



**North Yorkshire County Council
Harrogate and Knaresborough Area Constituency Committee
19 September 2019
Update on Changes to Mental Health Services
in Harrogate and the Surrounding Area**

1.0 Purpose of Report

1.1 To introduce an update about changes to mental health services in Harrogate and the surrounding area.

2.0 Background

2.1 This Committee, on 21 March 2019, was advised, in summary, that:-

- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) had announced that they had no option but to not go ahead with a proposal to build a new, mental health in-patient unit the Cardale Park in Harrogate; and, together with partners, would look at closing, in the longer term, the current in-patient beds at the Briary Wing at Harrogate District Hospital, and at re-provisioning in-patient care elsewhere and invest in community services.
- The County Council's Scrutiny of Health Committee had raised various questions and concerns and a joint committee, comprising councillors from various Councils including NYCC, had met and intended to meet again once a public engagement process by TEWV, Harrogate and Rural District CCG and Leeds Clinical Commissioning Group had been completed and further information was available on the shape and form of community services and the level of need for in-patient services.

A copy of the minute of the Committee's meeting held on 21 March 2019 meeting is set out at Appendix 1 to this report.

3.0 Update - Harrogate and Knaresborough Constituency

3.1 At the time of preparing this report, the County Council's Scrutiny of Health Committee is due to receive an update on 13 September 2019 from a representative of TEWV NHS Foundation Trust about the transformation of Community Mental Health Services in Harrogate and Rural District, including Wetherby. A copy of the report to that meeting is set out at Appendix 2 to this report. It advises of the early indications from the public engagement which ran from 24 June 2019 until 4 September 2019.

3.2 Discussion at the Scrutiny of Health Committee's meeting will be reported orally to today's meeting of the Harrogate and Knaresborough Area Constituency Committee.

3.3 Members are asked to be aware that an officer from TEWV has not been invited to attend today's meeting to speak to this item.

4.0 Proposed Letter to the Secretary of State for Health and Social Care

4.1 This Committee, on 21 March 2019, asked, subject to consultation with the Chairman of the Scrutiny of Health Committee, for a letter be sent to the Secretary of State for Health and Social Care to express councillors' concern about mental health service provision in Harrogate and the surrounding area. Subsequently, following consultation, a letter has not been sent yet in order to await more information about what the Commissioners and providers say.

5.0 Recommendation

5.1 That the Committee notes this update and decides whether it wishes to ask for any further updates in the future, circulated by email outside formal meetings if so determined by the Committee's Chairman and Vice-Chairman.

Ruth Gladstone
Principal Democratic Services Officer
North Yorkshire County Council
11 September 2019

Minute of ACC Meeting held on 21 March 2019

28. Briefing on Changes to Mental Health Services in Harrogate and the Surrounding Area

Considered –

The report of the Democratic Services and Scrutiny Manager which set out an update on changes to mental health services in Harrogate and the surrounding area and invited Members to identify any issues of particular concern which they wished to feed into the Scrutiny of Health Committee.

The report, in summary, advised that Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) had announced that they had no option but: to not go ahead with a proposal to build a new, mental health in-patient unit the Cardale Park in Harrogate; to look at closing, in the longer term, the current in-patient beds at the Briary Wing at Harrogate District Hospital; and to look at re-provisioning in-patient care elsewhere and invest in community services. The County Council's Scrutiny of Health Committee had raised various questions and concerns. Subsequently a joint committee had met, comprising councillors from North Yorkshire County Council, City of York Council and Leeds City Council, and a number of issues had been clarified. A further meeting of the joint committee would be convened once a public engagement process by TEWV, HRD CCG and Leeds Clinical Commissioning Group had been completed and further information on the shape and form of community services and so the level of need for in-patient services was available. In the interim, the County Council's Scrutiny of Health Committee would continue to receive updates.

Members, including Members of the Skipton and Ripon Area Constituency Committee, discussed the situation and made the following comments:-

- Concern was expressed that the current level of total spend on mental health services in the county was approximately 9% of total health spend, as opposed to 12% in the Tees Valley.
- Concern was expressed that information was not available regarding what the model of enhanced community mental health care would be, what the demand for in-patient beds would be, and how the transition between in-patient care and enhanced community care would be managed.
- Concern was expressed that there were significant gaps in community-based service provision in the county when compared to what was available in neighbouring areas. Members commented that there should be no pretence that community based services existed when they did not. It was highlighted that proper investment in community based services was needed and that such services must be properly developed.
- Members recognised that it was unlikely that beds would be available, for people from Harrogate and the surrounding area, within the new 72 bed, mental health in-patient hospital currently under construction at Haxby Road in York. Consequently, people from Harrogate and the surrounding area were likely to be sent, for in-patient treatment, to Scarborough, Darlington or Middlesbrough which, Members felt, was too far away.

