healthwatch North Yorkshire

Improving Health & Social Care Together

Transforming Mental Health Services in Hambleton and Richmondshire

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Introduction

In June 2017, the Hambleton, Richmondshire and Whitby CCG began a consultation into the future of mental health services being offered in the area. Titled "Transforming Mental Health Services", it built on previous "Fit 4 the Future" and "Transforming Community Services" consultations. It suggested three options for the future of mental health services in Hambleton and Richmondshire:

1. Maintain current level of community services and inpatient wards at the Friarage Hospital in Northallerton
2. Relocate individuals to Darlington *and* Middlesbrough for in-patient care, increase investment in community services.
3. Relocate individuals to Darlington *or* Middlesbrough for in-patient care, increase investment in community services.

The in-patient units at the Friarage currently consist of Ward 14 and 15. Ward 14 is responsible for adult mental health, while Ward 15 deals with Older Adult mental health.

To recruit for interviews and focus groups, the following statement was distributed to local and voluntary organisations:

"Healthwatch North Yorkshire aims to represent patient voice in health and social care. In recent weeks, it has come to our attention that service users have further feedback that they would like to put forward regarding the Transforming Mental Health Consultation being conducted by the Hambleton and Richmondshire and Whitby Clinical Commissioning Group (CCG). In order to ensure that the CCG has access to the best possible information, we will be undertaking a series of independent focus groups and interviews to gather data on public opinion."

Why is Healthwatch Looking at this?

In July 2017, several members of the public approached Healthwatch North Yorkshire about the Transforming Mental Health consultation being conducted by the Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG), seeking to contribute their voice to the CCG's information gathering.

As the CCG was already distributing large numbers of surveys to a broad segment of the population, it was decided that there was no need to replicate their work. Instead, Healthwatch conducted a series of focus groups and interviews, specifically looking to speak to individuals who would be most affected by the plan— service users, carers, and service providers. This was done through contact with voluntary organisations and *snowball sampling* (a term for interviewees being asked to recommend other individuals that might want to speak with Healthwatch).

[Lunch provided by Healthwatch North Yorkshire to a local voluntary organisation]

Who did we speak to?

Healthwatch spoke to 20 members of the public. Some of these individuals spoke to us in focus groups, where they shared their ideas with other interviewees. Others spoke to us one-on-one, expanding on their experiences in person or over the phone. Participants were of various ages, genders, and backgrounds- the only commonality was their interaction with mental health care within the NHS, either as a carer or a service user. Everyone provided their consent for us to use their words.

What did we ask?

We asked about their experiences with mental health care in the NHS. This ranged from in-patient care to community care, along with the additional help that they received from voluntary organisations, family, and friends. We also presented the material that was developed by the CCG, explained the three options of the consultation as described in that material, and asked for their opinions about mental health care in the Hambleton and Richmondshire area moving forwards.

Understanding their words

We looked at people's words with thematic analysis, examining the messages and themes that occurred over and over in the interviews, tying them together. This work was done through ATLAS.ti, a qualitative analysis computer software program. Qualitative analysis of this kind has a long history of being used in healthcare research.[1]

[1] Pope, C., Ziebland, S., & Mays, N. (2000). Qualitative research in health care: analysing qualitative data. *BMJ: British Medical Journal*, *320*(7227), 114.

What did we find?

Across the twenty individuals, there was a mixed experience of community and in-patient mental health care. Despite this, the majority of comments about their time receiving care could be divided into two themes: Experiences of Accessing Services and Importance of Familiarity/Security. Beyond this, a major concern among the interviewees centred around Public Transport, and they also shared their opinions about the Transforming Mental Health Consultation itself.

Accessing Services

1. Entering Services

The majority of comments about services were not about the quality of care. Instead, it was about the process of finding the care and gaining access to it in the first place. Although some individuals had successfully accessed care, many found the process frustrating.

