West Yorkshire and Harrogate
Health and Care Partnership

West Yorkshire & Harrogate
Joint Committee of Clinical Commissioning Groups

Summary report				
Date of meeting: 6th April 2021		Agenda item: 17/21		
Report title:	Assessment & Treatment Units for people with a learning disability - reconfiguration			
Joint Committee sponsor:	Helen Hirst			
Clinical Lead:	Tom Jackson			
Author:	Andy Weir & Jo Butterfield			
Presenter:	Helen Hirst, Andy Weir			
Purpose of report: (why is this being brought to the Committee?)				
Decision	✓	Comment		
Assurance				

Executive summary

The Joint Committee of CCGs has delegated responsibility for agreeing a collaborative commissioning model for Assessment and Treatment Units (ATUs) across West Yorkshire for people with a learning disability. The model includes ATU provision commissioned by Barnsley CCG..

At its meeting in public on 6th October 2020, the Joint Committee endorsed an outline proposal to reconfigure the commissioning and delivery of ATUs. This involved reconfiguring provision across the ICS from 3 units to 2 and developing a single system/centre of excellence. The Committee noted that formal approval for the proposed approach to commissioning ATUs would be sought at a future meeting, once additional engagement and further detailed work had been completed.

That further detailed work has now been completed and at its development session in February 2021, the Joint Committee considered the additional engagement report. The collaborative commissioning model, governance arrangements and financial model have been developed by representatives of each CCG and are now presented to the Joint Committee of CCGs for formal approval.

Recommendations and next steps

The Joint Committee of CCGs is recommended to:

a) Approve the oversight framework, collaborative commissioning and risk / benefits approach detailed in this report for Year 1
b) Agree a nominated lead CCG / commissioner to hold the contract on behalf of the CCGs
c) Endorse the approach to further develop the collaborative commissioning model and agree a financial investment mechanism for year 2 onwards.
d) Support the staged implementation of the new model with effect from Quarter 2 onwards.

Delivering outcomes: describe how the report supports the delivery of outcomes (Health and wellbeing, care and quality, finance and efficiency)	
ATU reconfiguration work is a West Yorkshire and Harrogate Health and Care Partnership, Mental Health, Learning Disability and Autism programme priority. This proposal supports the triple aim of healthcare in that it is based on improving the individual's experience of care, the outcomes of care through reduced hospital admissions and reduced length of stay, with a clinically-effective and cost-effective model that reduces the use of locum staffing and out of area placements.	
Impact assessment (please provide a brief description, or refer to the main body of the report)	
Clinical outcomes:	Development of a Centre of Excellence which delivers assessment & treatment consistently in line with the (revised) national service specification and key clinical / Quality indicators (Paragraph 9)
Public involvement:	Paragraphs 2-3.
Finance:	Paragraphs 11-14.
Risk:	Paragraphs 15-18.
Conflicts of interest:	None identified.

West Yorkshire and Barnsley (WYB) Assessment and Treatment Unit (ATU) reconfiguration : Final proposal -
West Yorkshire and Harrogate Joint Committee of CCGs - 6th April 2021

Purpose

1. Further to the previous updates provided in relation to the planned reconfiguration of the Assessment and Treatment Unit (ATU) provision into a Regional Centre of Excellence across 2 sites, this paper details the final proposed collaborative commissioning model and delivery model, and asks for formal sign off of this approach (and therefore agreement to proceed to implementation). It is proposed that the new commissioning and delivery structures are formally implemented at the beginning of Quarter 2 (July 2021), subject to changes to the current national contracting and financial regimes. ATU services in West Yorkshire provide a service to Barnsley residents and therefore the proposed collaborative commissioning model includes Barnsley CCG

Context

2. Committee members are aware of the work to date on the planned redesign / reconfiguration of the current ATU provision across WYB, which proposes a regional Centre of Excellence for ATU provision that will be provided across 2 sites (one at Fieldhead hospital in Wakefield and one at Lynfield Mount hospital in Bradford). These proposals have been developed in detail through a work programme overseen by the WY Mental Health, Learning Disability and Autism Programme Board, and has involved significant engagement with staff, commissioners, people who use services, their carers and other key stakeholders. The business case is attached at **Annex 1.**

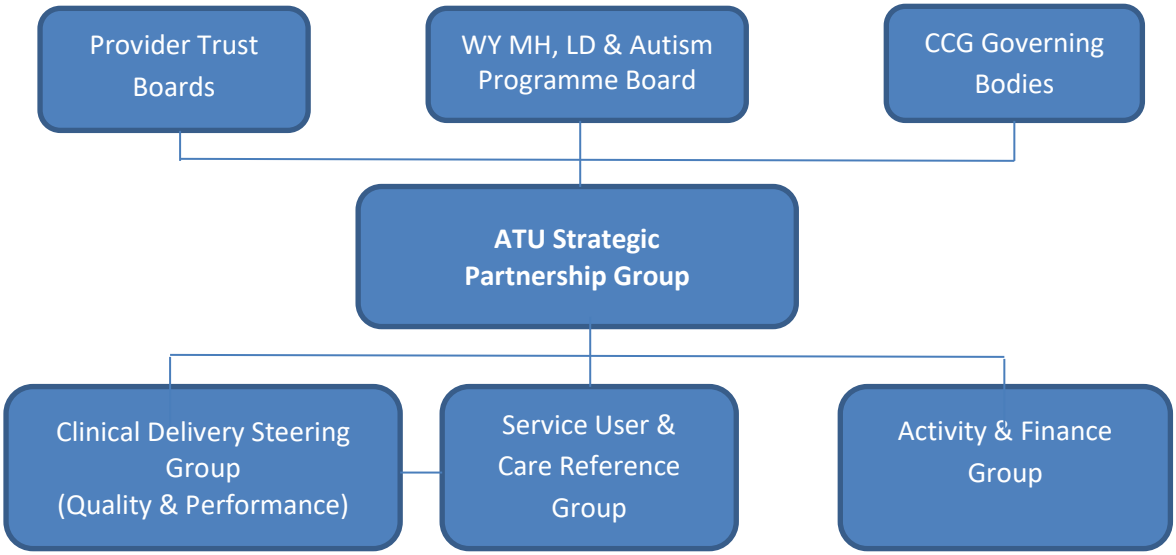
3. The Joint Health Overview and Scrutiny Committee (JHOSC) had previously received the proposals (in early 2020) and had requested a further period of engagement with service users, carers and stakeholders to focus on the potential challenges and risks of implementation of the recommended model. This was completed during late 2020 and a full report produced with some associated actions (with a specific focus on the Leeds area, where the current temporary closure of the ATU provision will become permanent). The outcome of the work was presented to the JHOSC in February and it was recommended that the proposed model be implemented. The report on the additional engagement was also considered in February 2021 at the Joint Committee of CCGs development session and at the Joint Committee's PPI Assurance Group. The engagement report was endorsed at both meetings, and is attached at **Annex 2.**

4. The Equality and Quality Impact Assessment (EQIA) has been revisited in relation to the proposed change, and the key impacts that require action are consistent with the engagement outcomes – mostly relating to travel time, potential access to relatives / friends / communities, and a potential disconnect between the ATU provision and the community infrastructure in Leeds. Specific actions are being taken in relation to these. The EQIA summary is attached at **Annex 3**. This Equality and Quality Impact Assessment has been routinely revisited, and will continue to be revisited through operationalisation, at the ATU reconfiguration steering group which includes commissioners, providers, finance, quality lead representation and WYHHCP Programme manager support. It was last revisited at the meeting on the 25th March 2021

Proposed Delivery model

5. It has been collectively agreed by the provider Trusts that the provider lead for ATU provision will be Bradford District Care Foundation Trust, who provide one of the two ATUs. The second unit will continue to be provided by South West Yorkshire Partnership Foundation Trust.

6. Oversight and governance of the new model will be overseen and managed through a structure that is similar to that which has been successfully implemented for the Provider Collaborative arrangements across the ICS to date, with a collaborative Strategic Partnership Group comprising senior representatives from each provider Trust and commissioners, alongside the clinical and operational leads for the service. All partners have experience of working within this model, which creates a formalised collaborative approach to service delivery that is led by one partner but provided by many, as well as continuing to report within their own local structures and Boards. The structure is shown below, and of note includes a service user and carer reference group.



7. The final detailed operational model for the single service (based across 2 sites) is currently being finalised via the ATU Reconfiguration Steering Group, and will be presented for sign off at the Committees in Common on 22nd April. This includes a suite of documentation that has been developed (through workshops) by the ATU Reconfiguration Steering Group and includes:
   - An operating framework and staffing model
   - A detailed single system clinical model
   - An integrated governance framework
   - A mobilisation plan/next steps

8. Project management capacity, to ensure smooth transition into the new operating model, is in place until September 2021 and organisational development support is being put in place to ensure robust staff engagement in the transition period.

Proposed Collaborative Commissioning Model

9. Work on the future collaborative commissioning model has been further progressed through conversations with both lead commissioners and Directors of Finance from both CCG and providers across the region. Some key principles have been applied to this including:

- An ambition to provide a local Centre of Excellence, supported by a significant emphasis on agreed clinical outcomes and service user experience and underpinned by a clear clinical governance and oversight process that links to the wider Transforming Care programme and community developments.
- A collaborative commissioning approach utilising the joint Strategic Partnership Group between commissioners and partners
- Working in collaboration across the system to eliminate Out of Area placements, with the provider holding responsibility for sourcing any additional beds.
- Ensuring that only individuals that actually require ATU inpatient provision are admitted (historically up to 40% of admissions did not require ATU support but there was no alternative available).
- Using year 1 as a "steady state" year to better understand future demand as we move out of the pandemic, and agree an approach to collective commissioning investment for Year 2 onwards.
- Working closely with community providers in each place as TCP community infrastructure continues to develop (including processes such as identification of individuals at risk of placement breakdown/hospital admission, development of alternatives to admission, and the wider use of Care and Treatment Reviews to prevent escalation into crisis)
- Work in collaboration with all key stakeholders to monitor and reduce inappropriate length of stay / delayed transfers of care and progress towards the national service specification, and other Quality Network for Learning Disability standards (QNLD).

10. Agreement is required to identify a named CCG/commissioner lead to be the formal contract holder on behalf of the 6 CCGs for 21/22. Further consideration of the commissioning arrangements will be required for subsequent years and will be subject to any changes to commissioning and contracting legislation in the future.

11. The baseline CCG investments for year 1 were agreed using 2019/20 actual spend on ATU provision by each CCG area. This included current contract value (for all CCGs except Calderdale CCG who currently spot purchase all ATU beds), any additional costs associated with complexity of patient (predominantly cost of enhanced observation / additional staffing required as a result of individual presentation) and any additional spend on ATU inpatient provision either within West Yorkshire or out of area. An uplift of 2.8% was applied to the 19/20 spend for the 21/22 contract (to support increased pay costs). The exception to this was Bradford, who had experienced an exceptional level of expenditure in 2019/20 as a result of a specific issue which has now been resolved. Therefore, following agreement within the joint MH and LD commissioners meeting, their baseline investment was reverted to contract value.

12. The CCG commitment to costs of ATU provision are detailed in the table below, and have now been formally confirmed by each CCG.

ATU Finance Summary	2019/20	2021/22
CCG Spend (£):		(19/20 +2.8%)
Leeds CCG	2,044,674	2,101,925
Wakefield CCG	416,242	427,897
Bradford CCG	3,422,236	2,364,400

Calderdale CCG	466,337	479,394
North Kirklees & GH CCG	1,131,120	1,162,791
Barnsley CCG	589,001	605,493
Total CCG Commitment	**8,069,610**	**7,141,900**
Delivery Cost of New ATU model		**6,939,000**

13. The cost of the new ATU model includes a contingency (value of £203k) to manage risk of any potential Out of Area placements should demand exceed capacity or an exceptional circumstance occur. This has been agreed by the Provider Directors of Finance (DoFs), subject to the proposed management of risk arrangement below.

14. Activity over the last 3 years indicates that the risk of exceeding the available 16 bed capacity is very low indeed, although it is recognised that at times – due to levels of acuity / risk and individual presentations - running at full capacity can be clinically very challenging. The new model will require the 2 units to work collectively together to address this risk.

Management of Financial Risk

15. In the exceptional circumstance that demand significantly exceeds capacity and the contingency is fully utilised, any additional costs above the £203k contingency will be split 50/50 between the providers and the commissioners. Commissioners have proposed that this is simply shared on an equal 1/6 basis at year end. Provider Trust Directors of Finance have agreed this risk share approach in principle, with further discussion required to confirm the detail of the provider approach. This reduces financial risk to all partners whilst ensuring that there is a reason for all stakeholders to work collaboratively to minimise any additional cost over and above the contract value.

16. Bed usage will be routinely monitored both at service level and at the wider partnership group. Assuming the contingency is not used / underspent, the ATU Strategic Partnership Group (including commissioner and provider representation) will collectively decide how best to use the contingency to improve services for this specific population group – this may be, for example, a specific shared initiative across the system or an agreed financial allocation back into each place.

17. If bed capacity is consistently under occupied, the option to actively market beds out of WYB area will be explored (and we are aware that there is a current significant demand for high quality ATU provision). Again, this would be overseen by the Strategic Partnership Group, ensuring transparency about any additional income and how this transfers to contingency / system development / reduced CCG expenditure.

18. Agreement as to the commissioning investment mechanism for year 2 onwards are yet to be completed; it is anticipated this will be undertaken and agreed by the end of December 2021. Year 1 activity will inform the year 2 commissioning arrangement and any onwards risk/gain

framework. If bed utilisation is consistently low, then a formal collaborative process to agree an approach to this – which may include reducing beds and associated cost reduction or designating beds as income generating - will be undertaken ensuring the involvement of all commissioners and provider partners.

Recommendations

19. The West Yorkshire and Harrogate Joint Committee of CCGs is asked to:
    a) Approve the oversight framework, collaborative commissioning and risk / benefits approach detailed above for Year 1
    b) Agree a nominated lead CCG / commissioner to hold the contract on behalf of the CCGs.
    c) Endorse the approach to further develop the collaborative commissioning model and agree a financial investment mechanism for year 2 onwards.
    d) Support the staged implementation of the new model with effect from Quarter 2 onwards.

Andy Weir
ATU Reconfiguration SRO /
Deputy Chief Operating Officer, LYPFT **March 2021**

Annexes

Annex 1 - Business case

Annex 2 - Further engagement and equality report of findings

Annex 3 - Equality and Quality Impact Assessment

Annex 1

West Yorkshire and Harrogate Health and Care Partnership

Mental Health, Learning Disability and Autism Programme Board

Business Case Proposal: Future Configuration of Assessment & Treatment Centres for people with a Learning Disability across the West Yorkshire ICS & Barnsley.

Assessment and Treatment Unit for adults with Learning Disabilities West Yorkshire

Version Control	Sections amended	Changes made by	Date
Draft status 0.1	Template/structure	Jo Butterfield	14th May 2019
Draft status 0.2	Text included	Jo Butterfield	6th September 2019
Draft status 0.3	Finance, Context & process	Andy Weir / David Brewin	14 September 2019
Final Draft	Various.	Andy Weir / David Brewin / Jo Butterfield	18 September 2019

Contents

1. Executive Summary

This case sets out a proposal for the future configuration and delivery of inpatient Assessment & Treatment Unit provision for people with a Learning Disability across the West Yorkshire ICS and Barnsley. This was identified as a priority work stream for the ICS based on the need to reduce the bed numbers as part of the national Transforming Care Programme (TCP), and a clear view that – as a result - the current 3 units were neither financially viable nor sustainable in their current form when the bed base was reduced, heighted by significant workforce challenges.

