- Posted 61 dedicated Facebook posts,
- Included updates in the monthly public CCG newsletter (February, March, July and August issues),
- Included updates in the monthly CCG GP newsletter (March, April, June, July issues); and
- Utilised a dedicated email address for feedback (hrwccg.feedback@nhs.net) and Freepost address for postal.

More detail on how we communicated and engaged can be found in Appendix 5.

We have also produced a scenario-based post-consultation communications and engagement strategy which can be found in Appendix 6.

**Being inclusive**

We wanted to reach as many members of our population as possible during the consultation and our communications and engagement methodology reflects this. Our consultation documentation and questionnaire were widely shared with diverse groups and individuals and the results appear to be in line with the demographics of our local area.
Additional information

The formal consultation documentation included a large amount of information due to the complexity and important detail of the consultation resulting in 179 pages (including appendices). A summarised version of the full document was made available for the start of the consultation and, following feedback, an easy read version was later released.

Whilst a significant amount of information was provided in the consultation document, a number of additional requests were received during the formal time period. In response to these, we supplied additional information which included:

- **Two videos** - giving examples of current patient scenarios and our transformation aspirations made available on social media and the CCG’s website,
- **Frequently asked questions** - circulated to stakeholders and made available on the CCG’s website,
- **Regular stakeholder emails** – to include briefings, encouragement to participate and to offer group consultation sessions,
- **Responses to MP questions** – made available on the CCG’s website following an MP letter to TEWV,
- **Freedom of Information (FOI) requests** – responding to formal requests where appropriate within the statutory 20 working day period,
- **Individual correspondence** – received via post and emails from stakeholders and the wider public shared in supporting evidence documentation; and
- **Requests for additional information/data** - during the consultation, people asked us for some additional information on the following which we provided and is replicated below for completeness. They included information regarding:
  - Refreshed referral and activity data
  - Mental health total spend
  - TEWV bed capacity
  - Recent adult and older people’s admission data
  - Section 136 suite utilisation
  - Travel distances to Bishop Auckland for organic patients with very challenging behaviours.
In order for all parties to see the response provided, we have included a refresh of the data as shown below. The full list of anonymised correspondence and the CCG’s response can be found in the accompanying supporting evidence documentation.

**Refreshed referral and activity data**

A request from the consultation was to show the full year referral and activity of the community teams and inpatient wards. The information below shows the position for 2016/17.

**Referral demand**

The in the last financial year 1,716 external referrals were received across services. Of those, Table 1 shows what numbers were accepted into the service:

**Table 1: 2016/17 Accepted referrals in to services**

<table>
<thead>
<tr>
<th>AMH</th>
<th>Total</th>
<th>Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHT</td>
<td>431</td>
<td>35.91</td>
</tr>
<tr>
<td>Primary Care</td>
<td>419</td>
<td>34.91</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MHSOP</th>
<th>Total</th>
<th>Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHT</td>
<td>448</td>
<td>37.33</td>
</tr>
<tr>
<td>Memory Service</td>
<td>386</td>
<td>32.16</td>
</tr>
</tbody>
</table>

**Service contacts**

Table 2 details the activity carried across AMH and MHSOP in 2016/17. This information includes:

- Community Mental Health Teams (CMHT),
- Primary Care Mental Health Team
- Memory Service.

**Table 2: 2016/17 Service contacts**

<table>
<thead>
<tr>
<th>AMH</th>
<th>Direct Contacts</th>
<th>F2F</th>
<th>Telephone</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHT</td>
<td></td>
<td>15,993</td>
<td>3,947</td>
<td>19,940</td>
</tr>
<tr>
<td>Primary Care</td>
<td></td>
<td>3561</td>
<td>472</td>
<td>4033</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MHSOP</th>
<th>Direct Contacts</th>
<th>F2F</th>
<th>Telephone</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHT</td>
<td></td>
<td>8185</td>
<td>1590</td>
<td>9775</td>
</tr>
<tr>
<td>Memory Service</td>
<td></td>
<td>6861</td>
<td>1476</td>
<td>8337</td>
</tr>
</tbody>
</table>
Crisis and urgent response and intensive home treatment

Part of the consultation related to the provision of a health-based place of safety (Section 136 suite) in Northallerton, proposing that the health-based place of safety is decommissioned due to the low volumes of Hambleton and Richmondshire presentations and people being managed through the Suite in Harrogate. Looking at the last 12 months of data shown in Table 3, only 30 (c.50%) people were brought to the suite for assessment, of which only 5 resulted in admission to an assessment and treatment bed.

