



West Yorkshire Joint Health and Overview Scrutiny Committee

West Yorkshire and Harrogate Health and Care Partnership Assessment and Treatment Units

February 2020

1. Purpose of the paper

The purpose of this paper is to:

- a) Give West Yorkshire Joint Health and Overview Scrutiny Committee (WY JHOSC) an update on West Yorkshire assessment and treatment units (ATU) for people with learning disabilities and on how West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) is responding to the national Transforming Care Programme (TCP) trajectories to build the right support in the community and as a consequence reduce the number of beds required. We also want to maximise the opportunity to build a resilient, high quality 'Centre of Excellence' for the area and continue work collaboratively across West Yorkshire and Barnsley to build the right infrastructure to enable people to live in their own home.
- b) Provide assurance that the development of the options has involved people who use the service and taken account of the needs of their families.
- c) Seek the JHOSC views on the proposals and the next steps including the presentation of the options, scope of further engagement/consultation and the decision making process.

2. Introduction

ATUs provide specialist hospital support for adults with learning disabilities, who also have mental health problems and/or behaviour that challenges. The care needs of people mean that they cannot always be supported appropriately at home, in the community or in other adult mental health wards.

It is important that people have the support they need to live how and where they want. Organising and developing services in the right way is the first step to making this happen.

ATUs are designed to be short-term specialist hospital placements for people with learning disabilities to receive specialist mental health treatment so they can return home as quickly as possible. This is a priority to us all.

As part of the National 'Building the Right Support Programme', NHS England agreed trajectories with each of the Transforming Care Programmes for a reduction in beds, the premise being that a bed reduction releases resources to invest in community based services.

The trajectory for West Yorkshire suggests a reduction in ATU beds from 22 to 15 in line with the recommended ATU beds/per population. It is one part of the much broader Transforming Care programme of work to support the transformation of care for children and adults with learning disabilities and/or autism and to ensure that people are supported fully in their own communities.



NHS England has produced a [national specification for ATUs](#) which sets out the expectation for local people of their ATU, which we also need to consider in our future plans.

There are currently three ATUs. These are in Wakefield, Leeds and Bradford. People from across West Yorkshire and Barnsley can be admitted to any ATU which has availability and in the past this has included ATUs outside of West Yorkshire. We currently have people from Bradford in both the Bradford and Leeds units. We have worked with a planning assumption of 18 beds for the last year - six in each unit.

We propose therefore to reduce the number of units and provide the proposed bed base across fewer units. The rest of this paper sets out the rationale for this proposal, the options considered and the engagement undertaken to inform the proposal.

3. Background

In October 2015 NHS England launched a national plan: [‘Transforming Care: Building the Right Support’](#) which focused on building the right community infrastructure to enable people with learning disabilities to live within their own home and/or close to their loved ones. It is also about better support for people who are at risk of experiencing a crisis and building the right systems and processes to keep people well and out of hospital.

As a consequence of this, and other national policies, which recognise the significant health inequalities that people with learning disabilities face, work is taking place to ensure outcomes are improved.

Winterbourne View (2012) and Whorlton Hall (2019) have clearly highlighted the vulnerability of this group of people, and the importance of ensuring systems are in place to support the delivery of safe, high quality and person centered care.

In November 2019, a national care review for thousands of people with learning disabilities and autism was launched by the [Department of Health and Social Care](#) (November 2019). The review comes after a report called for legislation to be overhauled and for more adults with learning disabilities to be supported in their own community. The move follows a report from the National Joint Committee on Human Rights. This found that many young adults with learning disabilities are being detained in long stay provision have been there for too long and that the quality of care is not always as it should be.

As part of the review, the government has committed to providing each person with a date for discharge, or where this is not appropriate, a clear explanation of why and a plan to move them closer towards being ready for discharge into the community.

On average people in West Yorkshire stay in ATUs between three to six months but individual stays can be much longer. Sometimes people are admitted without a clear clinical need, as a result of breakdown of their placement in the community, and without an identified place to return.

Recent policy has mandated clinical commissioning groups (CCGs) to carry out care reviews every two months for people with learning disabilities who remain placed out of area.

A wider programme of work is looking at the repatriation of people that have been historically placed a long way from their home.



A whole raft of initiatives are ensuring that a more proactive approach to supporting people with learning disabilities is taken; particularly around ensuring barriers to accessing services are removed and that opportunities to improve health outcomes are explored.

These include the introduction of physical health checks for adults with learning disabilities, the establishment of [The Learning Disability Improvement Standards](#) in all hospitals, and the [Learning Disability Mortality Review Programme](#) (amongst many others).

Addressing the known inequalities of people with learning disabilities is a key priority for WY&H HCP. Our work on personalised care, annual health checks and reducing the health inequalities of people with mental health and / or learning disabilities are key areas of work set out in WY&H HCP [Draft Five Year Plan](#) and the [Mental Health, Learning Disability and Autism Strategy](#). An easy read version is also available [here](#). One of our big [ambitions](#) is to achieve a 10% reduction in the gap in life expectancy between people with mental health, learning disabilities and /or autism and the rest of the population by 2024.

Putting people at the centre of their care, so they have choice and control over their life, is a priority to us all. It's about focusing on 'what really matters to people' not 'what is the matter with people'.

As one part of a broader programme of work to support the transformation of care to achieve these aims, a programme team including clinicians in association with NHS England has identified a need to reduce the number of West Yorkshire ATU beds from 22 beds to 15.