It builds on the detailed analysis of current provision and clinical usage undertaken as part of the initial case for change, which was presented to the ICS Mental Health, Learning Disability and Autism Programme Board in October 2018.

A multi- disciplinary and multi-agency partnership ATU Redesign Group has overseen a programme of work that has essentially set out the national and local requirements for Assessment & Treatment Units (and other key component parts of the LD system moving forward); analysed in detail our current ATU use and some of the strengths and challenges of this; and developed a clinical model to support future delivery in line with national standards and best practice, which will be underpinned by a new Quality Framework for the ATU system.

We have then undertaken a number of detailed options appraisals (both non-financial and financial) to determine a preferred model (including a costed staffing model) for future delivery across 2 locations that are managed as a single system / network. The work around future location has included a detailed environmental assessment of current provision, which has proposed some adaptation to one of the preferred units in order to meet the agreed specification. Finally, the proposal has been subject to a detailed Quality & Equality Impact Assessment.

This work has been underpinned by a various engagement approaches with service users, carers, staff and stakeholders which are detailed in the proposal. This has included workshops of up to 50 staff from the current LD system.

The work has been developed through the ATU Redesign Steering Group which has had clinical and operational representation from each of the current providers, commissioners, financial and quality representation, parent/carer representation, and support from a communications & engagement manager and a project lead. Detailed work has been undertaken over a lengthy period to reach the proposal and recommendations set out here, which is presented as a unified and consensus view of the group.

Whilst recognising that there is still further work to be undertaken in relation to formal consultation on the proposed change, future commissioning & contracting models, and the provider delivery model, we are now at the stage where the proposals are adequately developed to progress towards endorsement from the Committee in Common, through an agreed Gateway sign-off process with both providers and commissioners.

The proposal therefore asks the Programme Board to support / endorse in principle the following 5 recommendations

- **That the future delivery of ATU provision occurs from 2 x 8 bedded units**
- **That these units are located in the agreed preferred locations, subject to the completion of agreed environmental improvement works**
- **That the delivery of ATU provision is managed as a single system / network across providers, with an identified operational and clinical lead and strongly linked into the ICS TCP arrangements, from April 2020**
- **That work progresses on developing a single, integrated Quality Framework that is co-produced with service users and carers**
- **That an implementation lead role is employed on behalf of the system to drive this forward (from available transformation monies)**

As this work has progressed over the last 18 months, we have been increasingly struck by the opportunity to build on the different strengths of current service delivery (utilising the best for each unit) and create positive change for service users and carers in terms of both experience and outcomes. This has been increasingly articulated in the work as creating a ‘Centre of Excellence’ for the care and treatment of people with a learning disability within an ATU setting; we believe that the proposals developed here absolutely can and should achieve this.

2. Background & Context

This business case sets out the work that has been undertaken by the ATU Redesign Project Group, as part of the Mental Health Learning Disability & Autism Programme.

The work has been carried out under the umbrella of the West Yorkshire and Harrogate Health Care Partnership, and the following key principles therefore apply to this work:

- Focus on keeping people well and make life better for those we serve.
- Working to improve:
  - people's health with and for them
  - people's experience of health and care
- Making every penny in the pound count so we offer best value to the taxpayer
- Making the most of valuable staff, their skills & expertise

As set out in detail in our previous "case for change" paper in October 2018 (Appendix 1), the national Transforming Care Programme (TCP) was initiated to help transform the health and social care system to better support individuals with learning disabilities and/or autism, and in particular those individuals who display challenging behaviour.

The Transforming Care Programme - and the preceding Winterbourne Review and subsequent enquiries - have a common objective to maximise a high quality community response to prevent escalation to hospital admission where at all possible, to reduce inappropriate admissions to hospital and the length of time people stay there, and particularly to ensure that if individuals do need to spend time in hospital that this does not result in being placed hundreds of miles from their home. Although adults with learning disabilities can, and should be, supported in mainstream wards it is recognised that specialist inpatient support, provided through Assessment and Treatment Units (ATUs), is sometimes required – particularly if the individual is presenting with challenging behaviour. The TCP requires a shift from inpatient provision to (enhanced) community support, and set national trajectories to deliver this, supported by national clinical models and specifications (Appendix 2).

Across West Yorkshire work is continuing on the enhancement of community support models for people with learning disabilities in each 'place', supported by plans to shift and attract resources to new community models. The 3 TCP Boards initially set up in the region have now merged into one West Yorkshire TCP Board, and the commitment to reduce the number of commissioned ATU beds across the 3 ATU sites from 22 to 15 across our region now needs to be delivered. This includes ATU provision for Barnsley.

Current Unit	2017/18 beds	Final TCP Plan
Fieldhead (Wakefield)	8	6
Parkside (Leeds)	8	6
Lynfield Mount (Bradford)	6	3

The ATU Redesign programme was established to plan and oversee the system bed reduction in line with the TCP plan, recognising that it was highly unlikely that this could be best delivered by the current 3 unit configuration. It was agreed that the future service delivery model must:

a) meet the national service specification recommendations and promote best practice, including reduced Length Of Stay, appropriate & therapeutic environment, an appropriate skill mix to deliver the required assessment, treatment interventions and care, and promote & support least restrictive practices
b) address key service user & carer feedback / concerns such as access to outside space, good food, visits out of unit, returning home as soon as possible and –crucially – being listened to and actively involved in care & treatment
c) Meet CQC recommendations – including a particular focus on ensuring a "safe environment" where patients and carers are being engaged and consulted about choices in their care
d) Be delivered within the current available resource
e) Help to address the current picture of sustained and profound health inequalities for people with a learning disability
f) Be supported by a consistent quality framework

Current Position

Specialist inpatient provision for adults with learning disabilities (ATU provision) is required when the nature of the individual's presentation is complex, is combined with challenging behaviour, and requires specialist support.

As stated above, ATU provision is delivered by 3 services currently across 3 provider Trusts, with some 'cost per case' activity required to support this. Each CCG block contract a number of beds, with the exception of Calderdale who currently purchase all ATU beds on a cost per case basis.

The Project Group commenced their work by undertaking a detailed analysis of the current ATU use across the patch, including gathering and analysing a significant amount of clinical, operational delivery and demographic data. This is set out in the case for change report at Appendix 1.

Over the last 2 years, the number of individuals from the CCG areas covered by this work who were admitted to ATU provision is shown below.

Admissions and Discharges 1st April 2017 to 31st March 2019

Unit	***Admissions***		***Discharges***	
	17/18	**18/19**	**17/18**	**18/19**
Wakefield	15	11	15	10
Leeds	13	12	13	8
Bradford	15	14	14	14
TOTAL	**43**	**37**	**42**	**32**

The average Length of Stay varied between units and for specific individuals, with a range of between 3 and 533 days (with a mid-point average of 111 days in Bradford, 191 days in Leeds and 276 days in Wakefield). There is some indication that average length of stay has risen further in 2018/19.

Review of the current ATU provision identified the following:

- All units are mixed gender. The average age on admission is getting younger, although there are still some older adults being admitted (often with comorbid physical health needs)
- Clinical and staffing models, physical environments and delivery were quite variant across the 3 units.
- Around 30% of admissions did not require ATU admission, but no alternative was available. Frequently admission related to a breakdown in the current community placement rather than any obvious health need.
- Delayed Transfers of Care (DTOCs) are common across the services, most frequently related to interdependencies with partners and in particular length of time required to identify next placement
- The numbers of individuals with autism accessing ATUs is increasing (approx. 50% currently)
- More people could be supported on mainstream wards (with reasonable adjustments) if the Green Light process was implemented more consistently
- Profiled staffing levels are often too low to support the acuity / needs of the inpatients, resulting in significant use of additional staff (and related expenditure). This is further complicated by a significant shortage of the required workforce for these services.
- The planned bed profile v average bed occupancy shows an imbalance if demand stays the same (which can be resolved if the bed base was collective)
- Levels of violence, aggression and incidents against staff are increasing with over 2000 reported last year (1,453 related to violence and aggression against staff)
- 2 of the 3 units forecast a significant overspend against budget (with SWYPFT having a very different contractual model that reduces this risk)
- Community models have developed at a different pace in the different places.

In recent years the clinical profile of people admitted to ATUs has also changed significantly from that which was seen historically. The trend has been towards ATUs providing services to people with increasing clinical acuity, particularly in terms of challenging behaviour, with ATU patients presenting with more severe and more frequent aggressive/destructive and/or self-injurious behaviours than was seen previously. Consequently, increasingly robust and intensive support arrangements - staffing levels and environmental controls (segregation/seclusion) - have been required in order to safely support people during their admissions. The diversity of clinical presentation seen within our ATU services has also increased in recent years. Notably, as access to secure forensic services has been reduced, our local ATU services have increasingly been supporting people with personality disorders and/or with anti-social and criminal behaviours (including substance misuse) alongside a primary health need.

Having reviewed all of the available data and heard in detail from the current services, the group concluded that

- Some change and consistency was required in order to meet the national specifications
- The staffing / skill mix needed detailed consideration and review to meet the identified needs of the people using the ATUs and reduce the significant reliance on temporary workforce
- ATU provision should not support people with Autism without a Learning Disability
- Splitting the case mix of individuals across different units (ie single sex, Autism/Learning Disability) was not a viable option with such a small bed base, and so the focus should be on flexibility of offer for an individual's needs
- Significant benefit would be obtained from managing the future provision of ATU beds as a single integrated system in future, regardless of provider.

3. Approach to options appraisal

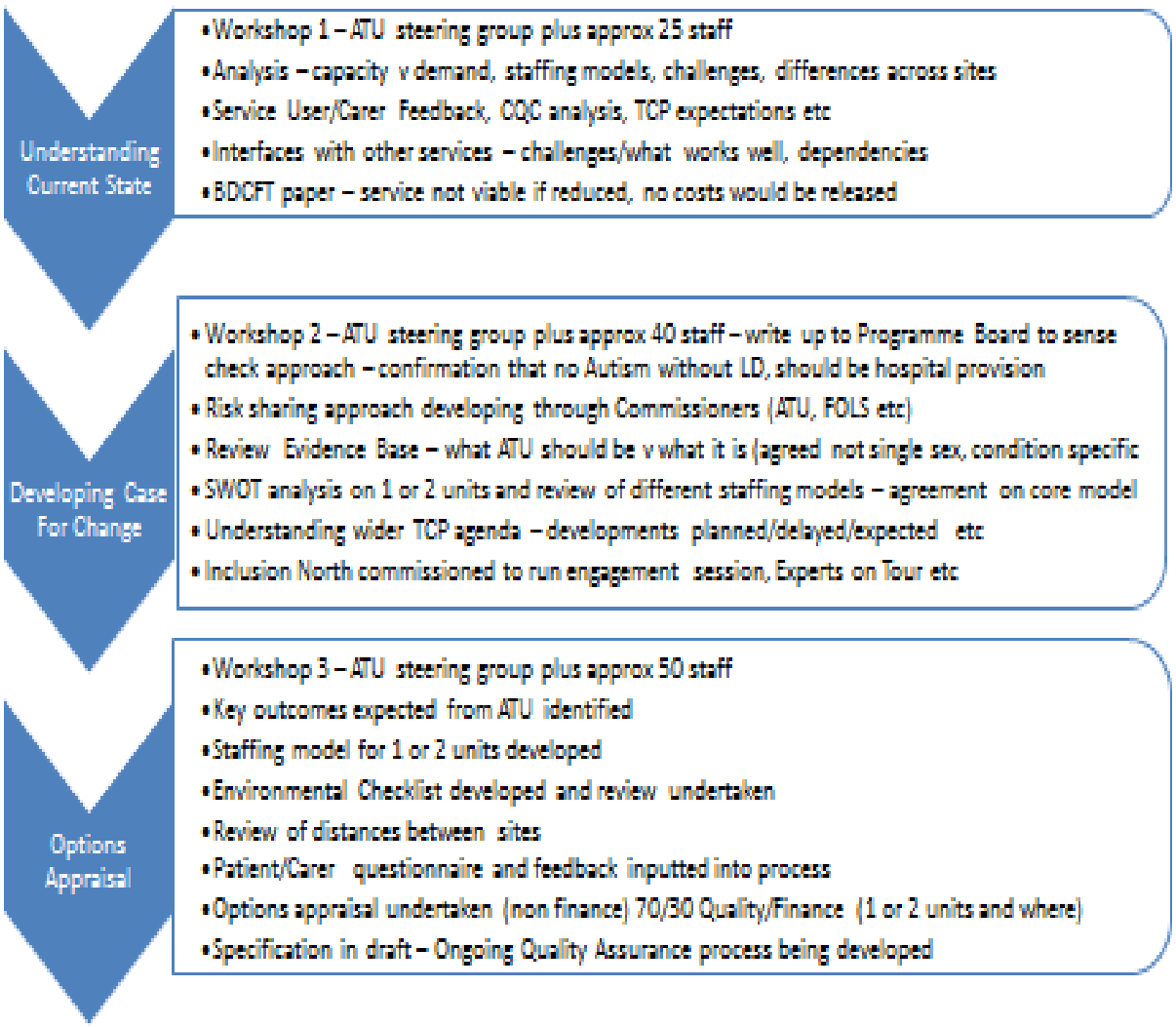
The reduction of number of ATU beds is a requirement as part of the national Transforming Care Programme. The working group has focused on how we can best manage this reduction, ensuring we minimise any risks, maximise the sustainability and resilience of ATU provision, and exploit opportunities to drive further improvements in terms of both quality of care and patient experience. We have also listened to the staff currently working in ATUs to create a model that recognises the challenging environment in which they work and to ensure that their ongoing contribution to the future model of ATU provision is both recognised and valued.

A collaborative ICS approach to develop proposals for a future delivery model was led by the ATU redesign steering group, which had both clinical and operational representatives from all services as well as commissioner, programme and carer representation, a comms lead, a local authority rep and some Quality lead input from Bradford CCG (as commissioner lead for this piece of work). Membership of the Steering Group is attached at Appendix 3.

Initially, as described above, the group undertook a detailed review of the current ATU provision and usage. This was supported by a piece of joint work with Public Health England, which advised on national analysis of future health need and likely service needs for the population of people with a Learning Disability.

Three large workshops (involving up to 50 ATU & community LD staff) were held during the course of the work, looking in turn at the current state, developing the proposed clinical model and case for change (which was then presented to the MH & LD Programme Board and endorsed) and then developing the future options for delivery. Following this the ATU redesign group has undertaken detailed work to finesse and understand the preferred options, and complete a workforce and finance review in relation to this. Presentations and agendas from the workshops can be found at appendix 4.

The stages of the work can be summarised below.



4. Service User and Carer Involvement

A number of approaches to actively engage service user and carers in the redesign work have been undertaken during the work of the Steering Group. We were fortunate to secure the active engagement of a parent / Carers Lead onto the group as the work progressed, and this has significantly benefited the work.

Other methods of engaging service users and carers has included:

- two dedicated focus group run by Inclusion North with a number of people who use services in September 2018
- A session with the NHS England 'Experts on Tour' group
- both informal and formal engagement sessions with people currently within the ATUs to
- a wide, formal engagement process run in February/March 2019

We recognise that – as a result of the small number of people that are likely to be admitted to an ATU - the number of individuals that we could engage with who actually use the services has been limited.