Table 3: Hambleton & Richmondshire health-based place of safety activity

<table>
<thead>
<tr>
<th>Jul-17</th>
<th>Jun-17</th>
<th>May-17</th>
<th>Apr-17</th>
<th>Mar-17</th>
<th>Feb-17</th>
<th>Jan-17</th>
<th>Dec-16</th>
<th>Nov-16</th>
<th>Oct-16</th>
<th>Sep-16</th>
<th>Aug-16</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hambleton &amp; Richmondshire patients in Northallerton S136 Suite</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Total number of patients in Northallerton S136 Suite</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>14</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

This reduction in number has resulted from the change in practice of the crisis team and their interaction with the North Yorkshire Police to put home-based interventions in place with robust safety plans and follow-up plans and the closure of the police custody suite at Northallerton.

The Working Age Adult Crisis and Home Treatment Service shows in Table 4 that 479 referrals were accepted in the last financial year (1 April to 31 March). This is directly in line with the expectation that crisis and home treatment keeps people out of hospital.

Table 4: 2016/17 Crisis & home treatment accepted referrals (AMH)

<table>
<thead>
<tr>
<th>AMH</th>
<th>Total</th>
<th>Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis/Home Treatment</td>
<td>479</td>
<td>39.91</td>
</tr>
</tbody>
</table>

(Note: Tables below only include external referrals that have been accepted into service)

In respect of the Acute Hospital Liaison Service, as shown in Table 5, the service has received 332 referrals in the last financial year:

Table 5: 2016/17 Acute Hospital Liaison referrals (AHLS)

<table>
<thead>
<tr>
<th>MHSOP</th>
<th>Total</th>
<th>Per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHLS</td>
<td>332</td>
<td>27.6</td>
</tr>
</tbody>
</table>
Currently, there is no commissioned crisis or intensive home support service for people under 16 years of age or with organic presentations who present in crisis or to the emergency department.

**Inpatient admission and length of stay**

In the last financial year Ward 15 accepted 44 adult admissions and Ward 14 accepted 23 older adult admissions from the Hambleton and Richmondshire populations. Table 6 shows the monthly admission picture for both wards. There is a decreasing trend of admissions to both wards.

**Table 6: 2016/17 Admissions to Ward 14 & 15**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>11</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>44</td>
</tr>
<tr>
<td>Other CCGs</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>7</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ward 14 Admissions by CCG Sep 16-Aug 17 (calendar year)</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Apr-17</th>
<th>May-17</th>
<th>Jun-17</th>
<th>Jul-17</th>
<th>Aug-17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>Other CCGs</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>18</td>
</tr>
</tbody>
</table>

To support the admission activity, Table 7 provides the average length of stay for the last financial year.

**Table 7: 2016/17 Average length of stay on Ward 14 & 15**

<table>
<thead>
<tr>
<th>Ward 15 ALOS by CCG</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Nov-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Feb-17</th>
<th>Mar-17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG</td>
<td>25</td>
<td>61</td>
<td>53</td>
<td>64</td>
<td>52</td>
<td>22</td>
<td>21</td>
<td>67</td>
<td>36</td>
<td>81</td>
<td>56</td>
<td>66</td>
<td>50</td>
</tr>
<tr>
<td>Other CCGs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ward 14 ALOS by CCG Apr16 - Mar17 2016/17</th>
<th>Apr-16</th>
<th>May-16</th>
<th>Jun-16</th>
<th>Jul-16</th>
<th>Aug-16</th>
<th>Sep-16</th>
<th>Oct-16</th>
<th>Dec-16</th>
<th>Jan-17</th>
<th>Mar-17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG</td>
<td>48</td>
<td>87</td>
<td>57</td>
<td>57</td>
<td>75</td>
<td>79</td>
<td>64</td>
<td>64</td>
<td>64</td>
<td>66</td>
<td>86</td>
</tr>
</tbody>
</table>

**Mental health total spend**

We received numerous detailed queries regarding the financial elements of the service change and responded to each of them – this detail is included in the supporting evidence document. Most importantly we clarified and reaffirmed that the CCG does and will continue to meet the Mental Health Investment Standard and that this potential service change would not result in any funding reduction for mental health services across Hambleton, Richmondshire or Whitby areas.

**TEWV bed capacity**

Some people were concerned that there would not be enough beds for Hambleton and Richmondshire patients at the specialist sites in Darlington, Middlesbrough or Bishop Auckland. The Chief Executive of TEWV, Colin Martin, confirmed to the North Yorkshire Scrutiny of Health Committee and Richmondshire MP, Rishi Sunak that there is adequate capacity across the system to accommodate all patients and provided his personal assurance in a statement made in July 2017. Full details of this statement are included in the supporting evidence document.

