West Yorkshire & Harrogate

Health and Care Partnership

Assessment and treatment units: Engagement mapping report

January 2020

West Yorkshire Assessment and Treatment Units engagement and consultation mapping

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1. Purpose of the report

This engagement and consultation mapping report is a collation of insight for assessment and treatment units (ATUs) that have taken place across West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP), also known as an Integrated Care System (ICS) over the past four years. It includes specific engagement around ATUs and the links to the Transforming Care Programme (TCP) in the context of wider engagement on mental health and learning disabilities. Because of the configuration of services Barnsley is included as part of the Calderdale, Kirklees, Wakefield and Barnsley TCP. The purpose of this report is to support the ATU transformation.

It pulls together information from previous WY&H HCP mapping documents and includes additional information not previously included in that mapping. The report captures intelligence collected from engagement and consultation activities and will support partners and colleagues to:
- Provide information on work which has already taken place or is underway to avoid duplication
- Highlight any gaps in activity across West Yorkshire in regard to ATU work
- Understand some of the emerging views gathered from local people across West Yorkshire
- Ensure that future plans have a baseline of engagement intelligence to support the ATU work.

In addition, the report can be a working document which is added to as the ATU work progresses. The intelligence collected will ensure we meet our legal requirements for public involvement as well as ensure we:
- Consider the views of people who access care and the public as part of any service redesign
- Ensure the feedback is considered in the development of any future options to change the way a current service is provided or delivered
- Highlight people who access services and public priorities and ensure these priorities are in line with current thinking and ensure commissioners can consider all public views.

2. A summary of themes from engagement

Issues are grouped based on frequency they were mentioned in reports. A number of common theme emerged and these are outlined below.

Themes
• Communication • Access to services/support • Caring/qualified staff, continuity, champions/advocates • Carers, families and friends • Care close to home • Coordination/being in control • Awareness • Safe and comfortable environment • Crisis • Transition • Quality • Culturally sensitive

Work included in this report is taken from the following report summaries.

Local place	Date	Who/What	Link to report
Barnsley	September 2019	Developing a new Children and Adolescent Mental Health Services for Barnsley	Here
Barnsley	December 2017-2019	Future in MIND engagement in partnership with OASIS – supported by Chilypep	Here
Healthwatch for South Yorkshire and Bassetlaw ICS	June 2019	NHS Long Term Plan – Engagement Programme Report	Here
Healthwatch in WY&H HCP	May 2019	NHS Long Term Plan – What would you do?	Here
WY&H Mental Health & Learning Disabilities Collaborative	Work March 2019 Report May 2019	Assessment and Treatment Units Engagement Report	Here
WY&H HCP	March 2019 Sept 2017	Mental health and Learning Disability Engagement Mapping West Yorkshire and Harrogate Mental Health Engagement and Consultation Mapping	Here Here
Calderdale, Kirklees, Wakefield and Barnsley TCP	2016	Transforming Care Programme for People with Learning Disabilities Engagement Event	Here
Bradford	2018	Healthwatch Autistic Spectrum Disorder (ASD): access to support (included in Mental Health and Learning Disability mapping 2019)	Here
Kirklees	2018	Kirklees Mental Health Rehabilitation and Recovery Engagement and Equality Report	Here

	2018	Kirklees Mental Health Needs Assessment	Here
Leeds		Included in Mental Health and Learning Disabilities Mapping	
Wakefield	2019 2019	Autistic Spectrum Disorder (ASD) Engagement Futures in Mind Transformation Plan	Here Here
Healthwatch Calderdale and Kirklees	2017-2019	Enter and view visits to Ashdale and Elmdale Ward Lyndhurst Hospital Ravensknowle Residential Home	

3. Process

The information in this report was gained by requests to the West Yorkshire and Harrogate Health and Care Partnership engagement leads across clinical commissioning groups (CCGs), Healthwatch and care providers, and a review of existing mapping documents on West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) website.

Each document was reviewed, and the key themes and details were written up as part of this evidence summary. The majority of the reports provided had already been thematically analysed, and in those cases, the themes were copied. Some of the engagement and consultation reports that were reviewed had also been analysed to establish if there was any variation in the views expressed by people from protected groups. Any specific themes raised by protected groups are also included within this document.

After summarising all of the documents, the key themes from those documents were reviewed to allow an "at a glance" **(please see page 2)** view of relevant engagement. Consideration was given to how many pieces of work that theme had been mentioned in, how many people had taken part in the engagement activity that mentioned the theme, and how much discussion there had been around that theme by the people who had been involved in that engagement.

