



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

## **Engagement report**

**December 2019**

### **In partnership with**

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

## **The background**

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 services cover Harrogate and Rural District and Wetherby and its surrounding areas.

The agreed model was developed by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and NHS Harrogate and Rural District Clinical Commissioning Group (HaRD). 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 ensure that we continue 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.

To ensure that we involve as many people as possible in the development of our plans, we carried out a 12 week engagement. This took place from 24 June 2019 to 13 September 2019 and was led by Tees, Esk and Wear Valleys NHS Foundation Trust, NHS Harrogate and Rural District Clinical Commissioning Group and NHS Leeds Clinical Commissioning Group.

## **Objectives**

- Explain clearly and coherently the outcomes of our review of mental health services for Harrogate and Rural District and Wetherby and its surrounding areas.
- Explain clearly and coherently the proposals we have developed to date for developing community mental health services
- Ensure all stakeholders with an interest have the opportunity to help us shape the future community mental health services offer. This will include making use of a variety of communication channels and platforms to reach out to all audiences and making sure information is available which can be understood by all audiences
- Make focused efforts to reach people with lived experience of mental health conditions, their carers and families, as well as other hard to reach groups

## **Audiences**

- Service users, their carers and families
- Local communities and the interested public
- Health and social care providers and professionals
- TEWV governors and members
- The voluntary and community services sectors
- Patient participation groups (linked to GP practices)

- Healthwatch
- Local authority leaders and decision makers
- Local and regional media
- MPs
- Partner organisations such as the police and ambulance service

### **Key messages**

- We engaged widely with local people over the last two years to understand the priorities of local people to help us shape the best model for delivery of future services.
- People told us that they wanted to be supported to stay at home wherever possible.
- 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
- People who need to spend time in hospital will receive their care and treatment in a high quality environment
- The approved model will release £500,000 to invest in community services. In addition, we are already looking at how we can improve the way we work to give people the support they need.
- We have started to develop proposals aimed at making sure people receive the right care, at the right time in the right place
- We want to involve as many people as possible in finalising our plans and are keen to hear the views of the local community on our proposals

### **How we communicated and engaged**

Over a 12 week period, the CCGs and TEWV invited people across the communities in Harrogate and Rural District and Wetherby and the surrounding areas, along with partners and stakeholders, to local engagement events. This gave people the opportunity to have conversations about the plans and to give their thoughts, ideas and feedback on the proposals. As part of this engagement the CCGs and TEWV also attended existing meetings with organisations across the area to get feedback from their members and to ensure we engaged with key partner organisations. There was also a survey that people could complete online or send to us via freepost.

A project team was mobilised to support the engagement. This included staff from the CCGs, staff from TEWV and service user and carer representatives.

To support the engagement activity we produced a range of information to make people aware of our plans and to let them know about the different ways that they could get involved and share their thoughts and views. This included:

- A full narrative document. This was shared via:
  - Emailed to a range of partners including local authorities, local community groups and voluntary sector organisations.
  - Copies were left in key public areas such as GP surgeries, libraries, community centres etc.
  - Copies were shared with people who attended the engagement events
  - The documents was promoted and was available on the CCGs and TEWV's website
- A summary narrative document
- An easy read version of the narrative
- Dedicated pages on the CCGs and TEWV's website

- Two short videos focusing on the proposed plans
- A letter which was sent to stakeholders including local authorities, councillors, voluntary sector organisations, Trust members
- Posters detailing the open events and how people could get involved
- Media releases to raise awareness of the engagement events
- Event listings in key publications and online
- Social media – to raise awareness of the engagement event. This included posts on Facebook (47,384 impressions, a reach of 29,986 and 362 engagements) twitter (33,412 impressions with 286 engagements) and Instagram. Facebook events were also used to promote. Targeted updates were also shared in Facebook community groups which included Blow Your Horn Ripon (11k members), Harrogate District Network (13k member), This is Ripon (3.2k members), Wetherby Grapevine (999 members), Northallerton! (2k members), Knaresborough events (1.1k members) and Harrogate and Knaresborough Community (2.3k members)

### **The ask**

We wanted to make sure that the proposals reflected what people wanted and to see and to also use this as an opportunity to find out if there was anything else that people felt we should include.