**Travel distances to Bishop Auckland for patients with dementia**

People told us they were particularly concerned about the long distance to Bishop Auckland Hospital for older people and their carers or family members – so it was important that we clarified that older people who have organic mental health issues (such as dementia) and significant behaviours that challenge already go to the centre of excellence at Bishop...
Auckland and that we were not proposing to change that pathway. To put it into important context, in 2016/17 only two patients from the Hambleton and Richmondshire areas were admitted to the Bishop Auckland facility. Moreover, in the future, if we were to enhance community services we do not expect these numbers to increase significantly, as those people who are currently admitted to the Friarage Hospital would be able to receive their care in the community via the enhanced community services.

**Engagement with key stakeholders**

In addition to service users, carers, staff and the general public, our comprehensive stakeholder list for Hambleton and Richmondshire for this consultation can be found in Appendix 7.

Throughout this process, there has also been continued communication and engagement with the following key stakeholders:

**NHS England**

In line with the expectations of NHS England’s ‘Planning, assuring and delivering Service Change for Patients’ (2015), representatives from the CCG and TEWV have presented their case for change and provided assurances that the four keys tests have been met. These meetings took place on the following dates:

- Wednesday January 18 2017
- Wednesday March 15 2017
- Tuesday October 17 2017

**Scrutiny of Health Committee**

We liaised closely with our local scrutiny committee, North Yorkshire County Council’s Scrutiny of Health Committee, prior to and throughout the consultation. The consultation process was approved by the Chair. Presentations were made to the Committee on the following dates:

- January 2017 - one mid-cycle briefing prior to the pre-consultation engagement period to brief the committee on the proposals,
- March 2017 - one full committee meeting prior to the consultation,
- June 2017 - one mid-cycle briefing during the consultation period to brief the committee on the proposals and progress being made during the consultation period; and
- 22 September 2017 - summary of the consultation and next steps.

**Clinical Senate**

A desktop review of an early version of our consultation document was undertaken by the Northern Clinical Senate in April 2017 (see Appendix 8). The review was proportionate with the scale of the change and amount of information provided and overall the panel found no ‘red-flags’ that would prevent the programme from progressing.

The desktop review of the documentation focused on four main areas:
The CCG is fully committed to partnership working and engaging with partners in local authorities. From the outset, North Yorkshire County Council has been a key member of the CCG mental health transformation board and the Transforming Mental Health Services steering group.

In addition, as part of the consultation process, our senior teams attended public meetings with Hambleton District Council and Richmondshire District Council to discuss the consultation and answer queries and concerns.

Healthwatch

During the pre-consultation engagement phase, Healthwatch North Yorkshire was approached to ascertain their intended level of their involvement. Healthwatch was unable to provide significant involvement until August 2017 when they received an increase in staff capacity. Since then, the organisation became involved within the formal consultation and provided useful feedback including a report which can be found in Appendix 9.

GPs and practice staff

Dr Richard James, a Richmondshire GP, was engaged by the CCG to be the primary care engagement link throughout this process. Dr James engaged with every practice in Hambleton and Richmondshire during the course of the work and the findings of this work are appended to the full consultation document. The CCG also used regular locality meetings to brief GP colleagues on the consultation and highlighted the consultation on multiple occasions in our monthly practice newsletter and other email communication.

To help us promote the consultation, we asked GP practices to display posters and information leaflets. We also gave each practice a copy of the full consultation document and summary versions, with the decision to display materials made by the practice manager.

We presented the consultation to the CCG Council of Members which includes representation from each of the 22 GP Practices. Each of the 17 practices in Hambleton and Richmondshire attended the presentation.

Following receipt of the Senate’s feedback we made a number of updates and revisions to the final consultation document. Developments have also progressed throughout the consultation time period to enable us to expand on the crisis and home treatment responses, community mental health models, care home in reach, dementia care and the voluntary sector potential, as well adding the workforce and information technology (IT) detail which they requested.

Local authorities

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We presented the consultation to the CCG Council of Members which includes representation from each of the 22 GP Practices. Each of the 17 practices in Hambleton and Richmondshire attended the presentation.
Richmondshire was asked to vote on their preferred option. 16 of the 17 practices voted for option 2 and one practice abstained. The summary of votes is included within Appendix 10.

**Neighbouring CCGs**

Due to the nature of this service change, we have provided assurance to neighbouring CCGs that where there would be a change to patient flows, we would ensure there are appropriate levels of resources to meet the increased activity where needed. In addition, TEWV have provided assurance that there is adequate bed capacity in the Teesside and Durham and Darlington localities so as not to disadvantage the local communities.

