Developing mental health services for adults and older people in Harrogate and Rural District

Summary

In partnership with

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

Summary

On 6 December 2018 NHS Harrogate and Rural District Clinical Commissioning Group (CCG) 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 (TEWV) and the CCG.

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 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.

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.

More background information is available on TEWV's website - **https://www.tewv.nhs.uk/get-involved/what-you-can-do/a-vision-for-mental-health-in-harrogate-and-rural-district/**

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.

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 TEWV has had in other areas, such as Hambleton and Richmondshire, where community teams are now supporting many more people in their own homes.

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.

Inpatient care

Although we want to support as many people as possible at home, some people will need to spend time in hospital. Our aim is provide people with high quality inpatient accommodation, with direct access to outdoor space and improved privacy. All of this along with the support of our enhanced community teams will aid recovery and early discharge from hospital.

Keeping in touch with family while they're in hospital is really important and we want to do what we can to support this.

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 developing mental health services for adults and older people.

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, 2pm - 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 – 12noon at Wetherby Town Hall

You can invite us to attend existing meetings or events (email tewv.enquiries@nhs.net)

You can complete our survey, which is also available online at **https://www.surveymonkey.co.uk/r/Q6P9XQP**

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

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

NHS

SURVEY

If you would prefer to complete the survey online please visit
www.surveymonkey.co.uk/r/Q6P9XQP

1. What is the first part of your post code (e.g. HD8)? _____

2. Which of the following statements are true? (You can choose more than one.)

- ☐ I am a current or past user of mental health services
- ☐ I care or have cared for a user of mental health services
- ☐ I am the family member of a user of mental health services
- ☐ I work or volunteer in mental health services
- ☐ I am a health or care professional in another service
- ☐ I have had no direct experience with mental health services

Adult mental health services

3. Do you think these proposals will help you and / or your loved one stay well / recover at home?_____

_____

4. Is there anything we have missed that would help support you and / or your loved one at home?_____

_____

Mental health services for older people

5. Do you think these proposals will help you and / or your loved one stay well / recover at home?_____

_____

6. Is there anything we have missed that would help support you and / or your loved one at home?_____

_____

7. Do you have any other comments or suggestions about our proposals?

_____

_____

8. Do you have any other comments or suggestions about accessing mental health services?_____

_____

Please feel free to include additional pages when answering the above questions.

Equalities monitoring

The following questions will give us important information about our community and enable us to monitor how well we are meeting our equalities responsibilities.

8. What is your age?

- ☐ 12 to 17
- ☐ 18 to 39
- ☐ 40 to 59
- ☐ 60 to 79
- ☐ Over 80
- ☐ Prefer not to say

9. What sex are you?

- ☐ Female
- ☐ Male
- ☐ Prefer not to say
- ☐ Other (please specify):

10. What is your ethnic group?

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background (please specify)

Mixed or multiethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Other mixed background (please specify)

Black or Black British

- ☐ Caribbean
- ☐ African
- ☐ Other Black background (please specify)

White

- ☐ English/Welsh/Scottish/Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Other White background (please specify)

Other ethnic groups:

- ☐ Arab
- ☐ Any other ethnic group (please specify)

NHS

11. Do you belong to any religion?

- [ ] Buddhism
- [ ] Christianity
- [ ] Hinduism
- [ ] Islam
- [ ] Judaism
- [ ] Sikhism
- [ ] No religion
- [ ] Prefer not to say
- [ ] Other (please specify):

12. Do you consider yourself to be disabled? (Please click all that apply)

- [ ] Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)
- [ ] Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- [ ] Mental health condition (such as depression or schizophrenia)
- [ ] Learning disability (such as Down's Syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- [ ] Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- [ ] Prefer not to say
- [ ] Other (please specify):

13. Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

14. Are you pregnant?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

15. Have you given birth in the last 12 months?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

16. Please select the option that best represents your sexual orientation.

- [ ] Bisexual
- [ ] Gay
- [ ] Heterosexual/straight
- [ ] Lesbian
- [ ] Other
- [ ] Prefer not to say

17. Are you transgender?

- [ ] Yes
- [ ] No
- [ ] Prefer not to say

You can return this survey to us by email to tewv.enquiries@nhs.net or by post to FREEPOST TEWV