

Developing mental health services for adults and older people in Harrogate and Rural District and Wetherby and its surrounding areas



In partnership with:

Tees, Esk and Wear Valleys NHS Foundation Trust
NHS Harrogate and Rural District Clinical Commissioning Group
NHS Leeds Clinical Commissioning Group



Introduction

We are developing plans for our community mental health services for adults and older people in Harrogate and Rural District, and Wetherby and its surrounding areas, that focus on supporting people at home whenever possible.

By investing in community services we aim to reduce the number of inpatient admissions as well as the length of time individuals need to spend in hospital (this is what people told us they wanted). We will also ensure that when someone needs inpatient care they will receive it in a high quality and safe environment.

We want to involve as many people as possible in developing our plans. This engagement launched on 24 June 2019 and will run for 12 weeks (until 13 September 2019).

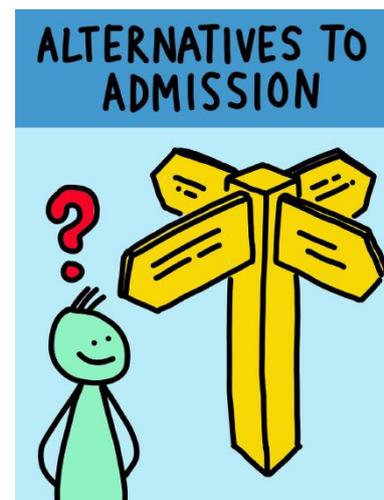
The plans have been developed by Tees, Esk and Wear Valleys NHS Foundation Trust, NHS Harrogate and Rural District Clinical Commissioning Group and NHS Leeds Clinical Commissioning Group.

Summary

On 6 December 2018 NHS Harrogate and Rural District Clinical Commissioning Group approved proposals for the future development of mental health services for adults and older people.

The agreed model was developed by Tees, Esk and Wear Valleys NHS Foundation Trust and NHS Harrogate and Rural District Clinical Commissioning Group. It enables us to reinvest money in community services to focus on supporting people at home whenever possible. It also ensures that when someone needs inpatient care they will receive it in a safe, high quality environment.

By investing in community services we aim to reduce the number of inpatient admissions as well as the length of time individuals need to spend in hospital (this is what people told us they wanted).



When people need to spend time in hospital these services will be provided in a specialist facility in York where Tees, Esk and Wear Valleys NHS Foundation Trust is already building a new mental health hospital.

We appreciate that a number of people felt it was important to have an inpatient unit in Harrogate and we explored a range of options for doing this. However, we concluded that the approved model was the only option that will allow us to maximise patient safety and provide the best possible patient experience, whilst remaining true to our commitment to providing care as close to home as possible.

We now want to work with local people to develop community services that will support more people to remain in their home environment.

We anticipate implementing these developments by Spring 2020.

Background

Mental health inpatient services for Harrogate District are currently provided in the Briary Wing in Harrogate District Hospital. This unit does not provide the standard of accommodation we expect. This was also highlighted by the Care Quality Commission (CQC) inspections and we need to address this.

Plans for a new hospital were paused in July 2017 while we undertook a review. We needed to make sure that we were making best use of our resources to provide the best possible mental health care for people across the district.

Since then we have worked with patients, families and carers, the voluntary and community services sector and colleagues and staff across health and social care to identify what a future model of sustainable mental health care should look like.



What people told us they want



The work we did to involve the local community gave us a clear understanding of what people want from their mental health services.

The full report is available on the CCG's website -

<https://www.harrogateandruraldistrictccg.nhs.uk/index/news/?post=hard-ccg-governing-body-set-future-direction-for-mental-health-services-for-adults-and-older-people>

Options for the future

We considered a number of options. However, for a range of reasons there was only one viable option (option 3 – see below).

The reasons for discounting the other options are outlined here -

<https://www.harrogateandruraldistrictccg.nhs.uk/index/news/?post=hard-ccg-governing-body-set-future-direction-for-mental-health-services-for-adults-and-older-people>

Option 3 (agreed model)

We will invest in extending our community services to support more people at home and provide inpatient care from a specialist facility in York where Tees, Esk and Wear Valleys NHS Foundation Trust is already building a new hospital.

By investing in community services we will reduce the number of inpatient admissions, as well as the length of time individuals need to spend in hospital, and we will therefore need fewer beds.





Developing our community services

The approved approach releases £500,000 per year to invest in our community services. In addition, we are already looking at how we can improve the way we work to give people the support they need.

The following section outlines our thoughts on what our community services might look like in the future, based on the feedback we've received already.

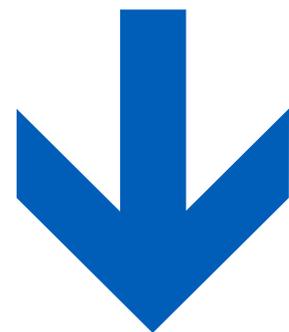
It also takes into account the success Tees, Esk and Wear Valleys NHS Foundation Trust has had in other areas, such as Hambleton and Richmondshire, where community teams are now supporting many more people in their own homes.