4. Findings from ATU engagement 2019

West Yorkshire and Harrogate Mental Health, Learning Disabilities and Autism Collaborative - Assessment and Treatment Units engagement and equality report – May 2019.

Work took place in spring 2019 to look at the way care is provided across the three ATUs and how as a region we make the best collective use of our services. The engagement process aimed to seek the views of people who access care, carers, families, staff and key stakeholders who have experience of ATUs across West Yorkshire and Barnsley to look at how to further improve ATU provision in the region. This will help to ensure maximum benefit for both people and the system. In total 17 people completed the survey, including 10 inpatients. It's important to note that 40 people every year are supported by the three ATUs.

The three ATUs in West Yorkshire are at:
- Parkside Lodge (Armley, Leeds), operated by Leeds and York Partnership NHS Foundation Trust (LYPFT)
- Lynfield Mount Hospital (Bradford), operated by Bradford District Care NHS Foundation Trust (BDCT)
- Fieldhead Hospital (Wakefield), operated by South West Yorkshire Partnership NHS Foundation Trust (SWYFT).

Key themes from the completed questionnaires are below:

People who access care
- Mix view of good and ok for their overall experience of staying in an ATU
- People said the good things about the ATU were that they felt staff were helping them to get better
- There were no comments about what were the bad things on an ATU
- People thought what could be improved was the activities and food choice
- Of the questions asked around what's important to them on an ATU the majority was either very important or quite important. People felt:
  - communication was important, to be able to be understood, for them to understand what's happening and be involved in their own care
  - being safe and comfortable in their environment was important and said staff were nice and friendly
  - activities were important and to be kept busy and learn new skills and be independent
  - family being able to visit and being close to home
  - having their own space was important to people
  - standard / type of food was also important

Staff
- Majority overall experience of working in an ATU is good
- Staff said the good things about the ATU is 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 are not so good about the ATU are staff shortages and high numbers of agency staff, injuries due to challenging behaviours of people. Things that would make it better more permanent staff
- Of the questions asked what's important to them on an ATU the majority was very important with some quite important. 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

The full report is available [here](#)

Inclusion North Hub delivered two focus groups in September 2018. One to ascertain what support people need to live well in supported accommodation (this is part of another piece of work around collaborative commissioning) and one specifically focused on the ATU piece of work.

This focused session included a group of adults with learning disabilities, some who have experience of ATU and carers on 14 September 2018. The results of this engagement are based on 10 respondents.

The main themes from this engagement activity are below:
- Right information needs to be shared (communication passports important). This along with the right support will ensure that the right choices are made by them and for them
- Understanding who to access and where it may prevent emergency situations
- Information, such as the care plan, needs to be easily accessible
- Information recorded/shared often focuses on what could be done to manage risk
- The right type of advocacy is key
- Feeling like you are going to get home and being communicated with about this is important (sense of pathway for different stages through ATU required).

People who access care and carer feedback

All three providers capture feedback from people who access care and carers through various mechanisms such as, friends and family test, carer's forums and questionnaires.

The main themes raised across all three providers via a variety of mechanism were:
- Having a place to call home is important to both people who access care /carers
- Maintaining contact with family/friends whilst an inpatient is vital
- People like to be able to have visits away from the unit
- Food options
- Not waiting a long time for discharge
- Being listened to and being involved in their multidisciplinary team plan.

5. Findings from other relevant engagement 2008-2019

Below each report relevant to the ATU programme is summarised; where possible links to the full report are included in the previous table (section 2).

NHS Long Term Plan – What would you do? – May 2019 (relevant feedback)

Mental health was a recurrent theme running throughout responses to many questions in the survey. The main findings were:
- People wanted mental health services to be more accessible for people of all ages, with shorter waiting times and easier and quicker assessments
- People felt that the waiting times for counselling and therapy was far too long, risking a detrimental effect on a person's mental health during the wait
- We were told that there needs to be better emergency support for people in mental health crisis, and current services are not working well
- Mental health services need to be more appropriate and accessible for people with autism, deaf people and speakers of other languages who may need an interpreter
- There should be more investment in community support before people reach crisis point
- People want to see more of a focus on prevention of poor mental health through raising awareness around looking after your mental health and how to help yourself (e.g.: running mental health first aid courses and general awareness sessions in schools and communities)
- Children and young people's mental health services were highlighted as an area of concern. Respondents said in particular that referral thresholds were too high and waiting lists too long and they also cited concerns about the detrimental effects of children having to travel to inpatient units out of area.

All are priorities for WY&H HCP.

Communication came up throughout the survey responses as key to good personalised care. Primarily people told us they wanted to be listened to and spoken to as individuals, as well as treated with dignity, care, compassion and respect. Particular communication issues were raised by people with sensory impairments around making information accessible and adhering to the Accessible Information Standard.