> "We have called the Crisis team several times and they can't come out. I live in the middle of nowhere, so it's not accessible."
>
> – Service User

2. Coordination of Care

For individuals who had experienced multiple forms of care (in-patient, community, voluntary sector), the communication between these different approaches was also a significant factor. When it was successful, this coordination was spoken of very highly and as a source of relief.

> "My CPN came to all meetings – she would take me out into the community or home for a chat – she prepared me for going home – there was a good support package for coming home."
>
> – Service User

However, not all experiences were positive. Several service users spoke about moving from the full-time care of a hospital to having no support whatsoever.

> "One time I was discharged and they handed me a bag of pills and said 'off you go'."
>
> – Service User

In these situations, interviewees agreed that more community service would be a great contribution to the community. This was nearly unanimous across all interviews and focus groups. The difference in opinion came from whether it was worth justifying the loss of in-patient beds to gain higher levels of community service. The services are required for two different things, and there was frustration that there was no option to ask for inpatient services in Northallerton and better community care. Anyone who wished to agree to more community care was forced to choose one of the closure options.

Additional Note: Transition of Services

The trouble in coordinating services would potentially be exacerbated by distance. Secondary care providers would necessarily find it more difficult to supervise transitions from in-patient services when they are required to travel further in order to see patients. Based on interviews, one service user from the Hambleton and Richmondshire area spoke of receiving no visits from their community care team when they were hospitalised in West Park Hospital, Darlington.

If care coordinators do make the additional effort to travel and visit, it increases the burden on their time and ability to help other individuals—as one individual noted below.

> "Most thinking that when you're moving people to different areas – it impacts the care coordinators – they won't have enough time, it impacts on the people who aren't in hospital because their time will be too stretched. It impacts on people who aren't even in the hospital. You get a sense of abandonment."
>
> – Service User

Familiarity/Security

1. Unavoidable Admissions

The concept of having no choice but to go to in-patient care was of significant concern. Across interviews, it was clear that many individuals felt that there had been times in their lives where a greater amount of community care could not have prevented their having to be admitted to hospital.

> "I couldn't be left at home because I was a danger to myself and I was a danger to my wife… It was out of the question."
>
> – Service User

For these individuals, the hospital represented a safe location. It was an area where they would be watched while they were unwell, preventing potential harm to themselves and their loved ones. While in a normal situation, remaining at home is preferred because it is a means of avoiding the uncertainty and anxiety that can be caused by a new location, these circumstances were highlighted as an exception.

> "There are people who need to be in hospital… These people do need 24 hour supervision."
>
> – Service User

There was general agreement that more community care would be ideal and decrease hospitalisation in general. In serious cases, however, it was strongly felt that it could not replace the role of local in-patient care.

2. Carer Access

This particular theme was one of the most significant. The importance of having carers (either a named individual, or close friends and family) nearby and able to visit was emphasised over and over, and its contribution to recovery was considered to be vital.

> "The further away you are from friends the less likely they are to visit, and I do think that's an important part of your recovery."
>
> – Service User

For many individuals who spoke with Healthwatch, loneliness and isolation was enough in itself to exacerbate mental health problems. Although hospital care and full-time attention from staff was highly valued, it was felt that it worked best when this was in conjunction with familiar faces. This was especially true as it was felt that mental health problems contributed to not having wide social support structures in place to begin with.

> "People with mental health issues- just by virtue of the fact that they are mental health issues- are already isolated from the community."
>
> – Carer

This was frequently associated with worries about access to public transport, discussed in more detail below. Given that many carers are children, elderly people, or individuals with disabilities themselves, this was a major worry.

Transportation

The isolation of North Yorkshire and relative difficulty in accessing services was a concern that was present throughout. While this is technically outside of the reach of the CCG and the consultation, it was one of the most common concerns that was voiced about obtaining treatment in a new location. Many interviewees did not have access to a car, either due to their mental health or age.