Supporting more people at home – what can be achieved

In Hambleton and Richmondshire we had the same ambition – to admit fewer people to hospital and to reduce the lengths of stay for those who needed to spend time as an inpatient. At the end of February 2019 we transferred inpatient services from the Friarage in Northallerton to Darlington and Teesside. We are already seeing a positive impact from the work we've done to transform community services.

Older people's services - there has been a 26% reduction in the length of time older people spend in hospital (this has reduced from an average of 79 days in 2017/18 to 58 days in 2018/19). So far this year the average length of stay is 47 days. We have also seen a slight reduction in the number of admissions.

Adult services – there has been a 50% reduction in lengths of stay (this has reduced from an average of 38 days in 2017/18 to 20 days in 2018/19). So far this year the average length of stay is 11 days. We have also seen a slight reduction in the number of admissions since 2016/17.



Adult mental health services

Our aim is to help people stay well and to support their sustained recovery. Our proposals focus on three key elements and the emphasis is on meeting the needs of service users and their families. Our staff will continue to support carers (each team has a designated carer champion linked to the Triangle of Care). We can also refer carers to the local authority if additional support is needed.

The key elements of our proposals are to:

- Review the skills needed within teams to make sure people receive the right support from the right people and that we're making the best use of the money available to us.
- Extend our working hours to make services more accessible and to make sure that people receive the support they need, when they need it.
- Improve the way we work to make sure we are providing the right care, in the right place at the right time.



We propose:

- Introducing peer support workers attached to our community teams. Peer support workers are people who have experienced mental health problems, either personally or as a carer. They will be employed by the Trust to use their experience to support others with their recovery.
- Introducing dedicated consultant psychologist time into the crisis team to better understand the needs of people with increased distress. The aim is to improve the development of crisis and short term treatment plans that will assist recovery and reduce the need for admission to hospital.
- Increasing the number of staff within our community teams who are trained to understand need and provide specialist therapies (psychological wellbeing interventions). The aim is to help individuals achieve their goals and a sustained recovery. The additional capacity will also allow us to offer appointments in the evening, which help support people wishing to return to work.
- Increasing capacity to support more home treatment, seven days a week, for service users, their family or carers. The aim is to prevent hospital admission or support earlier discharge from hospital.



Work is already underway to improve the way we work. For instance, we have:

- Introduced a single point of access from general practice (family doctors), supported by an assessment process. This has brought all parts of the system together and is speeding up referrals into our service and making sure people receive the appropriate support as quickly as possible.
- Co-located adult and children and young people's crisis teams to improve the transition of our young adults into adult services.
- Developed closer working relationships with our voluntary and social care partners to help make sure people get the support they need to stay well.
- Made good progress with our police and ambulance partners to make sure there is clinical support for people with mental health needs.

Mental health services for older people

Our older people services support people with dementia (organic illnesses) as well as people with other mental health problems such as depression (functional illnesses).

Our proposals focus on supporting people to remain at home wherever possible (this includes nursing and residential homes). It's less disorientating for people with dementia to remain in the familiar surroundings of their own home or nursing home. Our staff will continue to support carers (each team has a designated carer champion). We can also refer carers to the carer resource service or local authority if additional support is needed.

Three key elements to our proposals are to:

- Extend our working hours to make services more accessible and to make sure people receive the support they need, when they need it.
- Work more closely with staff and patients in nursing and residential homes to help more residents to remain at home.
- Improve the way we work to make sure we're providing the right care, in the right place, at the right time.





We propose:

- Providing a dedicated care home liaison function within the community team to work with nursing and residential homes (this will be available during core working hours with out of hours support provided by the crisis and home treatment team - see below). Our staff would support patients with complex and challenging needs. We would also look at how we could use technology to support nursing and residential home staff.
- Extending the operating hours of our older person's crisis and home treatment team (formerly the rapid response, intermediate care team – RRICE). This team currently provides crisis support for older adults from 8am to 6pm, seven days a week. The proposal is to extend this to 8pm, seven days a week and to increase the number of staff available during those times. The aim is to support service users and their carers when they're discharged from hospital and to provide intensive support at home to prevent hospital admission wherever possible.

Work is already underway to improve the way we work. For instance, we will:

- Reconfigure the community mental health teams so that they are aligned to groups of GP practices and care homes.
- Develop a single point of access for older people supported by an assessment process. This will help speed up referrals into our service and make sure people receive the appropriate support as quickly as possible, and for as long as required.

Health based place of safety (136 suite)

A section 136 suite is a facility for people who are detained by the police under Section 136 of the Mental Health Act. It provides a place of safety whilst potential mental health needs are assessed. Currently we provide a 136 suite at the Briary Wing in Harrogate. When inpatient services move we will no longer provide a 136 suite in Harrogate (because of the risks involved).