Key themes have emerged from direct engagement with people who have used the ATU services, which include:

- All individuals with lived experience of ATU said their experience was good or ok with no "bad" aspects listed
- Areas where there was identified potential for improvement included "activities" , food and physical environments, and these were listed as important aspects of individuals' stay on the unit
- Communication with carers and individuals was also highlighted as important
- Having permanent staff (rather than agency) was identified as important, as relationships were built and there was continuity of communication.
- Feeling safe and comfortable and keeping busy was also highlighted as a high priority.

Our parent/carer representative on the ATU steering group has highlighted how important the environment is in carers feeling that their loved one is going to be safe. Through the environmental assessments particular attention was paid to how individuals and their carers would feel arriving at the building, whether it was easily navigable and signposted, and whether it looked and felt welcoming to both inpatients and visitors.

Further engagement with carers and individuals will be undertaken as the ATU reconfiguration progresses. A Quality Framework will be co-produced with people with lived experience and carers to ensure that the particular aspects that matter most are included in the framework and that there is transparent and continuous feedback about experience and communication and engagement on what could be improved.

A session and follow up calls with Experts on Tour (NHS E) was held, where the Steering Group was challenged to ensure that concerns about ATU provision generally across the country raised as part of the national TCP were considered in detail. This included the length of time people were spending on units, the approach to family/carer engagement, how autism friendly they were and the use of segregation. This has specifically informed the both the future staffing model and the environmental analysis undertaken.

Engagement has been an essential part of our process and is part of a planned approach to seek the views of people to further inform our work and ensure maximum benefit for both service users and the system. A detailed formal engagement exercise in February/March 2019 involving staff members, carers/family members and individuals who were currently in ATU or had lived experience of this. This included an on-line and paper survey process. Consistent key themes from service users related to activities on the unit, food, communication and maintaining contact with family and friends. Key themes from staff related to the need for more consistent and permanent staffing, the need to develop consistent multi-disciplinary teams, and limitations of the physical environments. A full & detailed report on the engagement work undertaken is attached at Appendix 5.

5. Proposal for future delivery

Following the development of an agreed clinical model (supported by the national service specification), a 'long list' of potential delivery options (including a do nothing option) was produced within a workshop. This included considering a single unit, two generic units, two single gender units, one unit with a PICU and one focussing on longer stay. Each of these options were then assessed by a number of multi-disciplinary & multi-agency groups across a number of agreed criteria, these being

- Quality of Care
- Service User & Carer Experience
- Environmental factors
- * Workforce
- * Finance
- * Relationship with community teams

From this detailed assessment, the 'long list' was shortened to two preferred options – the development of a single, 15 bedded unit or 2 units which operated consistently as a generic ATU. There was full agreement that the future delivery of the required number of ATU beds was not achievable within the current 3 provider configuration, due to sustainability, workforce and finance issues.

The work to date was presented to the Mental Health, Learning Disability & Autism Programme Board in May 2019 and it was agreed that these 2 options should be worked up in more detail.

There was also a clear & consistent agreement that the benefits of managing the future ATU delivery as a single system where high, and that we needed to be clear about the requirements that should be in place in all local LD community provision to ensure that the ATUs were able to be as effective as possible.

A) Number of Units

A workshop was therefore in January 2019 with 50 staff and stakeholders, which explored and then assessed in detail the two options of one or two units. The detailed write up from this workshop can be found at Appendix 6. Four multi-disciplinary and multi-agency groups assessed and scored the 2 options in detail against the same criteria as previously, and as shown below the preferred option (from 3 of the 4 groups, and in total) was to explore the development of a single unit.

Group	One unit	Two units
1	38	48
2	48	55
3	36	46
4	49	46
TOTAL	**171**	**195**

This initial assessment was subsequently repeated by the ATU Redesign Steering Group using a formal non-financial evaluation criteria methodology, and again the result was clearly that a preferred option was to deliver the bed base across 2 units rather than one.

Evaluation criteria	No.	Description	ATU1 Score (1 – 10)	ATU 2 Score (1 – 10)	Weighting	Weighted Score ATU1	Weighted Score ATU2
		The proposed option will:					
Quality & Safety	1	Allow good Access (staff, patients, families)	4	8	40%	0.4	0.8
	2	Allow services to maintain or improve clinical outcomes and maintain or exceed clinical standards, in line with service specification (5-8 bed base recommendation)	9	9		0.6	1.35
	3	Allow services to maintain or improve service experience	4	9		1.35	1.35
Strategic Fit	4	Align with the goals of the TCP and ICS, and supports delivery of local, regional and national policy.	8	9	15%	1.2	1.35
Feasibility, Deliverability and Sustainability	5	Be implemented with relative ease and minimal disruption to current services, and support sustainability	2	7	15%	0.1	0.35
	6	Be acceptable and supported by stakeholders e.g. commissioners, health & social care professionals, service users, carers / families and the wider public.	6	8		0.3	0.4
	7	Enable delivery of benefits e.g. workforce and estate efficiencies.	7	7		0.35	0.35
Affordability	8	Be financially deliverable within current funding constraints and not adversely affect the financial performance of the Service / Trusts			30%	TBC	TBC
TOTAL						4.30	5.95

In particular, the key (non-financial) arguments for the delivery of 2 units rather than one were

- A consistent clinical view that a single 15 bed unit would likely be very large and challenging, given the presentations of service users currently using the ATUs, and not in keeping with the current clinical evidence base
- 2 locations reduced difficulties with geographical location, distance from home / carers, reduced opportunity for community re-integration and engagement with local community services
- Staff gave a consistent message that requiring all staff to go to one location in the ICS would be very challenging. In places where we are currently struggling to consistently staff a unit at the current staffing levels, it seemed difficult to imagine how this would work in one much bigger single unit
- 2 units provide an opportunity to manage flow, acuity, capacity and potential co-location challenges or risks; a failure to have this may result in increased 'out of area' placements
- Implementation of a single unit would require a new build based on assessment of the current providers estate.
- It was strongly felt that the current community offer was not adequately developed in each and every place to offer a string alternative to admission, or to facilitate early discharge.

It was therefore concluded that the clear preference of the Group was to proceed with a proposal to deliver the required beds across two units (although a future single unit could be reconsidered when a single ATU system was established, supported by more developed and consistent community services and infrastructure.

B) Location of Two Units

In order to consider the potential location of the two units, an environmental assessment process was agreed by the Steering group, with input from service users and carers. This identified an agreed set of standards / criteria linked to the national specification.

In addition to this, a local assessment visit was undertaken in each unit by 4 members of the steering group not aligned to any one unit (project lead, parent/carer forum representative, quality lead, and TCP Assuring Transformation Lead Nurse). This assessment considered a number of softer factors (such as how the unit "felt" to those undertaking the assessment, how you might feel as a visitor to the unit, how easy it was to navigate there, park etc), and obtained some feedback from service users in relation to the current environments. Specific areas for feedback that were important to service users related to space for visitors, privacy and food (choice and quality). Consideration was also given to what makes an Autism friendly environment recognising the increasing numbers of individuals with learning disabilities and autism being admitted to ATU provision.

The initial environmental analysis concluded that SWYFT Horizon unit significantly scored the highest (a score of 81.5 compared to 70 for the other 2 units – see appendix 7). This was predominantly due to:

- Layout of building (new, modern, light, spacious)
- Outside space – accessibility (with plans to extend outside space)
- Links to the wider hospital site (including on site bank staff as well as security back up as required)
- Parking/location and accessibility
- Visitor experience – clear signage, ease of access, good reception area, giving confidence to visitor

Bradford ATU and Parkside Lodge then scored equally, so a further weighted analysis was undertaken looking at Horizon/Bradford and Horizon/Parkside options. This did not resolve the issue, although did highlight the strengths of each unit.

Criteria	Leeds / Wakefield	Bradford / Wakefield
Co-location on hospital site	**0**	**3**
Access to community	**3**	**3**
Seclusion access	**2**	**1**
Outside Space	**3**	**2**
Ensuite rooms	**3**	**1**
Geographical balance	**2**	**3**
	13	**13**

It was agreed that co-location on a hospital site/located with other mental health services as a requirement of the national specification for ATU service needed to be weighted highly (due to compliance with spec, safety issues and revenue implications), which eventually tipped the balance in favour of Bradford. The potential to relocate the Leeds service to an alternative in-patient setting was considered ; however this was less than ideal in terms of environmental specification (for example, not on a ground floor) and would have meant the 2 units were in close geographical distance to each other (potentially reducing a number of the benefits of having 2 units).

It was also noted that both the Bradford ATU and Horizon use the same clinical system meaning that interfaces between the units, and most importantly any transfers of patient details would not be subject to interoperability issues.

A separate analysis was also undertaken looking at travel time for individuals living on the periphery of our geographical area to each of the units. Travel time by car and by public transport was analysed and the conclusion was that individuals at the far end of Craven and those to the west of Huddersfield and Calderdale currently had the furthest to travel. The maximum travel time by private transport if 2 units

were maintained was under an hour (in good traffic!) and under 2 hours by public transport. Maintaining a unit at Bradford would ensure the travel distance/time for Craven patients would not be detrimentally affected and by moving to a regional bed base then Calderdale and potentially Huddersfield would have a closer travel time (to Bradford) than their existing provision (Calderdale spot purchase in Manchester or Bradford). The analysis of travel times is included in Appendix 8.

The Steering Group therefore concluded that the 2 preferred sites were Wakefield and Bradford, although some environmental improvements would be required to the Bradford Unit (including the introduction of a seclusion room to the service; the absence of this would create a potential risk, based on the known profiles of some of the service users and the current levels of violence and aggression; at times the absence of a seclusion room requires the Bradford service to place people in an alternative 'out of area; bed). Bradford District Care Trust were therefore approached to explore the possibility of the required upgrade being undertaken; this has now been modelled to the required specification, and indicates a required capital expenditure of approximately £276k to deliver this.

6. Staffing Models

A number of workshops have been held with multi-disciplinary staff to develop proposed staffing models for a delivery model based on two units. The ATU steering group has included representation from all the units and the 4 workshops held have included large numbers of staff (up to 50 staff members at each workshop). This has ensured that staff have been both kept informed and engaged in the work and their concerns and ideas for improvement have been considered. Staff particularly have raised the importance of having a permanent workforce and an multi-disciplinary team that can meet the specific needs of each individual admitted recognising that these can and will be different. This correlates with patient and carer feedback.

Utilising the national service specification recommendations and taking learning from the current service provision it is explicit that the staffing model should include the following professionals:

- Psychiatry
- Nursing
- Clinical Psychology
- Occupational Therapy
- Health Care Support Workers

In addition to this – and based on an assessment of the needs of the ATU population - a wider MDT input was identified as being required, including representation from other professional groups including

- Speech & Language Therapy
- Dietetics
- Physiotherapy
- Activity Coordinator

Service users and family members particularly highlighted the need for some of these more specialist skills within ATU provision and what value these added.

Patients, carers and staff also flagged how keeping links open and communication with respective community teams (CLDT or IST) for the duration of the admission was vital to ensuring smooth transition through discharge. Consequently we have modelled in a discharge lead (social work) role to work across the system to support early discharge and maintain links with local services. The following input is also required from community services.

- CPA co-ordination from worker from respective CLDT/IST
- Care-plans and discharge plans that are jointly developed

As noted previously, the profiled & budgeted staffing numbers for the current ATU provision did not adequately reflect the actual staff usage, frequently resulting in a high dependence on temporary staff and an overspend against agreed budget.

This is best highlighted by the fact that during 2018/19, the collective budget for nursing staff across the 3 units was 80 wte staff (156,000 hours pa) whilst in fact 191,654 nursing hours were used - equivalent to 129 wte staff.

18/19 usage	RN (Hours)	HCSW (Hours)
BDCFT	13,270	62,708
SWYPFT	13,978	42,030
LYPFT	13,245	46,423
TOTAL Hours Used	**40,493**	**151,161**
Equivalent WTE staff (24% n/e)	27.3	102

It is important to note that the current 3 units have different contractual arrangements, with Bradford & Leeds having an all-in Block contract whilst at SWYPFT commissioners purchase an agreed level of care delivery within the basic bed cost, and any additional nursing requirements are paid for in addition to this.

The financial consequence of the additional staffing usage and related contractual arrangements during 2018/19 can be shown for the different units as below, resulting in a collective pressure of £847k against budget across the 3 units.

Direct Ward Budget	Budget £	2018/19 Forecast £	Forecast (Under)/ Overspend £
Bradford	1,075,711	1,381,964	306,253
SWYFT	1,184,056	1,166,332	(17,724)
Leeds	1,094,977	1,653,870	558,893
Total	**3,354,744**	**4,202,165**	**847,421**

Following discussion with both providers and commissioners, it was agreed that we would model 3 staffing options for consideration and future discussion (including discussion as to the type of contractual arrangement that we wished to consistently have in place moving forward in relation to bed night costs and inclusion of additional or exceptional nursing time). These are :

(1) A minimum (base staffing) model that would meet the needs of the service users but would not include any additional or enhanced nursing hours (including any individual nursing observations). These would need to be secured & costed in addition to the minimum model, on a cost per case.

This provides a total staffing of 90.6 wte, of which the nursing team is 66.4 staff and provides cover of 6-6-4 staff in each unit on an early-late-night shift pattern.

Clearly, a key risk of this approach is the need to rely on temporary / additional staffing on a regular basis, as it is anticipated that the actual required number of nursing hours would be significantly in excess of this based on clinical need (a variation of 62 wte staff against the actual 2018/19 usage).

(2) **A middle option**, which would include provision for up to 2 patients in each unit to be on enhanced engagement and observations at any time. This provides a nursing cover of 8-8-5, and provides a whole staff team across the 2 units of 106.2 staff (with a nursing team of 82 staff). It is anticipated that some of these staff would be used flexibly based on individual needs, and therefore the full staffing establishment may not be fully recruited to. A tariff would need to be agreed with commissioners to manage any increased requirements above these staffing numbers, based upon an 'exceptional care' process (similar to that used currently by Spec Comm within the NHS E contracts, and the arrangements within SWYPFT).

(3) **An all-inclusive option,** which was modelled on the maximum number of staff used at any point during the previous 2 years and therefore creates no requirement at any point for additional expenditure by commissioners. This provides a nursing team of 140 wte staff (which is not significantly variant from the actual 129 wte used across the 3 units in 2018/19) and a whole staffing establishment of 164 wte staff.

Finally, as a comparator, a staffing model for one unit was also modelled and costed, based on the staffing establishments used for the middle option but identifying some efficiencies of only one unit (such as only 1 ward manager and a reduced OT and activity coordinator establishment).

The costed models are shown in detail below in the finance section.

7. Finance

ATU Current Baseline Income & Expenditure

The planned reduction in ATU provision (as identified in local TCP plans) impacts the cost effectiveness and sustainability of the three existing NHS provided Assessment and Treatment services for West Yorkshire and Barnsley.

The current ATU services in Bradford and Leeds incur unsustainable staffing cost pressures and have block contract arrangements in place that do not flex to reflect acuity and observation levels. Contracting arrangements for the service based in Wakefield include an element of block funding plus additional funding to reflect acuity and exceptional observation costs. The Wakefield service has relied on two spot purchase beds to maintain a viable service.

Calderdale CCG previously commissioned beds from Independent Sector providers, whilst all other CCGs in the ICS (including Barnsley CCG) commission ATU services primarily from the three West Yorkshire NHS providers. Calderdale CCG has now confirmed a commitment to commissioning NHS services and actively participates in the design of a sustainable ATU service.

