

Title of Meeting:	Governing Body	Agenda Item: 8.3																			
Date of Meeting:	4 October 2018	<table border="1"> <tr> <th align="left" colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td align="center">X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Workshop											
Session (Tick)																					
Public	X																				
Private																					
Workshop																					
Paper Title:	Transformation of Mental Health service for adults and older people in Harrogate and Rural District CCG																				
Responsible Governing Body Member Lead Joanne Crewe, Director of Quality and Governance / Executive Nurse		Report Author and Job Title Adele Coulthard, Director of Transformation, Tees, Esk and Wear Valleys Ruth Gordon, Project Lead, Harrogate and Rural District CCG																			
Purpose (this paper if for)	Decision	Discussion	Assurance																		
			X																		
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. Mental Health Transformation Board and steering groups.																					
Executive Summary <p>This report will provide Governing Body with a further update of our progress in developing the service model delivery options following local engagement and discussions with partners and other stakeholders for Transforming Adult and Older People's Mental Health Services in Harrogate and Rural District.</p> <p>Final options will form part of a formal business case due in December 2018 for the CCG Governing Body to consider before any consultation or further engagement on a new model of mental health care or adults and older people in the Harrogate and surrounding area will commence.</p> <p>In addition, the Yorkshire and Humber Clinical Senate, as part of the NHS England assurance process are required to review the emerging options and proposed clinical model of service delivery and provide assurance on their clinical efficacy and safety. The clinical senate will provide a response to NHS England before check point 2 which is being planned for mid-November.</p>																					
Recommendations Governing Body are asked to: <ul style="list-style-type: none"> Note the progress in developing the service model delivery options. Note the timeline and next steps. 																					
Monitoring Through the Harrogate and Rural District Mental Health Transformation Board.																					
CCGs Strategic Objectives supported by this paper <table border="1"> <thead> <tr> <th></th> <th>CCG Strategic Objective</th> <th align="center">X</th> </tr> </thead> <tbody> <tr> <td align="center">1</td> <td>Quality, Safety and Continuous Improvement</td> <td align="center">X</td> </tr> <tr> <td align="center">2</td> <td>Better Value Healthcare</td> <td align="center">X</td> </tr> <tr> <td align="center">3</td> <td>Well Governed and Adaptable Organisation</td> <td align="center">X</td> </tr> <tr> <td align="center">4</td> <td>Health and Wellbeing</td> <td align="center">X</td> </tr> <tr> <td align="center">5</td> <td>Active and Meaningful Engagement</td> <td align="center">X</td> </tr> </tbody> </table>					CCG Strategic Objective	X	1	Quality, Safety and Continuous Improvement	X	2	Better Value Healthcare	X	3	Well Governed and Adaptable Organisation	X	4	Health and Wellbeing	X	5	Active and Meaningful Engagement	X
	CCG Strategic Objective	X																			
1	Quality, Safety and Continuous Improvement	X																			
2	Better Value Healthcare	X																			
3	Well Governed and Adaptable Organisation	X																			
4	Health and Wellbeing	X																			
5	Active and Meaningful Engagement	X																			

CCG Values underpinned in this paper

	CCG Values	X
1	Respect and Dignity	X
2	Commitment to Quality of Care	X
3	Compassion	X
4	Improving Lives	X
5	Working Together for Patients	X
6	Everyone Counts	X

Does this paper provide evidence of assurance against the Governing Body Assurance Framework?

YES	<input checked="" type="checkbox"/>	NO	<input type="checkbox"/>
------------	-------------------------------------	-----------	--------------------------

If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	The CCG has a duty to ensure delivery against the Quality and Outcomes framework and the NHS Constitution.
Management of Conflicts of Interest	All members of the committee complete Declaration of Interest documentation and an agenda item ensures that the information is current.
Communication / Public and Patient Engagement	The nature of some of the business areas covered involves communication/public and patient engagement; this is identified within the relevant section.
Financial / resource implications	The CCG has a duty to operate within the financial business rules as laid down by NHS England.
Outcome of Impact Assessments completed (e.g. Quality IA or Equality)	A formal impact assessment has been completed as an integral part of developing the proposed solutions.

**Ruth Gordon, Project Lead, Mental Health and Learning Disabilities Commissioner
Tel 01423 799334**

Transformation of Mental Health service for adults and older people in Harrogate and Rural District CCG

1.0 Introduction

- 1.1 This paper provides an update of our progress in developing the service model delivery options following local engagement and discussions with partners and other stakeholders for transforming adult and older people's mental health services in Harrogate and Rural District
- 1.2 We have worked with local people and colleagues across health and social care to create a vision for mental health services which builds on evidence of good practice and that provides the best outcomes for people.