**Health Engagement Network**

The CCG has a network of public members referred to as the HEN (Health Engagement Network). There are three lay representatives who sit on the CCG Governing Body representing Hambleton, Richmondshire and Whitby area localities. The HEN representatives ensure a regular flow of consultation communication and engagement enabling the CCG to share important messages and receive information from the public.

The wider HEN network includes over 300 members of the local public. The network received regular consultation information by email and post in the form of stakeholder briefings and our newsletter (both email and print). Any questions raised by the network or representatives were logged and responded to as appropriate.

**Patient Participation Groups**

The CCG has recently included Patient Participation Group (PPG) details on stakeholder contact lists. Since this addition, many local PPGs received regular consultation information by email and post in the form of stakeholder briefings and our newsletter (both email and print). Any questions raised by PPGs were raised by our HEN representatives to be logged and responded to as appropriate. The CCG’s Vice Chair and Lead for Patient and Public Involvement requested updates on the consultation in order to take to a number of PPG meetings they were invited to attend.

**Service user groups**

We worked hard throughout the consultation to ensure that we spoke with as wide a range of people as was possible and it was key for us to speak to service users themselves. We realised that people experiencing mental ill health may not always want to engage with formal consultation processes so we took a mixed approach to engaging with the service user group.

We formally consulted with the Phoenix Service User Group and are very grateful for their participation throughout the process:

“The Phoenix group have played a vital role in the CCG/TEWV project to re-design services in Hambleton and Richmondshire.

The group has influenced the project. We were invited early on to take part in the pre-engagement and consultation process, and members have played an active role in listening and gathering opinions on mental health services in our area, talking to the
general public, service users, staff and inpatients. Throughout the process we have provided input and our views have helped shape the project.

We are represented on the steering group for the project by a member of the group. A member also took part in the mapping analysis.

As a group we support the consultation and look forward to being involved with the future implementation plans."

Phoenix Group Chair

We also engaged with the Hambleton and Richmondshire Mental Health Forum, and attended numerous smaller groups who wanted more one to one contact, and issued packs to groups who would prefer to discuss amongst themselves.

Staff engagement

Prior to the launch of the consultation, we briefed CCG staff and asked for their support in promoting the consultation and also to make sure they had access to any relevant information in case they were asked questions by any partners or members of the public. We issued regular updates throughout the consultation at team meetings and provided briefing documents. A range of staff also attended the public events to provide support and to gain an understanding of the public’s reaction to the consultation.

In addition, TEWV held a number of Trust staff engagement sessions prior to and during the consultation to answer questions about the services changes, further gather their ideas and employment queries. The local consultative committee have also been kept appraised of the consultation developments.

Adherence with planning, assurance and service development

The process that has been adhered to has been in line with the expectations of NHS England’s ‘Planning, assuring and delivering Service Change for Patients (2015)’. The law requires NHS bodies to engage with members of the public when considering changes to health services and before making decisions. The duties focus on:

- Involving individuals in the development and consideration of proposals for changes in commissioning arrangements; and
- Consulting the local authority, generally through its Overview and Scrutiny Committee, on any substantial variation in the provision of health services.

The CCG and TEWV have taken these legal duties into account in developing the consultation proposals and accompanying process. The scale and length of the proposed consultation period was discussed and agreed with the Chair of the North Yorkshire County Council Scrutiny of Health Committee prior to its start.

The CCG has followed guidance from NHS England and, in order to give people as much time as possible to consider our proposals; our consultation ran for a full 12 weeks from 9am Monday 26 June until 5pm Friday 15 September 2017.
Throughout the engagement and consultation process the CCG sought to ensure all of the four tests are met fully and provided regular updates to the service change assurance team at NHS England by way of a number of checkpoint visits and the regular completion of a reconfiguration grid. A summary of the evidence against the four tests can be found in Appendix 11.
6. **Analysis of the consultation feedback**

This section summarises the results of the formal consultation and the analysis of feedback. The outcome of the 12 week formal public consultation resulted in:

- 866 people spoken with at 62 meetings and events held across the local population,
- 442 completed questionnaires (112 online and 330 by post or from events); and
- 55 additional correspondences received from 26 different organisations or individuals via post and email (with nine received outside pre-consultation engagement and formal consultation phases from three separate individuals).

All comments received were logged, reviewed and considered as part of the consultation process. We have also incorporated an analysis of the responses to the questionnaire, a summary of the emails and letters received and the themes raised and discussed at events.

From this, the outcome of the public consultation and scoring demonstrated that Option 2 was the preferred option of the majority of people who indicated a preference. However, a number of questions and concerns were also raised – all of which have been reviewed and considered in the final recommendation. More details can be found in Appendix 13 of this report.