During the engagement we asked people the following questions:

- Adult mental health services - Do you think these proposals will help you and/or your loved one stay well/recover at home?
- Adult mental health services - Is there anything we have missed that would help support you and/or your loved one at home?
- Mental health services for older people - Do you think these proposals will help you and/or your loved one stay well/recover at home?
- Mental health services for older people - Is there anything we have missed that would help support you and/or your loved one at home?
- Do you have any other comments or suggestions about our proposals?
- Do you have any other comments or suggestions about accessing mental health services?

Whilst it is difficult to compare like for like against previous online surveys and engagement, these results are relatively comparable to an online survey conducted by Harrogate and Rural District CCG in 2018 as part of a review of mental health service for adults and older people. This survey generated 145 responses.

### **Impact of the engagement**

In the 12 week engagement period we spoke to **368** people. This included face to face meetings and events and responses to the survey.

#### **Face to face events and meetings**

We held four drop in events in key locations – Ripon, Harrogate, Knaresborough and Wetherby - and attended a number of established meetings, held by community groups and

key partners to ensure we engaged with those audiences. Representatives from the CCGs and TEWV attended each of the events.

There were a wide range of people in attendance at these meetings and events including service users, carers and families of service users, the voluntary sector, and a range of partners including local authorities, the police, and NHS staff. As a result of attending these meetings and events we were able to speak, in depth, to **228** people about the proposed plans.

Below is an overview of the events and meetings:

<b>Event</b>	<b>Date</b>	<b>Venue</b>	<b>Who attended</b>	<b>No. of attendees</b>
Citizens Advice - Harrogate	09.07.19	Harrogate	TEWV and HaRD CCG	16
Dementia Forward	11.07.19	Christchurch on the Stray, Harrogate	TEWV and HaRD CCG	30
Harrogate service users group	16.07.19	Community House, Harrogate	TEWV and HaRD CCG	11
Over 50s Forum, Harrogate	25.07.19	St Paul's Church, Harrogate	TEWV and HaRD CCG	34
OPEN EVENT - Ripon	25.07.19	Ripon Rugby Club	TEWV and HaRD CCG	7
Claro/Orb/Harrogate Mind/Wellspring	30.07.19	Mind, Harrogate	TEWV and HaRD CCG	12
HaRD CCG Patient Participation Group	30.07.19	Harrogate Golf Club	TEWV and HaRD CCG	12
OPEN EVENT – Harrogate	02.08.19	Fairfax Community Centre	TEWV and HaRD CCG	8
Harrogate Mental Health and Wellbeing Network	05.08.19	Chain Lane, Knaresborough	TEWV and HaRD CCG	12
Drop in - Boston Spa	05.08.19	Spa Surgery, Boston Spa	Leeds CCG	31
Drop in - Collingham	12.08.19	Collingham Memorial Hall,	Leeds CCG	3
Drop in - Thorer	14.08.19	Thorer Victory Hall	Leeds CCG	1
Drop in - Bramham	19.08.19	Bramham Medical Centre	Leeds CCG	20
Drop in - Harewood	22.08.19	Harewood Village Hall	Leeds CCG	4
OPEN EVENT – Knaresborough	02.09.19	Chain Lane Community Hub, Knaresborough	TEWV and HaRD CCG	12
OPEN EVENT – Wetherby	05.09.19	Wetherby Town Hall	TEWV Leeds CCG	15
<b>Total</b>				<b>228</b>

### **Survey**

We also produced a survey for people to complete. This was sent to key partner organisations to share and circulate, available on the CCGs and TEWV's websites and it

was shared via social media and through key media channels. Copies of the summary document, including a copy of the survey, were also placed in key locations including libraries, community centres, churches etc.

In total there were **140** responses to the survey, with the majority of surveys completed online. The results showed that:

- 79.37% of respondents said that they thought that proposals for adult mental health services will help them and/or their loved one stay well / recover at home.
- 79.65% of respondents said that they thought that proposals for mental health services for older people will help them and/or their loved one stay well / recover at home.