> "It's back to- not everyone has a car. Public transport- I have a car, to me it's important to keep my car, because I spend a lot of time taking people to other places… There is no public transport any more. You cannot guarantee that you can get on a bus from A to B and arrive at B when you want to be."
>
> – Carer

More rural residents worried about how complex the process would be to access public transport to the proposed new hospital locations. Although Northallerton was not necessarily easy to reach, it was felt that the new locations would make things even more difficult.

> "If it was Middlesbrough, it'd be just horrendous. Don't know where you'd start. You'd have to get a bus from here, Richmond to Darlington, Darlington to Middlesbrough, then a taxi to the hospital… It'd be horrendous."
>
> – Service User, Dales Resident

The Consultation

In addition to the comments above, a theme emerged throughout the interviews regarding the consultation itself. Given that this does not directly contribute to discussions about the future of mental health care, it felt appropriate to address it separately.

> "I've been through it and I think, in my opinion, the decision's been made."
>
> – Service User

This feeling was usually tied to the structure and wording of the consultation. For example, it could be argued that "Do Nothing" has an inherently negative connotation, while another phrase with the same meaning ("Continue As Is," for example) may have been more neutral. The decision to label Option 2 as the "Preferred Option" was also perceived as being leading.

Furthermore, rather than asking the public to choose one ward without having any say in where that ward would be, Option 3 could have been further divided. In other words, the option could have been given to present a preference for Darlington or Northallerton as the new in-patient location.

> "If it would be either Darlington or Middlesbrough, knowing which hospital they're going to use would probably be a better option. At least you could minimise, you could start to build some relationships with a particular hospital."
>
> – Voluntary Sector Service Provider

Healthwatch North Yorkshire's View

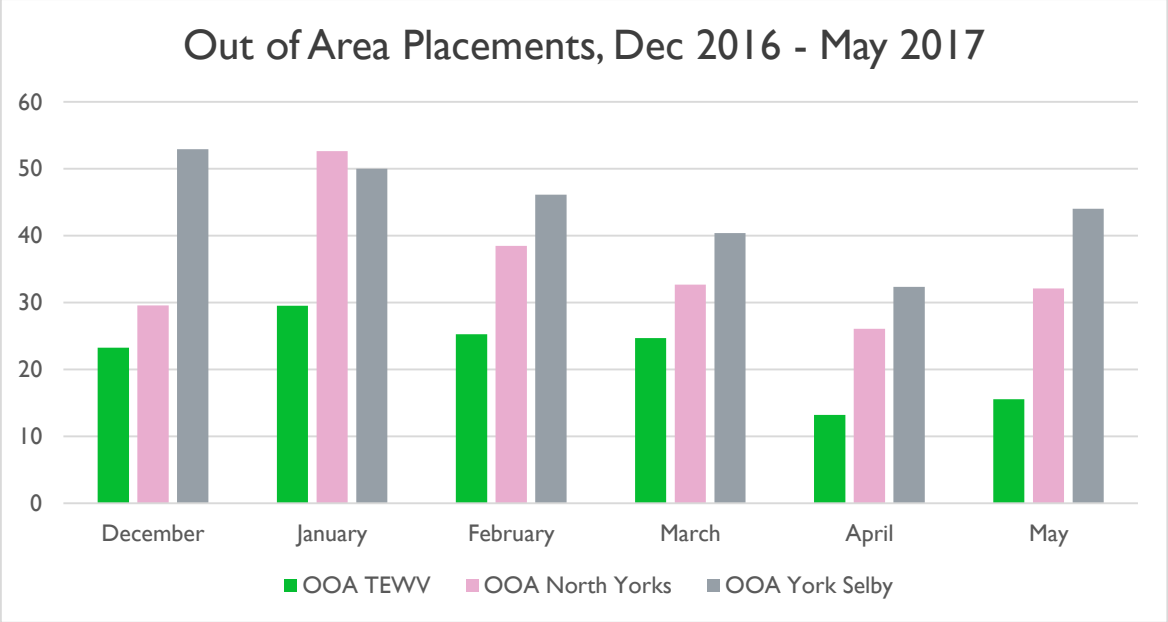
In addition to the above recommendations gathered from the interviews, Healthwatch would also like to independently draw attention to the need to consider Hambleton and Richmondshire as a wider part of the North Yorkshire area. When viewed holistically, this closure represents a loss of beds in this rural district.