**Results of the questionnaire**

A preferred option was selected a total of 422 times (with 20 not selecting a preferred option). The following table provides the ranking of the preferred option chosen during the formal consultation recorded via the online and printed questionnaires:

<table>
<thead>
<tr>
<th>Option</th>
<th>Number of times chosen as preferred</th>
<th>Percentage of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1:</td>
<td>100</td>
<td>23%</td>
</tr>
<tr>
<td>Option 2:</td>
<td>289</td>
<td>65%</td>
</tr>
<tr>
<td>Option 3:</td>
<td>33</td>
<td>7%</td>
</tr>
<tr>
<td>Blank</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>442</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

(‘Blank’ refers to submitted questionnaires where no preferred option could be identified).

From the results, we can identify that Option 2 was the overall preferred option from the consultation. A more detailed breakdown of the analysis can be found in Appendix 13.

Despite identifying a preferred option from the consultation questionnaire, it is important to balance the feedback captured from all comments.

All correspondence received during the formal consultation can be found in the supporting evidence document.
Thematic analysis of consultation themes

35 open public events were held across the area during the period of the consultation and were attended by 606 service users and carers, health and social care professionals, members of the public, local authority members and other stakeholders. Significant feedback was received during these events and has been captured in the full consultation analysis.

Whilst a lot of people told us which option they would prefer to be implemented, we also received feedback through the questionnaires and from our dedicated feedback email. Each comment received from members of the public and our stakeholders was logged and reviewed in order to identify reoccurring themes. The full anonymised comments log can be found within the supporting evidence document.

Examples of the themes taken from feedback are highlighted below with respondent quotations and a CCG response to each. They primarily relate to:

- Transport and travel distances,
- Future of the Friarage Hospital,
- Rebuild of a mental health hospital,
- Details relating to the community based model; and
- Not fully understanding or agreeing with the choice of consultation options.

Due to the large number of comments received during the consultation it has not been possible to provide a written response to each individual comment, however these have all been considered.

Concerns relating to public transport and travel distances for inpatient care under proposed options 2 and 3

This was one of the biggest issues for people attending the consultation events; some people expressed concern about not having access to inpatient care for adult and older people’s mental health services in the Northallerton area. Concerns were also raised for carers and family members visiting those admitted to inpatient units – particularly elderly patients with dementia in Bishop Auckland. The current level of public transport available to local people was also raised a number of times as a concern.

“There is no mention of public transport in the document - that is how many of our older people get around.”

“For patients, especially older patients, visits from family and friends are very important. For family and friends it is equally important to be able to visit and keep in touch. If people have their own transport then actual distance is not too much of a problem but if people are dependant - public transport it can be difficult. Local community based care is vitally important.”

“The attitude of the CCG towards patient travel is abysmal – you say not our problem, not our budget! The main concern of people in the Northallerton area (and that of the Dales including Hawes) is the lack of
appropriate public transport for adults unable to drive for various reasons, mainly medical including mentally ill patients and our more elderly communities (which is higher here than the national average).

**CCG response**

Our area is deeply rural and as such we know that transport is a significant issue for the population of Hambleton and Richmondshire. As a CCG we are funded to buy only emergency response transport services and patient transport services for those who qualify for them – but we realise that there are a myriad of other transport challenges for people who do not qualify for either of these services. We are deeply committed to bringing care closer to home – not just because this is the right thing to do for patient experience and outcomes but also because by moving services out into our communities we are able to significantly reduce or even, in some circumstances, eliminate the need to travel to receive health care.

We know from our public engagement since 2013 that the preference of a very large proportion of our population is to receive their health care as close to their home as is possible. We are proposing should either option two or three of this consultation be taken forward, to develop a significantly improved model of community mental health services. This model will be designed with input from service user groups, clinicians, our social care colleagues and third sector stakeholders.

Through this significant enhancement of the amount of intensive home treatment and crisis care available to the people of Hambleton and Richmondshire we are confident that there will be a reduction in the number of admissions to inpatient beds and the length of people’s stays in hospital. This would therefore reduce the need and period required to travel to access care or visit friends and family.

When patients really do need to be admitted to hospital they would be admitted to their nearest purpose built mental health inpatient bed and, for almost all of our patients, this will be closer to their home than the current unit at the Friarage Hospital, Northallerton as evidenced below:

**Table 9: Changes to patient and family travel distances**

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Option 2</th>
<th>Average % in/decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average Distances (Miles)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>24.43</td>
<td>17.41</td>
<td>-28.74%</td>
</tr>
<tr>
<td>MHSOP</td>
<td>23.39</td>
<td>17.94</td>
<td>-23.30%</td>
</tr>
<tr>
<td>Total</td>
<td>24.1</td>
<td>17.58</td>
<td>-27.05%</td>
</tr>
</tbody>
</table>
Concerns regarding the future of the Friarage Hospital

The CCG has received many queries during the consultation regarding the overall future of the Friarage Hospital should option 2 or 3 be taken forward resulting in the closure of the two existing mental health wards.