When people were asked if they could change one thing about the way the NHS works, the most common response was that people wanted it to be more efficient. People wanted to see a change in the structure so that there is less management, more efficient administration systems and more front-line staff that is well trained, supported, and have a good work environment.
- People with non-physical conditions are more likely to find ongoing support inaccessible and unsatisfactory.
- Having more than one condition often makes it harder to get initial support, especially if you have non-physical conditions.
- Ongoing support is most likely to be considered helpful when it involves reliable, regular person-to-person contact.
- Respondents feel that ongoing support could be improved if it were made more reliable and personalised and if it recognised their emotional needs.
- People with mental health conditions are particularly likely to feel their ongoing support is inadequate because they have been given the wrong diagnosis or therapy.
- Most people get around in their own car and are willing to travel slightly longer to see a specialist than to get a diagnosis.
- At the beginning of the care process, people prize speed over familiarity with health professionals, but once they are in a treatment routine they prefer familiarity over speed.

Mental Health and Learning Disabilities Engagement and Consultation Mapping - March 2019

Mental health – main themes and findings
- Acute mental health care - awareness of mental health; alternatives to inpatient/hospital care; crisis intervention; inpatient/hospital care; involvement in decisions; co-ordination of care.
- Autistic Spectrum Condition (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) services (all age) – awareness of condition; assessment/waiting for diagnosis; diagnosis; support pre and post diagnosis; support for parent/carers; transitions; joined up approaches; education and employment; mental health; adults with autism; empathy and compassion.
- Child and Adolescent Mental Health Services – accessing services; assessments; support in school; ongoing support; crisis; transition; patient confidentiality; support for parents/carers.
- Eating disorders – patient experience; children and young people; support for families/carers.
- Primary care – information; access; quality.
- Community care – awareness; access to information/self-care; access; waiting times for services; contact/support whilst waiting; quality; changes to service; home-based treatment; rehabilitation and recovery (accommodation; staffing; quality).
- Older people's services – satisfaction; waiting times; dedicated older people's service; continuity of care; communication/partnership between services; logistics; memory assessments; intensive home support; isolation; information.
- Perinatal mental health
- Specific themes raised by protected groups – ethnic groups (including cultural sensitivity, access to interpreters); religion; disability (long term conditions, learning disabilities); Carers; lesbian, gay, bisexual and transgender; substance misuse and alcohol misuse.

Learning disabilities – main themes and findings
- Improving access to primary care – general; breast screening.
- Health inequalities – access; respect; communication; prescriptions; easy read; transport; links to community; listen; employment.
- Social isolation – identifying; break out of comfort zone; difficult to engage; preconceptions; how to communicate.
- Specific themes raised by protected groups – ethnic groups, carers (help and support; mental health; poor nutrition; poor general health; hygiene and dignity; pressure; impact; education; language.

The full report is available here. We have also established a West Yorkshire and Harrogate Heath and Care Champions Network which includes people with experience to help us tackle health inequalities. You can read more here.

Developing a new Child and Adolescent Mental Health Service for Barnsley – Sept 2019

- Children and young people want to be more involved in their treatment and care planning
- Parents and carers would like more support when their child/young person is being seen by CAMHS
- The treatment environment should be child/young person friendly e.g. comfortable furniture and calming décor
- The service should provide technologically-based support tools such as online self-help and apps Increase awareness and training with regard to what support is available
- Offer more support outside of normal hours (not just crisis support)
- Re-model the Single Point of Access (SPA) to make sure people are seen quickly.

West Yorkshire and Harrogate mental health engagement and consultation mapping – September 2017

A review took place on mental health engagement and consultation activity between April 2014 and Septe across West Yorkshire and Harrogate.

The main themes raised from the documents reviewed in relation to learning disabilities from the engagement and consultation activities are below:

• When communications are poor, people with learning disabilities feel they are not listened to and not understood – their views are not taken into account and changes in care are being made 'to them'
• There needs to be raised awareness at all levels of learning disability and autism
• Advocacy availability for all vulnerable people needs improving.

The full report can be found on WY&H HCP website [here](#).

Wakefield ASD Engagement May 2019 (relevant feedback)

• Organisations need to join up and communicate more effectively
• More early intervention is needed
• Was unsure on where to access information and services once being discharged
• More support for parents trying to deal with children with mental health issues as parents are affected too
• Parents asked if there could be more training for schools and even mentioned an already established training package called 'nuts and bolts' as an option
• Challenges in the transition as children are going to a much larger school.

