

Transforming mental health services for adults and older adults in the Harrogate and Rural District

North Yorkshire County Council
Scrutiny of Health Committee
14th December 2018



Why do we need a case for change?

- Service users tell us that they are dissatisfied with current services including the crisis response, particular out of hours, is not comprehensive.
- The facilities at the Briary Wing are not fit for purpose and need to be replaced.
- Building a stand alone unit that meets CQC requirements would require staffing to be removed from the community teams.
- There is already a lack of capacity and very limited range of community services.



Why do we need a case for change?

- A stand alone unit would not be clinically viable from a clinical quality, safety and workforce availability perspective.
- Referral and contact rates for adults and older people from Harrogate are some of the highest in the Trust, again greater than the level of need indicates.
- Services need to be more recovery focussed and support people to stay well.
- There are more admissions to mental health inpatient beds from the local population than the level of need would indicate.



What are we trying to do?

The underlying principles behind all of our work to modernise our local mental health services are to ensure we have:

- Services that are designed around effective and safe clinical pathways
- People cared for as close to home as possible
- Care delivered in a way that supports recovery and builds resilience
- Services that are safe and both clinically and financially sustainable for the future



What this will mean for our population:

- Ensuring we offer high quality inpatient and community care for patients (both working age adult and older people)
- Developing responsive local services that meet the needs of our population
- Providing the right care in the right place at the right time
- Preventing inappropriate inpatient admission
- Reducing and maintaining the inpatient length of stay to a clinically meaningful level
- Delivering all of this within the existing budget



What have we done so far?

- A significant amount of engagement work with the public, service users, carers, clinical staff and partner agencies.
- Developed a large number of possible solutions that meet the needs of the population and that chime with the information we have gathered so far from our engagement activity.
- Narrowed these solutions to three main ones – which were submitted to the Yorkshire and Humber Clinical Senate for their view on clinical safety.
- Received assurance from NHS England that all our processes to develop the solutions are robust
- Received support from NHS England for progressing to the next stages of local engagement on our recommended solution



Engagement to date:

Service users actively involved in transformation steering group

Updates given to Health Overview and Scrutiny Committee monthly since September 2017

Dedicated email address for any public comments

Strong foundation of past engagement with the public and service users:

- Discover Events across North Yorkshire
- Development of the North Yorkshire Mental Health Strategy
- Well established service users and carers group

145 responses to the mental health priorities survey Summer 2018

Service users, carers and CCG patient partners involved in engagement development work

Full use of CCG and trust websites and use of social media

5 TEWV staff events in March 2018

Mental Health Strategies commissioned to conduct engagement work from August to October 2017 – 117 people attended 19 events

52 people attended 3 public events across Harrogate District in March 2018

Targeted events for the VCS, HDFT staff and GP's in Nov & Dec 2017 – 7 events and over 35 people engaged



TEWV and CCG joint engagement

Event/Activity	Timeframe
Meetings with voluntary sector, local GP cluster groups, and Harrogate and District Foundation Trust staff	November – December 2017
Mental Health Service User and Carers Group in Harrogate	Monthly 2018 (in months with meetings)
Public Events in Ripon, Knaresborough, Harrogate	March 2018
Crisis Care Concordat	March 2018
5 Staff engagement events	March 2018
HaRD CCG patient partners engagement	April and June 2018
Mental health priorities survey	June – July 2018



What people have told us



So what can we do with local services?

- We can invest in expanding our community services such as Community Mental Health Care Teams, Crisis Team and Home Treatments rather than invest in beds.
- We can create alternatives to acute mental health admissions and provide more home treatment, care home support and explore new forms of dementia care – increase clinical capacity supporting decision making to move away from beds.
- We can work to reduce reliance on inpatient care and when it is needed, provide it from a more better quality specialist environment.
- We can provide access to much better quality inpatient facilities but to do this locally would mean paying for this by reducing our already limited community service.



Solution 1- Do Nothing

- Inpatient provision for adults and older people is currently provided from two wards on the Briary Wing of Harrogate District General Hospital; Rowan Ward and Cedar Ward.
- It is widely accepted that the current provision does not meet the Eliminating Mixed Sex Accommodation (EMSA) and privacy and dignity standards for our patients and does not lend itself to the provision of a modern mental health service.
- Maintaining the inpatient service does not allow us to invest in clinically expanding community services to better support recovery.
- We would need to move resource from the community service to continue to maintain the inpatient service.
- As such this is not a solution that can be pursued.



Solution 2a- Build new local inpatient facilities

2a: to build new like for like inpatient unit as a stand-alone mental health acute assessment and treatment facility in Harrogate

- This option delivers the original plans to re-build a new 2 wards on an inpatient unit on the Cardale Park site in Harrogate for which planning approval is already in place.
- Eliminating Mixed Sex Accommodation (EMSA) and privacy and dignity standards would still be an issue
- This option is not financially sustainable within the current parameters of the programme and would require additional investment over the longer term.
- Maintaining the inpatient service does not allow us to invest in clinically expanding community services to better support recovery.
- We would need to move resource from the community service to continue to maintain the inpatient service
- As such this is not a solution that can be pursued.



Solution 2b- Build new local inpatient facilities

2b: is to build a new hospital that provides full EMSA and privacy and dignity standards on the Cardale Park site.

- This option builds on solution 2a but looks to model the beds required into 4 smaller units (9 beds per ward) to better meet privacy and dignity standards and give flexibility to the site to meet any possible future developments in mental health services both locally and across the Trust.
- This option is not financially sustainable within the current parameters of the programme.
- Both additional capital and revenue investment is required.
- Maintaining the inpatient service does not allow us to invest in clinically expanding community services to better support recovery.
- We would need to move resource from the community service to continue to maintain the inpatient service.
- As such this is not a solution that can be pursued.



Solution 3

Invest in extended community services through a reduction in inpatient beds and to provide inpatient care from a specialist facility elsewhere in the Trust.

- The aim of this solution is to increase the level and intensity of community services in order to reduce the need for people to be either admitted to or have extended stays in hospital and where hospital admission is required, for this to be provided from larger and more specialist facilities.
- We will reinvest infrastructure money into an expansion of clinical capacity in crisis intervention, home treatment and care home liaison services- extra thousands of patient contacts and support.



Proposal and Next Steps

- Solution 3 was approved by TEWV public Board in December 2018 and recommended to CCG Governing Body
- On 6th December 2018 the CCG Governing Body approved:
 - The business case and recommendation to transform Mental Health service for adults and older people in Harrogate and Rural District in line with the proposals described as Solution 3:
 - The need for further engagement and consultation (12 weeks minimum) with the public, service users, their families and carers and clinicians to co-produce and refine the model for enhanced community services and associated clinical pathways.
- January 2019 – March 2019
 - Engagement on the best way to invest the resources with wide range of stakeholders



Proposal and Next Steps

- April 2019
 - Presentation of findings to CCG Governing body, TEWV Board and OSC
- Post April 2019
 - Development of a detailed mobilisation plan
 - Creation of and Implementation Programme Board involving key stakeholders
 - Ongoing conversation with the public, service users and their families and carers on how the work is progressing

This work is supported by ongoing consultation with staff on new model and implications for working practices