Many of the above concerns— particularly those about in-patient admissions— are going to apply to a small number of individuals. This is especially true if Option 2 or 3 is carried forward, leading to greater numbers of staff who are responsible for care in the community. Ideally, this will lead to even smaller numbers of admissions.

However, in some cases, hospital admission is unavoidable.

While this care may not ultimately be delivered by the Friarage or be centred in Northallerton, Healthwatch North Yorkshire would recommend that some consideration be given to access to in-patient services. This care would be devoted to a very small number of individuals, but these individuals are also some of the most vulnerable and needing of high-level intervention. The risk of their moving further and further out of area— with the negatives of this highlighted by the themes above, with access to family and familiarity an important element of recovery— is significant. This is a risk that will be compounded by a smaller number of beds across North Yorkshire as a whole.

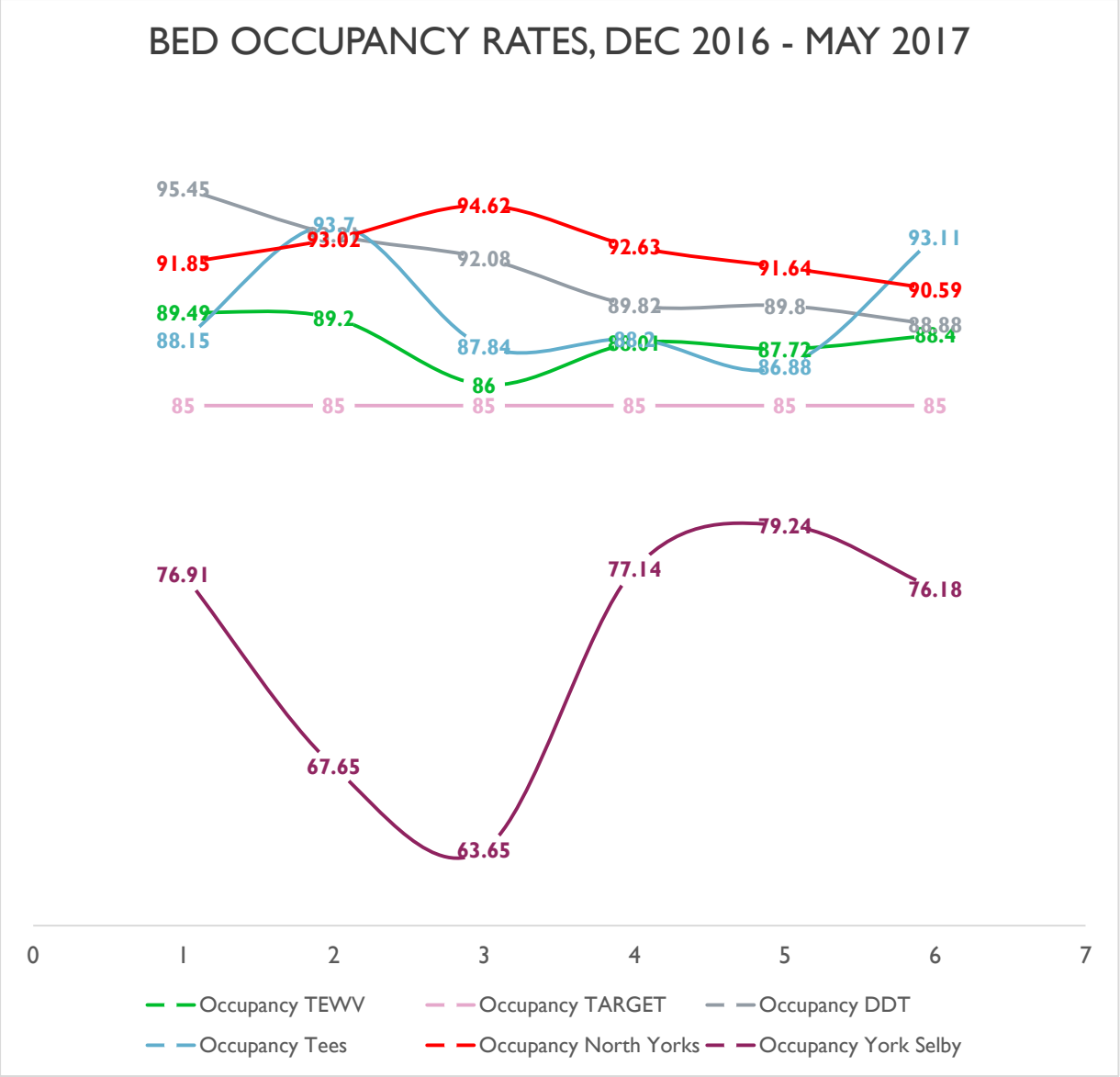
This is a concern as Out of Area Placements are already occurring across North Yorkshire at a rate that is much higher than the rest of the country (see tables on following pages).



