

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

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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 of 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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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 Act 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.

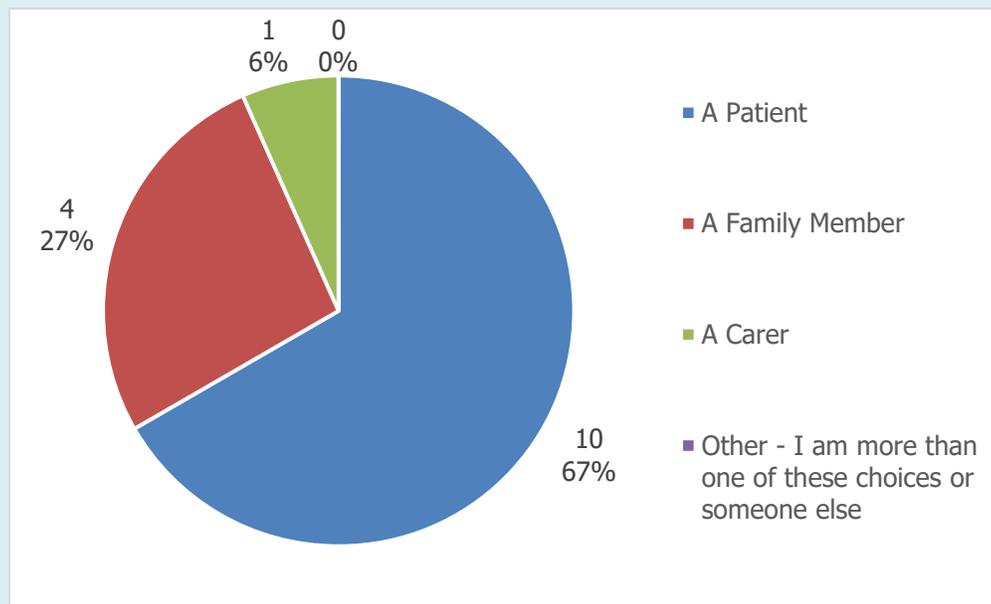
What we found out

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

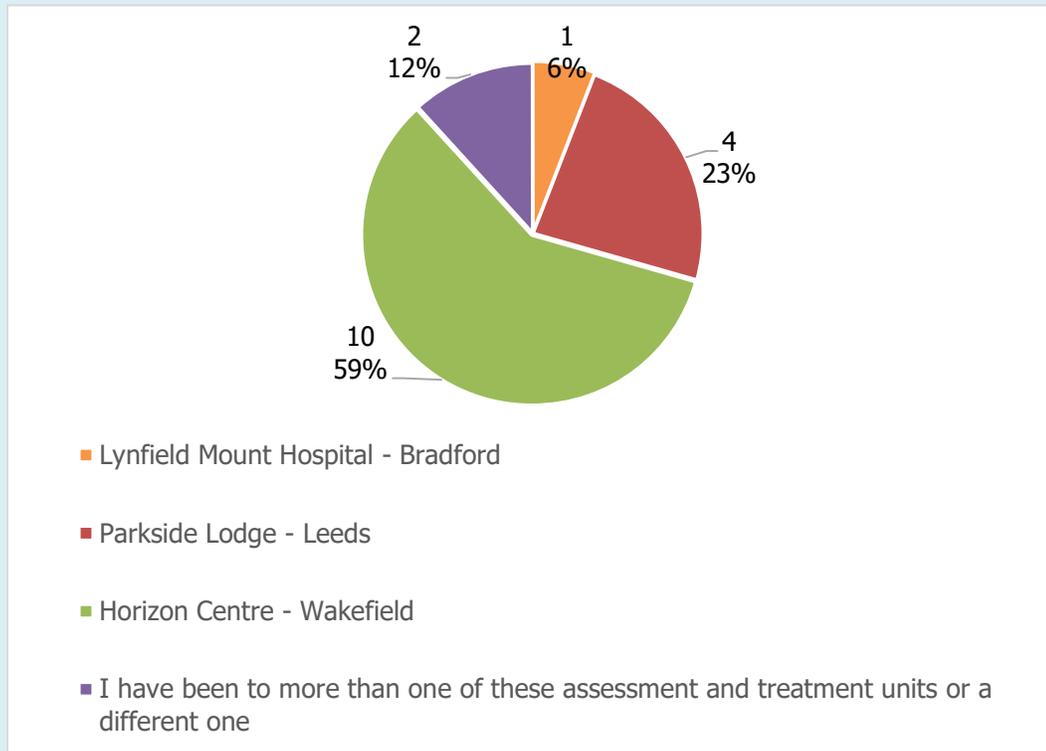


NB: Two people did not respond to this question. 20 staff/professionals completed the questionnaire as "Other". This has been reported separately.

