Tees, Esk and Wear Valleys
NHS Foundation Trust

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Your Ref: ZA14922

11th August 2017

Rishi Sunak
MP for Richmond
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Dear Rishi

Thank you for your letter dated 18th July 2017. Please see below answers to the questions you asked. If you wish to clarify any point in more detail or believe that the question has not been properly answered please do not hesitate to get in touch.

(1) CONFIRMATION OF POTENTIAL ADVANTAGES FROM THE CHANGES SO WE CAN HOLD THE TRUST AND CCG ACCOUNTABLE IN THE FUTURE

1. **Please can you confirm the specific increase in staffing and resources for Community Mental Health teams which will occur as a result of these changes?**

   Adult Mental Health services:
   The plan will be to increase the staff working in the ~~Crisis~~ Community team to enable a Mon - Fri 9am-7pm and Sat 9am-5pm enhanced service. The aim here will be to provide a more consistent service that more closely matches demand. In the preferred option staffing in the team would increase by 2 x Nurses, 2 x Healthcare assistants plus 5 additional Psychology sessions per week.

   Mental Health Services for Older People:
   The plan will be to enhance the Community MHSOP team to better meet clinical demand and it is estimated that the team will increase by approximately 7 full time equivalent staff.

2. **Practically, what does this mean in terms of hours/days/sessions of extra community mental health capacity for our area?**

   The current community AMH and MHSOP mental health staff capacity is 49.10 Whole Time Equivalent(WTE) (equivalent to 49 full time staff). As detailed in the consultation document, at this stage, the increased community staff capacity proposal is an additional 11.72 WTE (equivalent of nearly 12 full time staff). This increase in hours allows the service to offer 7 day community cover.

   Adult Mental Health services:
   East and West teams operate 9am-5pm Mon to Friday.

   Future state: Monday- Friday 9am-7pm and Saturday 9am-5pm. Sunday cover will be provided by the crisis team.

   Mental Health Services for Older People:
   Current hours are 9am-5pm Mon to Friday.

   Our ambition for the future service would be a 7 day service with extended hours 8-8pm. However this is subject to the preferred option being implemented. The extent to which this can be delivered would vary dependant on which option is agreed.

3. **What are current waiting times for assessment by community teams and what is the Trust's estimate of what these will be in the future (presumably better)?**

   Adult Mental Health services:
   We are contracted to see patients within 9 weeks of referral. We achieve this standard for all patients. The Trust standard it to see patients within 4 weeks of referral and we would expect to make progress towards this target in the future.

   Mental Health Services for Older People:
   Nearly 98% of patients are seen within 4 weeks and the enhanced services will be designed to support the continued achievement of the 4 week target.

4. **What are the increased specialist therapies that will be available to local patients and how can we quantify and monitor this increase?**

   Adult Mental Health services:
   We currently offer the following AMH specialist therapies: Cognitive Behavioural Therapy (in Improving Access to Psychological Therapies and Primary Care), Dialectical Behavioural Therapy, Eye Movement Desensitization Reprocessing and Cognitive Analytical Therapy throughout all teams. This is offered in addition to consultant psychiatry clinics, clinical psychology and moderate interventions i.e. anxiety management.

   The new model will increase the amount of time we can offer these therapies by working evening and weekends. I'll need to come back to you on how we effectively can quantify and monitor this increase as a number of suggestions are being evaluated.

   Mental Health Services for Older People:
   We are looking to develop intensive home support for patients and families and are also refreshing our service offer to local care homes. We're evaluating the outputs

from some recent quality improvement activity to help inform the range of therapies that will are offered to patients and their families. This output will be included in the future service.

5. **One of the proposed benefits is reduced hospital admissions. Please can you provide data on current and historic admission rates:**

The table below shows numbers of admissions over the last 3 years

Speciality	2014/15	2015/16	2016/17
AMH	140	138	120
MHSOP	58	64	54

5a. and what the estimated future admission rates will be in the new model?

For AMH the model is based on a 50% reduction in admissions and a 20% reduction in length of stay

AMH	*70*	*50%*	*34.05*	*20%*	*2,384*	*6.5*

For AMH the new model is based upon work carried out elsewhere in the Trust where beds have been successfully reduced, as well as reducing length of stay and overall occupancy.

The enhanced model in MHSOP will support people to stay at home for longer and be supported for longer periods of time following discharge. MHSOP estimate that 7 beds would be required. Looking at historical admissions an enhanced MHSOP community model over 7 days rather than 5 will provide greater opportunity to intervene earlier and support people more intensively where they may need a hospital admission.

5b. What is the statistical evidence basis for the estimated reduction?

Benchmarking against other Trust CGG areas shows that HRW CCG has higher admissions per head of population adjusted for need when compared to Durham, Darlington and Teesside. HRW CCG also has a higher mean Length of Stay (LOS) when compared to Durham, Darlington and Teesside.

6. **Please can you quantify the extra investment that will go into creating a new mental health community resource centre in Northallerton to replace Gibraltar House?**

The consultation paper refers to an estimated amount of £5.0m for a new build Community Mental Health Team in Northallerton. However, this includes not only the reprovision of Gibraltar House (where there is no facility for clinical activity), but currently the majority of non-inpatient services (including management), currently

based at The Friarage. The scheme aims to create a central Mental Health Resource Centre to provide both staff accommodation and clinical facilities for a number of specialist community mental health services.

6a. What are the specific benefits of this new centre for the community?