“I refused to stay in the Friarage mental health wards as the windows wouldn't open.”

“People are concerned about the CQC closing the whole FHN like they did with Bootham.”

“Save Our Friarage Hospital Services.”

“It is closure of the Friarage by stealth!”

CCG response

We have no plans to decommission the use of the Friarage Hospital, Northallerton.

The CCG recognises the high regard placed on services delivered at the Friarage Hospital, Northallerton. The CCG’s role is to ensure equity of provision of service across the whole of the population it serves. The services that have been provided from within the Friarage Hospital have changed many times over the decades in line with advances in medicine, technology and changes in national regulatory requirements.

We are therefore working proactively to secure and grow the future of the site by supporting developments such as the Sir Robert Ogden Macmillan Centre, the new optometry suite and, should option 2 or 3 of this consultation be taken forward, the development of a new mental health community hub and the increase of capacity for elective care procedures.

Why can’t an inpatient unit be rebuilt on the Friarage Hospital site?

Some comments included queries around the possibility of investing in the current mental health wards or rebuilding a new mental health inpatient facility on the Friarage Hospital site. Further queries around the potential build of a new mental health services ‘community hub’ on the site instead of a new inpatient unit were also raised.

“If you are funding into a centre at the FHN why doesn't it have inpatient services?”

“Improve facilities in the Friarage. Do not take people over the border.”

“My preferred option is for a specially designed Mental Health unit to be available at the Friarage site. This could be achieved by refurbishing the two wards or raising funds for a new build unit. Darlington is too far away!”

“We understand and agree that the current mental staffing location is unsuitable and that it would be better for them to be all together close to Friarage site. But why spend an estimated £6.5m building staff accommodation and not adding mental health beds on the ground floor of the same unit in order to provide beds with the Hambleton & Richmondshire footprint or do staff come before patients?”
CCG response

As described in section 4. of this document, in addition to the three options articulated earlier a fourth delivery model was considered. This model proposed a 6 day enhanced community and 7 day crisis response, with access to a smaller local, new build, all-age adult functional assessment and treatment facility on the Friarage Hospital site.

However, after much discussion, most notably with our clinical colleagues, it was concluded that this option is not viable to take forward for public consultation for three significant reasons:

Firstly - 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.

Secondly - it is not financially viable due to the significant additional capital implications associated. Additionally - the release of inpatient investment into an enhanced community model would be reduced by half. This would be largely due to the need for increased staffing required for the inpatient unit, to accommodate caring for younger adults and frail elderly people.

And thirdly - 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 that they want.

What are the details relating to the community based model?

During the events, the CCG and TEWV spent time explaining what an enhanced community service could look like. However, the CCG was unable to confirm the absolute detail of what that enhanced service would consist of and made it clear that feedback from the consultation was essential to deciding on the most suitable model for the population.

Comments received queried the ability to select option 2 or 3 (and enhancing community services) without a more detailed understanding of what that would look like. Similarly, concerns over the national and local challenges of workforce recruitment affecting the proposed model.

“How are you going to provide more care in the community when you're reducing the numbers of experienced staff working in the community and replacing experienced staff with less experienced and less qualified staff? Telling people that staffing levels are increasing but not being honest about what is really happening.”

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

“Please can you confirm the specific increase in staffing and resources for Community Mental Health teams which will occur as a result of these changes?”
“We need more help in the community. I wouldn't want to go into hospital if I was very unwell mentally. Surely this could make you feel worse? So I get that the focus should be on getting help nearer home first surrounded by friends and family (if you are lucky enough to have them) and then keep specialist hospitals for really severe cases.”

“Care in the community is most important as need their surroundings. Home comforts family & friends. Thinking of my daughter. Too many pressures.”

“More quality community support needed, especially at weekends. - Mental health funding should be proportional to the effect the illness has on the patient + their families often vast. - In patient care should be a last resort.”

**CCG response**

There is strong national and international clinical evidence to support a community focussed model. In particular, as outlined in the Five Year Forward View for Mental Health, ‘Mental Health and New Models of Care’ (February 2016) and ‘Lessons from the Vanguards’ (Kings Fund report, May 2017). It is also recommended in the North Yorkshire County Council’s, ‘Living Well’ scheme (https://www.northyorks.gov.uk/living-well-north-yorkshire).

