

Developing community mental health services for Harrogate and Rural Districts, Wetherby and its surrounding areas (Wetherby Area Report)

Engagement dates: 24 June – 13 September 2019

Assessment of Equality Impact, Communications and Engagement Report

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Executive summary

As part of a contract between NHS Leeds CCG and NHS Harrogate and Rural District CCG, Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust provides inpatient and community mental health services for the residents of Wetherby and its surrounding areas.

Proposals for the future development of mental health services for adults and older people were recently approved by NHS Harrogate and Rural District CCG. These proposals allow TEWV to maximise patient safety and provide the best possible patient experience, whilst remaining true to their commitment to providing care as close to home as possible.

In the future, when people need to spend time in hospital these services will be provided in a specialist facility in York where TEWV NHS Foundation Trust is already building a new mental health hospital. By transferring inpatient services from the Briary Wing, Harrogate, it enables TEWV NHS Foundation Trust to reinvest money in community services to focus on supporting people at home whenever possible.

This engagement seeks the views of the people of the Harrogate and Wetherby areas on the proposals to develop the community mental health services for adults and older people. This will help us understand what people think of the proposals for community mental health services and help us make sure that these new services meet the needs and preferences of service users and their carers. The report will also help to identify any potential positive or negative impacts in relation to characteristics/groups protected by the Equality Act 2010.

A survey was used to gather people's thoughts and experiences of mental health services. We also used drop-in sessions and focus groups to understand the needs of people in the Wetherby area. We asked whether the proposals would help people stay well and/or recover at home and if there was anything missing from the proposals. The survey was shared widely, including with;

- Service users in the community and care homes
- Carers and family members
- CCG patient, public and voluntary sector networks; and
- GP practices in the Wetherby area.

89 patients, carers, family members and members of the public from the Wetherby area responded to the survey. A majority of people who filled in the survey told us that they believe the proposals would help them stay well and/or recover at home.

This report makes a series of recommendations to the mental health commissioning team who will use the findings of the engagement to develop community mental health services. A regular briefing will be produced once the project has begun, to show to what extent the engagement recommendations and recommendations to remove or reduce any identified negative impacts on protected characteristics/groups have been implemented.

The public feedback will also be used to inform a wider strategy for enhancing communication, access and the quality of services.

The report will be shared with those involved in the engagement and will also be available on the NHS Leeds CCG website.

This report focuses on the feedback collected from people in Wetherby and its surrounding areas and forms part of a larger report written by Tees, Esk and Wear Valley NHS Foundation Trust.

1. Background information

a. Clinical Commissioning Groups (CCGs)

NHS Leeds CCG and NHS Harrogate and Rural District CCG are responsible for planning and buying (commissioning) the majority of health services for people in Leeds and Harrogate, respectively. CCGs commission a range of services for adults and children including planned care, urgent care, NHS continuing care, mental health and learning disability services and community health services.

Leeds is an area of great contrasts, including a densely populated, inner city area with associated challenges of poverty and deprivation, as well as a more affluent city centre, suburban and rural areas with villages and market towns.

As of 1 November 2019, NHS Digital estimates that there are 896,000 people who are registered with a GP practice in the Leeds area. Leeds has a relatively young and dynamic population and is an increasingly diverse city with over 140 ethnic groups including black, Asian and other ethnic-minority populations representing almost 19% of the total population compared to 11% in 2001. There are 96 GP practices in Leeds.

Involving people and the public in developing and evaluating health services is essential if we want to have excellent services that meet local people's needs. It is our responsibility, and one that we take very seriously, to ensure that our local communities have the opportunity to be fully engaged in the decisions we take.

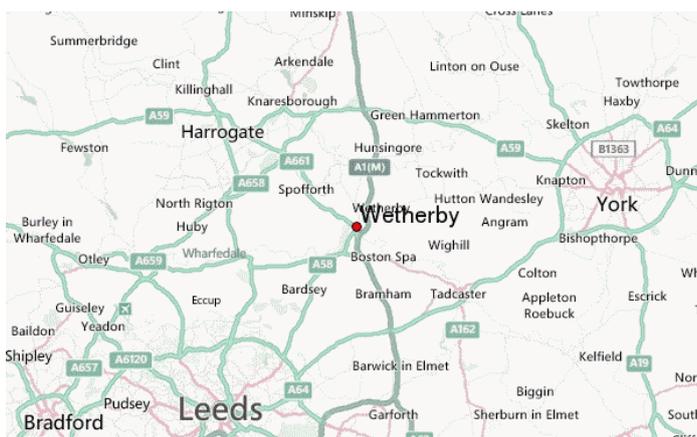
b. Tees, Esk and Wear Valley NHS Foundation Trust (TEWV)

TEWV NHS Foundation Trust provide a range of mental health, learning disability and eating disorder services for the people living in County Durham and Darlington, the Tees Valley and most of North Yorkshire.

TEWV NHS Foundation Trust delivers community and inpatient mental health services for Harrogate and its rural district.

c. Wetherby

Wetherby and the surrounding villages are situated in the North East of Leeds and have a population of over 36,000 people registered with a GP practice. Wetherby is surrounded by a number of smaller villages, including; Boston Spa, Collingham, Thorner, Harewood and Bramham.



Wetherby is one of the least deprived areas in Leeds; fewer than 1% of the population claim unemployment benefits (Jobseekers Allowance/Universal Credit) and 56% of the population are working age. 8% of the population experience 'fuel poverty', 15% of households have no car and 2.2% of households have no central heating. 6% of children under 16 are living in low income families.

Further details on demographics of the Wetherby area and how it compares to the Leeds area can be found here: <https://bit.ly/2VsRvm3>

The Wetherby area is above the Leeds average for the prevalence of 'common mental health issues' and asthma (under 16s). Wetherby is below the Leeds average for 'severe mental health issues'. Further details and how it compares to the rest of Leeds can be found here: <https://bit.ly/2VvIA3f>

As part of a contract between the NHS Leeds CCG and Harrogate and Rural District CCG, TEWV NHS Foundation Trust provides inpatient and community mental health services for the residents of Wetherby and its surrounding areas. This contract was informed by residents of the Wetherby area who previously told us they would like to be able to access services in Harrogate.

d. Engagement support

We commission Voluntary Action Leeds (VAL) to support our engagement work. VAL delivers the 'Leeds Voices' project to undertake public and community consultations on behalf of NHS Leeds CCG.



e. Developing community mental health services for Harrogate, its rural districts, Wetherby and its surrounding areas

Background

Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust deliver **community** and **inpatient** mental health services for Harrogate and its rural district including the Wetherby area. TEWV NHS Foundation Trust do not provide **primary care mental health services**, these are delivered by the GP practices local to the area; people in Wetherby receive primary care mental health services from Leeds GPs they are registered with.

Proposals for the future development of mental health services for adults and older people were recently approved by the Harrogate and Rural District CCG.

In the future, when people need to spend time in hospital these services will be provided in a specialist facility in York where TEWV NHS Foundation Trust is already building a new mental health hospital (expected to be completed in 2020).

What is changing?

In Wetherby and the surrounding areas, people will notice the following changes:

- From 2021, inpatient care will no longer be provided in Harrogate and patients and their carers will travel to a new hospital in York.
- People will be able to access enhanced community care, closer to home, reducing the need to be admitted to hospital
- People who are admitted to hospital will experience enhanced care in a purpose built facility

Inpatient mental health services – these are services that people receive whilst being an 'inpatient' in a hospital. This means you spend time in the hospital when your mental health is at a point where you need additional support and care to keep you safe and well.

Community mental health services - these are services that are delivered 'in the community'. You may receive these services in your home or from a nearby NHS organisation.

Primary care mental health services – these are services delivered from your GP in the first instance. You may be prescribed medication or referred to receive support through 'talking therapies'.

Why are we changing?

Transferring inpatient services from the Briary Wing, Harrogate will enable TEWV 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 aim of investing community mental health services is that it will reduce the number of inpatient admissions as well as the length of time individuals need to spend in hospital. The approved approach releases £500,000 per year to invest in community services. TEWV have already begun looking at how they can improve the way they work to give people the support they need.

This approach meets the NHS Long Term Plan aim for '*Delivering world-class care for major health problems - delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.*'

You can find out more by visiting the TEWV NHS Foundation Trust website here:
<https://www.tewv.nhs.uk/get-involved/what-you-can-do/a-vision-for-mental-health-in-harrogate-and-rural-district/>

What did we do?

To ensure that we involved as many people as possible in developing our plans, we carried out a 12 week engagement. This took place from 24 June 2019 to 13 September 2019.

The engagement provided an opportunity for the people of Wetherby and the surrounding areas to:

- Understand what is changing
- Share their views on changes to community services
- Comment on any other aspects of the change, including moving inpatient facilities from Harrogate to York

NHS Leeds CCG supported TEWV NHS Foundation Trust to deliver this engagement. NHS Leeds CCG engaged with the people of Wetherby and its surrounding areas as part of a wider engagement with Harrogate and its rural districts.

TEWV NHS Foundation Trust will use feedback from the engagement to shape community services for people in Harrogate, Wetherby and Rural District.

2. How did we identify and engage with patients?

a. Equality analysis

An equality analysis and engagement plan (available on the website here: <https://www.leedsccg.nhs.uk/get-involved/your-views/tewvmh2019/>) was developed by patients, clinicians and commissioners to ensure that the right people were consulted in the right ways. The equality analysis is a review of the actual or potential effects of services on people who identify with any of the protected characteristics outlined in the Equality Act (<https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>). This plan helped us identify who we need to engage with and how.

This change potentially affects all adults and older people registered at four practices (including branch practices) in the Wetherby area who could receive mental health services via TEWV NHS Foundation Trust. While the change potentially affects everyone in the area, we know that:

- 18-20 people, on average, per year use inpatient services
- 60 people, on average, currently use community services
- Carers will be affected due to additional travel time and cost

The equality analysis carried out by TEWV NHS Foundation Trust showed that there was no significant impact on any protected characteristics outlined in the Equality Act. It is acknowledged in the assessment that:

- Some patients (and their families/carers) may have to travel further for inpatient care to access inpatient services at the new hospital being built in York.
 - This may require use of different modes and routes of public transport.
 - This could impact older carers, those with disabilities and young carers.

The NHS Leeds CCG carried out a travel comparison for Wetherby and its surrounding villages (see **Appendix B**) to understand the differences in travel between Harrogate and York as it was anticipated that this would be brought up during the engagement as a potential area of concern.

Through this assessment, it was noted that travel to York would be significantly more time consuming and costly for those who rely on public transportation, when compared to the travel to Harrogate.

You can read the equality impact assessment carried out by TEWV NHS Foundation Trust here: <https://www.leedsccg.nhs.uk/content/uploads/2019/09/appendix-10-equality-impact-assessment.pdf>

b. Patient assurance

The engagement plan was taken to the NHS Leeds Clinical Commissioning Group Patient Assurance Group (PAG) in May 2019. This group is made up of patients (CCG Volunteers) and assures the CCG's governing body that adequate patient involvement has taken place during consultations and engagement. The PAG agreed that the equality analysis and engagement methods outlined in the plan were generally appropriate and asked that we consider the importance of engaging with the following groups:

- People with mental health conditions
- Carers
- GPs
- Staff working in mental health services (consultants, care co-ordinators etc.).