- Concern was expressed regarding the impact of longer journey times on individuals who were reliant on public or community transport, in particular for friends and relatives of mental health in-patients. Transport was a major issue in North Yorkshire, including parts of Harrogate, Ripon and the surrounding area.
- Concern was expressed about the impact on Yorkshire Ambulance Service as more and more services were centralised and provided out of area.
- Concern was expressed that both the commissioner and the provider appeared to have overlooked the needs of the Wetherby population.
- Members highlighted that there should be no differentiation between mental health and physical health. Both were manifestations of something going wrong with the body and both must be treated.
- Disappointment was expressed that residents' expectations had been raised, then dashed, of having a new, mental health in-patient unit built at Cardale Park.
- The County Council's Scrutiny of Health Committee was congratulated on the work it had done, and continued to do, in scrutinising the development of mental health services in Harrogate and the surrounding area. Particular thanks were expressed to County Councillor Jim Clark (Chairman of the Scrutiny of Health Committee) for all he had done. Members felt that County Councillors had worked very effectively cross-party and also with other local authorities. Liberal Democrat Members expressed the hope that that would continue.
- Members described as "excellent" the work of the joint committee which comprised councillors from North Yorkshire County Council, City of York Council and City of Leeds Council. It was felt that a better outcome would be achieved by this joint scrutiny.
- Members suggested that the County Council should make more noise about the concerns about mental health service provision in Harrogate and the surrounding area, and seek more support from the local Members of Parliament. *(Arising from this discussion, the Committee agreed a resolution which is recorded at paragraph (b) of the following Resolution.)*

Resolved –

- (a) That the Committee's comments, as recorded in the preamble to this Minute, be noted and referred to the Scrutiny of Health Committee as appropriate.
- (b) That, subject to consultation with the Chairman of the Scrutiny of Health Committee, a letter, signed by the Chairman and Vice-Chairman of this Committee and the Ripon Members of the Ripon and Skipton Area Constituency Committee, be sent to the Secretary of State for Health and Social Care, to express councillors' concern about mental health service provision in Harrogate and the surrounding area, that the letter be copied to the MPs for the two constituency areas, and that the County Council's Communications Unit issue a press release regarding councillors' concerns.

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

13th September 2019

Tees, Esk and Wear Valleys NHS Foundation Trust –

Transformation of Community Mental Health Services in Harrogate and Rural District, including Wetherby.

Report of:

Naomi Lonergan, Director of Operations North Yorkshire and York, Tees, Esk and Wear Valleys NHS Foundation Trust

Purpose of this report

1. The report provides an update on the early indications from engagement (24th June 2019 – 4th September 2019) about community mental health services in and around Harrogate including Wetherby and the closure of the inpatient wards at Harrogate Hospital.

Background

1. As part of Transforming Adult and Older People's Mental Health Services in Harrogate and Rural District, TEWV considered a paper in July 2018 outlining the service model delivery solutions that were being formed following a significant period of local engagement and discussions with partners and other stakeholders. Within the current operating context, it has become obvious that there is only one viable local solution which is to invest in increasing the level of community service available through a reduction in inpatient beds and to reprovide inpatient care from capacity in the new hospital Foss Park, York.
2. In November 2018, agreement was given by Clinical Senate to progress to engagement with service users, carers and the wider community across Harrogate and Wetherby town around the proposal to: Invest in extended community services through a reduction in inpatient beds and re-provide inpatient care from capacity in the new hospital Foss Park, York. Engagement commenced 24th June 2019 for a period of 12 weeks.
3. In March 2018, a Full Business Case to build a new specialist hospital for York and Selby was approved by the Trust Board of Directors, TEWV. The new facility will include four 18-bedded wards designed to meet the needs of the patient group with ensuite bathrooms, therapy spaces, wander paths and easily accessed outdoor space. Building work commenced in October/November 2018 with the aim of the new facility being open in April 2020.
4. The proposal is to provide inpatient services for adults and older people from Harrogate and York within the 72 beds of Foss Park. This would provide the required level of inpatient beds required based on 2018/19 data and be supported by the proposed community models for Adult Mental Health (AMH) and Older Peoples (OP) services. The proposals present the current internally agreed model for service delivery, however there will be further feedback from the current engagement in the Harrogate and Wetherby district that concludes in September 2019.