The ATU bed reductions linked to the TCP plans has resulted in all three services operating with high unit costs. The 2019/20 forecast spend generates an ATU average bed day costs of £1,253 based on the TCP planned bed numbers, with a bed day range of £984 to £1,712. The independent sector benchmark for complex ATU is £1,172 bed day cost.

A detailed financial analysis was undertaken to understand the full cost in 2019/20 of providing A&T services for each Trust and to clarify the costs that could be released to develop a new model. An understanding of the fixed/stranded/overhead costs was essential to understanding the impact on each provider.

The table 1 below summarises the 2019/20 planned (baseline) financial position for each provider of A&T services compared to the overall 2019/20 forecast position. The 2019/20 expenditure budget is forecast to overspend against plan by £540k (£496k overall service deficit compared to the baseline/planned surplus of £44k).

Table 1

2019/20 Baseline	Bradford £	Wakefield £	Leeds £	Total £	Forecast £	Variance £
Direct Ward Staffing	1,193,287	1,525,790	1,335,819	4,054,896	4,676,778	621,882
Direct Non Pay	39,323	24,880	30,127	94,330	166,698	72,368
Other income	0	(95,607)	0	(95,607)	(231,199)	(135,592)
Estates & Overheads	642,460	700,166	925,713	2,268,339	2,249,969	(18,370)
Total Expenditure	**1,875,070**	**2,155,229**	**2,291,659**	**6,321,958**	**6,862,247**	**540,289**
Contract Income	**2,000,000**	**2,063,136**	**2,302,780**	**6,365,916**	**6,365,916**	**0**
Surplus/ (Deficit)	**124,930**	**(92,093)**	**11,121**	**43,958**	**(496,331)**	**(540,289)**

Whist the 2019/20 forecast expenditure position shows an improvement over 2018/19 levels, it demonstrates that the current model is unsustainable and there is a clear rationale for developing a new cost effective model based on two locations. The key financial driver is to eliminate the current unfunded overspending and develop an efficient and sustainable model within the existing ATU funding resources (c£6.4m).

Financial & Contracting Implications of Proposed Staffing Models

The income and expenditure analysis below is prepared in the context of accepted financial principles within which service redesign would take place across the WY&H ICS. At this stage the draft financial analysis is planned to be submitted to the Chief Financial Officer and Chief Operating Officer Gateway Review process at the end of September.

Following a detailed site options appraisal, agreement was reached to develop a new cost effective model based on two locations. Our analysis of existing estates and overhead baseline costs (£2.27m) identified a level of stranded cost for the provider that will no longer provide A&T services. The financial modelling does not reflect any reduction in overheads or estate costs at this point. The recognition and acceptance of short term stranded costs for providers that are adversely impacted by significant service change is crucial to ensure alignment and delivery of service priorities across the ICS footprint.

The financial implications of the proposed options are:

- **All-inclusive block contract**

Provider Chief Financial Officers expressed an initial preference to consider an option to contract on the basis of a simple block inclusive of all financial risk associated with acuity and observation levels.

Table 2 shows the staffing establishment required to fully mitigate acuity and observation levels financial risk. The all-inclusive option would require a £6.2m staffing budget, indicating a requirement for an additional £2.1m investment against the 19/20 baseline staffing budget of £4.1m.

This option is clearly not affordable given the significant staffing cost increase required to guarantee no additional observations charges to commissioners. The occupied bed day cost would significantly increase from the 2019/20 forecast (£1,253) to £1,448 based on a new service model comprising two 8 bedded units.

- **Middle option**

  The middle option was designed to meet the needs of the service users and provide cover for additional or enhanced nursing hours (up to 2 patients in each unit to be on enhanced engagement and observations at any time).

  This option is affordable within the existing baseline staffing budget of £4.1m and would mitigate all but the most exceptional levels of acuity and additional observation levels. This staffing option would minimise the reliance on temporary staffing and represents the best balance of financial risk between commissioners and providers.

  The occupied bed day cost would reduce from the 19/20 forecast (£1,253) to £1,083 based on a new service model comprising two 8 bedded units. This bed day cost compares favourably with the independent sector benchmark of £1,173.

- **Minimum option**

  Whilst the minimum option would meet the needs of the service users it would not provide cover for any additional or enhanced nursing hours (including any individual nursing observations). This option would generate a £562k surplus (compared to the baseline staffing budget of £4.1m) before accounting for any additional observations which would be charged on a case per case basis. This option would not mitigate any of the financial risk to CCGs linked to acuity and additional observations levels and would create a regular reliance on temporary staffing.

  The occupied bed day cost would reduce from the 19/20 forecast (£1,253) to £994 based on a new service model comprising two 8 bedded units before accounting for any additional observations.

The costed staffing establishment to support each of the three models is shown in Table 2. As a comparator, a staffing model for one unit was also modelled and costed, based on the staffing establishments used for the middle option but identifying some additional efficiencies resulting in a saving of £278k against the baseline staffing budget ; however we recognise that this model would incur significantly increased costs in terms of travel, staff relocation etc.

Table 2

Staffing Analysis:	ALL INCLUSIVE		MIDDLE OPTION		MINIMUM		1 SITE	
Post (band)	2 Units		2 Units		2 Units		1 Unit	
	WTE	Budget £	WTE	Budget £	WTE	Budget £	WTE	Budget £
Consultant Psychiatrist	1.00	135,000	1.00	135,000	1.00	135,000	1.00	135,000
Speciality Doctor	2.00	158,000	2.00	158,000	2.00	158,000	1.00	79,000
Core Trainee (net of income)	1.00	36,000	1.00	36,000	1.00	36,000	1.00	36,000
Consultant Psychologist (8C)	1.00	87,327	1.00	87,327	1.00	87,327	1.00	87,327
Psychologist (7)	1.00	48,562	1.00	48,562	1.00	48,562	1.00	48,562
Assistant Psychologist (5)	1.00	32,482	1.00	32,482	1.00	32,482	1.00	32,482
Dietician (6)	1.00	40,564	1.00	40,564	1.00	40,564	1.00	40,564
Nursing Advanced Practitioner (8a)	2.00	112,098	2.00	112,098	2.00	112,098	1.00	56,049
Clinical Team Manager (7)	2.00	100,526	2.00	100,526	2.00	100,526	1.00	50,263
Senior Clinical Nurse (6)	24.00	1,151,480	12.00	575,740	12.00	575,740	12.00	575,740
Staff Nurse / OT (5)	34.00	1,369,452	19.40	781,393	16.00	644,448	19.40	781,393
Nursing Associate (4)	8.00	270,560	6.00	202,920	4.00	135,280	6.00	202,920
Healthcare Support Worker (3)	74.00	2,275,352	44.60	1,371,361	34.40	1,057,731	44.60	1,371,361
Activity Coordinator (3)	2.00	47,306	2.00	47,306	2.00	47,306	1.00	23,653
Snr Occupational Therapist (6)	2.00	81,128	2.00	81,128	2.00	81,128	1.00	40,564
Speech & Language Therapist (6)	1.00	40,564	1.00	40,564	1.00	40,564	1.00	40,564
AHP Associate (4)	1.00	26,841	1.00	26,841	1.00	26,841	1.00	26,841
Social Worker / Discharge Lead (7)	1.00	50,263	1.00	50,263	1.00	50,263	1.00	50,263
Admin staff (inc reception) (3)	4.00	94,612	4.00	94,612	4.00	94,612	3.00	70,959
Peer Support Worker (4)	1.20	32,209	1.20	32,209	1.20	32,209	1.00	26,841
TOTAL PROPOSED STAFFING	**164.20**	**6,190,326**	**106.20**	**4,054,896**	**90.60**	**3,536,681**	**100.00**	**3,776,346**
CURRENT STAFFING BUDGET		**4,054,896**		**4,054,896**		**4,054,896**		**4,054,896**
(COST) / SAVING		**(2,135,430)**		**(0)**		**518,215**		**278,550**

Table 3 below summarises the financial implication of the three identified staffing proposals.

Table 3

FINANCIAL IMPACT	BASELINE £	ALL INCLUSIVE £	MIDDLE £	MINIMUM £
Direct Ward Staffing	4,054,896	6,190,326	4,054,896	3,536,681
Direct non Pay	94,330	94,330	94,330	94,330
Other income	(95,607)	(95,607)	(95,607)	(95,607)
Estates & Overheads	2,268,339	2,268,339	2,268,339	2,268,339
Total Expenditure	**6,321,958**	**8,457,388**	**6,321,958**	**5,803,743**
Contract Income	**6,365,916**	**6,365,916**	**6,365,916**	**6,365,916**
Surplus/ (Deficit)	**43,958**	**(2,091,472)**	**43,958**	**562,173**

Further work is being undertaken to understand the precise impact of stranded costs for the impacted provider. Supporting the impacted provider to reduce stranded estate costs within the shortest possible timeframe (to release resources to develop A&T services) is a clear system wide priority and incentive.

Further refinement to the current baseline for medical and psychology resources will need to be undertaken. In addition, an updated analysis of CCG expenditure on any out of area A&T services is to be prepared.

Capital Requirements

Bradford District Care Trust identified a number of environmental improvements including the introduction of a seclusion room to the Bradford service and improvements to outside spaces in order to meet the required specification. An early indication of the capital requirement is £276k. At this stage the modelling excludes any revenue implications linked to additional capital spending to support the new model.

We would therefore propose that the middle option is the preferred staffing model, which can be delivered within available resource, and should be taken forward. This would need to be supported by further discussion in relation to the management of exceptional additional costs, and further development of the risk share framework that is being developed by commissioners.

8. Quality & Equality Impact Assessment

A WYHHCP Quality and Equality Impact Assessment (QEIA) tool has been developed to ensure that there is a consistent approach across the region, and this has been utilised as part of the options appraisal process. The aim of this is to assess the impacts of proposed changes to service provision, policy change or wider service change. The tool helps to ensure that consideration has been given to specific factors such as wider impacts on sustainability and/or financial components, as well as to specific equality related factor such as protected characteristics. The tool specifically helps identify what actual and potential risks will need to monitored and effectively managed if the proposed change is implemented.

The QEIA also highlighted a number of positive impacts that moving to a regional bed base would offer and we will need to ensure that these improvements are delivered and associated benefits realised. A copy of the completed assessment tool is attached at Appendix 9

The key **positive benefits** identified from the QEIA were:

- Standardised clinical pathways and processes (based on national specification and taking the best of current delivery) will improve service user access, experience and outcomes – with potential to develop of a ‘centre of excellence’ in the care and treatment of people with a learning disability across the 2 sites
- Consistent approach to policy, procedures and processes can promote and ensure a focus on service user and carer involvement across the service, and help identify unmet need in a more consistent manner
- More consistent and better resourced multi-disciplinary teams will improve access to outcomes from recognised interventions
- A system-wide approach to the management of the ATU delivery will support access, flow and consistency of care, closer to home, increase consistency and optimise best practice
- A review and improvement of the physical environments will create a more consistent standard & provides an opportunity to better develop ‘autism friendly’ services

- A single staffing system will support improved working across the services, peer to peer support, sharing of learning and opportunities to develop and implement new roles to address the known workforce challenges

The **key risks & mitigations** identified from the QEIA were:

Risk	Mitigation
Reduction to 2 units will mean that some people are placed further from home and their families	• Aim to reduce length of stay • Assessment of 'keeping in touch' needs to occur routinely with agreed plans to support this • Policy to support travel costs for family & friends
Reduction to 2 units may result in some challenges in maintaining involvement of community services, resulting in delays	Emphasis on community engagement in model and monitored by MDT, supported by both care navigator and discharge lead roles
High levels of Delayed Transfer of Care continue as a result of community infrastructure and lack of placements	Single system management allows this to be quickly identified & addressed ; links into wider TCP Board allows for strategic planning to support this
Development of centre of excellence may reduce use of 'green light' access to mainstream services	Monitoring of this via system-wide approach. Further work to be undertaken in each place to support implementation of green light and identify barriers
Staff may be unable to relocate to new model	HR workgroup & processes to be developed. New community teams offer alternative.

Specific measures for each identified potential risk will be developed moving forward as part of the developing Quality Framework for the service.

A key principle of quality development relates to the desire to ensure that any future model takes ***the best from each current service / site,*** ensuring that best or innovative practice from all of the current services are maintained and developed across the future model.

As referenced above, as part of moving the future delivery of ATU services to a single managed system, we would intend to develop a detailed Quality Framework which would seek to agree key metrics & measures and monitor/ develop the quality of the service delivered across the 2 units (including the development of a number of Quality Improvement Initiatives). This would be developed in partnership with service users, carers and key stakeholders. The Chief Quality and Nursing Officer from Calderdale CCG has offered to support and sponsor this aspect of the work moving forward.

9. Recommendations and next steps

This case has set out the detailed work that has been undertaken by the ATU Redesign Group, as part of the ICS Mental Health, Learning Disability and Autism Programme. Engagement with service users, carers and staff (of all disciplines and grades) has been essential to this work, alongside ensuring that our output is consistent with national drivers and strategy.

The driver for change is clear in terms of the future direction of care and treatment for people with a Learning Disability, the national Transforming Care Programme, and the need to reduce the current number of beds which results in the current delivery model across 3 units being inefficient and unsustainable. This is further challenged by current (and future anticipated) workforce challenges across the 3 units, and some limitations to the current environments of care. What has become increasingly clear during this work has been the level of desire and commitment to create a new model of ATU delivery which can be developed as a national 'centre of excellence', managed as one system across the ICS (regardless of provider arrangements) in order to maximise flow, efficiency and quality of care. In particular the development of a clear Quality Framework – in partnership with service users, carers and key stakeholders – will support and underpin this.

Having undertaken a thorough and detailed assessment of a number of delivery options as detailed above, supported by a detailed financial analysis, the ATU Redesign group asks the Programme Board to support / endorse in principle the following recommendations

- **That the future delivery of ATU provision occurs from 2 x 8 bedded units, and**
- **That these units are located in Wakefield & Bradford, subject to the completion of agreed environmental improvement works**
- **That the delivery of ATU provision is managed as a single system / network across providers, with an identified operational and clinical lead and strongly linked into the ICS TCP arrangements, from April 2020**

The group have clearly concluded that in future a single site ATU option may be deliverable across the ICS, but currently this would create a number of challenges in terms of deliverability within an agreed time frame, likely need to build, and the lack of consistent community infrastructure that would be required to support this model to be clinically effective.

Subject to the agreement of the Programme Board, this recommendation would next be progressed through an agreed Gateway process with both the provider Trusts and the CCGs, prior to a final presentation and sign off at the ICS Committee in Common.

Once endorsed there as a formal proposal for change, this will clearly require a period of formal consultation and engagement in relation to the proposed change, alongside detailed discussions with commissioners regarding the future contracting and risk share arrangements and discussions with providers in relation to the future delivery model and lead provider arrangements. A workforce group will need to be

established, supported by a clear and on-going programme of communication in relation to the consolation and the change process.

In light of this, the Steering Group would finally ask the Programme Board to endorse a proposal to utilise available transformation **monies to employ a (fixed term) operational lead role for the future delivery of ATU services across the ICS**, who can take this work forward (supported by the identified clinical lead) and in particular can work closely with the provider services and commissioners to develop a detailed consultation, engagement and implementation plan. A key role of this post will also be to assess and support the current arrangements of community LD provision across the ICS to ensure that this was consistent and able to support the new model of ATU delivery, and supporting the implementation of the Green Light process across the ICS to ensure people with a Learning Disability are able to access mainstream services where possible.