The national ambition is to reduce the number of people who are detained under the Mental Health Act. Whilst there will always be a need to use the act for very ill people, we are working to secure alternatives to places of safety, that are in the local communities, and where we can assess people's health needs safely. A number of places already exist for this including:

- Hawthorn day unit in Harrogate
- The Orchards in Ripon
- In an individual's own home



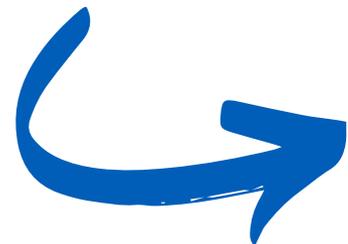
We are working in partnership with police, ambulance and voluntary sector partners to increase the options open to us for carrying out assessments and to reduce the distress associated with being detained. We are also looking at supporting voluntary sector providers that support people with mental health problems by providing a crisis response.

Next steps

We want to involve as many people as possible in finalising our plans and we want to hear your views on our proposals.

For instance:

- Do you think these proposals will help you and/or your loved one stay well / recover at home?
- Is there anything we've missed that would help support you and/or your loved one at home?.



How to give us your views

You can come along to one of our drop-in events:

- Thursday 25 July, 2-4pm at Ripon Rugby Club
- Friday 2 August, 4pm-6pm at Fairfax Community Centre, Harrogate
- Monday 2 September, 10am-12noon at Chain Lane Community Hub, Knaresborough
- Wednesday 4 September, 10am-12pm at Wetherby Town Hall

Please advise us of any special requirements you may have to enable you to attend and participate in any of these events in advance by contacting Tees, Esk and Wear Valleys NHS Foundation Trust's communications team on 01325 552223 or via email tewv.enquiries@nhs.net.

You can complete our online survey at <https://www.surveymonkey.co.uk/r/Q6P9XQP> (a hard copy is available by contacting Tees, Esk and Wear Valleys NHS Foundation Trust's communications team on 01325 552223)

You can send us your views by email (tewv.enquiries@nhs.net) or return by post to FREEPOST TEWV.

We also welcome invitations from groups and organisations to come along to a meeting or event. Please contact tewv.enquiries@nhs.net.

This phase of the engagement will start on 24 June 2019 and run for 12 weeks (until 13 September 2019).



Background information

Current community services

We provide a range of general and specialist community mental health services for adults and older people across the Harrogate area and Wetherby and surrounding areas.

Adults

- A crisis response and home intensive treatment team (available 24 hours a day, seven days a week) – supporting people aged 16 to 65 who need crisis support within 4 hours and providing increased home treatment to help prevent admission to a mental health assessment and treatment ward. The crisis team also works with our local authority colleagues and police to support mental assessments in a health based place of safety (Section 136 suite).
- Two integrated community teams across Harrogate and Ripon (available 9am – 5pm, Monday-Friday). The teams support people with mild to severe need, including the support previously provided by primary care mental health, community mental health and assertive outreach teams.

Older people

- A community care service based in Knaresborough (available 9am – 5pm, Monday-Friday).
- A rapid response team in the care of the elderly (RRICE) (available 8am – 6pm, seven days a week).
- A memory service providing assessment advice and support for people with memory problems and their families.
- An acute hospital liaison service which supports the acute hospital with assessment and care of older people with mental health difficulties who are admitted to acute hospitals for physical health conditions.



Review of the model for mental health services for adults and older people

There were a number of issues that influenced the discussions about what the future model would look like:

- The long term viability of having a small stand-alone mental health unit (both from a financial and clinical perspective).
 - To build and run a stand-alone unit would mean reduced funding for community services.
 - There are concerns about the long term clinical quality and safety of a stand-alone unit.
 - There are concerns about the ability to recruit to a small stand-alone unit.
- The lack of capacity and limited range of services currently provided by our community teams.
- The level of admissions to inpatient beds in Harrogate (higher than we would expect).
- The number of referrals to Tees, Esk and Wear Valleys NHS Foundation Trust services (higher than we would expect).

Discounted options for inpatient care

Option 1 – do nothing

Doing nothing is not an option. The current inpatient environment is not fit for purpose. It does not meet the standards for privacy and dignity that we are expected to fulfil (and that people deserve) and the quality of the accommodation does not support the delivery of modern mental health care. It would also not allow us to invest in community services.

Option 2 – build new local inpatient facilities

Option 2a

This option was to build a 'like for like' replacement inpatient unit in Harrogate with two wards and 36 beds (this was the original plan for the Cardale Park). This option is not financial sustainable - it would not allow us to invest in expanding our community services to support more people at home. This option does not enable us to have single sex wards (a national requirement).

Option 2b

This option was to build a new hospital at the Cardale site with single sex accommodation (36 beds in four smaller wards). This option is not financially sustainable – it would not allow us to invest in expanding our community services and would require additional funding (additional staff) to run the smaller wards.

In addition, there are also significant clinical concerns about stand-alone units – options 1 and 2 (eg a lack of support from adjacent inpatient services) and the ability to recruit staff to these units.