Overall, the population were supportive of the proposal to enhance existing community services but queried the services which will make ‘care closer to home’ and what they would consist of.

We were clear from the outset of this consultation that we were not going to pre-empt the outcome and that, whilst we shared a lot of information about what the community model might look like we would not commit to what it would look like.

However, to assist with transparent decision making we have worked up detailed examples of how a service re-design could look and these are attached at Appendix 14.

Once the consultation outcome has been determined and should either option 2 or 3 be taken forward, then the community model will be designed in partnership with a range of multi-agency stakeholders including co-design and co-production with service users and their families and carers.

**Not fully understanding or agreeing with the choice of consultation options**

Some responders felt that they were not able to choose a preferred option based on those put forward. This was mainly due to not agreeing with proposals or finding the description difficult to understand.

“I feel there should be more provision (7 day service) and more dementia care in the community. However I do feel that there is barely any difference between option 2 & 3 and there should be another option to include keeping inpatient facilities at the Friargate and improving community services. This will keep care closer to home. Bishop Auckland is NOT care closer to home!!"
“We think it is time you went back to the drawing board and start again showing a FULL range of options which should be fully costed.”

“Unfortunately I feel that none of the options address the key issue of not enough money invested in local mental health services, and are an excuse to move money around to the detriment of the community.”

**CCG response**

We considered a number of options but agreed that it was not appropriate to consult on options that were not deliverable and that if we did so, we would not be giving real choice or being honest through the consultation process. We have explained above why we discounted an option that included a possible rebuild of inpatient facilities at the Friarage Hospital site.

The options we consulted upon were based on the findings from our engagement work and as people sought further detail and information we supplied this on an on-going basis throughout the consultation. We also added further information into the documentation as requested, introduced easy read versions of the documents and attended all groups who requested to speak to us directly.

The CCG is committed to maintaining our adherence to the Mental Health Investment Standard on an on-going basis. We also have a constitutional responsibility to make sure that we get the best value from each pound of that investment for the benefit of the local population.

**Other feedback received**

Some people were concerned that a decision had already been made and that should the preferred option (option 2) be taken forward, that the two wards would immediately close which raised concern over existing patients.

“Don't think the consultation has a point as it's a "done deal" as part of downgrading the Friarage.”

“The timing of the consultation is unfortunate due to other issues (Friarage, STP).”

“STOP THE CLOCK AND START AGAIN and present the case correctly so that the public can clearly see all the options, see the facts and can realistically make a decision.”

**CCG response**

The CCG, with TEWV, has undertaken this consultation in a transparent way that we believe has met the key requirements set out in national guidance on implementing significant service change. In doing so we have tried to seek the views of as many people as possible and have presented the outcome of that consultation within this document.

Throughout the consultation, we encouraged people to provide their feedback through filling in the questionnaire, writing to us or sending us an email. We advertised a freepost address and a dedicated email address for people to use for this correspondence. In total, we received 442 completed questionnaires from
public and other stakeholders via these routes. The feedback can be found in the supporting evidence documentation.

It will be for the CCG Governing Body to decide whether they approve the recommendation of the report outlined above. In doing so the CCG is keen to ensure that once a decision has been made about the option to be taken forward that detailed implementation plans are developed taking into consideration the feedback we have received and ensuring that the implementation can be achieved in a safe and effective way.

**Lessons learned**

It is really important to the CCG that learning is taken from each piece of engagement and consultation undertaken and as with any complicated process there are lessons that we will take away from this process and things that we might do differently in future.

Learning taken from this consultation process which will be considered includes the following:

- Although the local acute mental health service user and carer group has been heavily involved throughout the process, ensure a more varied group of service users and carers are involved in the pre-engagement (prior to pre-consultation and consultation).
- In addition to those already held, aim to hold even more face-to-face pre-consultation engagement sessions with a more varied selection of community and voluntary groups.
- Consider recording engagement and consultation events (with permission) for evidence as not all conversations resulted in completed questionnaires.
- Hold meetings with local media contacts during the pre-consultation engagement phase to increase level of understanding, target audience and case for change.
- Despite sharing the draft consultation materials with some groups, it may have been helpful to dedicate more opportunity for involvement in the development of consultation materials such as the summary document.
- Although a detailed analysis of pre-consultation engagement was undertaken and noted, ensure a summary is included and in detail in the full consultation document as well as the consultation report in order to provide greater clarity with regards to potential outcomes.
- Follow the overall process of previous consultations but ensure that extra considerations are made for the target audience e.g. appreciating that not all mental health service users will be comfortable or have the capacity to complete a questionnaire.
7. Recommendation to the CCG Governing Body

We want to improve adult and older people’s mental health services across Hambleton and Richmondshire. Therefore, over the summer of 2017 we have undertaken a consultation in line with the requirements of NHS England guidance for major service change.