We developed an engagement plan, working with TEWV NHS Foundation Trust and NHS Harrogate and Rural District CCG. We also asked people to fill in equality monitoring information to allow us to understand any gaps in our work.

CCG Volunteers

Our volunteers help to ensure that the voice of patients, carers, and the public are taken into consideration when decisions are made that affect health services and patient care. One of our CCG Volunteers is working on the project and sits on the engagement steering group.

TEWV NHS Foundation Trust also have patient representatives on their project steering group to ensure that the patient voice is heard as the work progresses.

c. Involvement of partner organisations

We recognised that we needed to work with our voluntary sector partners to engage with groups identified in the equality analysis and by the PAG. There were a number of organisations that supported this engagement work, including:

- Wetherby in Support of the Elderly (WiSE)
- Chapel FM
- Tempo FM
- Collingham Memorial Hall
- Thorner Victory Hall
- Harewood Village Hall

The engagement team also promoted the engagement with the following organisations:

- Leeds Teaching Hospital Trust (LTHT)
- Andy's Man Club
- Home Instead
- WISE
- Leeds Involving People
- Carers Leeds
- Community Links
- Leeds Mind
- Leeds and York Partnership Foundation Trust (LYPFT)
- Forward Leeds
- Leeds Carers
- Touchstone
- Battle Scars
- Leeds MENCAP
- Health for All
- Wetherby High School
- Leeds Community Healthcare (LCH)
- Leeds Citizens Panel
- Voluntary Action Leeds
- Citizens Leeds
- Women's Health Matters
- Women's Lives Leeds
- Advonet
- Forum Central

d. Methods

Surveys

Working with TEWV NHS Foundation Trust we developed a summary document and survey alongside a more detailed 'narrative' document. Both of these documents were available online via both TEWV NHS Foundation Trust's and the NHS Leeds CCG's websites. The documents were also available in paper formats.

The summary and survey document was made available in an 'easy read' version by Bradford Talking Media (BTM). They also made the summary document and survey in an audio format so people with visual impairments were able to listen to the information and questions.

People could complete the survey and provide their feedback online, speak to someone on the phone at the NHS Leeds CCG or attend one of the drop-in events arranged in the area.

You can view the surveys and documentation on our website here:
<https://www.leedsccg.nhs.uk/get-involved/your-views/tewvmh2019/>

Drop-ins

We organised a number of drop-in sessions in Wetherby and the surrounding villages of Bramham, Boston Spa, Collingham, Harewood and Thorner. These drop-in sessions provided people with the opportunity to find out more about the engagement, ask questions, tell us what they thought about the proposals for developing community mental health services and take away or complete a survey.

There were a total of **six** drop-in sessions that ran in the Wetherby area for people to attend:

- 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
- Wednesday 4 September, 10am – 12pm at Wetherby Town Hall, Wetherby

On-street engagement and promotion

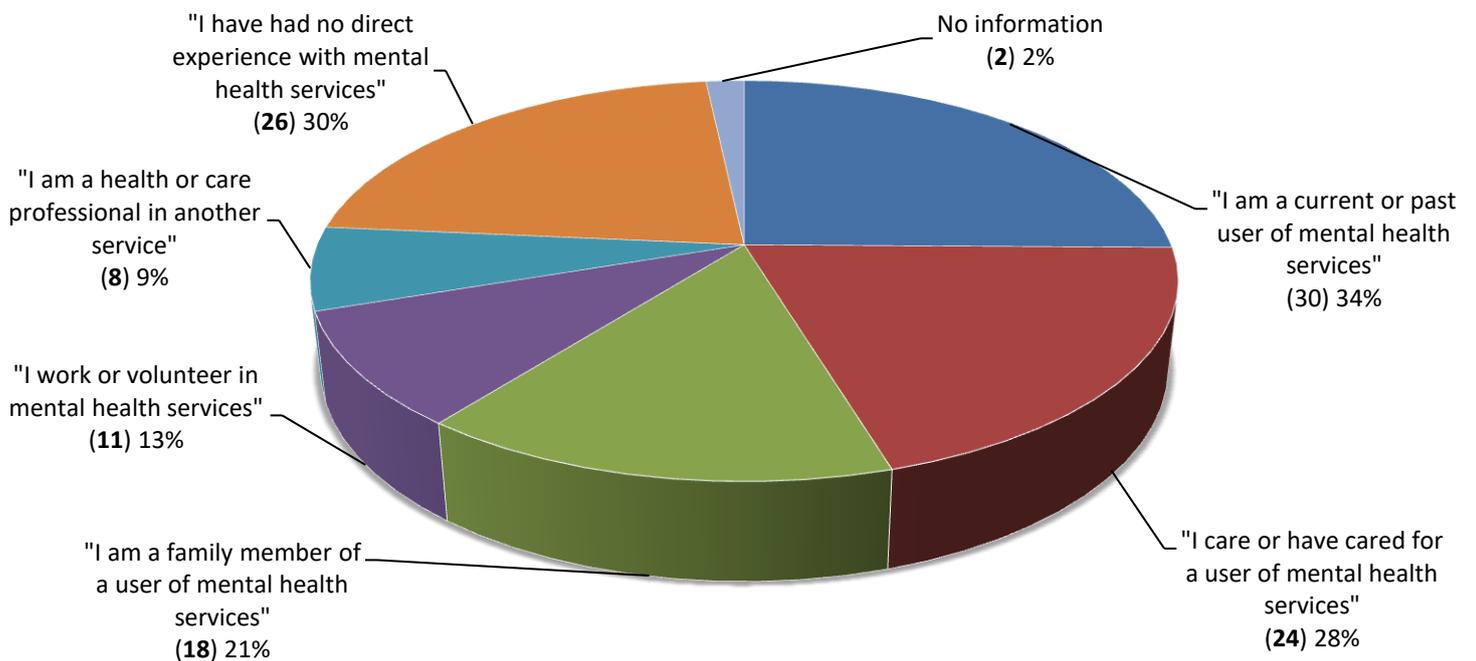
In order to promote the engagement and raise awareness of the changes being proposed to community mental health services a member of the NHS Leeds CCG engagement team visited Wetherby, Bramham, Boston Spa, Collingham, Harewood and Thorner. Whilst there, they visited **159** different businesses or organisations across the town and villages in the Wetherby area; handing out posters and surveys and talking to people about the engagement and proposals for community mental health services.

Voluntary Action Leeds (VAL)

Voluntary Action Leeds supported this engagement by conducting on-street engagement, survey 'drop-ins' at locations in the area and by hosting specific focus groups to explore the engagement and proposals further.

3. Who replied?

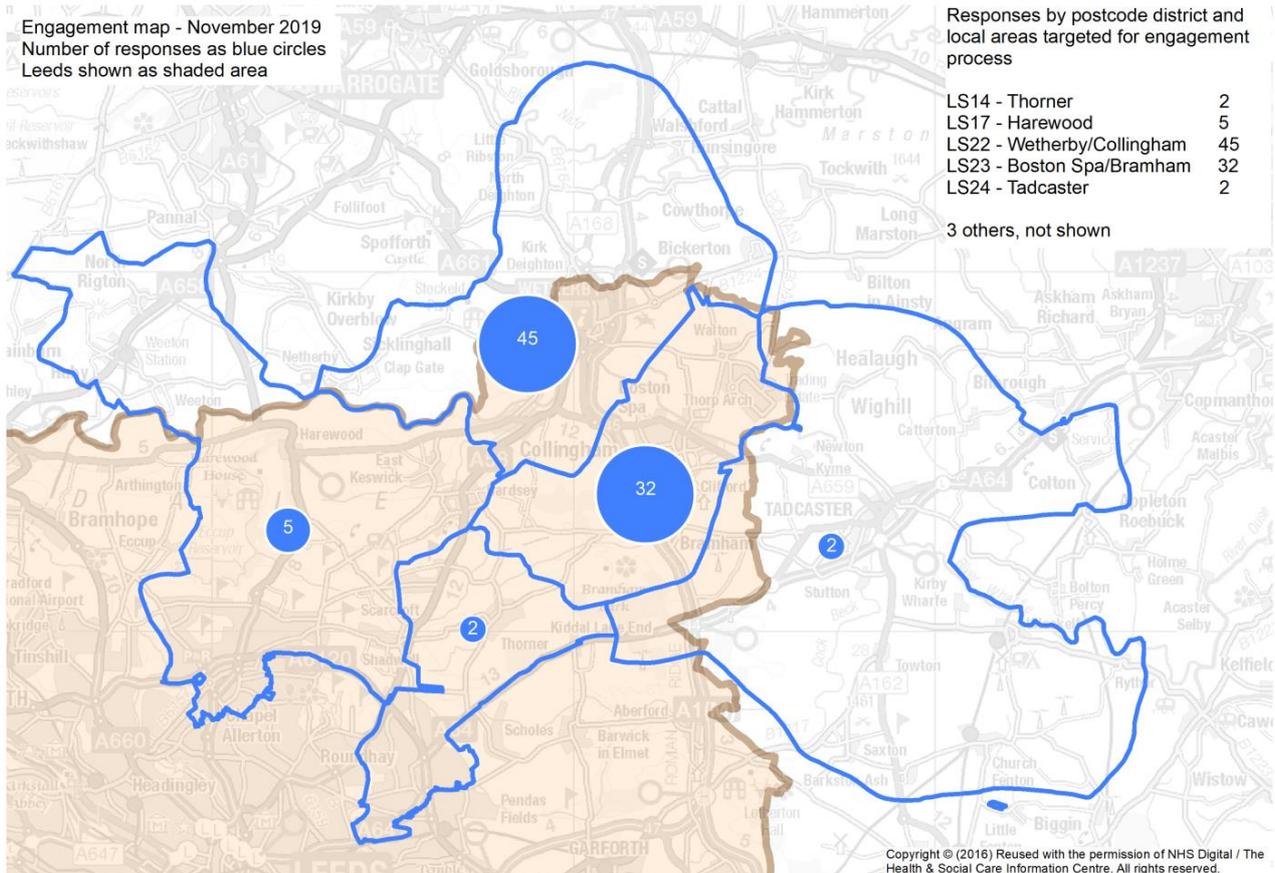
In total **89** people contributed to the engagement. Feedback was received from the following groups (**please note that people could select more than one response**);



- **34%** (30 people) of the feedback came from current or past users of mental health services.
- **28%** (24 people) of the feedback came from people who care or have cared for users of mental health services.
- **21%** (18 people) of the feedback came from people who are a family member of a user of mental health services.
- **13%** (11 people) of the feedback came from people who work or volunteer in mental health services.
- **9%** (8 people) of the feedback came from people who are a health or care member of staff working in another organisation
- **30%** (26 people) of the feedback came from people who have had no direct experience with mental health services.
- **2%** (2 people) did not answer this question.