What Does This Table Mean?

The green bars above represent Out of Area Placements across all of the Tees, Esk, and Wear Valley (TEWV) area. The pink bars represent the Out of Area placements across North Yorkshire. The grey bars are included as Selby is recorded with York. Each month, roughly 1 in 3 mental health patients from the North Yorkshire area are sent Out of Area. This figure increases to nearly half in the York and Selby area. This is in contrast to 1 in 5 individuals when an average is taken from the whole TEWV area.

This difference is even more dramatic when it is taken into account that North Yorkshire, York and Selby's numbers are included in the overall average. Without that, the difference would be even more exaggerated.



What Does This Chart Mean?

Bed Occupancy in North Yorkshire — represented in red — is significantly above the target. This is also true for Darlington, Durham (DD, blue line) and South Tees (Tees, grey line), where the new proposed treatment bed bases would be located.

Key Considerations Moving Forward

Carers

Carers are central to maintaining the emotional wellbeing and mental health of inpatients following admission. Strong links with family and other carers should be at the centre of the individual's care. There is a very real possibility that this will be made more difficult by any potential move to Darlington and Middlesbrough. While direct travel time has been assessed, there is further need for a consideration of common movement around communities (e.g., for work) and access via public transport.

We would particularly draw attention to the situation with young carers, where travel is almost impossible. This was emphasised by one interviewed service user who was supported by a family member still attending school.

Transition

The shift from inpatient to community care will need to be carefully managed. It is helpful to have services that work with and in the inpatient ward, giving a sense of continuity between local community staff and inpatient staff. Coordination of this kind should ideally not be limited to medical staff, but also to social care and local voluntary sector services (e.g., if an inpatient finds yoga helpful, local knowledge can provide classes that are available once the service user is discharged, and maybe even have an instructor who can work with the inpatient during and after hospitalisation). The difficulty of local services gaining rapport and contact with Darlington and Middlesbrough must be considered.

Familiarity

Similar to the point above, continuity in staff is beneficial to service users and their carers. Consistency in working with the same medical specialists would increase confidence in care. When there is a risk of being sent to Darlington for one hospitalisation and Middlesbrough for another, this continuity is hard to maintain. Once community teams and transition are also considered, this would become difficult to an even greater degree.

Wider Capacity

North Yorkshire's overall inpatient capacity for mental health patients is a cause for concern. Out of Area placements and bed occupancy are currently at worryingly high rates. Even if increased community care does the equivalent of erasing the need for admission in the Hambleton and Richmondshire area, the system as a whole is still overwhelmed. The closure of inpatient beds in Northallerton and lack of focused replacement provision means that options for residents of North Yorkshire are further reduced. If Harrogate or Scarborough were full, the next option would now be even further away. Potential changes and impact on other areas should be considered — Darlington and Middlesbrough residents, for example, should be taken into account, as should the ongoing review over Harrogate and Rural District.