The open questions (which asked people if there is there anything we have missed, any other comments or suggestions about our proposals and any other comments or suggestions about accessing mental health services) generated a total of 264 responses. A copy of these responses is in appendix 2 and these are also included in the themes and summary of responses later in this report.

## **Feedback**

We have worked through the feedback from all of the events and meetings attended, along with the responses and comments submitted via the survey. As expected there have been a number of key themes:

### **Themes**

- Services closer to home
- Access to services
- Joined up working
- Carer support
- Prevention and support
- LD and autism
- Resource - staff/funding
- Inpatient care

Below are some examples of the comments and feedback we received, categorised into the key themes.

### **Services closer to home**

There was a lot of feedback which confirmed what we were told in the previous phase of engagement that people was to be able to access services closer to home.

- *“Locally based services are better to cut down on travel, suits patients and also the environment.”*
- *“It is vital that access to care is close to home.”*
- *“Acknowledge that sometimes the home environment is part of the problem and not always a safe place to get well. Sometimes short admissions can be effective and are not always detrimental.”*

- *“I believe it is hugely important to ensure people who struggle to maintain their mental health are supported to stay well in their own environments.”*
- *“Being in a depressed or anxiety filled state it would help to have someone coming to speak with you in your home, as it is often difficult to go out when you are feeling in an anxious state of mind.”*
- *“I think the proposals would help if there is somewhere local or someone to come into your home to see you.”*
- *“Physical access to services needs to be considered - we live in a rural community with poor public transport links. Travel training schemes and additional funding may be required to support service users to attend groups thereby reducing social isolation and increasing confidence.”*
- *“A great deal seems to be happening in Harrogate Town. Must make sure that we are also thinking about how we will deliver quality services to the more rural areas to avoid creating a two-tiered care system.”*
- *“Instead of inpatient beds could crisis teams support in the home? When in a crisis I'd rather be in my own bed and have someone there to support me.”*

### **Access to services**

We asked people for their comments or suggestions about accessing mental health services so we expected that this would be a key theme. There were some clear sub themes within these responses, primarily focused on a single point of contact, out of hours support, potential access via 111 and crisis cafes:

#### Single point of access:

- *“Often we hear about how difficult it has been for someone to access and speak to the person they need straight away. It would be less stressful for people if they could speak directly to someone instead of having to go through a number of people first.”*
- *“The single point of access is key and will need to be excellent with the capability of supporting patients, carers, GPs Ambulance and Police.”*
- *“The single point of access would be useful for all ages not just older.”*
- *“Would ideally want that one person at the end of the phone to deal with your concern directly. Not passed from person to person. Early intervention needs to be quicker process.”*
- *“Having attended one of the forums, and not being a health professional, the whole process comes over as complicated when compared to `conventional` health problems. With the latter one can go to see a GP, or dial one of the emergency numbers. With mental health one should have a similar setup, otherwise people could get lost.”*

#### Out of hours support:

- *“People do not become ill solely in office hours. Practical home support needs to be available 24 hours a day, particularly for people who do not have family who can step*

*in at these times. I do not think enough weight is given to providing help with such matters.”*

- *“I feel the crucial time when older people need care and support is through the night and increasing the hours of the older person's crisis and home treatment team from 8am to 6pm, to 8am to 8pm, will make little difference.”*
- *“24 hour on call service (support line).”*
- *“One on one care particularly with dementia clients. Regular care calls.”*

The 111 service:

- *“Possibly access via 111. Needs to be as simple and accessible as possible to help people who may be in a fragile state. Work with emergency services so they can signpost.”*

Crisis Cafes:

- *“Crisis Café - Safe place, peer support, experienced support workers. Police can bring people to them and meet with MH professionals – or street triage, Crisis team - meet in an informal welcoming environment.”*
- *“Crisis cafes – where would they be? Harrogate and York are too far for me.”*

### **Joined up working**

There was a lot of discussion about joined up working. In particular there was a focus on how we could work closer with GPs, the voluntary sector and useful conversations around places of safety:

- *“We need to ensure that we are dotting the lines with what is already going on locally with third sector services and link with existing provision, for instance loneliness, prevention and car services.”*
- *“Please remember North Yorkshire is a vast geographical area and consider the complications for those of us in the outlying rural communities. The different sections of health and social care really need to be joined up services. Both are vital for patients to come through an admission, crisis and recover.”*
- *“Let's get the new process going as soon as possible and ensure that everything is joined up and not so reliant on the 3rd sector to fill the gaps the NHS currently has.”*
- *“Ensure that all your new proposals are connected and work well with each other, it's easy to throw loads of new ideas out but unless they're cohesive and work well together it could be confusing for people.”*
- *“Mutual support from CMHT & partner agencies such as Substance Misuse rather than only having one or the other.”*

Working with GPs:

- *“There seems to be little liaison between mental health services and GPs and I feel more could only help patients.”*

- *“I would like to receive mental health treatment from my GP surgery.”*
- *“Closer liaison with GP practices Drop in sessions in local area, for example weekends if things have escalated.”*
- *“A drop in arrangement at your GP practice to see a regular support worker who can get to know you and help with managing symptoms supported by a nominated GP with an interest in Mental Health who can intervene when required.”*
- *“As a GP I have experience of accessing mental health services. I find the services fragmented, difficult to assess on behalf of my patients and often not responsive enough. I think general practice can find itself 'propping up' specialist mental health services in providing timely and effective care. Also-the communication between general practice and mental health services could be much better.”*
- *“Can GP practices play a bigger role? Could there be someone based in a GP surgery? Could have drop in coffee mornings etc. to support people.”*

#### The voluntary sector:

- *“Consider how voluntary sector can be better equipped to support and signpost about mental health to prevent issues escalating. For example sports clubs being mental health friendly.”*
- *“Peer support groups are very good, giving us confidence and enabling us to take more control of our lives and mental health conditions. Initially, support from a charity to set up and get under way would be needed until the group was running smoothly. Then the charity could step back somewhat but remain in touch in a supporting role.”*
- *“Fully integrating Third Sector into the model – social prescribing attached to GP surgeries. Triaging within third sector building on alliance work.”*

#### Places of safety:

- *“Need to work with the police to ensure the right people receive the right care.”*
- *“Crisis beds (such as those at Station View) are a good idea. As long as people don't get 'stuck' there”*
- *“We'd welcome alternatives to section 136. When things get difficult it's the police that are called – if this can be avoided, fantastic. But will it work? We get to the scene and then what? What does it look like? Police would want reassurance that alternatives would work.”*
- *“More use of technology – virtual triage? Put people on calls in appropriate situations as police are not MH experts.”*
- *“Investment needed in alternative places of safety”*

## **Support for carers**

Support for carers was mentioned throughout the engagement. It was a common theme at the open events and comments from the survey responses echoed this feedback:

- *“A great deal of focus is directed to the patient, but there needs to be support of parents and/or loved ones also. Whilst they may not be carers in the sense that it applies to dementia, they often have to cope with situations that they are unfamiliar with. Experience has shown that there is a huge gap here, with supporters having very few avenues where they can get professional help and support. If the parent or loved one ‘goes under’ then the adult suffering mental health problems could also lose ground.”*
- *“Community support will not relieve carer strain. Often patients with dementia are being cared for at home by elderly frail spouses.”*
- *“I feel more weight should be given to the views of family members about the mental state of their relative so that help and support can be provided before their condition deteriorates too much.”*
- *“What overall carers support is there? Will the home treatment team be able to provide respite so that a carer can take some time to themselves or shop etc.?”*
- *“What is missing is relief from the everyday responsibility! And again the possibility of a chance to meet with another wife carer of Dementia. I am finding the ‘carer’ roll excessively demanding on my strength and stress and emotional levels. My life is diminishing under it. I thought I would receive so much more help.”*
- *“Little recognition for the role of families to help recovery.”*

## **Prevention and support**

Preventative support was another theme that came up in discussions and also came through in some of the survey comments:

- *“Improve community engagement and consider social prescribing to organisations that help to stimulate creativeness and social engagement.”*
- *“Self-referral to on-going groups, drop-in facilities, courses (short 6 weeks) on mental health such as coping strategies, self-esteem improvement etc. Also leisure, art, craft groups, specifically for health and wellbeing. So much money is spent on WISE activities yet nobody under 65 can attend.”*
- *“Support groups focusing on physical wellbeing as well as mental health e.g. running and/ or occupational activity e.g. Crafts would also benefit both those with mental health issues and the local communities.”*
- *“A befriending service would be ideal for those who find it hard to socialise or leave the house.”*