We also asked people to tell us the first part of their postcode so we could see where people's responses came from.

Where did people respond from?



- **51%** (45 people) of people came from the **Wetherby** and **Collingham** areas with a LS22 postcode.
- **36%** (32 people) of people came from the **Boston Spa** and **Bramham** areas with a LS23 postcode.
- **6%** (5 people) of people came from the **Harewood** area with a LS17 postcode.
- **3%** (3 people) of people came from 'other' postcodes that were out of the Wetherby area.
- **2%** (2 people) of people came from the **Thorne** area with a LS14 postcode.
- **2%** (2 people) of people came from the **Tadcaster** area with a LS24 postcode.

4. What did people tell us?

The survey asked people to describe themselves so that we understood who we were hearing from and to give us the opportunity to explore if there were any difference in views between current or past service users, carers or healthcare staff.

People were asked to select one of the following options:

- A current or past user of mental health services
- A current or past carer for a user of mental health services
- A family member of a user of mental health services
- A worker or volunteer in mental health services
- A health or care worker in another health care service
- Someone who has not had any direct experience with mental health services

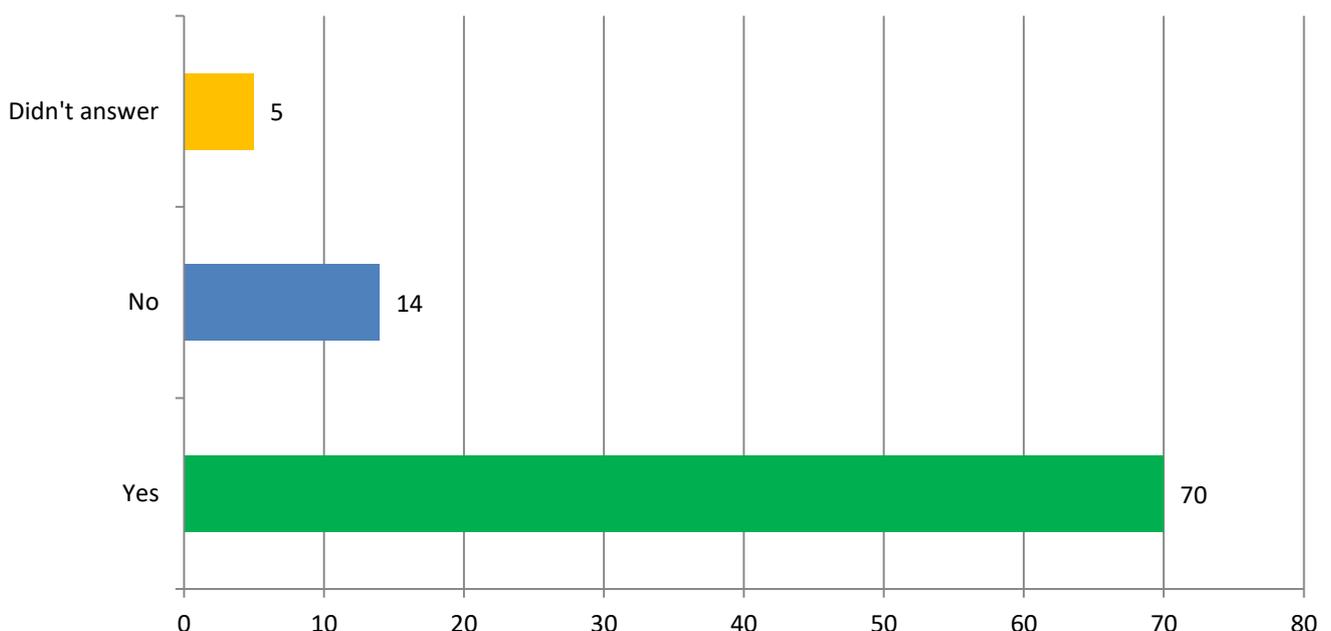
The survey asked people to give us their feedback on the proposals to develop community mental health services for both working age adults and older people. We asked people if they thought the proposals for both working age adults and older people would help them or their loved one stay well and/or recover at home and if they had any feedback on proposals. People were also asked if they had any additional feedback on the proposals or other mental health services.

When analysing the feedback, in many cases, we found it was similar, regardless of whether the respondent was a patient, carer, member of the family, a health and care professional or had no direct experience of mental health services.

Developing Community Adult Mental Health Services

Do you think the proposals for adult mental health services will help you and/or your loved one stay well/recover at home?

84 people answered this question. 5 people chose not to answer this question.



- **83%** (70 people) of people who answered the question told us that the proposals for adult community mental health services would help them stay well or recover at home.

“I think the proposals would help if there is somewhere local or someone to come into your home to see you.”

Current or past service user and carer

“I think the proposals to offer help at home are a good idea if carried out properly.”

Current or past service user

- **17%** (14 people) of people who answered the question told us that the proposals for adult community mental health services would not help them stay well or recover at home.

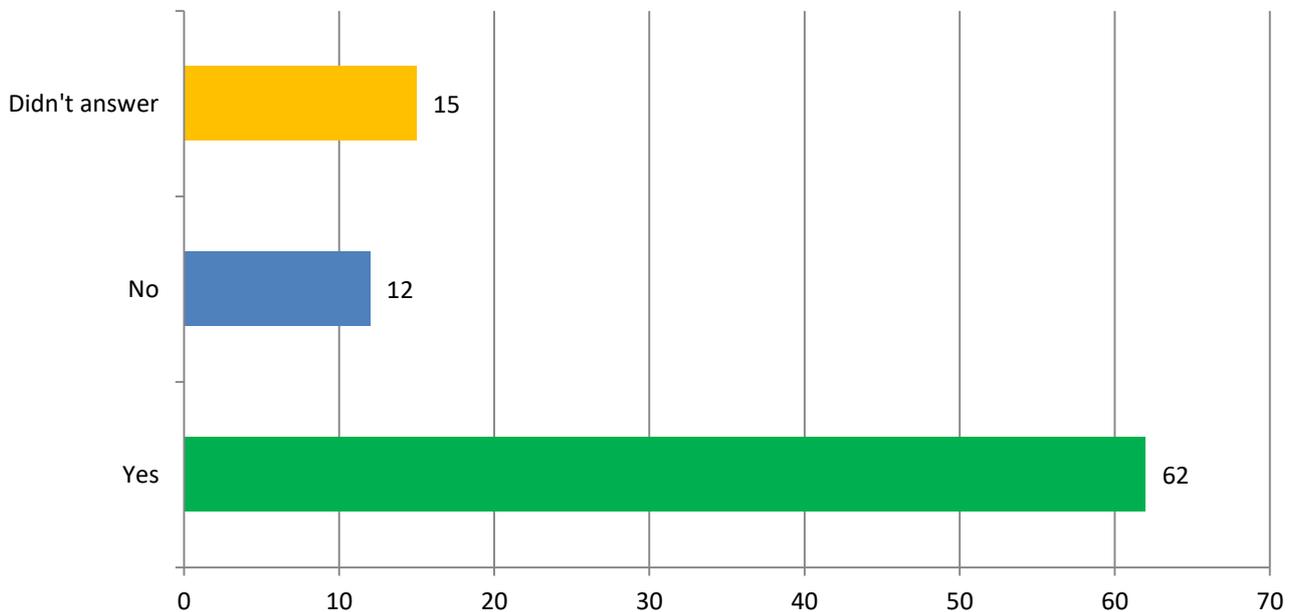
“The elaborate triage system mental health services are good at applying ensures people feel rejected by those who should be skilled enough to help.”

Current or past service user, carer, family member of someone who has used mental health services and a health care or professional in another health service

Developing Older People’s Community Mental Health Services

Do you think the proposals for older people’s mental health services will help you and/or your loved one stay well/recover at home?

74 people answered this question. 15 people chose not to answer



- **84%** (62 people) of people who answered the question told us that the proposals for older people’s community mental health services **would** help them stay well or recover at home.

“I’m really happy if this is going to be included and making progress and including Wetherby in it but I’m just wondering about the travel.”

Older person with long-term condition, Wetherby Care Home focus group

- **16%** (12 people) of people who answered the question told us that the proposals for older people’s community mental health services **would not** help them stay well or recover at home.

“I am unsure how much and how regular any professional help would be and what form it would take.”

Current or past service user and carer

“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 – 8pm will make little difference.”

Member of the public

Other considerations for the proposals

We asked people to tell us if they thought there was anything missing from the proposals mentioned in the summary or narrative documents.

People mentioned a number of things they would like to see more detail about or included in the plans for community mental health services:

Option to remain under Community Mental Health Team as a buffer if suitable – knowing that support is there could be all someone needs to stay well, rather than feeling like there’s no one
Make care more person centred and get rid of the limited/restrictions on access to talking therapy sessions – it is hard to make progress if you can only talk about one subject and for a limited time.
Offer preventative interventions via referral or on the NHS, such as mindfulness, Yoga or art classes.
Access to meetings/therapies out of the traditional working hours – if you work it can be difficult to make some through the day appointments.
Access to holistic therapies in a support group setting – this would provide peer support and an activity for people to keep busy
Befriending service for those who find it hard to socialise
Drop-in centres in the area with staff to provide support
Support for family and carers to be able to visit their loved ones in hospital
Support groups that focus on both physical and mental health that can look at occupational therapies, including groups that working age adults can access
Work with local organisation and communities to support community services – organisations could work in collaboration in the area to support the work
Details on the support for people with learning disabilities and autism – what support and therapy will they have access to?

Access to support over the phone that isn't just crisis conversations.
Details on family support – what support will services give to carers and family members of someone who needs mental health services
Ability to be able to self-refer or a member of family or carer refer into services
Regular ' care calls ' to check in with people, particularly older service users
Services and support that is available with regularity and aren't 'term time' services (stop when it's the school holidays)

Drop-in sessions

NHS Leeds CCG engagement team briefed GPs and asked them to support the engagement by:

- Sharing and promoting within the surgery and wherever possible; i.e. sending out text messages to relevant patients.
- Promoting and sharing with Patient Participation Groups and encouraging them to come to the drop-ins.
- Putting up posters and surveys in the reception area.
- Promoting on any social media platforms that they have access to.

The drop-ins were also promoted with the local parish councils and via social media: Twitter, Facebook and NextDoor.

At the drop-ins, staff were on hand to discuss the engagement and provide the people the opportunity to learn more about the changes and have their say, comment on the 'question board' (except Wetherby) and take away or complete a survey. Surveys were available in both standard and easy-read format.

Below are some of the comments and main themes from each drop-in session held:

Drop-in	How many attended	What did people tell us?
Spa Surgery, Boston Spa 05.08.19	31	<ul style="list-style-type: none"> • Feeling of being lost/displaced by the barriers created by the boundaries between Harrogate and Leeds services. • Wetherby Health Centre is underused, can it be used a hub, even just for a day a week to provide signposting or mental health support in some form. • Harrogate only do CMHT and inpatient, anything else (such as social care) and they can't help you and can't signpost you as they don't know what you can access in Leeds <ul style="list-style-type: none"> ○ Confusion with Leeds services because of assumption of service from Harrogate ○ Extra tasks and stress for someone who is already overwhelmed and not mentally well to find out what help they can actually get (calling the right numbers, googling the right terms etc.) ○ Patients should be able to get a "full package of care" that is joined up.