Wakefield – Build our Futures Event May 2019 (taken from Future in Mind Local Transformation Plan 2019-2022).

Feedback includes:
• Speaking up can be hard for young people due to peer pressure
• Recognising how long it takes to help
• Raise awareness on social media and in schools
• More support for young men
• Hard to admit how serious mental health is
• Barriers to mental heath support for vulnerable groups of people.

Kirklees Mental Health Rehabilitation and Recovery – November 2018

From those responding, we know that good accommodation needs to be:
• Flexible, safe, local and comfortable with 24 hour access
• Run by highly qualified staff
• Offering a range of facilities and therapies
• Culturally sensitive
• A service that welcomes family and friends
• Person centred with adapted facilities to meet physical disabilities and conditions.
• To have space for activities to help with life skills
• Able to signpost to support services.

The top four areas of support people receive now are from:
• Family and friends,
• Their GP,

- Mental health professionals and
- Voluntary and community groups.

People told us that the following works well in the community:
- 1 to1 support and support groups
- Community mental health teams
- Family, friends and carers
- Recovery College
- Psychological services
- Homecare team, floating support, counselling and GPs.

The top five themes on what makes a good community are:
- Feeling safe where I live
- Services closer to home
- Access to services when mental health gets worse
- The right support at home
- A clear pathway to recovery and having clear goals.

From those responding, people also want to see a community service which has:
- 24 hour care with fast access
- Continuity of staff
- Services close to home and culturally appropriate
- Early intervention and offer therapy
- A mental health hub for signposting and support.

The improvements respondents want to see or consider are:
- Specialist services for sexual violence
- Increased opportunities for 121 work and drop in
- Reduced waiting times need to ensure quicker access and early intervention, with access to support whilst waiting.
- Have a more joined up pathway with the voluntary and community sector and more investment to extend their range of service provision.
- Raise awareness of mental health support in BAME communities
- Provide local services with better facilities and different levels of provision
- Provide more support for families and carers to be involved.

From those responding people told us they received services from care co-ordinator and received support from a specialist team. However the majority responded 'other'.

Kirklees Mental Health and Wellbeing Needs Assessment - January 2018

- Ensuring good mental health within the population and throughout the life course is about more than just the absence of mental disorder, and is a major contributor to wellbeing within the population
- Mental health impacts on all aspects of people's lives and it is therefore the responsibility of not only the person, but also families, friends, employers and the wider community to enable people to develop and maintain good mental health
- There is a collective need to move resource further upstream, both in terms of raising awareness of mental health and supporting people to access help earlier
- People should be treated holistically, recognising the link between mental and physical health, which requires all services to work collaboratively
- There needs to be a shift in focus from services, to communities and how people can live emotionally well

- No one service can reduce the health inequalities associated with mental health; it has to be a core element of all our work.

NHS Leeds CCG - Parenting Support: Mental Health and Autism – 2018

A number of key findings emerged across the two components of the engagement, these can be summarised as follows:
- Participants highlighted diversity within the labels of mental health and autism, but also talked about common experiences of caring for children and young people with mental health and autism
- The term 'crisis' was defined in a variety of different ways, referencing the experiences of both the child/young person and wider family. In regard to parents and carers common themes emerged including 'struggling to cope', 'loss of control', 'a need to act quickly' and an 'absence of support'
- Triggers of crisis cited by participants in the engagement were varied. Parents and carers commonly talked about new and stressful situations triggering crises, but also suggested insufficient or inadequate support could inform the development of crises
- The engagement highlighted a deficit of support available to parents, carers and families in general. Participants emphasised the lack of early and routine support available, which may prevent crises occurring
- Participants talked about a continuing need to improve access to and quality of existing services and broader support. Child and adolescent mental health services and support through schools were highlighted as requiring particular improvement.

Healthwatch Calderdale and Kirklees Enter and View visits to Ashdale and Elmdale Ward, Lyndhurst Hospital and Ravensknowle Residential Home – 2017-19

People who access care and visitors interviewed felt that having good staff and a good environment were important to them. The majority of comments about staff were very positive especially at Ravensknowle. Elmdale received positive comments about the occupational therapists. Visitors also mentioned feeling welcome in all cases . There were varied comments about food although it was obviously important. There was some mention of lack of ability to be alone/private and about areas being noisy.

Transforming Care Partnership (CKW&B) Feedback from Engagement Events – June 2016 (included in the mental health and learning disability mapping 2019)

Communication and information
- Easy access to services and information that is easy to understand
- Using people's communication plans and person centred plans helps us understand what they want. It helps us make sure the Mental Capacity Act is being used affectively
- We need to get the voice of families in the Joint Strategic Needs Assessment
- Confusion of where to go for services/help and understanding what is available - no single point of access
- When communications are poor, people with learning disabilities feel they are not listened to and not understood – their views are not taken into account and changes in care are being made 'to them'
- More communication is needed with the people who use services, their families and carers. This needs to be ongoing genuine consultation resulting in recommendations that are acted upon and resourced.