Summary

The engagement work that began in June 2019 enables us 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.

When people need to spend time in hospital these services will be provided in a specialist facility in York where TEWV 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.

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).

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.

The work we did to involve the local community gave us a clear understanding of what people want from their mental health 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 TEWV has had in other areas, such as Hambleton and Richmondshire, where community teams are now supporting many more people in their own homes.

Progress to date

5. The engagement programme developed and agreed for the period of June – September 2019 included 4 large events including 2 in Harrogate, 1 in Ripon and 1 in Wetherby, supported by a series of smaller events in partnership with the voluntary sector, social media engagement and staff engagement sessions.
6. The following table outlines events that have taken place with >100 people attending the sessions to date (further registration sheets will be collated and added to this figure).

Event	Detail	Numbers attended and notes
Citizens Advice Bureau Harrogate	Presentation at monthly team meeting	18
Dementia Forward	Bespoke event for people living with dementia and their families and/or carers	20
Harrogate Service Users Group	Monthly meeting	20
Harrogate Over 50s Forum		37
Open Event	Open Event @ Ripon Rugby	12

	Club run in round table format to discuss changes	
Total		107

August and September Events

Event	Detail	Numbers attended and notes
Harrogate co-hosted event	Event with number of 3 rd sector partners (MIND, Claro, Orb, Wellspring) to outline changes to MH provision in HaRD	TBC
HaRD Patient Participation Group (PPAG)	Quarterly PPAG meeting	TBC
OPEN EVENT	Fairfax Community Centre	TBC8
Harrogate MH & Wellbeing Network Meeting	Regular meeting	TBC
OPEN EVENT	Chain Lane, Knaresborough	TBC
OPEN EVENT	Wetherby (TEWV to support Leeds CCG)	TBC

7. Leeds CCG has also booked additional engagement events:-
 - Monday 5 August, 1pm – 4pm, Spa Surgery, Boston Spa
 - Monday 12 August, 9:30am – 12pm, Collingham Memorial Hall, Collingham
 - Wednesday 14 August, 10am – 12pm, Thorner Victory Hall, Thorner
 - Monday 19 August, 4pm – 7pm, Bramham Medical Centre, Bramham
 - Thursday 22 August, 11:30am – 1:30pm, Harewood Village Hall, Harewood
8. TEWV NY&Y Locality managers representing AMH and OP services attended the Leeds OSC 23rd July 19. Following feedback from OSC, the Head of Commissioning (Mental Health & Learning Disabilities) organised a conference call with TEWV on 14th August 2019 so we can jointly review and respond to feedback from these events.
9. Wider stakeholder engagement was discussed in August 2019 and there are plans to provide dedicated engagement sessions with acute care colleagues and the ambulance service in the Harrogate and Rural District. Conversations with the vast majority of groups have taken place including NY Police, Orb, Citizens Advice, Dementia Forward and NYCC social care staff.
10. The proposed model has generally been well received, particularly from regular service users who recognise the value of preventing admission and helping them to stay well in their own homes wherever possible through a community-based model. As anticipated, the majority of questions and concerns raised throughout the engagement period has focused on the movement of beds from Harrogate to York, with particular concern regarding travel times, distance and access. The difficulties of accessing Foss Park if family members are unable to drive or live in more rural parts of the district has been frequently highlighted (this has also been flagged up previously through service user representation at the HaRD steering group).
11. The engagement events have communicated the intended outcomes of the transformation of services will be that the increased investment in community services will enable us to treat more people for longer out of hospital, and that there will be fewer admissions and these are expected to last for a shorter period of time. We have acknowledged at all meetings that there will be occasions when people will have to travel and the financial support available for all NHS services that may be available for those in need.