		<ul style="list-style-type: none"> • A comprehensive list of “for this go here”, agreed and confirmed with associated organisations would be incredibly beneficial • Services need to link up better with the GP, they need to know what is happening and have a consistent approach. <ul style="list-style-type: none"> ○ Example given of a miscommunication between clinicians led to a severe reduction in someone’s medication without any consultation with the patient • Waiting times to see someone are an issue • People need support to “get through the door”, can be daunting to attend a new service/group without extra help. • Feeling from patients that TEWV don’t care • Patients find it strange that if there isn’t a bed in Harrogate/York then you would end up in Scarborough or Durham first rather than Leeds • Easier to connect with other organisations who may be connected to your care if local, there’s more available in Leeds • The boundaries between services do a lot of damage because of the contractual barriers. “If I needed care in another part of the country in A&E, I’m not told I can’t because I’m from Leeds, I still get it” • Experience shared of Durham paying in area patients to go on home visits which is very important for a service user’s recovery, but won’t fund out of area patients the same, would York be offering that? • A hospital in a nice environment is also important for people’s recovery, York is a good pick for that. • Ultimately, the staff need to be good, care needs to be provided in the right way. • The Wetherby area often gets forgotten about.
Memorial Hall	3	<ul style="list-style-type: none"> • The Wetherby area gets forgotten about with these things. • Care in the community is great, but only if the carers supporting people are supported. <ul style="list-style-type: none"> ○ One example from someone who was very overwhelmed was starting to think that for his own piece of mind, putting his wife in a home because of her dementia was the best thing. ○ Had tried to get carer support but needed to fill in a lot of forms and hasn’t spoken to the right people and spend money to get put on a register to get some respite care.
Victory Hall	1	<ul style="list-style-type: none"> • Encouraged the use of the Victory Hall for open days and events such as information days and getting involved. Helps join up a more disconnected and socially isolated community. • Be good if what is offered locally via organisations etc. were promoted via services, such as social prescribing and linked in locally
Bramham Medical Centre	20	<ul style="list-style-type: none"> • Previous experience of Leeds – they’ve been amazing – staff are so important, be truly person centred, especially for something like mental health. • Travel to York is ridiculous if you can’t drive • Wetherby Health Centre should be better used • Prefer services that are as local as possible • Difficulty knowing what you can and can’t access – if I had a crisis now or mental health problem I’d have no idea what the pathway is • Waiting lists/times are an issue • Need more “Get out of your head” schemes, things that give you something to do and support you to think about other things • Look at alternatives interventions – advice on “turning off your phone” impact that social media/technology could have (e.g. effect of blue point lighting from your phone on you staying up at night)

Village Hall	4	<ul style="list-style-type: none"> • Mental health care needs real investment and dedication to it, the additional investment sounds like it will be positive. • Single Point of Access sounds very positive • As part of a branch practice, feeling that the surgery is forgotten about, what do people have access to help support them mental health wise? • “There’s no community in Harewood, just muddy boots” • Will the pharmacy closing have an impact, ease of access to mental health medications?
Wetherby Town Hall	15	The format of this event differed slightly as individual conversations took place and people who attended were then encouraged to complete the online or paper survey to provide feedback on the proposals.

Voluntary Action Leeds (VAL)

NHS Leeds CCG commissions VAL to support its engagement activity through the ‘Leeds Voices programme. You can read about Leeds Voices here:

<https://doinggoodleeds.org.uk/leeds-voices/>

The key themes and recommendations from VAL’s report can be seen below:

Theme	Recommendation
Travel & transport to inpatient unit	Commissioners should further consider the impact of the planned move of inpatient mental health services from Harrogate to York on travel times, travel costs and the broader accessibility of the new facility for the communities engaged. Particular consideration should be given to the impact of the move on those reliant on public transport and people with restrictions to mobility.
Accessible, community based services	Extra consideration should be taken around the accessibility of community based mental health services within the area engaged.
Joined up care	Plans should be further developed and delivered with an understanding of the broad range assets and needs of the communities and people impacted upon; ensuring that care received is joined up and person centred. Additional consideration should be given to the role of broader community assets including community infrastructure, care homes, volunteers and community champions in delivering mental health support within the community.
Staying well at home	Consideration should be given to how NHS services, social care and third sector organisations can support improved self-care and connection with community assets.
Knowledge, skills and training	Development of plans should further consider the knowledge and skills required by staff and partners to deliver effective, person centred and joined up mental health care to people in the engaged areas.
Needs of families, friends and carers	The needs and interests of families, friends and carers should be further considered in the ongoing development of plans.
Funding & resources	Further consideration should be given to the funding package assigned to deliver this work, and whether this level of investment can enable objectives to be achieved.

You can read VAL's full report on their engagement activities here:
<https://www.leedsccg.nhs.uk/get-involved/your-views/tewvmh2019/>

Themes

A number of common themes were mentioned from the people who responded.

a. Local Services

People told us that there needs to be more presence and mental health services provided out of the Wetherby area. Several people through the course of the engagement told us that the Wetherby area often feels "forgotten about".

People told us that they feel the **Wetherby Health Centre** is underused and would be an ideal place to host a mental health hub and signposting service once a week or provide something mental health related out of it. People commented that the nearest in Leeds involve commuting to Horsforth or elsewhere for support groups or other services.

"If something was in the area, such as Wetherby Health Centre, that could be accessed for support it would make a huge difference."

Carer, family member and health or care professional in another service

"It would be good to have local mental health services as my current care co-ordinator tells me it's a very long way to travel from Harrogate to see me."

Current or past service user

"Wetherby is desperate for services. I am desperate for services. Let this happen and happen quickly. Services should be available to everyone in all areas. Isolated, desperate, lonely, suicidal, stressed and anxious...welcome to Wetherby."

Current or past service user

"Having access to mental health services at Wetherby Health Centre would help with initial contact and help required."

Current or past service user, carer and family member

People told us they would like to see **support groups** run in the Wetherby area as it is easier for people to get to, accessible to all of may need it, easy to attend and easy to find out about. People told us that they can't access similar groups in Harrogate as easily or at all because of being in Wetherby.

"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."

Current or past service user

"I think there needs to be some dedicated groups for Wetherby area patients. Some groups, we can't access in Harrogate because our postcode or out of area GP excludes us, and others that are charity based just feel too far away when you aren't so well. If some mental health activity groups and support groups could meet in the Wetherby area that would be great."

Current or past service user and worker/volunteer in mental health services

People also told us that they would like to have **appointments nearer by** as travel can be a source of stress.

“A major problem is there is are appointments close to home, I’ve always had to travel into Leeds or a part of Leeds which is difficult for someone with anxiety as a one hour appointment can result in a whole day being taken up as I don’t drive so would have to get buses.”

Current or past service user

“A bus journey into Leeds and back can take three hours so Leeds based services are a day trip sometimes needing two buses and Mind in Horsforth, Community Links and Touchstone are Leeds centric. This is unfair to people who have travel phobia, low budget for fares, carers commitments. These services need to be operating in Wetherby.”

Current or past service user

b. Travel

Though the engagement is about proposals to develop community mental health services in the area, a number of people did address travelling to York for the new hospital if inpatient services were needed and how it is very difficult for people in the area who don’t drive.

Concerns were raised about accessing the new hospital via **public transportation** highlighting issues related to increased travel time and costs. People discussed the poor transportation routes and service in the area, including:

- Lack of buses/routes that go to York
- The frequency of said transportation
- Current ease and use of the 7 bus that goes through to Harrogate with more regularity
- The villages are quite disconnected as it is already, people talked about a lack of community in some of the villages.
- The impact it will have on carers/family having to visit the York hospital if not driving – length of time, cost and how that lines up with visiting times and regularity (if visiting on a regular basis).
- A preference to visit Leeds over York.

“How would relatives get to the specialist facility in York if they do not drive and live in the Wetherby area? There is a bus from Wetherby to the centre of York but it does not run very often so it would be virtually impossible for relatives to visit their loved ones. The article says under the “Inpatient Care” heading that keeping in touch with family, while they’re in hospital, is really important and the NHS want to do what they can to support this.”

Member of the public

“I’m worried about going all the way to York for inpatient services.”

Current or past service user and worker/volunteer in mental health services

“I worry about public transport for visitors and patients who are admitted to hospital miles away from home. Really would prefer inpatient facility in Harrogate, don’t want to have to go to York, Middlesbrough or Scarborough.”

Carer and family member

“Public transport for inpatient in York will be difficult. Will patient transport be available?”

Worker/volunteer in mental health services

“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”

Member of the public

Ahead of conducting this engagement, we anticipated travel being raised as a concern by people. We did a comparison of the current and proposed travel routes for people to access inpatient services for reference. You can view this in **Appendix B**.

In the drop-in sessions we asked people to discuss where they would prefer to travel to between Leeds and York and why. This was in anticipation of travel being raised as a concern and was used as a method to engage with people to further explore the proposals for community services.

Generally, there was fairly even split between a preference for York or Leeds. Some of this was about preference for the services provided, but was largely based around whether people could drive or not.

- People preferred Leeds because it was easier to get to and was better known to people.
- People preferred Leeds because it had a good reputation generally (not necessarily for mental health care specifically).
- People preferred York because it was easier to get to for drivers.
- People preferred York for the purpose built mental health hospital.
- A lot of people told us that Harrogate was their preferred choice, even though this wasn't a choice in the question.
- A number of people told us that they didn't have a preference providing the right service was available.
- People told us they would like to be able to choose where to go if there was availability.

c. Staff

People told us that the staff in mental health services played a big role in their experiences of mental health services as well as the impact that they can have on people's wellbeing.

They told us that there needs to be **good investment** in the staff. People said that staffing in the community teams has been very unstable and there has been a lot of change; with lots of people leaving, retiring or moving which can cause disruption to patients if they don't get a good handover and have to "start over" making developing a therapeutic relationship difficult.

"It is important that the same person, or maybe two, help to support with care."

Carer

"There needs to be more investment in the mental health staff- I have had four different community mental health nurses in the space of two 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 sick with stress or leaving the profession due to workload and pressure! Ironic really considering their specialism."

Current or past service user

People told us about rising demands and long waiting times to be seen or receive therapy. They told us that **more staff** would be needed to meet these demands.

"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."

Current or past service user

Due to the boundary between Wetherby and Harrogate, ease of access and availability of transportation, patients get some of their support and access from Leeds. People told us that the staff in Harrogate and working for TEWV NHS Foundation Trust need to be **better informed to support people in Wetherby** as they often don't know what is available to access in Leeds or for the people of Wetherby.