This includes:

- Empowering and supporting people to have more control over their lives
- Making sure people receive care in a trusted, respectful way and that they are able to develop hope and inspiring relationships, where recovery and wellbeing come first.
- Making sure our services are easily accessible so that people can get the right level of support to help them stay well at home or as close to home as possible

2.0 Background

- 2.1 Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provide a wide range of specialist mental health and learning disability services across County Durham, The Tees Valley, Scarborough, Whitby, Ryedale, Harrogate, Hambleton and Richmondshire and the Vale of York.
- 2.2 The area served by TEWV has gradually expanded over the years and now includes large areas of North Yorkshire previously served by other providers. As a result, TEWV has inherited a number of buildings from which services are provided but that are not of a good quality and do not support the delivery of a modern mental health service. They have also inherited a number of services that have evolved to operate in different ways with a lack of consistent offer across the population of North Yorkshire and York.
- 2.3 For some time there has been a view that the inpatient provision for adults and older adults experiencing mental health difficulties within Harrogate District Hospital (provided from two wards on the Briary Wing, Rowan Ward and Cedar ward) does not meet the privacy and dignity standards that both we and our patients expect and does not lend itself to the provision of a modern recovery orientated mental health service.
- 2.4 A piece of land at Cardale Park was purchased by TEWV in 2015 and a business case was developed by the Trust with a view to building a new, free standing, mental health inpatient development. However due to a number of factors, TEWV and Harrogate and Rural District CCG (HaRD) took a joint decision to pause the development in July 2017.
- 2.5 The decision to pause the proposed new hospital development in Harrogate was to enable us to undertake a thorough review of the local clinical specialist mental health

model for adults and older people to ensure the development of good quality, clinically safe and effective services that are affordable and financially sustainable in the longer term.

3.0 Patient and public involvement and engagement

- 3.1 As part of the review we have undertaken extensive engagement with all key stakeholders including the public, GP's, North Yorkshire Police, councillors, MPs, clinical staff and service users and carers.
- 3.2 Using the information we have received in the pre engagement and engagement phase, we have developed a range of solutions that describe how we can best continue to provide safe and effective clinical services for our local population within the resources we have available.
- 3.3 We have worked through this large range of solutions to understand which meet the standards of good clinical care which we have described as:
 - Services that are designed around effective clinical pathways
 - People cared for as close to home as possible
 - Care delivered in a way that supports recovery, and builds resilience
 - Services that are both clinically and financially sustainable for the future
- 3.4 We were also aware of the need to ensure that any future in-patient provision not only meets the standards set by the CQC now, but is flexible enough to meet future requirements and reflects the growing body of good practice that shows the right environment positively impacts on Mental Health recovery and wellbeing.

4.0 Clinical Involvement and engagement

- 4.1 We have also undertaken detailed work to gather expert clinical evidence and opinion and to look at local activity data, benchmarking it within the whole of TEWV and with national data, and from this to understand the ongoing levels of need for bed based care.
- 4.2 We fully recognise that there will be a cohort of the population that will continue to require access to mental health inpatient care and we will ensure that this is of a good quality and available in a timely manner.

5.0 The proposed solutions

- 5.1 From all the information we have, including the outcomes of engagement with the local community, service users and other stakeholders, several potential solutions to the case for change have been developed.
- 5.2 These solutions have been analysed and three solutions have been submitted to the Yorkshire and Humber Clinical Senate for their view on any impact upon clinical safety.
- 5.3 At this point an analysis of the last three years' activity data and comparing that to national benchmarking data and a clinical sense check, we have identified that 14 AMH beds and 12 MHSOP beds will be required to support Harrogate service users who require inpatient care. We are considering what the options for a community model of care would be in each of the options.

5.4 As requested by local people we are also looking to deliver a more integrated response as to how we best utilise our total community assets to provide alternatives to admission and to both step up and step down care to better meet an individual's and/or carers changing needs. The specific details of this, using NYCC's current commissioned services, are currently being discussed through the Mental Health Transformation Programme Board.

6.0 Proposed solutions

6.1 Solution 1: Do Nothing

6.1.1 Inpatient provision for adults and older people is currently provided from two wards on the Briary Wing of Harrogate District General Hospital; Rowan Ward (16 beds) and Cedar Ward (18 beds). It is widely accepted that the current provision does not meet the Eliminating Mixed Sex Accommodation (EMSA) and privacy and dignity standards for our patients and does not lend itself to the provision of a modern mental health service. As such this is not a solution that can be pursued.

6.2 Solution 2a: Build a new like for like inpatient unit as a stand-alone mental health acute assessment and treatment facility in Harrogate.

6.2.1 This solution delivers the original plans to re-build a new 2 ward (36 beds) inpatient unit on the Cardale Park site in Harrogate for which planning approval is already in place. This would be one adult mental health ward for men and women but with access to en-suite facilities and one older peoples ward that would be for men and women but would also mix those people with functional (mental health needs) and organic (dementia) needs

6.3 Solution 2b: Build a new hospital that provides full eliminating mixed sex accommodation (EMSA) and privacy and dignity standards on the Cardale Park site.

6.3.1 This option builds on solution 2a but looks to model the 36 beds into 4 smaller units to better meet privacy and dignity standards and give flexibility to the site to meet any possible future developments in mental health services both locally and across the Trust.

6.4 Solution 3: Invest in extended community services through a reduction in inpatient beds and re-provide inpatient care from a specialist facility elsewhere in the Trust.

6.4.1 The aim of this solution is to increase the level and intensity of community services in order to reduce the need for people to be either admitted to, or have extended stays in hospital and where hospital admission is required, for this to be provided from larger and more specialist facilities.

7.0 Summary and next steps

7.1 The three solutions have been presented to Yorkshire and Humber clinical senate and feedback has been received on their clinical quality and safety view on our proposals. We are presently reviewing their feedback for accuracy.

7.2 NHS England governance Sense Check 2 process needs to be completed and is planned for mid-November 2018

7.3 The final proposed solution(s) will form part of a formal business case due in December 2018 for the CCG Governing Body to consider before any further engagement or consultation on a new model of mental health care for adults and older people in the Harrogate and surrounding area will commence.

**Ruth Gordon, Project Lead, Mental Health and Learning Disabilities Commissioner
Tel 01423 799334**