Accommodation
- Care closer to home, but do not want homes turned into hospitals
- Bespoke housing- right housing/environment for the individual
- Hospital / bed based care does work for some people; it is often very much like a house or flat not like a ward – it is home for some people and should be recognised
- Still too many people in high cost placements out of district

- Landlord/housing issues – not responding to repairs quickly, chasing up responses from housing
- Too much investment in specialist services and high cost placements without understanding the quality of these placements
- Short breaks tend to be building based
- More facilities for good respite care
- There is a negative impression towards hospitals following the Winterbourne View abuse scandal, and other hospital scandals.

Early intervention and prevention
- We need to invest in prevention to prevent families breaking down
- Transitions are problematic (children's services to adults, hospitals to community, from one provider or funder to another)
- Local register needs to include all people with challenging behaviour
- Care plans are often not complete or up to date or well followed; reviews are often infrequent or not robust; health action plans in primary care not being used
- Not getting diagnosed early enough- underlying conditions or co-morbidities not being addressed in a holistic way.

Activities and social inclusion
- Accessible leisure activities, e.g. swimming, football, drama group and other groups are important to our wellbeing and support to be able to do these
- Keep our activity centre and have more groups
- People also find support in other ways such as community groups, voluntary organisations, friends and social groups
- Social connections and a sense of belonging is important to wellbeing and coping
- We need to make sure that people are not isolated. People need those who love them in their lives and support should be given to visit family and friends
- More supported work placements/job opportunities - we do not want to just walk round shopping centres all day
- Having access to the internet.

Accessing mainstream services/reasonable adjustments
- Learning disability champions who work in general hospitals to ensure the nursing staff understand our needs
- Reasonable adjustments should be included within all health and social care contracts
- Supporting people who use services is critical to maintaining their care / wellbeing
- Visits to doctors are helped if the doctor or nurse knows the individual and their history and has time to listen carefully, it is important that if referring to hospital the right information is passed on
- Access to mental health services is sometimes difficult
- Barriers to accessing universal services within the community
- Not all GP practices offer health checks

Support services
- Lack of hydrotherapy services – time limited/cost
- Withdrawal of service bus and general bus services reducing
- Independent support such as advocacy is highly valued by users and carers
- Speech and language therapy and support in school, needs resourcing
- We need to make sure people who are away from home get access to advocacy
- Not enough independent / advocacy support to help explain and challenge restrictions / out of area decisions that take the person far away from family
- Better support and help for carers.

Improved pathways

- Professional workloads / community teams have too broad a remit, support workers are isolated/ low wage based, specialist providers are few
- There is a lack of networking across the system to wrap care around people
- Professionals noted the lack of integration in systems, partnerships and funding leading to delayed decisions.

Kirklees Learning Disability Partnership Board Engagement - Our Vision 2008

Identified 10 themes:

- Daytime opportunities
- Keeping safe – feeling safe and secure
- Better housing – real choice
- Community – access and inclusion
- Relationships – respect and dignity
- Better health – equal rights, fair access
- Personalisation – being in control of life
- Carers – working in partnership with families
- Transition – getting it right the first time / Making change happen – how to make it happen.

6. Gaps to address in future public involvement

Future public involvement should take into account the recommendations already outlined in the previous ATU engagement report:

- Due to the small numbers involved it is recommended that possible further activity is carried out in order to reach a proportionate number of representative views from the following groups below:
  - People currently accessing care from (hospital) an ATU
  - People who have past experience of the ATUs
  - Family and carers of present and past people who accessed care from ATUs
  - Staff and health care professionals within the ATUs
  - Staff and health care professionals who visit the ATUs
  - Other stakeholders as determined, for example adult social care providers.
- Ensure all possible further activity is equality monitored to understand the views of those that may be affected giving due regard to all equality groups to understand any trends that may emerge.
- The Equality Impact Assessment (EQIA) needs to be further developed to reflect engagement findings and potential future consultation activities.

Other gaps that possible future activity should endeavour to fill:

- People currently in out of area placements from the West Yorkshire area
- People who have accessed out of area placement care within the past two years
- Family and carers of present and past people who have accessed care in out of area placements
- People who access care, their families and carers who are at risk of needing ATU services
- Ensure all people from all areas are represented
- Understanding of any patient complaints and themes.

ENDS.

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