## **Learning Disabilities and Autism**

Learning Disabilities and Autism were highlighted, particularly in response to the questions asking ‘is there anything we have missed?’:

- *“What currently happens if a patient has autism and what will be in place going forward? What reasonable adjustments are been planned? Urgent need for staff to understand and accept autism, to avoid misdiagnosing and misinterpreting presentation. What support will be available for my carer?”*
- *“I haven't seen any detail in your proposals about how you will support people who have additional needs, such as learning disabilities or autism as I understand it is the mental health trust's remit to do so. Quite often the impact of these conditions causes mental health conditions as a result of their difficulties (a lot of people with autism are diagnosed with depression and anxiety). Will the staff be trained to understand the impact of these conditions and not assume them to be something else (such as a personality disorder) as this can have HUGE implications to someone's care and pathway if what that person needs or is going through is misunderstood (especially the crisis team).”*

### **Resource - staff / funding**

This was also a common thread throughout discussions and from the feedback received:

- *“£500,000 is nothing to provide services lost with the Harrogate closure.”*
- *“Will there be enough support for those needing it in their own home and where will the resources come from? Demand is high and currently there is not enough provision so the concern is that waiting lists get longer and people won't get a good service.”*
- *“There needs to be more investment in the mental health staff - I have had 4 different community mental health nurses in the space of 2 years which is upsetting, disruptive and causes a delay in my recovery as I have to 'start all over again' with a new nurse. This change of staff was due to nurses going off on sick with stress or leaving the profession due to workload and pressure!”*
- *“In my experience, people who would benefit from additional support do not always receive it in a timely way as the current services are under staffed. This is not a criticism, simply a statement of fact. I'm pleased to hear the new proposals also include the potential to recruit 14 new MH workers.”*
- *“Community support will only work if patient is well enough/service is funded adequately.*
- *“It takes too long to get an assessment and a referral for assessment, ongoing care is a gamble you're either lucky and you get it but more often you don't for a very long time often by the time a person is severely ill.”*
- *“More staff needed to counteract the growing numbers of patients.”*
- *“Will the plans just place more pressure on community teams? Not the same flexibility? What about workloads, availability, structure and already limited time with patients.”*
- *“How do we address the workforce challenges? Alternative workforce roles?”*

## **Inpatient services**

Although these plans focus on mental health services in the community, a lot of the conversations that took place references inpatient care. There were a lot of comments around the decision that there will not be a mental health hospital in Harrogate. Whilst the conversations did evolve from that to focus on the future provision, there were consistently comments particularly about the travel (and distance) to York, as well as bed provision and where people would have to go if there were no beds in York.

- *“Haxby in York is a very difficult place to visit relatives and friends for none drivers and expensive on public transport, it also has to be considered that some of these people would be elderly as well as possibly infirm physically, so would there be any help available with transport for visiting relative as well as patients having to go on a daily basis.”*
- *“There will be a need to consider transport arrangements for carers/visitors of those who have to be admitted in York. Non car users will have difficulty getting to York from the Harrogate area owing to poor bus and train services.”*
- *“How do people from Harrogate and rural area who need inpatient care get good family contact? It’s no longer closer to home and there is a distinct lack of affordable public transportation. This goes against the view that people should be treated closer to home.”*
- *“How have you considered the impact on people who have to travel further to visit and care for those who have been admitted to hospital and have we considered offsetting the extra cost?”*
- *Voluntary drivers to hospital in York.”*

There were some specific comments from people in Wetherby about where they would go if they required inpatient services:

- *“If there was no place in York due to shortages of beds where would patient go next, Middlesbrough, Darlington? It makes sense to go to Leeds inpatient care.”*
- *“Travel to York is ridiculous is you can’t drive.”*
- *“The Wetherby area gets forgotten about with these things.”*

All of the comments captured from the events and meetings attended are available in appendix 1. All of the responses from the survey are available in appendix 2.