We believe these recommendations will deliver an affordable, system wide solution to the challenge of the national TCP bed reduction programme and the need to modernise ATU care for people with a learning disability in line with national specifications. Based upon the level of involvement, commitment and engagement shown by staff, stakeholders, service users and carers during this process, we believe that the stated aspiration of delivering a ‘centre for excellence’ for ATU care within this network model can – and should –be achieved.

Appendices

Appendix 1 : Case for change and ATU analysis (October 2018)

Assessment and Treatment Unit for ac

Appendix 2 : National Specifications

https://www.england.nhs.uk/wp-content/uploads/2017/02/model-service-spec-2017.pdf

Appendix 3 : Project Group Membership

ATU Redesign Steering Gp Members

Appendix 4 : Workshop agendas & presentations

9. STP Assessment and Treatment Data

ATU workshop agenda 13 March 201

Assessment and Treatment Unit works

ATU workshop 3 Sept FINAL MERGED

ATU workshop 2 notes.docx

Appendix 5 : Engagement Report

ATU Engagement and Equality report o

Appendix 6 : Option Appraisal work (number of units)

Option Appraisal scoring sheet ATU wc

Appendix 7 : Option Appraisal work (location of units)

Appendix 8 : Analysis of Travel time

Travel time – public transport

PublicTransport To:	Parkside, Leeds LS12 2HE	Fieldhead, Wakefield WF1 3HU	Bradford BD8 6DP
Parkside ATU		1 hour 12 mins	1 hour 10 mins
Fieldhead ATU	1 hour 10 mins		1 hour 45 mins
Bradford ATU	1 hour 50 mins	2 hours	
Grassington	1 hour 44 mins	2 hour 25 mins	1 hour 46 mins
Barnsley	1 hour	55 mins	1 hour 36 mins
Huddersfield	48 mins	1 hour 10 mins	1 hour 20 mins
Wetherby	1 hour 4 mins	1 hour 55 mins	1 hour 51 mins
Haworth	1 hour 20 mins	2 hours	1 hour 25 mins
Halifax	2 hours	2 hours 12 mins	50 mins
Pontefract	1 hour 5 mins	55 mins	1 hour 55 mins
Thornbury	51 mins	1 hour 45 mins	50 mins

Appendix 9 : Quality & Equality Impact Assessment

Copy of QEIA impact assessment WYHHCP

Annex 2

West Yorkshire & Harrogate

Health and Care Partnership

West Yorkshire and Harrogate Mental Health, Learning Disabilities and Autism Collaborative

Assessment and Treatment Units further engagement and equality report of findings

December 2020

Contents

1. Summary

Over the past few years the Assessment Treatment Unit (ATU) Steering Group has looked at the way in which care is provided across the three ATUs in West Yorkshire and how as an area we make the best collective use of our services to ensure people can access support when they need it, that our services are designed to be resilient and responsive to people's needs, and that we work towards eliminating our of area placements.

The number of specialist hospital beds in West Yorkshire has already reduced because of the improvement in support that people with learning disabilities are receiving in their local community and processes and procedures that have been put in place to identify people at risk of admission. The number of people admitted to a West Yorkshire ATU over the last four years is detailed below:

WY ATU unit Admissions	17/18	18/19	19/20	20/21
	43	37	19	8

NB: Year runs 1 April to 31 March. 20/21 is only nine months data.
This table reflects number of people who were admitted each year and does not reflect the number of people on a unit at any one time.

This report provides feedback on the final stage of engagement about ATUs in West Yorkshire. The engagement was with people (including families/carers) with lived experience of ATU, at risk of admission to ATU and staff who are involved in their care. After being postponed due to the COVID-19 pandemic the engagement took place during October and November 2020 with staff engagement taking place in November and December 2020. The report highlights the methods used and the limitations faced. Fifty one completed questionnaires were received in response to this final stage of engagement.

This further engagement process was about how moving from three to two units might impact on people. Previous engagement had already informed the decision to move from three units in 2019.
The key findings from this last stage of a long engagement journey are:

We found out from the engagement with people who access care, carers and family members (17) that:

- It is challenging to engage with people with lived experience of the ATUs because of the small numbers, how poorly they were, the fact that visiting was not allowed during the pandemic and that staff were dealing with all of these stresses on top of COVID-19.
- Most people who responded felt that we had given them enough information (12)
- The majority of those that responded felt that the change would either be a good idea (6)or not affect them (6)
- Those who felt it would affect them in a negative way (2) were mainly concerned about having to travel further.

We found out from the engagement with professionals and staff (34) that:

- The staff and colleagues in Leeds are concerned about the loss of a unit at Leeds. This was mainly from

local authority commissioning colleagues responding to the questionnaire for people who access care from these units, their carers and families. 15 out of 20 felt it would not be a good idea and had LS postcodes.

- Those responding to the staff survey gave equal positive and negative comments to the change
- Staff felt that the model would bring better coordination and sharing of good practice and training.
- Staff who were concerned felt that carers of Leeds service users might have to travel further or not visit leaving service users isolated.
- They had lots of ideas for how to help the implementation of plans. Good communication was key to this and this feedback will be shared.
- Some staff wanted to be involved more in the future.

In both surveys of people with experience of services, their carers and family and professionals and staff, we were very successful at collecting equality information as part of the engagement.

All of this valuable feedback from this final stage of engagement will be considered in the further development of the Implementation Plan and any decisions made.

Service users, carers, professionals and staff will be informed about the next steps. A "you said, we did" document will be developed as soon as is practical. This will aim to answer questions that have been posed. People we have engaged with and those involved in the change will receive communication/briefing about the findings. This will conclude the public engagement.

2. Purpose of the report

The purpose of this report is to present the findings from the further engagement about work of the Assessment and Treatment Units (ATUs) in West Yorkshire. This builds on work already undertaken by West Yorkshire and Harrogate Mental Health, Learning Disabilities and Autism Programme to engage, listen and hear the views of current and past people who have experience of an ATU, their family or carers. It also takes into account the views or people at risk of needing those services in the future and staff working in ATUs or with people with learning disabilities in the community.

This report describes the background, the legal obligations relating to any service change and the principles by which the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) want to engage.

The report also describes an overview of what we already know, what people told us and information of the methods we used to engagement.

3. Background

3.1 National context

The National Transforming Care Programme (TCP) is how the Government and health and social care organisations are working on transforming care for people with learning disabilities, autism. Transforming care is all about improving health and care services so that more people can live in the community, close to home with the right support.

The national plan, Building the Right Support, published in October 2015 outlines what needs to be done to

make sure this change happens.

Following on from Building the Right Support, NHS England published a national service model which is also available in easy read. They also published a document called supplementary guidance for commissioners (the people who plan and pay for care) which tells them what good services should look like and should be in place by March 2019.

3.2 Local context

In West Yorkshire work takes place in three areas including Barnsley but come together under a regional West Yorkshire TCP programme board. These TCPs, underpinned by learning from the Winterbourne Review, have a common objective to improve the community response to prevent people going into hospital wherever possible. This includes reducing admissions to hospital unless needed and the length of time people stay there if admitted. It is also about making sure people don't spend time in hospital hundreds of miles from their home, which can be distressing and difficult for family carers and friends.

Our ambition is for anyone with a learning disability living in West Yorkshire and Harrogate, including Barnsley, to have the right to the same opportunities as everyone else so they can live a long and healthy life and be treated with dignity and respect. It is also important that people are able to develop and maintain relationships and to have a place they call home within their community.

Our Partnership work is about:

- Keeping people well and making life better for everyone
  - Improving people's health with and for them
  - Improving people's experience of health and care
- Making the most of valuable staff, their skills and expertise
- Making every penny in the pound count so we offer the best care possible with the money we have available.

3.3 Assessment and Treatment Units (ATUs)

Assessment and treatment units provide specialist intervention for adults with complex learning disabilities who require short term support as a result of acute mental health care needs and often challenging behaviour.

ATU provision was until the coronavirus pandemic provided across three sites and three providers:

- Lynfield Mount Hospital in Bradford District Care Trust
- Parkside Lodge at Leeds and York Partnership Foundation Trust
- The Horizon Centre on Fieldhead Hospital site at South West Yorkshire Partnership Trust

During the pandemic the Leeds unit was repurposed as a mother and baby unit as part of the LYPFT requirement to make their estate Covid secure. The ATU was then moved to another part of the hospital site but it became apparent that the accommodation was felt to be unsuitable for this type of service. The two patients that required ATU support at that time were transferred to the other two units and have since been discharged. The number of people admitted to ATUs is relatively small. Over the past year we have worked with 18 beds in West Yorkshire, six in each unit. People's length of stay varied from three days stay to over a year.

Our analysis has highlighted that around 30% of admissions do not need ATU specialist provision but occur because of breakdown in care elements in the community.

We want people with learning disabilities to be supported in mainstream hospital wards wherever possible, with services making reasonable adjustments to their usual practice to accommodate and meet the needs of people with disabilities. However, we know that the specialist inpatient service provided by ATUs is sometimes needed where effective and safe provision is not possible in mainstream environments. Sometimes if a bed is not available locally people end up staying in ATU provision or private provision in other parts of the country. We want people with learning disabilities to be able to access ATU provision, if they need it, within our region.

The TCP across West Yorkshire and Barnsley is working on improving the community support provided for people with learning disabilities in their area. This will ensure that more people are able to access the care and support they need to keep well in their own home rather than being admitted to hospital unnecessarily.

The new specification recommends a much shorter average length of stay than we currently have. We know that people should only be admitted to an ATU as a last resort, and that many people can receive assessment and treatment in the community, or where it is necessary to commence this in hospital that people's recovery can effectively continue in community settings. No-one should be in hospital longer than they need to be. We also know that some people are ready for discharge but remain in hospital because a suitable care provider/accommodation cannot be found. This is both detrimental to the person and their families, carers and friends. It is also an operational and financial strain on the NHS. We recognise that by working together, better across the area we will be able to ensure that geographical boundaries will be broken down and further improved care provided.

Over the past few years we have looked at the way in which care is provided across the three ATUs and how as an area we make the best collective use of our services to ensure people can access support when they need it, that our services are designed to be resilient and responsive to patient needs, and that we work towards eliminating out of area placements. The number of specialist hospital beds in West Yorkshire has reduced because of the improvement in support that people with learning disabilities are receiving in their local community and the processes and procedures that have been put in place to identify people at risk of admission.

WY ATU unit Admissions	17/18	18/19	19/20	20/21
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NB: Year runs 1 April to 31 March. 2020/21 is only 9 months data.
This table reflects number of people who were admitted each year and does not reflect the number of people on a unit at any one time.

The ATU Reconfiguration Steering Group was formed of all interested stakeholders including staff from each unit, transformation leads, commissioners, finance and quality leads.
The Chair of the regional parent carer forum is also a member. They have been developing plans to put in place

national recommendations to reduce the number of ATU beds in line with national recommendations whilst ensuring that the needs of patients/carers continue to be met. Engagement with patients and their carers has been an important part of this work and has informed both the recommended model and the plans for the future service. Through this process a model was developed to create one Centre of Excellence provided on two sites each having eight beds. The recommendations to close one of the units (Leeds) was made because this unit did not meet the national specification for ATU provision due to the fact it was not co-located with other mental health services or on a hospital site. The recommendation to move to one regional centre of excellence across two units (Bradford and Wakefield) will ensure that there will be a standardised approach to delivery of care and equality of access for all.

4. Our duties

Clinical Commissioning Groups (CCGs) have been working in collaboration to support the recommended future model and have approached engagement activities as a collective rather than in each of their geographical areas. The following legislation highlights the requirements placed on CCGs to ensure that patients and members of the public are involved when changes are being made to services, like the proposed reconfiguration of ATU provision.

Health and Social Care Act 2012
The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

NHS Act 2006
The NHS Act 2006 defines the statutory responsibilities of the CCGs in regard to the parameters for delivering care including accommodation.

The NHS Constitution
The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

In the planning of healthcare services
The development and consideration of proposals for changes in the way those services are provided, and

In the decisions to be made affecting the operation of those service

Mental Health Action 1983 (updated 2007)
The Mental Health Act and Code of Practice define what is required of providers when carrying out functions under the Mental Health Act, including statutory guidance for registered medical practitioners and other professionals in relation to the medical treatment of patients suffering from mental disorder.

The Mental Health Act and Code of Practice also set out the roles and responsibilities of the Local Authority and the CCG in arranging Section 117 after care.

The Equality Act 2010
The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance 'Equality of Opportunity', and
- foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement and consultation activity and in the review as a whole.

5. Our approach to engagement

WY&H HCP communications and engagement plan sets out the Partnership's principles for communications, engagement and consultation and our approach to working with local people. Engaging and communicating with partners, stakeholders and the public in the planning, design and delivery of services is essential if we are to get this right. We are committed to transparency and meaningful engagement in our work.

We are also committed to honest conversations with people, on the right issues at the right time. We believe that this approach informs the ambitions of our Partnership - to work in an open and transparent way with communities.

The plan sets out what the public can reasonably expect West Yorkshire and Harrogate Health and Care Partnership to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met.

6. What we already know

A significant amount of engagement has already taken place and has helped in the development of plans and criteria for change in the reconfiguration of the ATU services. The further engagement described later in this report builds on previous engagement described in this section.

National TCP engagement activities with family and carers from across the country found that people with learning disabilities were being admitted to hospital for too long with many people 'living 'in units for years rather than months.

Engagement has been embedded in local work undertaken so far and is critical to ensuring that the required reduction in beds/units is undertaken in a sensitive way that supports people who access care, their family and carer needs.

Engagement work led locally by Inclusion North in 2018 identified that people who access care want to live in the community in a place they can call their 'home 'with the appropriate community infrastructure to support them. If an urgent admission to hospital is required then they want this to be offered in a specialist service, skilled to meet their needs where they feel safe and well looked after, preferably with continuity of staff and the ability to keep in contact with their families/carers.

Key themes that emerged from further local engagement activities carried out in September 2018 and February and March 2019, when Inclusion North were commissioned to run a workshop with people with learning disabilities and parent/carers; wider TCP engagement ('Ask, Listen, Do Workshops'); and an 'Experts on Tour 'session were:

- All people with experience of ATU said their experience was 'good' or 'okay'
- Areas for improvement included 'activities', food options and physical environments
- The importance of communication with carers and people was important
- Having permanent staff (rather than agency) was identified as important, as relationships were built and there was continuity of communication
- People feeling safe and comfortable, but also keeping busy.

Individual service user and carer feedback was captured by all three providers through a variety of mechanisms such as, friends and family test, carer's forums and questionnaires.

This was collated in 2019 when the main themes raised across all three providers via a variety of mechanism are below:

- Having a place to call home is important to both service users/carers
- Maintaining contact with family/friends whilst an inpatient is vital
- Service users like to be able to have visits away from the unit
- Standard of food and having nice things to eat is very important
- Not waiting ages for discharge
- Being listened to and being involved in their MDT plan

In January 2020 a mapping exercise was undertaken to collate all relevant engagement undertaken by WY&H HCP it's partners. The main themes were:

- Communication
- Access to services/support
- Caring/qualified staff, continuity, champions/advocates
- Contact with and involvement of carers, families and friends
- Care close to home
- Coordination/being in control
- Awareness
- Safe and comfortable environment
- Crisis

- Transition
- Quality
- Culturally sensitive

Further engagement with those who access care, families and carers was recommended in the previous engagement reports to ensure we understand the impact of our proposed model (one Centre of Excellence delivered from two units) on people's lives. This would need to be sensitively managed to ensure that as many people who access care, their families and carers are engaged, without alarming people who have learning disabilities but would probably never need to access ATU care. This is particularly important given people's experience of the Coronavirus pandemic.