This was raised as a concern as people told us that the TEWV NHS Foundation Trust staff only know what is in their area and therefore can't direct people to these things. People told us that they have to do a lot of the work themselves to find out what they can access, which can be difficult if you're not well.

"There should be a file in Harrogate CMHT with all Leeds services that Wetherby patients can access whilst under TEWV's care. That way, any care co-ordinator with a Wetherby area patient that is missing out on something because they are out of area knows the alternative referral for them to access through their Leeds postcode."

Current or past service user and worker/volunteer in mental health services

"No one seems to know. What am I supposed to do? There's no support."

Carer, speaking at Collingham drop-in

"TEWV's team don't know what services we can or can't access (NB: it should be whichever service we need and then cross-charge to whoever holds the contract) and therefore we often have to figure it out ourselves. If your staff are working with us in our area they need to know what is available to us, there needs to be some joined-up work going on and continuity of care – link in with the GPs in the area and the services in Leeds."

Carer & health or care professional in another service

d. Communication

People told us that it isn't clear what services you can and can't access, or what services are available and there needs to be clear communication around this.

People told us there needs to be **better promotion** about availability of mental health services; what is available to people and where those services are. People suggested a clear list of all services that Wetherby patients can access whilst under TEWV's care.

"Publicise the services more, rather than just stumbling across them."

Member of the public

"I'm fortunate enough to not have had any experience with mental ill health, I assume if I needed to get help I'd come to the GP but I wouldn't know what services there were available to me in the context of mental health; can I go to A&E or somewhere else if it's something urgent?"

Member of the public, speaking at Bramham drop-in

"How do people find out it? Where to contact? Very little information except on website – can be confusing – don't use the internet. Come to the library for information or in doctor's surgery"

Member of the public

"I was once given a number for IAPT from my GP and rang for days. I eventually went in and it was an old leaflet with the wrong number. This shouldn't happen. Very stressful."

Carer

e. Reduced Access to Services

People told us that, because of the issues created by the boundary between Wetherby and Harrogate services, people aren't getting a complete service.

People commented that they can only access inpatient and community mental health services from Harrogate, and if a social worker is needed then this would come from Leeds. Some people told us that **this isn't being communicated** to them and TEWV NHS Foundation Trust don't know what services people can access in Leeds as it isn't their region.

"Wetherby area patients can't access a social worker like other TEWV patients as their postcode falls out of area and excludes them. Even with the money invested into the services, will there still be this gap in care for patients from Wetherby, and also the lack of transparency on this issue for Wetherby patients? I was not told until my discharge that I should've had a social worker. If Wetherby patients can't access the full package of care, should they really be continued to be seen under TEWVs?"

Current or past service user & worker/volunteer in mental health services

"I keep getting bounced between different services in Harrogate and Leeds, one tells me it's the other that should be helping me. I'm starting to think that for my own wellbeing it would be easier to put my wife into a care home to care for her and her dementia."

Carer, speaking at Collingham drop-in

"I am incredibly frustrated by the division in services. If you need further support, such as community or inpatient, then you're with TEWV, but TEWV don't work with anyone else, not even services in their own remit. How are you supposed to get a 'package of care' or person centred services when they wash their hands of you because you happen to live somewhere slightly less convenient for them?"

Carer, speaking at Boston Spa drop-in

People told us that it was **confusing** to know where you get help as services seem unsure because of the Wetherby geography and who provides what to which area. Some people said they would like to be able to choose where they receive their mental health services.

"I think it would be good if all of Wetherby is included rather than being in teams from Leeds or Harrogate services. I fit in Harrogate catchment area for some of my care issues but then sometimes I go to Leeds. It's confusing."

Current or past service user

"Why can't people in Wetherby access Leeds services if it is preferred? Someone said it's something to do with boundaries but I don't understand that. It isn't the same for physical health (what if I was somewhere else in the UK, I'd still get seen right?). I'd hate to think that people are having care detrimental to them because they can't see family/friends or because they're very far away because the preferred choice is Middlesbrough over Leeds because there isn't a bed nearby in the 'patch'."

Carer & health or care professional in another service

People told us that they would like **ongoing support** throughout their care. People told us that they had been **discharged from CMHT without any support** or coping mechanisms developed to help keep them well and in recovery.

"Whilst it's important people really needing crisis support get help, this isn't at the detriment to people with severe ongoing problems. If I wasn't to continue getting the support I do every

2-3 weeks then I don't think I would be able to continue working and would end up isolated at home all the time. Don't forget about people like me please."

Current or past service user

"I was discharged from CMHT without a care plan, even though I'm on the care plan approach programme. I hear a voice and experience psychosis and have been under CMHT for 15 years but never had any work to help my cope with the voice when it appears but yet I was discharged entirely from services with no support. How am I supposed to 'cope' with the voice if it comes back without any strategies that work, nothing I've done before has worked when it has gotten bad."

Current or past service user & worker/volunteer in mental health services speaking at Boston Spa drop-in

"I think the proposals need to include something around being proactive and truly person-centred as there is a risk of people being discharged without any support because the team just isn't able to do anything, not because the person is in a place where they are recovered."

Carer & health or care professional in another health care service

People also told us that the **waiting times** to be seen for therapies are too long.

"The waiting times for CBT are a disgrace, unless you can afford to go private."

Current or past service user

"I know there are certainly capacity issues, but no update and just sat waiting twiddling your thumbs to be seen surely isn't the best way to support someone who needs that help now. How we can work on preventative measures if people have to endure their poor mental health for those coveted nine sessions in six months' time."

Carer & a health care or professional in another health service speaking at Bramham drop-in

"[My mum, who had dementia] had to wait six weeks to see a psychologist and we had to travel into Leeds, there was one person and she didn't have another repeat consultation with that person for maybe another 7,8,9 10 weeks."

Older person/carers at Wetherby Town Hall focus group

Assessment of Equality Impact

Evidencing that we have considered the impact our activities will/may have on patients and the public; and identifying changes we can make to reduce/remove any negative impacts is a **statutory duty**. This engagement was a joint effort between NHS Leeds CCG and TEWV NHS Foundation Trust. TEWV NHS Foundation Trust led on the engagement and therefore completed the equality analysis. The considered the protected characteristics and did not identify any group that would be negatively impacted by the proposed changes. You can view the equality analysis here:

<https://www.leedsccg.nhs.uk/content/uploads/2019/09/appendix-10-equality-impact-assessment.pdf>

Additionally, we produced our own engagement plan and considered the population of Wetherby and identified some groups that we wanted to work with. You can view our engagement plan here:

https://www.leedsccg.nhs.uk/content/uploads/2019/06/Developing_community_MH_for_Wetherby_V2.5.pdf

We asked Voluntary Action Leeds to hold focus groups with the following communities:

- **Older people (aged 65+)** – because this is a service for older people. Also because we are moving inpatient facilities to York and travel may impact on some older people.
- **People with mental health difficulties** – because this service change directly affects them and we know that sometimes this group can be seldom heard.
- **People with long term conditions**- Around 30% of all people with a long term physical health condition also have a mental health problem, most commonly depression/anxiety (The Kings Fund).
- **Carers** – because we are moving inpatient facilities to York carers may need to travel further to see patients. (note: TEWV and HaRD committed to ensure that families and carers are made aware of any financial assistance or support with travel that they may be eligible for/have access to as well as any public transportation that is available)
- **Men** – The male suicide mortality rate in Leeds was nearly five times that of females (State of Men's Health in Leeds, 2016). In addition we know from experience that men are less likely to share their views during engagements

We also promoted the survey with voluntary sector groups who work with the following communities:

- People with learning difficulties
- Lesbian, gay, bisexual and transgender (LGBT) communities
- Young Asian women
- Young black men
- Asylum seekers
- Gypsy and Traveller women

5. What are the key themes from the feedback?

A number of themes can be identified through the engagement process:

- **Support for the proposals** – people told us that they thought the proposals to develop adult and older people’s community mental health services would help them recover or stay well at home.
- **Local services** – people in the Wetherby area told us that they would like to see more services delivered within the Wetherby area. They would like to see Wetherby Health Centre used for mental health services as most community services involve travelling out of area.
- **Transport** – people told us that transportation is a big concern regarding the proposed changes, including the move of inpatient services to York. People told us that the Wetherby area is poorly served by public transportation and accessing services outside of the area can be time consuming, costly and stressful.
- **Staff** – people told us that the staff in mental health services are vital for recovery. They told us that they would like to see investment in the staff so they are supported enough to carry out their job as well as there being enough staff to meet the needs of the service. They also told us that the staff need to be trained in what services people can and cannot access in Wetherby given the geographical boundary between services.
- **Communication** – people told us that it isn’t clear what services are available to people in Wetherby and there should be better promotion and help from services to access what is available.
- **Reduced access to services** – people told us that due to the boundary differences between Leeds and Harrogate they were not always getting a ‘full package of care’ and services need to be better joined up and clear about what people should be getting and where from (Leeds or Harrogate) as it is confusing for people. They told us that they had to do a lot of research themselves to get help, which is not easy if you’re struggling with your mental health.

6. Recommendations

Developing community mental health services:

Following the engagement the mental health commissioning teams are asked to consider ways to:

- Bring community mental health services to the Wetherby area, including the use of the Wetherby Health Centre as a 'hub'.
- Develop clear support systems and services to ensure that people with learning disabilities, autism and/or mental health problems receive supportive and person centred care.
- Ensure that a 'service boundary' does not stop people getting the care they need.
- Work with partner organisations involved in delivering mental health services to ensure that people in Wetherby have a seamless and joined up 'package of care'.
- Ensure that services are delivered in a person-centred way, guaranteeing people receive the care and mental health services/support they need, for as long as they need, avoiding early discharges if service users don't feel ready.
- Develop a list that details what services service users in Wetherby can access so staff are better informed as to what they can recommend.
- Deliver a programme of preventative interventions across Wetherby to reduce likelihood of further mental health service use and improve resilience.
- Bring a befriending and support group network to the Wetherby area that could better connect the rural villages and the town of Wetherby, reducing social isolation and improving community feeling.
- Allow people the choice of where they receive mental health services from.
- Support service users, carers and family members to travel to and access inpatient/hospital based services in York, such as a patient transportation system.
- Better promote mental health services in the Wetherby area.
- Recruit and support the right staff to deliver on the proposals.
- Ensure that information on leaflets, websites and conveyed by staff is clear, up to date and readily available in a variety of formats.

Supporting the Wetherby area:

- Engage with the people and organisations in Wetherby more regularly to develop a better understanding of the area and its people.
- Engage with the people of Wetherby to work on service development in the area.
- Work with local services and transportation organisations to influence better public transportation in the Wetherby area.

7. Learning from the engagement

We will ensure that things we have learned in the process of carrying out this engagement are considered for future work.