This scheme will result in a centralised Mental Health Resource Centre for Adult Mental Health (including Improving Access to Psychological Therapies) and Mental Health Services for Older People services in Hambleton and Richmondshire. It will function as a community and management team base and also incorporate an appropriate range of facilities for clinical activity with working age adults, older people (with functional and organic presentations) and people with a learning disability (adults only). The accommodation will be designed to accommodate multi - disciplinary teams. It is envisaged that the service will be offered 24 hours a day, 7 days a week in due course, increasing access and reducing response times to meet people's mental health needs in the community.

(2) UNDERSTANDING OF THE TIMING BETWEEN LOSING THE INPATIENT WARDS AND SEEING THE BENEFITS ELSEWHERE

7. Please can you provide a detailed timeline of the sequencing of the various changes that are being proposed

High-level mobilisation time table as set out in the consultation document:

Key action	Timetable
Present outcome of consultation to Programme Board and preferred option agreed.	October 2017
Present Business Case, including detailed implementation plan to TEWV's Executive Management Team and Programme Board.	October 2017
Implement mobilisation plan as set out in the Business Case (details cannot be determined until outcome of consultation)	November 2017 – June 2018
Revised Service Offer start date	June 2018

At this stage we are unable to give a detailed timeline however, depending upon the outcome of the consultation a plan will be developed for transition to the new service model. The implementation plan will include a phased approach towards the changes to ensure a smooth transition. We fully acknowledge that during this period it is important that the new services are established before permanent bed closures are put in place.

(3) IS THERE ENOUGH CAPACITY AT WEST PARK (DARLINGTON) AND ROSEBERRY PARK (MIDDLESBROUGH)?

8. **Please can you provide a breakdown of the current number of Mental Health inpatient beds at the Friarage?**

Speciality	Bed numbers
MSHOP	10
AMH	12

8a. What is their utilisation?

Average occupancy for Adult Mental Health beds at the Friarage is approximately 97% with occupancy for MHSOP beds at 95%.

8b. In general, how should we think about existing demand for these services?

In Adult Mental Health there is an over reliance upon inpatient beds which is a product of the current model of care. The aim of the new model is to strengthen home treatment and intervention and provide 7 day community services and evening working to increase provision for working age adults.

In MHSOP existing demand for these services does exist and we need to facilitate access to this, however people do want to be treated at home unless there is no other possibility. Existing demand for services also needs to be understood in the context of a high level of delayed discharge from ward 14, which we are working in partnership with NYCC to address.

9. **Please could you outline the current capacity at both Darlington and Middlesbrough to deal with these patients?**

Locality	Speciality	Bed numbers
Darlington	MSHOP	12 (functional)
	AMH	37
Teesside	MSHOP	32
	AMH	74

In MHSOP we would be seeking to admit organic patients to Auckland Park Hospital for specialist care, in an environment which meets their particular needs.

9a. Is there sufficient spare capacity at these sites so that my constituents will not suffer any lack of access to inpatient services?

There is sufficient spare capacity at these sites which will enable appropriate access to Inpatient services when required.

10. Furthermore, it seems the quality of the current physical inpatient facilities at both sites is superior to those at the Friarage? Is this the case and why specifically?

West Park Hospital, Roseberry Park Hospital and Auckland Park Hospital are purpose built hospitals and are new facilities. The facilities at the Friarage are much older and were not purpose built although several attempts have been made to adapt and improve them in the intervening years.

CQC inspections have consistently told us that our inpatient facilities at the Friarage are not fit for purpose. We are also only able to offer accommodation to one person with a physical disability at any one time due to the nature of the estate.

In addition the CQC also raised the following issues:

- We currently have and need to eliminate mixed sex accommodation.
- Absence of single person accommodation as reported by the inspectorates and patients.
- Also Adults requiring inpatient care must access first floor accommodation that brings risk and limits access to therapeutic outside space.

11. Are there any changes to health care provisioning that may occur in the medium term at either site that would impact the capacity we are relying on to accommodate our patients?

Both sites are key hubs for the delivery of Inpatient care in the Trust and strategically we see this position continuing through the medium term.

(4) DO YOU FEEL MOVING MENTAL HEALTH PATIENTS THIS FAR AWAY FROM THEIR HOME COMMUNITY IS APPROPRIATE?

12. Do you believe the proposed changes meet the criteria outlined?

I do feel that the proposed changes will improve the ability of services to meet the criteria outlined by the Department of Health. The proposed service model will enable more people to receive treatment where they live and will reduce admissions to Hospital as well as reducing the length of stay for people who are admitted.

In general during discussions with the public there have been opinions expressed that transport links and the road infrastructure are easier to the alternative destinations and this was felt to be important to people.

(5) TRAVEL TIMES FOR THOSE AFFECTED

13. Please could you outline in detail the modelling you have done to estimate the number of people affected and the degree to which they will be affected in terms of additional distance?

The following work was carried out in relation to travel distance. It shows that actually with the exception of Option 3B, there will be a decrease in average travel distance. The Preferred option has the lowest average distance travelled.

Average Distances (Miles)					
Current	**Current**	**Option 1**	**Option 2**	**Option 3a (West Park)**	**Option 3b (Roseberry Park)**
Adult	24.43	24.43	17.41	19.81	24.2
MHSOP	23.39	23.39	17.94	23.6	26.69
Total	24.1	24.1	17.58	20.97	24.96

Average % increase/decrease

	Option 2	Option 3a	Option 3b
AMH	-28.74%	-18.91%	-0.94%
MHSOP	-23.30%	0.90%	+14.11%
Total	-27.05%	-12.99%	+3.57%

I hope this response satisfactorily answers all the points you raise, but as I stated at the start if you wish to clarify any point in more detail or believe that the question has not been properly answered please do not hesitate to get in touch.

Yours sincerely

Colin Martin
Chief Executive