7. Engagement methods

An engagement plan was developed (available on request) to describe how the views of service users past and present, family and carers who have experience of ATUs would be sought. The plan also included how we might engage people at risk of needing the services of an ATU and staff working within ATUs and the community services that interface with ATUs. As previously mentioned, the purpose of this further engagement was to share information about the recommended model and to ascertain what impact the changes to ATU might have on these people.

The engagement plan was circulated to the ATU Reconfiguration Steering Group and communication and engagement colleagues across West Yorkshire and Barnsley. It was also shared with the Joint Health Overview and Scrutiny Committee in February 2020 with a further update in September 2020. The Area Partnership Group (unions) was kept updated throughout. The plan has been continually updated and includes information about how the further engagement proposed for April was postponed until October because of the Coronavirus pandemic and how the deadline was extended twice to give people the opportunity to respond.

To ensure appropriate and proportionate engagement was carried out to gather the views of people that might be impacted by changes to the ATUs the following stakeholders were our target for this engagement:

- people receiving care from an ATU
- adults with learning disabilities who have past experience of the ATUs
- family and carers of present and past service users of ATUs
- staff and health care professionals within the ATUs
- staff and health care workers in relevant community services e.g. Intensive Support Teams

Engaging with people who access care and support
When this further engagement began in October 2020 only seven people were being cared for in the ATUs at Bradford and Wakefield. Packs containing a letter and information document including the questionnaire, all in easy read format, were sent to each of the two ATUs. Staff on the units helped patients to understand the information and tried to engage them in completing the survey if they were well enough to do so. Reminders of the engagement and support available were sent by provider managers and clinicians and emails from WY&H HCP. Emails were received in response stating how difficult it was to engage with the people who were in the units at that time but that appropriate attempts were being made.

Engaging past service users
The three trusts were provided with packs containing an easy read letter, information and questionnaire and a

freepost envelope to send out to everyone who had used the services in the past three years.

Carers and families

Unfortunately due to the Coronavirus pandemic visitors were not allowed on the units at the time this engagement took place. However, many families and carers were contacted via the above methods i.e. they were sometimes responsible for opening the mail of the people they cared for. Staff in each of the units was also asked to make telephone or email carers and family that they had contact details for to raise awareness of this further engagement.

Information was also cascaded out on email via the West Yorkshire parent and carer forum.

The engagement document described the various ways that people could engage with this process and give their views. These were:

- An online, easy read (with audio option) questionnaire
- Easy read hard copy questionnaire to be returned in the freepost envelope provided
- Telephone interview with Inclusion North Experts by Experience
- Online discussion group with clinical and managerial professionals

Support was offered and on hand in the form of Experts by Experience from Inclusion North and WY&H HCP engagement colleagues.

Engaging with staff and health professionals

A separate questionnaire was developed in co-production with the ATU Reconfiguration Steering Group and sent out to all ATU staff in a letter emailed via each provider. At about this time responses were also received from health and care colleagues to the service user questionnaire. The results from both sets of feedback are available later in this report. The service user questionnaire that closed to people accessing care was kept open whilst staff engagement was ongoing until 14 December 2020.

The communications mechanisms we used were:

- Engagement packs sent out to everyone with experience of the units over the past three years
- WY&H HCP website which had all of the information about proposals and the engagement and the easy read documents mentioned below
- The staff within ATUs
- Parent and carer forum
- Engagement documents which included:
  - A letter introducing the proposals and engagement
  - What the engagement was about in a clear simple way
  - The different ways to give views and the support available
  - The easy read questionnaire
  - An easy read equality monitoring form

8. Survey feedback

8.1 Service user and carer feedback

The engagement process with service users and carers took place between 5 October and 30 November 2020. This included an extension of two weeks due to low numbers received during this time. The staff questionnaire was sent via email on 27 November and closed on 14 December. After 27 November the service user questionnaire began to receive responses from staff. It was therefore left open solely for staff until 14 December.

One of the main features of the further engagement plan was the commissioning of independent and expert support by Inclusion North in this further engagement. To keep this independence their report has been replicated in its entirety on pages 12-20.

Inclusion North

Inclusion North exists to make inclusion a reality for all people with a learning disability or autism and their families. Inclusion means everyone living good lives as valued members of society.
We work to change society so that everybody can have a good life. We raise awareness of the barriers to inclusion for people with a learning disability or autism and their families, and work to remove them.
We include people with a learning disability or autism, families, carers, the organisations that support them and communities in our work.

Our involvement

The West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) contacted Inclusion North in December 2019 and we were invited to quote for this piece of work to support the WY&H HCP to engage with people with a learning disability or autism including family members.
This engagement exercise was part of a wider piece of work to ask people their views about WY&H HCP ideas to make changes to Assessment and Treatment Units (ATUs) across West Yorkshire.
This work was initially in two parts:

1. To produce easy read accessible information to support the engagement exercise
2. To engage directly with people with a learning disability or autism and their families

The easy read accessible information required to support the engagement process included:

- A 20-page easy read consultation document using information provided by West Yorkshire and Harrogate Health and Care Partnership
- An easy read questionnaire using information provided by West Yorkshire and Harrogate Health and Care Partnership
- A frequently asked questions information sheet using information provided by West Yorkshire and Harrogate Health and Care Partnership
- Text for a short film using information from the booklet to explain the consultation
- Text for a pop-up stand
- Working with local self-advocates for their input into the easy read information.

Engaging with people with a learning disability or autism and their families involved:

- Supporting communication and engagement colleagues in West Yorkshire and Barnsley to engage with people with lived experience of Assessment and Treatment Units and their families, carers or advocates to have their say during the consultation/engagement period
- Experts by Experience employed by Inclusion North with experience of Transforming Care and attending Care (Education) and Treatment Reviews would be part of this work to interview people in ATU's to gather their feedback
- Outlining suitable mechanisms for involving people with lived experience, their carers or advocates to be involved in the decision-making process. Including approving the approach (plan), assessing engagement feedback and being involved in decisions along the way. West Yorkshire & Harrogate Health and Care Partnership would work with providers to help Inclusion North link with people

What did we do?

Inclusion North worked alongside communication and engagement colleagues from the WY&H HCP to create easy read documentation. The information was produced to inform people with a learning disability or autism about the proposals to change the provision of ATU's in West Yorkshire.

The information included:

- Information about the ideas for change
- Questionnaire
- Equality monitoring form
- Letter informing people
- Flyer

We wanted to be sure that people had different ways of getting involved so that they could have a voice and have their say about the proposed changes.

As part of this work Inclusion North worked with Choice for all Doncaster (CHAD).
CHAD helped to finalise the easy read documents by providing their feedback around the suitability and accessibility of the information that had been produced.

ChAD is a committee of adults who have a learning disability and speak up on behalf of up to 700 peers in Doncaster. They meet with the commissioners who plan the services and other organisations to voice their concerns about any issues that may affect their lives and suggest ways of making things more accessible. They have monthly meetings as a committee to discuss different topics and hold interactive forums to share their work where a larger audience can participate.
http://chadindoncaster.com/

To enable this to happen the documents were sent out in advance to CHAD for people to read through and Inclusion North ran a workshop on the 10th March 2020 with self-advocates from CHAD to gather their feedback. Using the feedback the easy read information documents were then finalised.

Two versions of the questionnaire were created, a paper copy and an identical online easy read questionnaire created via Rix Easy Survey https://www.rixeasysurvey.org/kiosk/PK5v

All information relating to the proposed changes were put together in a pack and sent out from the West Yorkshire & Harrogate Health and Care Partnership. The packs were sent to the ATU's who then distributed them to people that were currently being cared for or who had previously received support from one of the three ATU's:

- Moorlands View at Lynfield Mount Hospital in Bradford
- Parkside Lodge in Leeds
- Horizon Centre in Wakefield

Challenges

Due to the Covid-19 pandemic at the beginning of March 2020 the plans to engage with people face to face had to be put on hold. On the 26th March 2020, the Government directed people to stay at home and a national lockdown began with restrictions not to leave home unless essential.

The engagement work was paused in April 2020, the work to finalise the questionnaire and letter informing people of the engagement continued so that we were as ready as possible once the restrictions of lockdown had been lifted.

The engagement work was then picked up again in August 2020. The easy read documents were amended as unfortunately the on-going Covid-19 restrictions meant that we were now not able to meet with people face to face as originally planned.

The date for the engagement process was planned for October 2020 and instead of face to face meetings people were offered an opportunity of meeting via Zoom, Microsoft Teams or on the telephone. This meant that people were able to talk more in depth about how the proposed changes might affect them. There was also an offer of a virtual group meeting so that people could come together with senior clinicians and managers from the West Yorkshire & Harrogate Health and Care Partnership to ask questions and receive more information if this was required.

Due to Covid-19 we were unable to put a film together to explain to people the engagement process and how they could get involved. Unfortunately this had to be cancelled.

We had also hoped to involve people with lived experience, their carers, or advocates in discussion groups throughout the engagement process. Unfortunately due to limited involvement this was not possible.

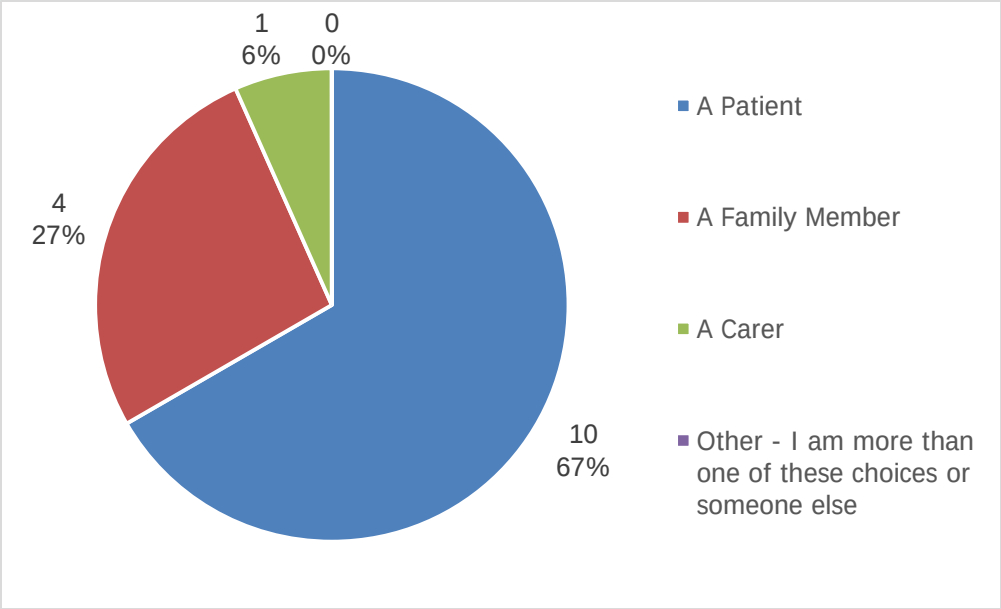
What we found out

A total of 17 people responded to the survey questions. Seven of these were paper questionnaires received through the post and 10 were completed using the online questionnaire.

Not all surveys were completed fully.

Questionnaire findings

Tell us who you are

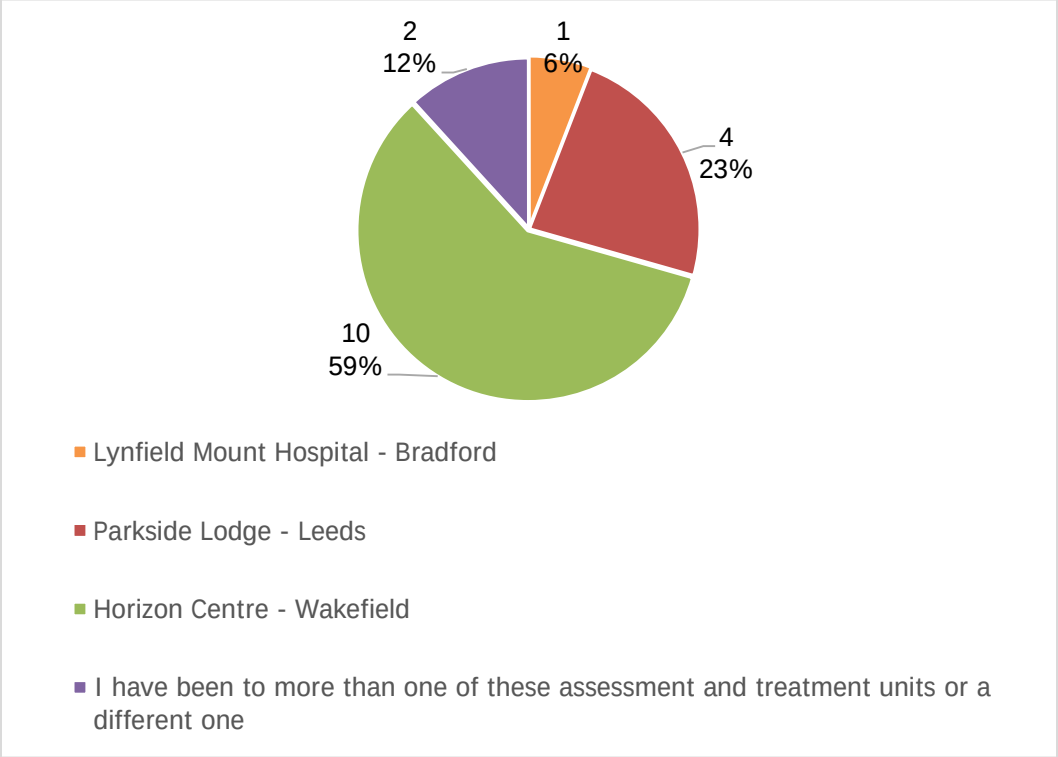


NB: Two people did not respond to this question. 20 staff/professionals completed the questionnaire as “Other”. This has been reported separately.

Which assessment and treatment unit have you been to?

The responses were:

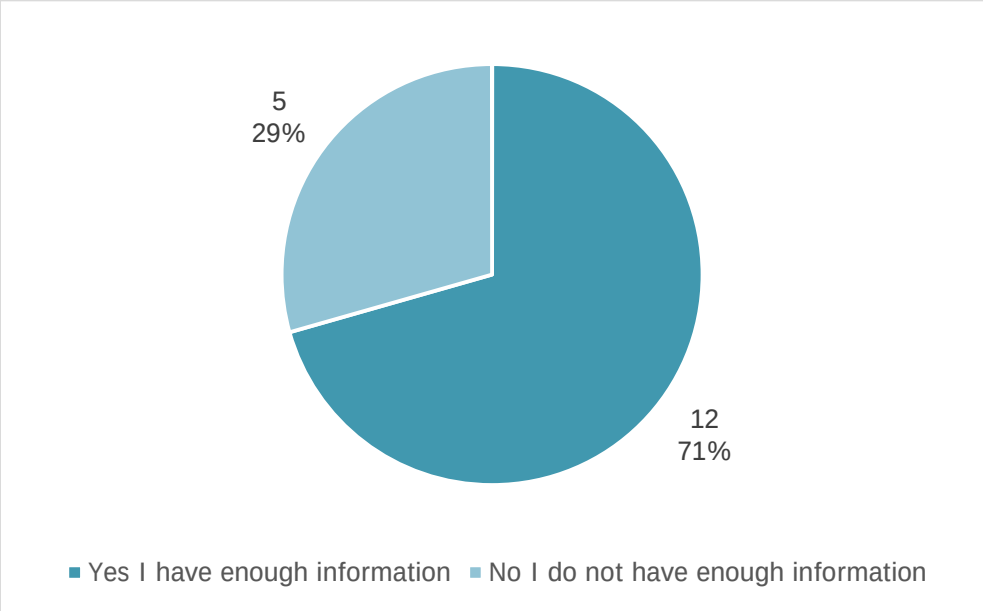
- 10 people had been to the Horizon Centre in Wakefield
- 1 person had been to Lynfield Mount in Bradford
- 4 people had been to Parkside Lodge in Leeds
- 2 people said other



You said you have been to more than one or a different assessment and treatment unit where was this please tell us?