- **On-street engagement** – we found that visiting the different organisations and businesses in each of the villages we were doing a drop-in to be an effective way to meet people and raise awareness of the engagement. Where relevant, we will consider doing this for future engagements.
- **Drop-ins** – despite a comprehensive promotion campaign across all the villages and Wetherby, a number of the drop-in sessions had a low turnout. There could be several reasons for this, times of the drop-ins, location or time of year (the engagement took place over the summer months where a lot of people may go on holiday). The best attended drop-in sessions were the two held out of GP practices. To ensure we get the best engagement possible we will ensure that we promote the drop-ins as much as possible and try to use the GP practices in addition to other venues, if appropriate to do so. We also ensure that it is clear for people to get involved if they do not feel able to attend events such as drop-ins.
- **Promotion** – some of the feedback we received at drop-ins was that they didn't know the drop-in and the engagement was taking place. Although we had worked with GP practices to encourage the use of promotional options available to them, such as text messages, the feedback we have received indicates that these didn't go out or were limited. For future engagements, we will work with GPs to ensure an effective process can be adopted.

8. What will we do with the information?

The report will be shared with anyone involved in the project. The report will be included in our next e-newsletter which is sent out to patients, carers, and the public and voluntary, community and faith sector services. The report will also be available on the NHS Leeds CCG and Tees, Esk and Wear Valley NHS Foundation Trust websites.

The project team will use the report to develop community mental health services in the Wetherby area as part of the wider work to develop community mental health services in the Harrogate and rural district areas. An update will be produced once the project has begun to show to what extent the recommendations have been implemented. This briefing will be shared in the same ways noted above.

The patient feedback will also be used to inform a wider strategy for enhancing communication, access and the quality of services.

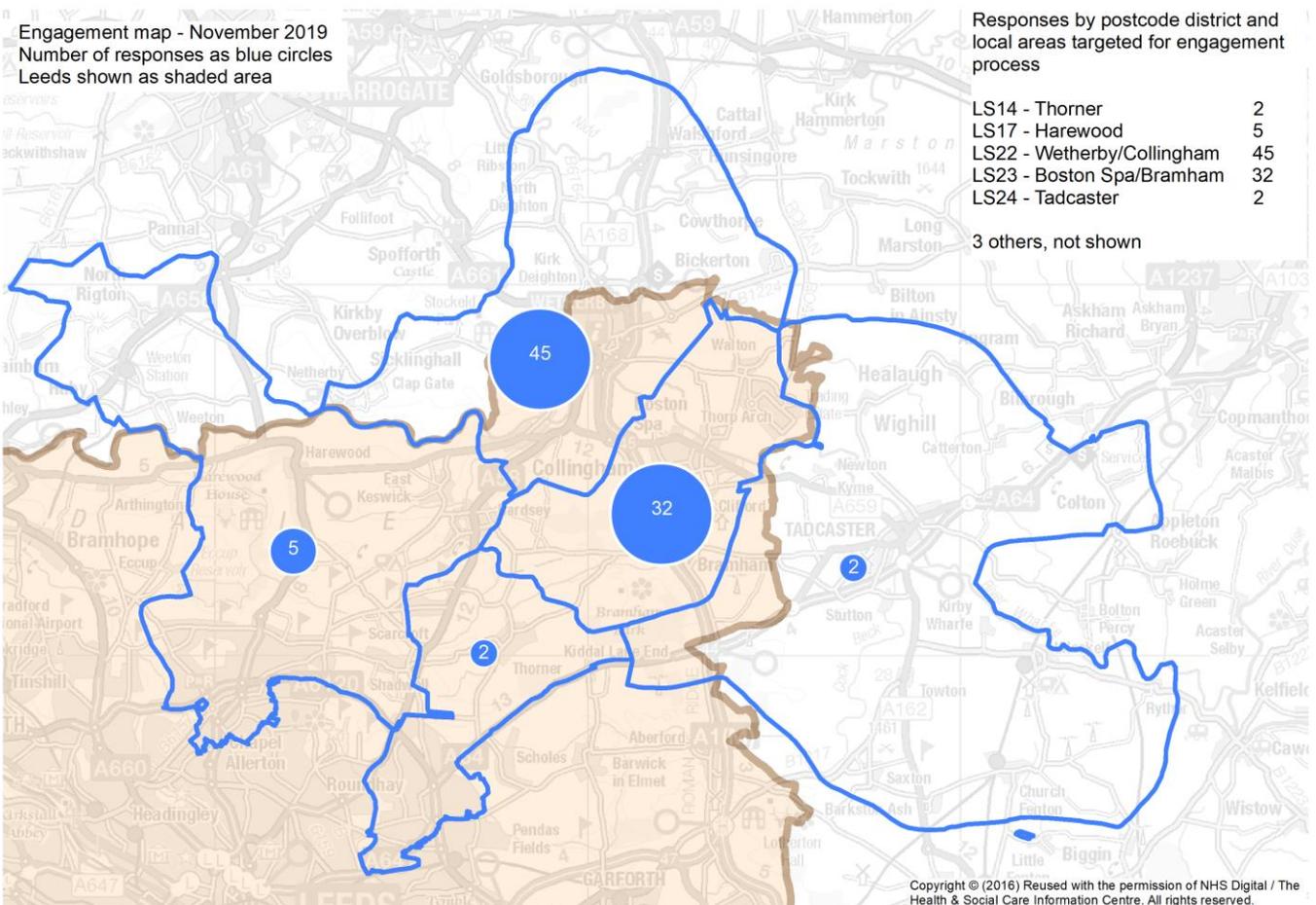
Appendices

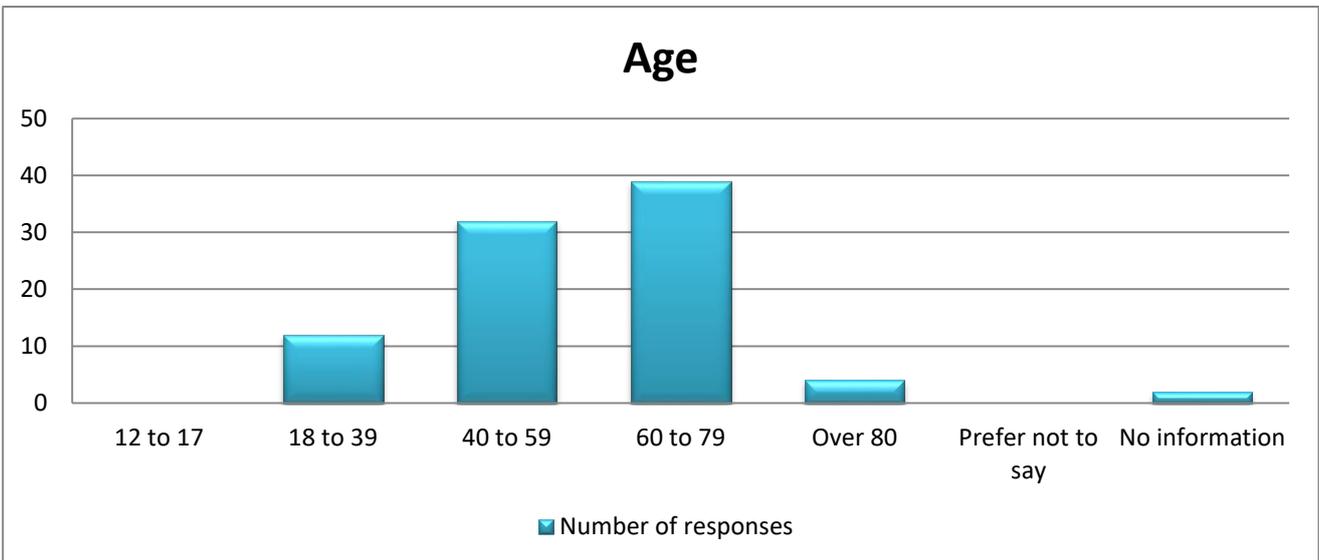
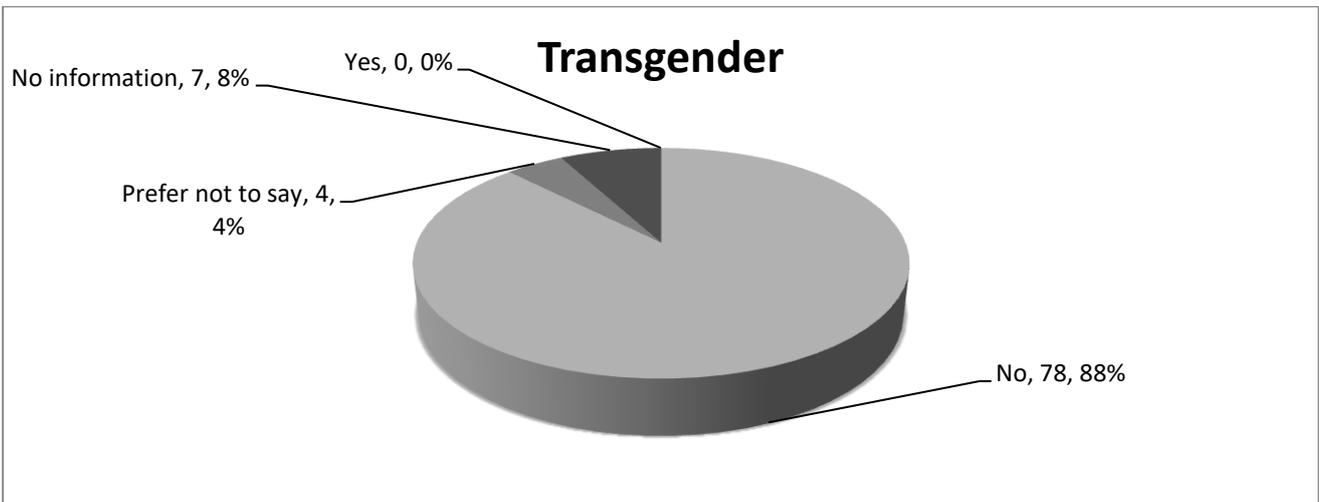
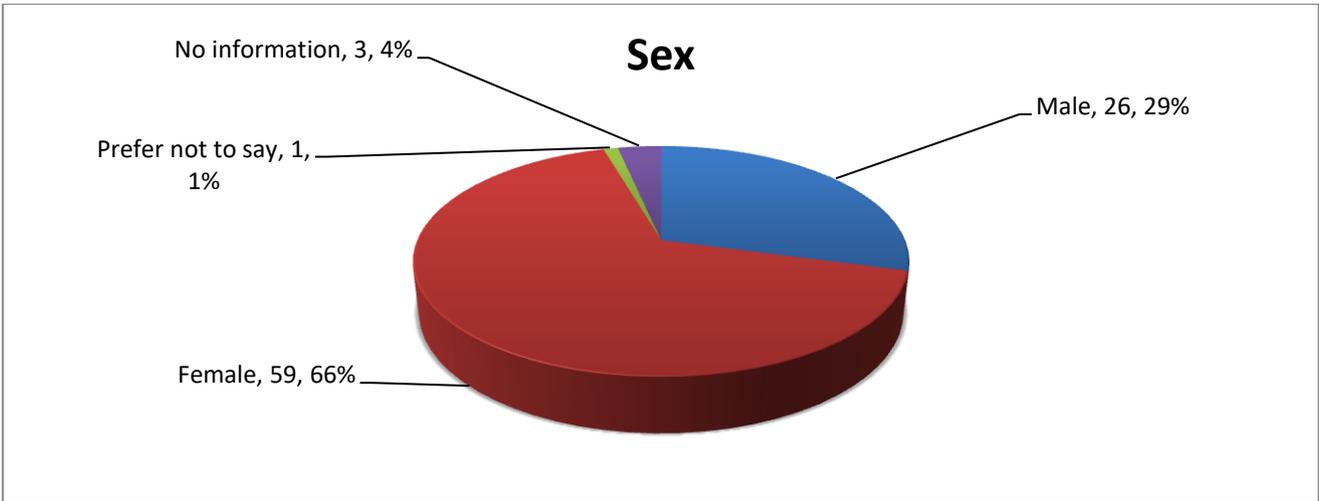
Appendix A