People have told us their views and also their issues and concerns. Principally these were:

- Concerns relating to travel distances and public transport for inpatient care under proposed options 2 and 3,
- Concerns regarding the future of the Friarage Hospital in general,
- Suggestions to build a new inpatient unit on the Friarage site; and
- Queries around details relating to the community based model.

It is clear from the feedback received that the majority of people who expressed a preference preferred Option 2 and therefore we recommend that the Governing Body approve the implementation of Option 2 –

A 7 day enhanced community and crisis service. Inpatient care will be provided in the service users nearest neighbouring assessment and treatment mental health bed at West Park Hospital, Darlington or Roseberry Park Hospital, Middlesbrough and Bishop Auckland General Hospital (for those patients with organic illnesses such as dementia).

The preferred option – based on clinical evidence and the needs of the population - (Option 2) would see the permanent withdrawal of mental health services from wards 14 and 15 in the Mental Health Unit on the Friarage Hospital site. This change would allow us to commission more safe and appropriate care in the right clinical environments and enable the redesign of the community, home treatment and crisis teams, through increasing the investments in those services and thereby commissioning a more modern and clinically effective model of care.

But in doing so it is also recommended that the following actions are delivered as part of implementation to mitigate the impact of the issues/concerns people have told us they have:

- Share information regarding the multi-agency transport work – ‘go local’ once available,
- Provide confirmation on the future vision for the Friarage Hospital from South Tees Hospitals NHS Foundation Trust,
- Share detailed plans of the new mental health hub to be built on the Friarage site once available, and
- Share the draft implementation plans, and details of how to get involved in the ongoing development and implementation of those plans so that the future service is co-designed with service users, carers, the public and other stakeholders.
The approval process

Following the end of the consultation the feedback and recommendation from the consultation will go through a number of stages prior to final consideration by the CCG Governing Body. This process is outlined in the table below.

Table 10: High-level mobilisation time table

<table>
<thead>
<tr>
<th>Key action</th>
<th>Timetable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update to NYCC Health Overview &amp; Scrutiny committee</td>
<td>22 September 2017</td>
</tr>
<tr>
<td>Post consultation and outcome recommendation considered by TEWV Board</td>
<td>26 September 2017</td>
</tr>
<tr>
<td>NHS England final Sense Check</td>
<td>17 October 2017</td>
</tr>
<tr>
<td>CCG Governing Body decision</td>
<td>26 October 2017</td>
</tr>
<tr>
<td>Update to NYCC Health Overview &amp; Scrutiny committee</td>
<td>15 December 2017</td>
</tr>
<tr>
<td>Business Case detailing implementation plan and final timescales</td>
<td>December 2018</td>
</tr>
<tr>
<td>Revised Service Offer start date</td>
<td>From July 2018</td>
</tr>
</tbody>
</table>
Appendices (included in full version)

Appendix 1: Glossary of terms
Appendix 2: Original case for change
  Table 1: All activity relating to engagement and consultation
  Table 2: Pre-engagement events (2016 – 2017)
Appendix 4: Pre-consultation engagement (1 January 2017 – 12 May 2017)
  Table 3: Pre-consultation engagement events
  Table 4: Key themes from pre-consultation engagement events
  Table 5: Key themes from pre-consultation feedback forms
Appendix 5: Further detail on how we communicated and engaged
Appendix 6: Scenario-based post consultation communications and engagement strategy
Appendix 7: Full stakeholder list
Appendix 8: Northern Clinical Senate desktop report and review
Appendix 9: North Yorkshire Healthwatch report
Appendix 10: Council of Members post consultation vote
Appendix 11: NHS England; evidencing that the four tests for service change have been met
Appendix 12: Public consultation events
Appendix 13: Detailed breakdown of the questionnaire analysis
Appendix 14: Enhanced community service modelling
  14a. Adult and older people additional workforce numbers and roles
Appendix 15: Equality Impact Assessment
Appendix 16: Sustainability Impact Assessment
Appendix 17: Quality Impact Assessment
Appendix 18: Privacy Impact Assessment
NHS Hambleton Richmondshire and Whitby Clinical Commissioning Group
Civic Centre
Stone Cross
Northallerton
DL6 2UU

To view the full consultation report including appendices, please visit
www.hambletonrichmondshireandwhitbyccg.nhs.uk or call 01609 767600 to request a copy.