2 responses to this question:
1 person has been to The Views in Derbyshire
1 person did not answer

Do you have enough information to answer the survey?



Tell us what information you need to answer the survey

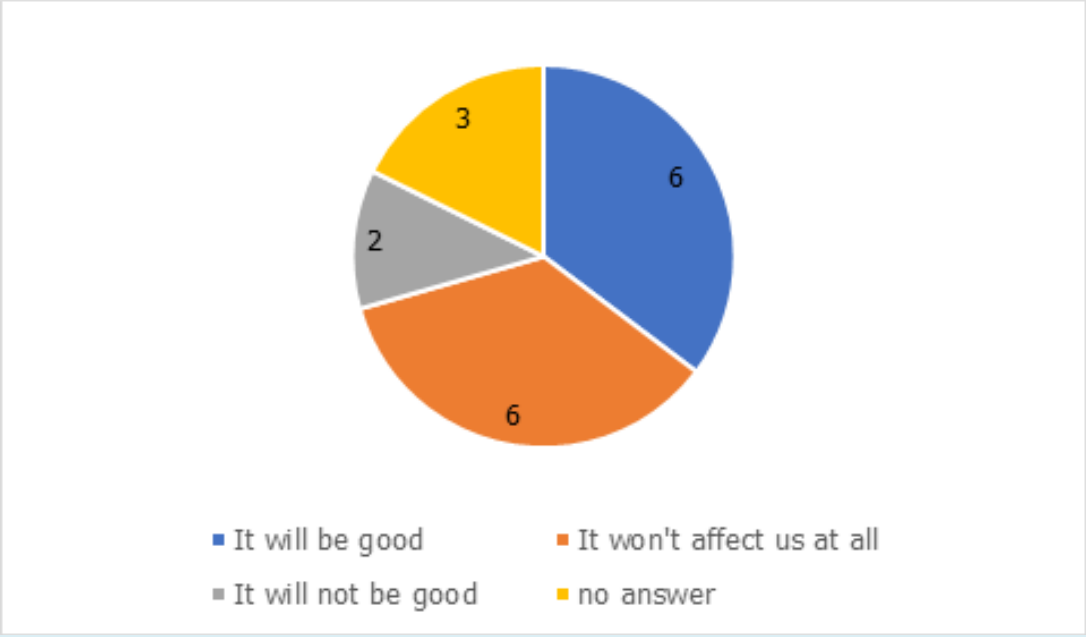
1 person responded to this question:

- *Need more details on size of the new units, proposed waiting times, how will you increase community support to reduce need to access the new 2 units. It will be further for families to travel to units and support their loved one*

If you are a person who uses services or a family carer how will our plan affect you and your family?

The responses were:

- 6 people said it won't affect them at all
- 6 people said that it will be good
- 2 people said that it would not be good
- 3 people did not answer



Here you can tell us why the changes are good, not good or will not affect you

Out of 17 respondents 9 people did not answer this question.

Responses received:

- *I don't know*
- *It means I can go home*
- *It means I can go out for a walk*
- *It means I won't hit people*
- *My grandson accesses Pinderfields for his physical health needs so it won't affect him*
- *Peace of mind, No more heartache*
- *People will have to travel to other towns and there will be less service available than now*
- *It will be further for families to travel to units and support their loved one*

Is there anything else you would like to tell us about our plan?

Out of 17 respondents 9 people did not answer this question.

Responses received:

- *I want to be nearer to my home*
- *No problems for me*
- *I only hope you can deliver help when severe behaviour problems when dealing with my son who is high spectrum autism*
- *It won't affect us*
- *Need more services rather than reducing the current services*
- *No*

Conclusion

This engagement process was originally planned to engage with people and their families to gather their views and feedback on the proposed changes regarding the Assessment and Treatment Units across West Yorkshire. Due to Covid-19 and the delay in the engagement activity it has meant that some of the proposed changes have already been implemented and Parkside Lodge in Leeds no longer receives admissions.

There was limited feedback from people and their families who have used Parkside Lodge in Leeds and so there is a concern that due to the limited number of people that engaged a proportion of people likely to be affected have not responded through this process. We are therefore unable to identify what the changes will mean for some people who may be affected by the changes.

We did not receive a request from anyone for a virtual 1-1 meeting, to organise a telephone call or be part of a discussion group with professionals. This opportunity would have provided more insight into people's thoughts about the proposed changes and what it means for future provision.

If there is an opportunity to engage with people following the implementation of the changes and to gather feedback on their experience of the changes this would be positive. Also, to understand that people with a learning disability can benefit from engagement but may need a lot of support from those people caring for them to do so.

8.2 Professional and staff feedback

8.2.1 What we already know

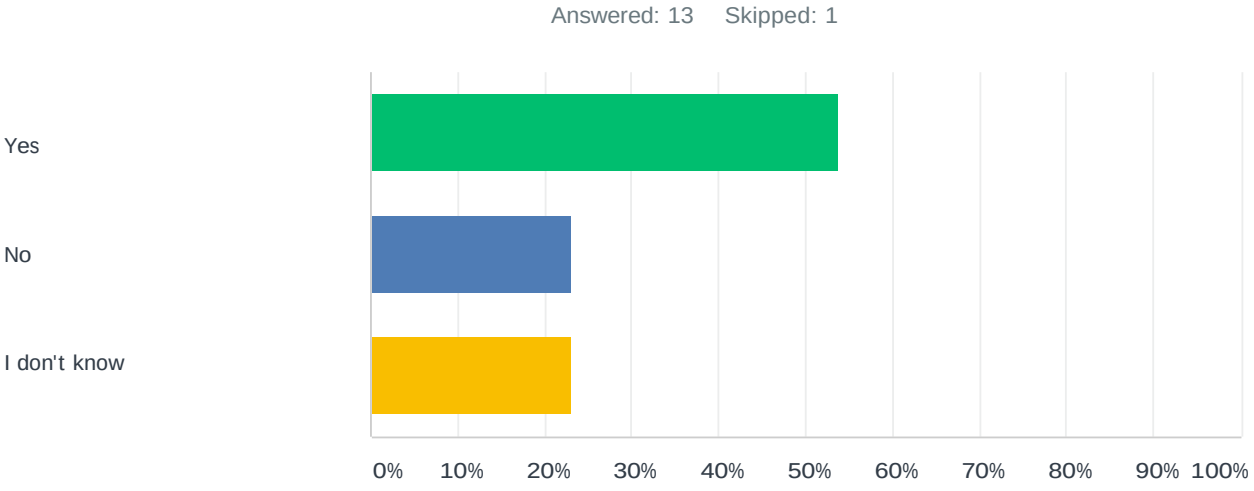
As with service user engagement it is important to look at what we already know. Feedback from staff during the 2019 engagement gave us the following themes:

- The majority said their overall experience of working in an ATU was good
- Staff said the good things about ATUs was person centred care with caring and compassionate staff, good team work, staff have a wide range of skills and good family / carer involvement
- Staff said the things that were not so good about the ATUs were staff shortages and high numbers of agency staff, injuries due to challenging behaviours of service users, lack of organisation
- Things that would make it better was more permanent staff
- Of the questions asked what's important to them on an ATU staff felt:
  - it was important to have multi-disciplinary teams to ensure immediate input when needed
  - Therapeutic environments as sensory rooms, therapy kitchens, gardens and escalation / relaxation rooms. With more available skills and knowledge and a variety of assessments

8.2.2 Staff survey feedback

Fourteen colleagues responded to the online survey that was sent to each member of staff, via email letter, who had worked in any of the three ATUs. It was also shared with the Intensive Support Teams in the community.

Q1. Do you need more information about the proposed model of one Centre of Excellence across West Yorkshire and Barnsley provided from Bradford and Wakefield?



ANSWER CHOICES	RESPONSES	
Yes	53.85%	7
No	23.08%	3
I don't know	23.08%	3
TOTAL		13

Q2 If "no" what additional information do you need? *(3 Respondents)*

- "What is the staffing structure? (I understand that there are differences to banding being discussed). Have all documentation/ processes come together to form one? Who has been involved in bringing this together?"
- "What impact (if any) will this have on Horizon Ward? How will beds be distributed across localities?"
- "Regular summaries of any developments regarding plans for the new model. Power point presentations to keep all staff up to date: suggest after the ward round on Horizon."

Q3 Please tell us how you think this might be a positive change for the service and people using it. ***(There were 13 respondents but some had more than one comment)***

- Working together/easier to manage two staff teams instead of three/coordinate and share ideas and training (6)
- Don't think it will be positive/I'm not sure that it will be (4)
- A consistent approach throughout Yorkshire/same high standards (3)
- It meets transforming care by reducing bed bases and increasing the focus on supporting people in the community (3)
- Better units at Wakefield and Bradford/more focused support (2)

Q4 Please tell us how you think this might be a negative change to the service and people using it. ***(There were 13 respondents but some had more than one comment)***

- Losing a unit/Leeds needs a unit (one person did say that Bradford was in the catchment) (5)
- Leeds carers traveling further to see patients in ATU (3)
- Service users feeling isolated when in a ATU out of their city/sent out of city (2)
- Change needs communicating well (to Leeds teams too)– involve ward staff (2)
- New system will take some time to embed/teething problems during implementation (2)
- The risk of patients arriving on wards without medical clearance/forensic issues
- Staff anxiety
- Smooth transfer of care/coordination of systems/teams/services eg physio
- Funding
- Internal politics of who goes where

Q5 Do you have concerns or see potential risks in relation to the implementation of the new model, and what should we do to address them? ***(There were 13 Respondents but some had more than one comment)***

- See previous answer – no solution given (4)
- No concerns
- Funding for families visiting during inpatient admission
- Loss of skills and knowledge from the Leeds team (been dispersed)
- Community infrastructure needs developing to help discharges
- Staffing – learning disability nurses scarce and may not wish to travel
- Financial and political risk (managers concern about who will pay/which services will be picked)
- I don't think the Leeds ATU should close
- Ensure we establish a more rigorous definition and policy around "greenlightable" so service users are accessing most appropriate service whilst also not losing any specialised support

they require.
- Be honest with staff. What will the change mean? Are staff going to be involved in the process?

Q6 What do you feel the priorities should be in terms of the implementation plan, especially in relation to building/developing a strong staff team across the two units? *(There were 11 respondents but some had more than one comment)*

- Joint working/communicating across both sites (5)
- Training to make it a centre of excellence (4)
- Share information as soon as available/honest communication (2)
- Consistent policies and approaches (2)
- Collective leadership
- Involve frontline staff “in order to build a strong staff team, you need to enable them to be part of the decision making”.
- Hiring people with keen passion for learning disability care
- A good mixture of experience and new ideas current best practice to bounce off each other
- Building an environment where patients have enough stimulation to learn skills and recover while also having low stimulus areas to access when they are struggling with over stimulation of a busy ward
- Sensory room
- Regular full multi-disciplinary review
- Input from other allied health professionals
- To uphold and ensure a good standard of physical health for patients
- Discharge planning commenced on admission and reviewed throughout using wrag style system
- Preparing service users while admitted them for life after discharge to better prepare them to succeed
- Continuous monitoring of changes made to service (PBS)
- Provision of a multi-disciplinary team in all units. Nursing is a foundation and essential skill but it is enhanced and supported by occupational therapy, SLT and Psychology as a minimum. This should be "in house" and available to all service users.
- Supporting the units is also essential from a community perspective and existing and successful models (IST) should continue to support and facilitate the TC agenda and reduce bed no.
- Develop a strong staff team by employing permanent staff with good experience and as little reliance upon temporary agency staff as possible.

Q7 Is there any other feedback that you wish to add about the proposed model? Or do you have any questions for the Steering Group? *(10 Respondents but some had more than one comment)*

- There isn't a problem with the model, it’s the finer details of it happening that need to be ironed out to ensure that this model works for everyone across West Yorkshire and Barnsley.
- Worried about the isolation of patients from Leeds and where I will be working next year (currently on temp redeployment)
- Commissioning and who has the final say where someone goes, who will over sees this. And if one unit says no to a patient who reviews this
- I think more involvement of the front line staff can give the nuts'n'bolts overview of how things may work or potential problems would be beneficial - inclusion in work streams for nursing and health care support workers would be really useful, and also promote the value

we hold in our staff and their contribution and not just management teams.
- I still think that a city the size of Leeds should have an ATU
- I think it is a mistake
- I don't think the new arrangement should be implemented until the Horizon consultant and medical lead has approved of it.
- Will jobs be lost? I don't know what this process entails.

8.2.3 Professionals completing the service user/carer questionnaire

Twenty colleagues from health and social care completed the questionnaire intended for service users, their carers or family. This happened between 25 November and 14 December, the same time period as the staff survey was live. The service user questionnaire closed on 30 November but was left open for the same period as the staff survey to allow for any further responses from colleagues.

Twenty responses were received via this method. 18 of the 20 had LS postcodes, one LP and one had a BD postcode. All had identified they were responding as an "Other" person rather than a service user, family or carer. Further information given stated that nine respondents worked in Adult Social Care at Leeds, five were social workers, two from Leeds City Council and one respondent was a ward manager. One described themselves as a "key partner adult and health", and one professional. One did not respond to this quesiton. Eleven people stated they had worked with Parkside Lodge at Leeds, four said they were associated with more than one unit (Leeds and Wakefield) and one worked at the Horizon Centre. One did not answer that question. Seventeen stated that they did have enough information with the other three not responding.

When asked **"If you are a person who uses services or a family carer how will our plan affect you and your family?"** Fifteen respondents felt that the affect would not be good, three did not respond, one felt it would not affect them and one felt that if would be good.

In the **"Here you can tell us why the changes are good, not good or will not affect you"** section people told us: Fourteen respondents felt that there would be a negative impact on Leeds not having its own ATU. The main reasons behind that services should be local and that carers would have to travel further to visit their friends/relatives at an ATU "out of area". One person felt the impact would be good and the other five did not respond.