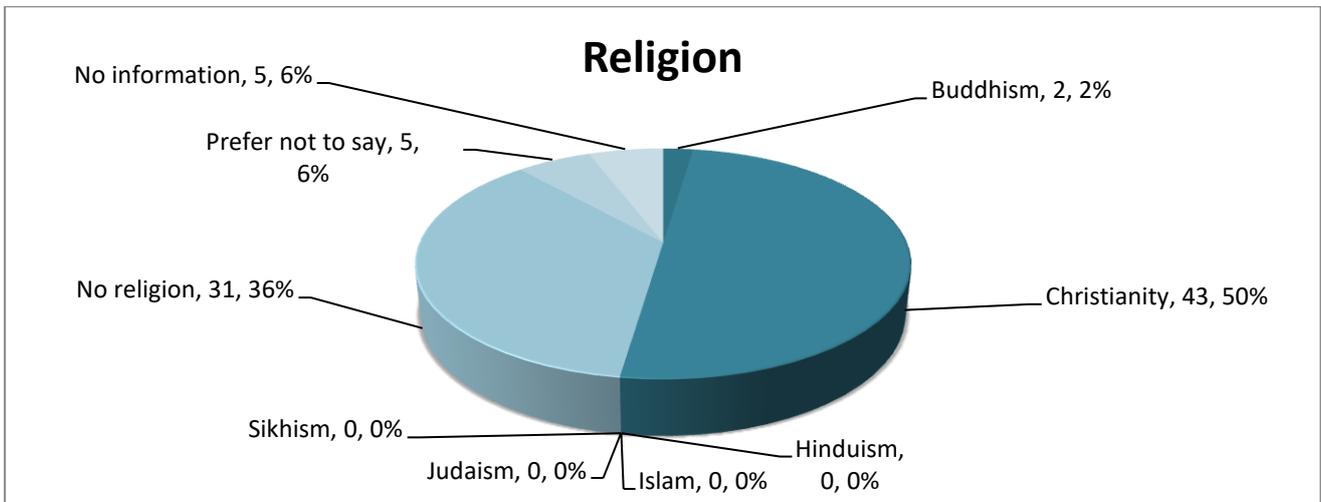
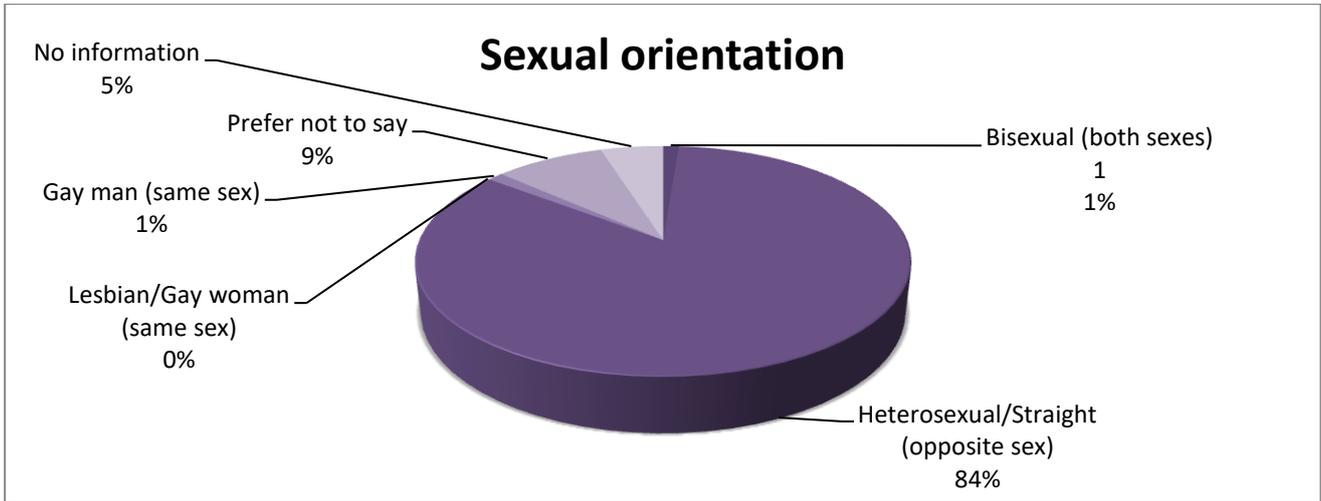
Detail about the people who were involved

We want our events to be attended by a representative section of our population. When we ask people to get involved we also ask people to give us some information about themselves so that we have a better understanding of which groups are not represented. Using this information we will work hard at future events to invite people from under-represented communities. Patients are able to opt out of giving personal information.