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



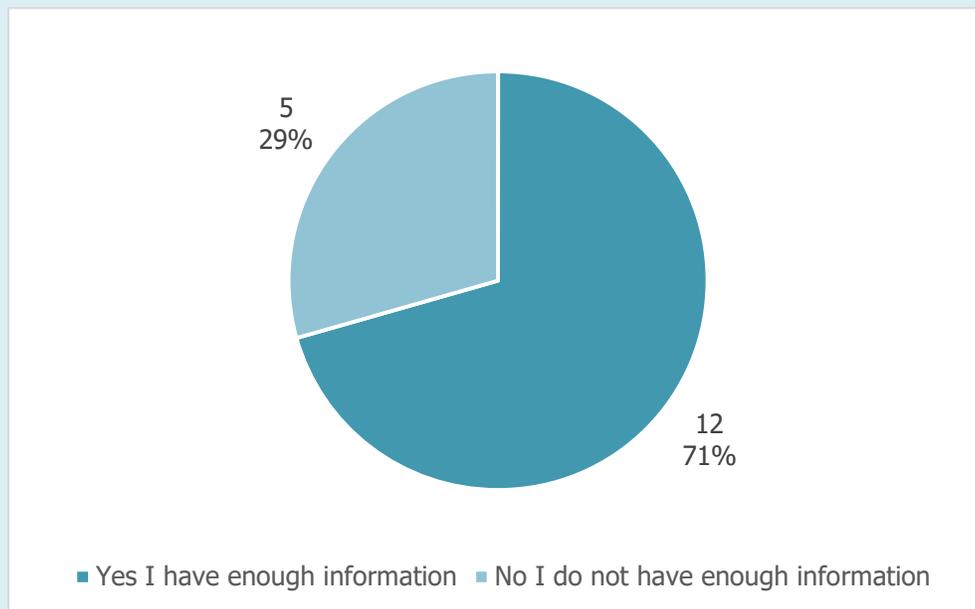
You said you have been to more than one or a different assessment and treatment unit where was this please tell us?

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

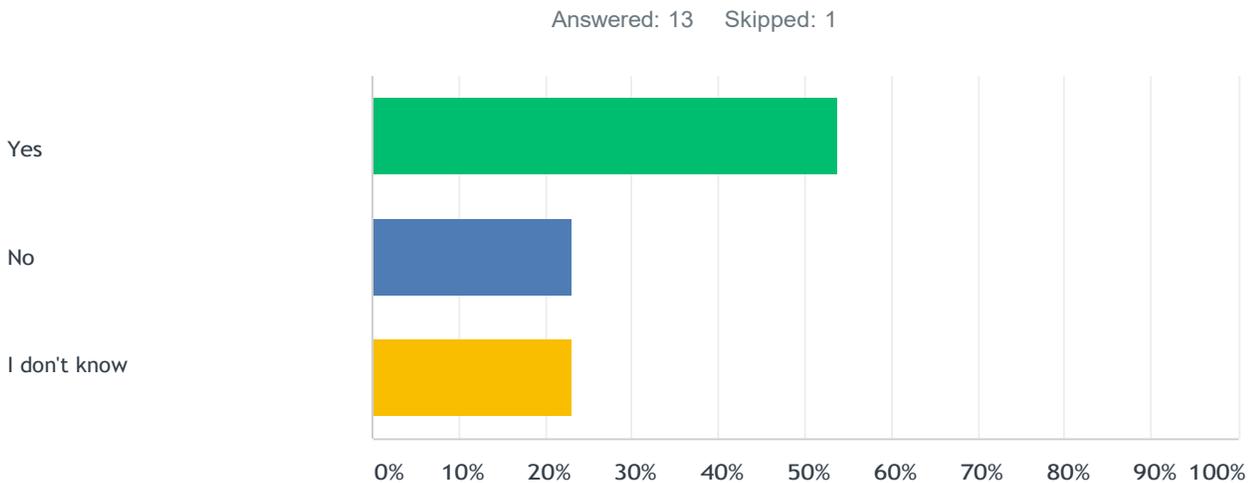
As with service user engagement it is important to look at what we already know. Feedback from staff during the 2019 engagement gave us the following themes:

- 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 question. 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 it 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

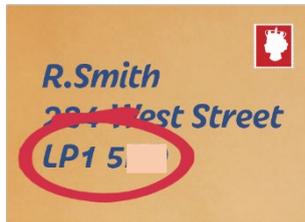
Questions

1. What do you think about it?

Good

Bad

Not sure



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.



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



Please tell us how this will affect you.
(You may continue on a separate sheet of paper if you want to say more)



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

<http://chadindoncaster.com/>



Inclusion North

www.inclusionnorth.org



<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?

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?

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%20Committee.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

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