Finally people were asked, **"Is there anything else that they would like to say about the plan".**

Below are their comments in full:

- Parkside is easy to get to and Leeds is a large city. People in Leeds deserve to have local facilities
- Proper consultation on changes has been inadequate.
- What scope is there for change and influence following this communication exercise?
- I did not really know that this was happening which is a bit worrying.
- I do not feel that, as key stakeholders, the council (Leeds City Council), including Adult Social Care, have been adequately consulted with.
- More consultation with Local Authority commissioners is needed

- Rational is “so that less people have to travel out of West Yorkshire for their care”– but people from Leeds will have to travel across West Yorkshire for their care, it is a worsened position for them
- How will the care of Leeds’s citizens back into their community be improved by this when the MDT around them are geographically dispersed?
- How will the change in the amount of units make the health services better?
- Where is the evidence that claims reducing the number of ATU centres and beds stop people being admitted to ATUs?
- How can community support the individual if they are no longer being looked after in their own community? We need to keep the individual at the heart of the developments that are happening in their own community- we need to work in a person centred way. This plan is not in the best interested of the people of LEEDS
- I believe local A&TU's should remain in place and should not close.
- I have witnessed the positive outcomes people have achieved by being able to access their local assessment and treatment centre and feel that this should remain open
- Whilst I understand the need to make changes, Parkside worked well being in Leeds
- No

9. Equality monitoring

9.1 Equality responses from people with lived experience, carers and family

Postcodes
Two people gave BD as the first part of their postcode which is Bradford. Two gave HD which is Huddersfield, a further one gave HX which would be Halifax/Calderdale. Three gave LS as the first part of their postcode which is Leeds. Three gave WF which would be Wakefield and three did not answer this question

Patient or family member/carer
9 people said they were patients, 4 as family member/carers and one did not respond

Gender
7 people described themselves as men and 6 as women

Age
The age range for patients was 18-45 years and the age range for family members/carers was 48-63 years although a couple of people had not completed all sections.

Country of birth
11 United Kingdom, 1 Africa, 2 Sweden and one person did not respond.

Religion
4 Christian, 1 Sikh, 4 Muslim, 2 preferred not to say, 1 said they had no religion, 2 did not respond,

Ethnicity
1 African, 1 Caribbean, 5 English, 1 Indian, 2 Pakistani, 1 White European, 2 prefer not to

say, and 1 did not respond,

Disability
4 people said they did not have a disability, 1 learning disability, 1 sensory disability, 2 neurodiverse condition 5 learning disability and mental health condition (two having neurodiverse condition too (one with a sensory disability) and one with a physical disability too), 1 did not respond

Caring responsibilities
9 said no, 2 said yes, 2 did not respond to this question

Sexual orientation
4 did not want to say, 3 did not respond, 5 heterosexual, 2 bisexual

Transgender
12 people said they would not describe themselves as "trans", 1 preferred not to say and one did not respond.

9.2 Equality responses from professionals and staff

Equality responses from the online staff survey

Postcodes
Eight people gave LS as the first part of their postcode, four gave WF and one gave DN which is Doncaster. One respondent did not answer this question.

Gender
6 identified themselves as female, 6 as male, 2 preferred not to say.

Age
10 people responded to this question. Their ages ranged between 24 and 47 years.

Country of birth
12 stated that they were born in the United Kingdom, one preferred not to say and the other did not respond.

Religion
6 stated that they did not have a religion, 4 that they were Christian and 4 preferred not to say.

Ethnicity
4 preferred not to say, the other 10 stated they were English/Scottish/Welsh/Northern Irish.

Disability
10 said they were not disabled (one of these people said they had a mental health condition in a further question), 3 preferred not to say and one did not respond (but in a further question stated they had a long term condition).

Caring responsibilities
9 people stated that they were not a carer, 3 said they were and 2 preferred not to say.

Parent or primary carer for a child
9 stated that this was not applicable to them (1 gave the age of their child in a further question), 4 said yes and 2 preferred not to say.

Sexual orientation
11 described themselves as heterosexual, 3 preferred not to say.

Transgender
12 said they would not describe themselves as "trans" and 2 preferred not to say.

Benefits
11 people stated that they did not receive any benefits and 3 preferred not to say.

Pregnancy
10 people said they were not pregnant now or in the past 6 months, 2 said yes and 2 preferred not to say.

Equality responses from responding to the service user/carer survey
The majority of responses were from women but there were also a number who preferred not to respond. The majority were in their 30s or felt it was not applicable for them to respond to the question. Nobody identified themselves as transgender. Eleven respondents were born in United Kingdom - England, Wales, Scotland or Northern Ireland, did not want to say or did not respond. Of those responding to the question all identified themselves as White British. One person identified themselves as having a physical disability. Nobody identified themselves as a carer. When asked if they had a religion people responded as follows: six people did not wish to say, four had no religion, one person identified as Christian and another as Buddhist, the rest did not respond. Responding to a question about sexual orientation seven people did not wish to answer, five identified as heterosexual, one as a lesbian and the rest did not respond.

Data from all engagement activity should be combined with other data and research to update the Equality and Quality Impact Assessment. This helps us to understand the potential impact of the proposals on different groups so that any negative impact can be considered and mitigated through the decision making process.

10. Key findings from this further engagement

This further engagement process was not about if there should be two units rather than three or about where those units should be but was about the impact/affect the changes might have. From the feedback received at this last stage of engagement of a long engagement journey the key findings are below:

What we found out from the engagement with service users, carers and family members (17) was:

- It is challenging to engage with people with lived experience of the ATUs
- The majority of those that responded felt that the change would either be a good idea or not affect them
- Those who felt it would affect them in a negative way (2) were mainly concerned about having to travel further

What we found out from the engagement with staff (34)was:

- The staff and colleagues in Leeds are concerned about the loss of a unit at Leeds. This was mainly

from local authority commissioning colleagues responding to the questionnaire for people who access care from these units, their carers and families. 15 out of 20 felt it would not be a good idea and had LS postcodes.

- Those responding to the staff survey gave equal positive and negative comments to the change
- Staff felt that the model would bring better coordination and sharing of good practice and training.
- Staff who were concerned felt that carers of Leeds service users might have to travel further or not visit leaving service users isolated.
- They had lots of ideas for how to help the implementation of plans. Good communication was key to this and this feedback will be shared.
- Some staff did not feel that had been involved and wanted to be involved in the future. Some of the Leeds staff who had completed the service user questionnaire felt there needed to be further "consultation"

In both surveys of people with experience of services, their carers and family and staff, we were very successful at collecting equality information as part of the engagement.

- 14 of 17 service user/carers completed the equality monitoring form.
- 14 of 14 members of staff completing the staff survey also completed the equality monitoring form
- 13 of the 20 members of staff who completed the service user/carers survey completed the equality monitoring form.

11. Recommendations

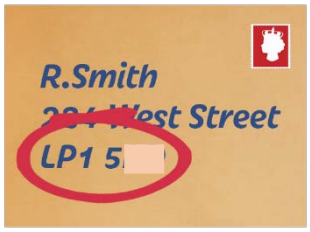
- That this further engagement be considered alongside the previous engagement and mapping exercise.
- That the service user, carer and staff feedback be considered in the further development of the Implementation Plan and any decisions to be made.
- Service users, carers and staff need to know what happens as a result of this engagement and the feedback they have given. A "you said, we did" document should therefore be developed as soon as is practical to describe the next steps and answer questions that have been posed.
- People we have engaged with and those involved in the change should receive communication about the findings via letter, email etc
- The Equality and Quality Impact Assessment (EQIA) to be updated from the data within this report.
- This work concludes the public engagement

12. How the findings will be used and next steps

The report will be received at the ATU Reconfiguration Project Steering Group and the WY&H HCP Mental Health, Learning Disabilities and Autism Programme Board to help inform the implementation plan. It will also be presented to the Joint Committee of CCGs for decision and the West Yorkshire Joint Health Overview and Scrutiny Committee. WY&H HCP's PPI Assurance Group has received regular updates about ATU engagement and will also receive this final report. As is our practice in the WYH HCP the full report and all associated documents will be available on our website.

Questionnaire

Tell us what you think about our ideas to change Assessment and Treatment Units in West Yorkshire

	Please tell us the first part of your postcode only:
	Tell us if you are: ☐ A patient ☐ A family member ☐ A carer ☐ Other (please tell us)
  	Which assessment and treatment unit have you been to? ☐ Lynfield Mount Hospital, Bradford ☐ Parkside Lodge, Leeds ☐ Horizon Centre, Wakefield ☐ Other – please tell us ----------

 	Do you have enough information to answer this survey? ☐ Yes, I have enough information ☐ No, I do not have enough information (Please see the frequently asked questions on the ATU section of our website)
	If No, please tell us more about what you need to know.

<table>
<tr>
<td> 
 
  </td>
<td>If you are a person who uses services or a family carer how will our plan affect you and your family?

☐ It will be good

☐ It will not be good

☐ It won’t affect us at all</td>
</tr>
<tr>
<td>  </td>
<td>Please tell us how this will affect you.
(You may continue on a separate sheet of paper if you want to say more)</td>
</tr>
</table>

	Is there anything else you would like to tell us about our plan?

Thank you for your feedback!

Thank you to everyone who helped us make this information including:

ChAD ChOICE FOR ALL DONCASTER	ChaD http://chadindoncaster.com/
inclusion north	Inclusion North www.inclusionnorth.org
West Yorkshire and Harrogate Health and Care Partnership Mental Health, Learning Disabilities & Autism	https://www.wyhpartnership.co.uk/

Appendix 2 - Staff engagement questionnaire

Q1 Do you need more information about the proposed model of one Centre of Excellence across West Yorkshire and Barnsley provided from Bradford and Wakefield?

Yes
No
I don't know

Q2 If "no" what additional information do you need?

Q3 Please tell us how you think this might be a positive change for the service and people using it.

Q4 Please tell us how you think this might be a negative change to the service and the people using it.

Q5 Do you have concerns or see potential risks in relation to the implementation of the new model, and what we should do to address them.

Q6 What do you feel the priorities should be in terms of the implementation plan, especially in relation to building/developing a strong staff team across the two units?

Q7Is there any other feedback that you wish to add about the proposed model? Or do you have any questions for the Steering Group?

These questions were followed by our standard equality monitoring questions.

Q8 What is the first part of your postcode? Eg WF3

Q9 What is your gender?

Q10 How old are you?

Q11 Which country were you born in?

Q12 Do you have a religion?

Q13 What is your ethnic background?

Asian or Asian British
Black or Black British
Mixed or Multiple ethnic groups
White
Other ethnic group

Q14 Are you disabled?

Q15 Do you have any long term conditions, impairments or illness?

Q16 Are you a carer? (Do you provide unpaid care/support to someone which is older, disabled or has a long term condition?)

Q17 Please select the option that best describes your sexual orientation.

Q18 Do you consider yourself to be a Trans* person?
*Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.

Q19 Do you/or anyone you live with get any of these types of benefits? (We are asking this question to help us understand if being on a lower income affects experiences of services or health.) Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit.

Q20 Are you pregnant or have you given birth in the last 6 months?

Q21 Are you a parent/primary carer of a child or children, if yes, how old are they?

Appendix 3 – Links to documents

The easy read letter sent to people about engagement on assessment and treatment units in West Yorkshire:
https://www.wyhpartnership.co.uk/application/files/3616/0156/3572/Letter_to_people_about_ATUs.pdf

Easy read engagement document including easy read questionnaire:

https://www.wyhpartnership.co.uk/application/files/1216/0163/4382/ATU_engagement_October_2020.pdf

Easy Read/audio online questionnaire: **https://www.rixeasysurvey.org/kiosk/PK5v**

Easy Read Frequently Asked Questions:
https://www.wyhpartnership.co.uk/application/files/2315/8452/5803/ATU_FAQs_EasyRead.pdf

Letter seeking staff views on proposed changes to Assessment & Treatment Units

Staff online questionnaire: **https://www.surveymonkey.com/r/6KB5HTC**

West Yorkshire Joint Health Overview and Scrutiny Committee – February 2020:
https://democracy.leeds.gov.uk/documents/g9833/Public%20reports%20pack%2018th-Feb-2020%2010.30%20West%20Yorkshire%20Joint%20Health%20Overview%20and%20Scrutiny%20Committe.pdf?T=10

ATU Engagement mapping report – January 2020:
https://www.wyhpartnership.co.uk/application/files/6715/8080/7032/ATU_Engagement_mapping_2020.pdf

ATU Engagement and Equality Report – May 2019:
https://www.wyhpartnership.co.uk/application/files/9015/5990/0217/ATU_Engagement_and_Equality_report_of_findings.pdf

Contact details

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Visit: www.wyhpartnership.co.uk

This information was published December 2020.

Annex 3

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)
Quality and Equality Impact Assessment

This summary sheet provides an overview of the staff involved, proposed change and a summary of the findings. This assessment consists of five domains: Patient Experience, Patient Safety, Effectiveness, Equality and Workforce.

Title of Scheme:	West Yorkshire ATU reconfiguration		
Project Lead:	Jo Butterfield		
Clinical Lead:	Tom Jackson	Programme Lead:	Andy Weir
Senior Responsible Officer:	Andy Weir	Date:	25-Mar-21

Proposed change:

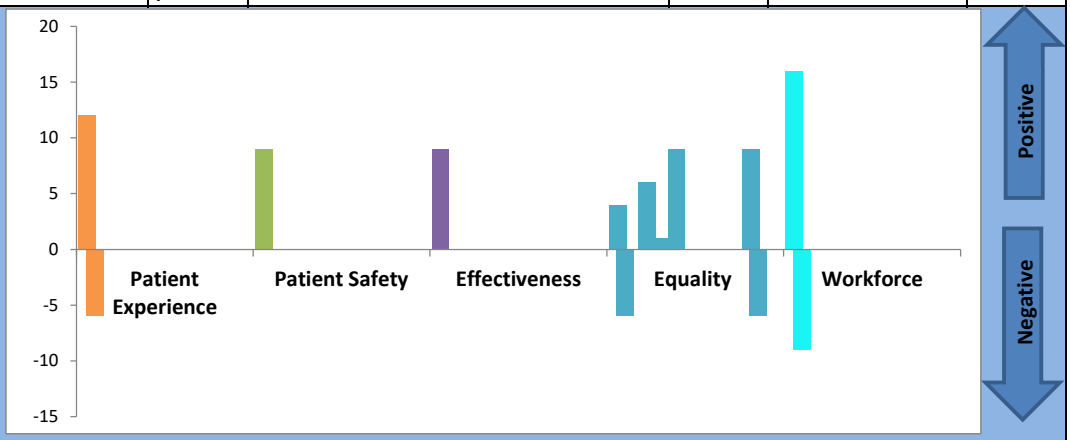
There are currently 3 Assessment and Treatment Units (ATU) commissioned within West Yorkshire which provide acute inpatient provision for adults with learning disabilities and complex mental health needs/challenging behaviour. The national Transforming Care Programme (TCP) has an ambition to reduce the numbers of individuals with learning disabilities who are spending time in hospital settings and investing in community based services. Consequently the bed base in the region will reduce. A reduced bed base would make some units unviable and therefore the WY&H HCP has identified ATU reconfiguration and a shift to a regional bed base as a priority project.

Which areas are impacted?

Bradford Districts and Craven CCG	√	Calderdale CCG	√	Leeds CCG	√
Greater Huddersfield CCG	√	North Kirklees CCG	√	Wakefield CCG	√
Barnsley CCG	√				

Summary of Impacts

Patient Experience
Patient Safety
Effectiveness
Equality
Workforce



Summary of findings:

Moving from 3 to 2 units will meet the required TCP trajectory for bed reduction whilst improving resilience of provision, opportunities for peer support/review, standardising practice, and taking the best from each site into the new regional service. some patients may need to travel a little bit further to access care (and carers/family/friends and potentially staff) and particular care will need to be taken to ensure links to their own community are maintained for the individuals from the geographical area where the unit is closed.

Summary of Next Steps:

This document will be made public and shared with appropriate forums for review

Has this been incorporated into the project doucmentation?	**Yes**