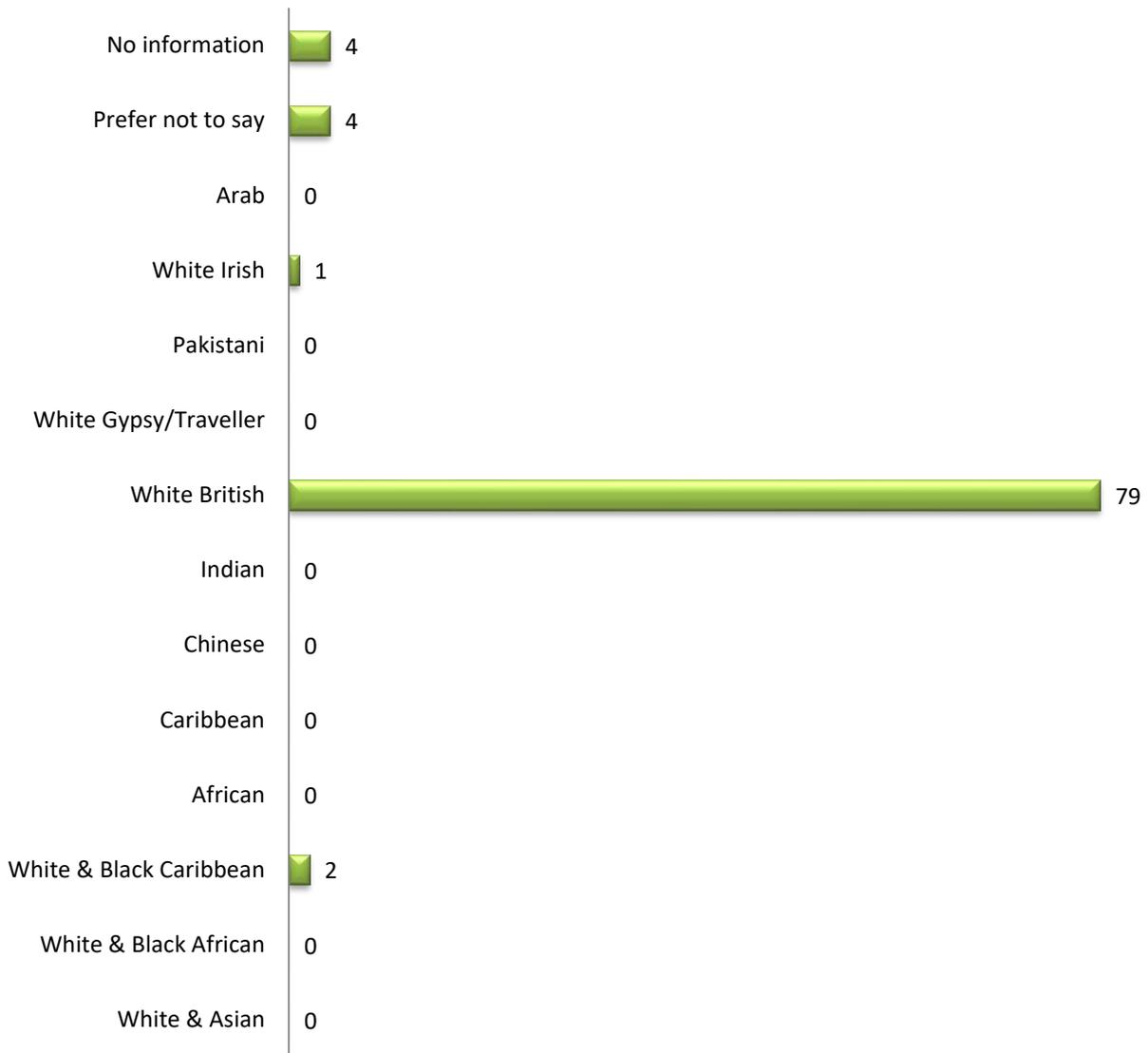
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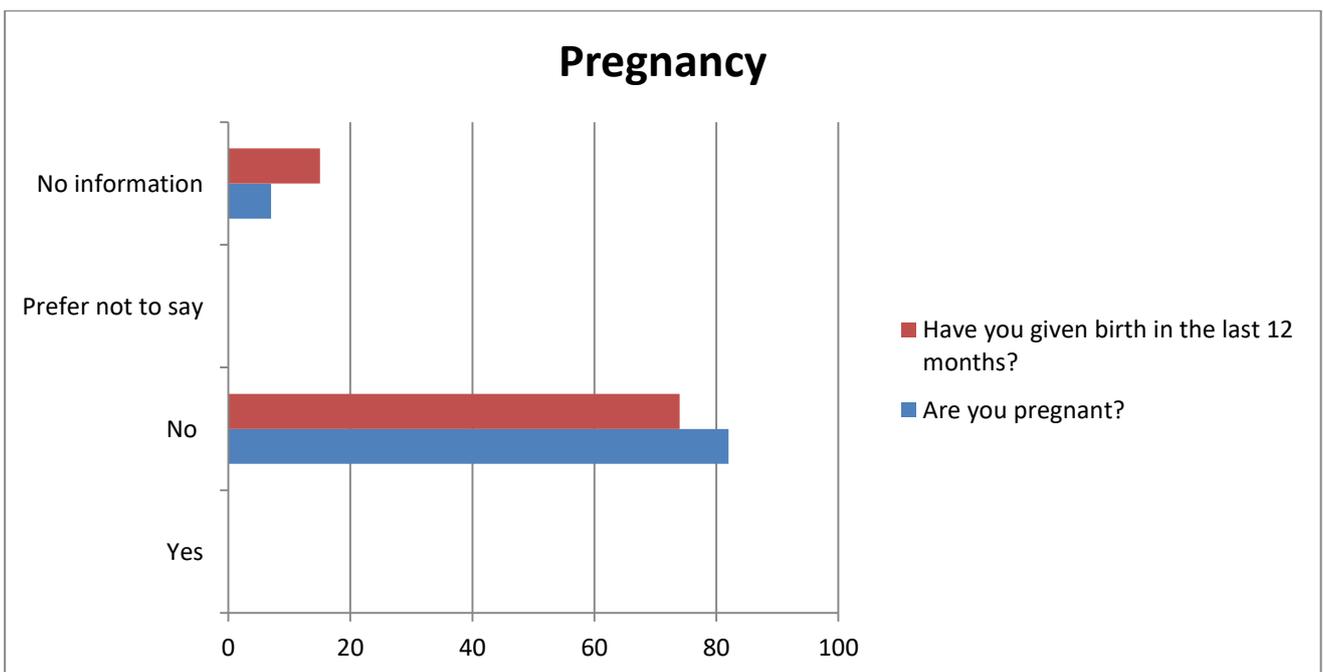
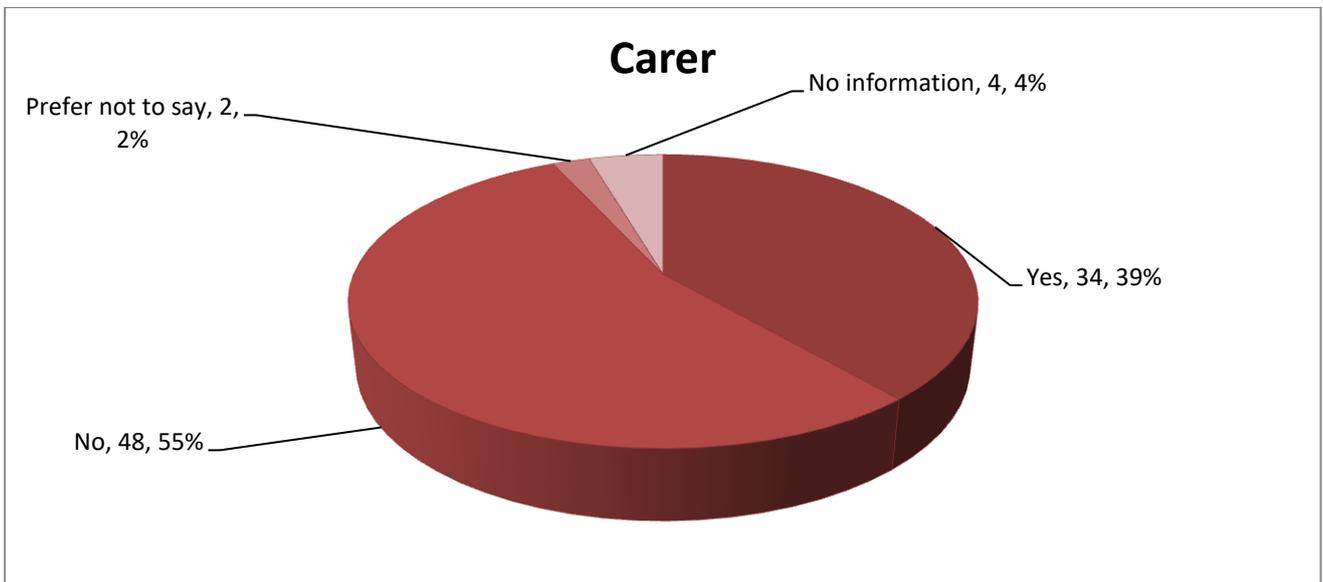
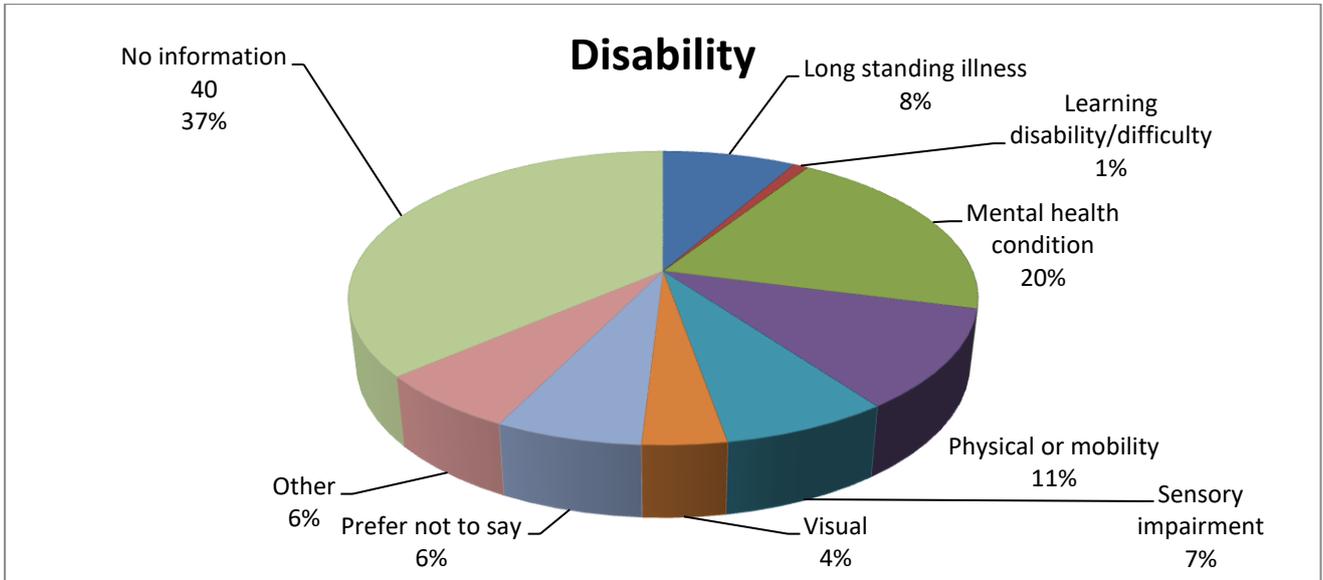






Ethnicity





Who was under-represented in this engagement?

A number of people chose not to complete the equality monitoring section of the survey used by NHS Leeds CCG and therefore it is difficult to ascertain which population groups in Leeds were under-represented. As always, we will strive to engage with as many different populations as we are able, relevant to the engagement and affected areas of Leeds.

Appendix B

Travel comparisons between Harrogate and York for each of the villages and Wetherby in the area. Details correct as of 05.07.19. The routes listed below are the most direct and quickest routes.

Travel to Harrogate District Hospital

Harrogate District Hospital – HG2 7SX	Bramham	Boston Spa	Wetherby	Thorner	Collingham	Harewood
Bus route number	7				1 st - X98/X99	1 st - 36
					2 nd - 7	2 nd - 1C
Travel time by bus	55 mins	45 mins	30 mins	1 hour 7 mins	55 mins	42 mins
Costs by bus	£8 return (can't use concession cards before 9:30am)				Fare for X98/X99 £8 return for 7	£4.70
Frequency of buses	Buses run fairly frequently throughout the day (up to every 30 mins). Goes down to once an hour after 6pm. Buses travel up Wetherby Road which is often very congested and make a significant impact on travel time (important when trying to attend appointments at Harrogate Hospital or elsewhere) Last bus leaves Harrogate at 10:30pm					Buses run fairly frequently throughout the day (up to every 30 mins). Goes down to once an hour after 6pm.
Travel time by car	30 mins (12 miles)	30 mins (12 miles)	25 mins (8 miles)	33 mins (14 miles)	25 mins (11 miles)	18 mins (8 miles)
Costs via taxi (Uber)	£26 (one way)	£24 (one way)	£18 (one way)	£30 (one way)	£20 (one way)	£20 (one way)

Travel to site of new hospital in York, Haxby Road

York – Haxby Road YO31 8LA	Bramham	Boston Spa	Wetherby	Thorner	Collingham	Harewood
Bus route number	1 st - 7 to Wetherby	1 st - 77 to Tadcaster	1 st - 412 to York Rail Station	1 st – 7 to Leeds	1 st - X98/X99 to Wetherby	1 st – 36 to Leeds
	2 nd - 412 to York Rail Station	2 nd - 843 to York	2 nd - 1 to Haxby Road	2 nd – ZAP to York	2 nd - 412 to York Rail Station	2 nd – ZAP to York
	3 rd - 1 to Haxby Road	3 rd - 1 to Haxby Road		3 rd - 1 to Haxby Road	3 rd - 1 to Haxby Road	3 rd - 1 to Haxby Road
Travel time by bus	1 hour 50 mins	1 hour 20 mins	1 hour 5 mins	1 hour 58 mins	1 hour 20 mins	1 hour 45 mins
Costs by bus	<p>As York is out of the West Yorkshire Metro area, tickets have to be bought separately with each bus company. Can't use concession cards before 9:30am.</p> <p>7 - £4.70 return to Leeds (7 (First), 36, X98/X99, 412 and 77 probably similar price) ZAP - £10 return to York</p> <p>NB: After the last buses for the most 'direct' routes (above), an alternative route is the as the Thorner route – (into Leeds then ZAP to York) – Collingham would do the same but via X98/X99 to Leeds instead of the 7. Journey times increase based on where travelling from along the bus route, up to 35/40 mins from Wetherby.</p>					
Frequency of buses	Last bus back from York to Wetherby is 4:20pm	Last bus to Tadcaster is at 3:20pm and the last one back to Boston Spa is at 3:50pm	Last bus back from York to Wetherby is 4:20pm	Last bus from York to Leeds is 9:07pm	Last bus back from York to Wetherby is 4:20pm	36 runs every 10 mins through the day and 30 mins in an evening
	7 and ZAP run up to every 30 mins during the day and around once an hour after 6pm					
Travel time by car	35 mins (24 miles)	35 mins (21 miles)	35 mins (17 miles)	45 mins (23 miles)	40 mins (22 miles)	40 mins (31 miles)
Costs via taxi (Uber)	£26 (one way)	£24 (one way)	£18 (one way)	£30 (one way)	£20 (one way)	£49 (one way)

Alternative formats

An electronic version of this report is available on our website at <https://www.leedscg.nhs.uk/get-involved/your-views/tewvmh2019/> or please contact us direct if you would like to receive a printed version.

If you need this information in another language or format please contact us by telephone: **0113 843 5470** or by email: leedscg.comms@nhs.net

'Jeśli w celu zrozumienia tych informacji potrzebuje Pan(i) pomocy w innym języku lub innej formie, prosimy o kontakt pod numerem tel.: **0113 843 5470** lub poprzez email na adres: leedscg.comms@nhs.net

اگر آپ کو ان معلومات کو سمجھنے کے لیئے یہ کسی اور زبان یا صورت میں درکار ہوں تو برائے مہربانی سے اس نمبر پر فون کر کے رابطہ کریں: 84354700113 یا اس پتہ پر ای میل لکھیں: leedscg.comms@nhs.net

**Further information**

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