12. The Ripon [Open Event](#) for all members of the community was mainly attended by professionals and partner agencies who wanted to understand in more detail what the changes would mean for them. [North Yorkshire](#) Police, [Community Nursing Teams](#) and providers of [Supported Living](#) and [Extra Care](#) facilities were in attendance, as were several service users who welcomed the opportunity to have more crisis care in Ripon and Rural District to prevent what they viewed as unnecessary trips to Harrogate.
13. To date, 51 online surveys have been completed after the events and 4 written responses have been posted to the engagement team. Social media (Facebook) has promoted attendance at the events, methods of engagement for the public and videos have been circulated led by senior clinicians in AMH and OP services.
14. Themes from the engagement to date include:
 - Concerns about inpatient services and travelling to York from Harrogate the surrounding areas including the need for information re transport links to the new hospital;
 - Requests for a focus on working closer with the third sector;
 - Additional street triage and crisis cafes – where would they be in such rural areas;
 - Virtual triage for working with the police;
 - Facilities for people to receive crisis services in their homes and prevent hospital admissions;
 - Voluntary drivers to get patients to York;
 - Feedback that gap between crisis and recovery is too big;
 - Services to support people in the community to be well and have routine and stability;
 - Can GP practices play a bigger role;
 - Clinical support for families and carers;
 - Crisis beds;
 - Investing in alternative places of safety;
 - Working better and more collaboratively across health and social care;
 - Wetherby Health Centre was spoken about as a potential venue to deliver some community services out of, patients felt it is a perfect spot for the surrounding villages to access;
 - Services disjointed and not connected – boundaries are causing difficulties for patients to know what services they are getting and are able to get, lack of information as to what patients can access and services aren't aware either because of the uncertainty around barriers;
 - People were more in favour of Leeds over York as York is an unknown quantity and transportation to York from the area is difficult.
15. On completion of the engagement programme all themes and comments will be reviewed in partnership with NY and Leeds CCG and considered in line with the proposed community service models.
16. As part of the agreement with Leeds CCG to update scrutiny on the transformation programme and its implication for Wetherby residents, TEWV attended the Leeds OSC on 23rd July and fed back on the engagement programme to date and the new delivery models for both [adult mental health AMH](#) and [mental health services for older people OP](#).
17. Monthly assurance returns to NHSE are completed by the CCG on behalf of the steering group. The Y&H Clinical Senate who reviewed the initial options appraisal have requested that the methodology underpinning the bed modelling for the Foss Park facility is shared with them once the enhanced community model has been confirmed.

Proposed Service Models

18. As articulated in the final business case for Harrogate additional investment outside of hospital services, the changes in service delivery for AMH that will support care in the community as an alternative to admission include:
- An extended working day for core community teams, better accommodating the need of the working population and escalation of need.
 - An expanded home treatment capability 7 days a week, reducing the need to assessment people in hospital and support a recovery at home post discharge from hospital
 - Introduction of acute hospital liaison 24/7 releases crisis staff capacity overnight and ability to see more face to face assessment in community in a timely manner.
 - Removal of the Section 136 suite & introduction of alternatives to places of safety, reduces patient turnaround therefore releasing capacity to see people and manage them at home.
 - A formal response to our third sector partners when people present in distress or partners have concerns about a person's well-being, preventing them calling the police whose option is to detain under the MHA.
 - Closer working relationship with police partners at the point of presentation allows the crisis teams to offer crisis assessment at home and intensive home treatment for the first 72 hours. Crisis café bids will also support people through mental health first aid trained staff in the locality. We have also agreed which sites will be deemed suitable alternatives to places of safety including HDFT, Orchards & base where the crisis team is based. This reflects the current position in Scarborough and the Police are supportive of the plans.
19. Recent successful bids to support AMH and OP crisis services, through additional crisis staff support over night to manage the telephone response and to establish a crisis café in the Harrogate locality through MIND and support the current plans to work more closely with the third sector, will provide increased opportunities to meet service user's needs. The additional commitment to extend the core 24 offer in the acute hospital will also release crisis staff from supporting A & E attendances. In terms of a sustainable offer, these bids are pump-primed for 18 months with the caveat of continued funding (by NHS England to release the funding) beyond March 2021.
20. Older Peoples services also propose to enhance community services by increasing capacity and will provide additional capacity within the 8-8pm community service currently provided by the RRICE team. Consultant support will strengthen the team's ability to explore alternatives to admission, including how to support within the home environment, deliver proactive in-reach to facilitate earlier leave / discharge with the ultimate aim of reducing / delaying admissions to hospital and to facilitate earlier discharge reducing length of stay.

Implications

- **Financial** – This will be met from transformation.
- **Human Resources** – A management of change process within TEWV will be facilitated
- **Equalities** - A refreshed equality impact assessment will be completed.
- **Legal** – N/A
- **Crime and Disorder** – N/A
- **Information Technology (IT)** – Up to date technology will be utilised to support remote working. This will include Skype to maintain communications.

- **Property – N/A**

Conclusions

The engagement programme is near completion and further work is required to collate all responses and work in partnership with NY and Leeds CCG's. Emerging themes and responses from the engagement programme to date have been largely positive and are reflected in proposed service models e.g. additional investment in crisis services and increased joint working with the third sector. It is clear that further work is required to provide assurance in relation to key concerns including transport and a communications plan will be updated on conclusion of this work.

Recommendations – **The committee is asked to review and note this paper.**

Author

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