Much of the ATU work so far has been delivered in line with the 'Transforming Care Programme' (TCP). In West Yorkshire and Barnsley there were initially three TCPs

- Bradford district and Craven (Bradford TCP)
- Calderdale, Kirklees, Wakefield & Barnsley (CKWB TCP)
- Leeds (Leeds TCP).

Recognising the benefits from collaboration at scale, due to the size of the population being considered, and learning from the collaboration that has already started within the Integrated Care System, the three programmes were brought together as a West Yorkshire TCP in June 2019. This has national and regional oversight through NHS England.

Each of the three former TCPs still operates in some form leading local, place based transformation of learning disability community based services, whilst oversight is managed through the West Yorkshire Programme, which includes strategic partners from the NHS and local authorities from the different former TCPs.

Prior to the one TCP being established a number of developments, such as a collaborative commissioning framework for securing high quality community based support for people with complex needs, and the development of a regional forensic outreach liaison service for adults with learning disabilities and/or autism, had demonstrated how work could be progressed in collaboration across a wider footprint (please see appendix 1).

The West Yorkshire TCP is now monitoring all ATU bed usage across the three sites and recording any delayed transfers of care or admissions that could have been avoided by alternative community support. This is an important piece of work as we need to ensure people are receiving the 'right care and in the right place.'



A regional learning disability care navigator has been appointed. They will work closely with the ATU services to help meet new performance targets regarding the number of people discharged within six and nine months of admission in line with the new national service specification requirements.

Alongside this a regional quality assurance framework for ATU services is being developed. This will provide further transparency about the quality of services offered to people who access care /carer experiences and outcomes.

Examples of recent community developments to support adults with learning disabilities across the West Yorkshire and Barnsley footprint have been provided separately to members of the Joint Committee. Given the small cohort of service users and to protect the identity of individual service users and their families, this information is not being shared publicly.

This work involves creating new housing adaptations/developments, new and enhanced community based or 'in reach' roles/teams, as well as initiatives to proactively support people at risk of a break down in their current home. This includes a process to identify who the people at risk of admission are (prior to a crisis) so a proactive plan can be put in place with support for them agreed through care and treatment review (CTRs).

These initiatives have already led to a reduction in people requiring ATU beds. Importantly this has led to a reduction in the numbers of people that have been placed out of area as a result of no local bed provision. This was an area of concern highlighted in our engagement work for both the Partnership and people accessing care and their families / carers.

Leeds, Wakefield, Barnsley and Kirklees have had no new out of area placements for over 18 months.

4. People who access care and carer engagement

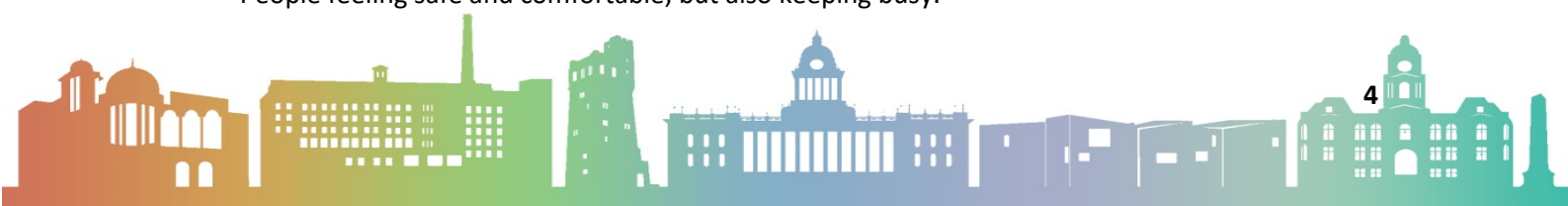
National TCP engagement activities with family and carers from across the country found that people with learning disabilities were being admitted to hospital for too long with many people 'living' in units for years rather than months.

Further engagement work led locally by [Inclusion North](#) 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.

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

Key themes that emerged from [engagement activities](#) carried out in February and March 2019 and, in September 2018, 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: initial engagement in March 2019 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.



A more detailed engagement mapping report from across the area is attached at Annex 1. You can also read the report [here](#).

It is important to note this is a highly specialist service for around 40-50 people in our population of 2.7m people per year. There is an expected level of admissions of around 30 people this year. Access in any given 12-month period and as a result of developments in community provision, means the need for admissions is reducing. To this end Leeds and Wakefield units are already running their units with a reduced bed base.

It is essential that we continue to put people who experience ATUs, their families and carers at the centre of the work we are doing, their views are vital. Staff views, including clinicians, have also been critical to the development of a future ATU model, and their experience will continue to inform the work. This is all about providing the best care possible for people, taking their views into account and delivering services to meet their needs in the most appropriate place.

Further engagement with those who access care, families and carers is recommended (as highlighted on page 13 of the engagement mapping report) to ensure we understand the impact of our preferred option 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. This will be carried out by [Inclusion North](#).

This activity would include having conversations with people who have experience of being in an ATU and their carers/families and those people who are currently receiving care in an ATU.

Proposals outlining what this engagement would look like are currently being developed and will be informed by the feedback from the JHOSC meeting and shared with a mandatory JHOSC as appropriate. A timeline for further engagement would need to take into account local elections set to take place in May.

5. Current ATU provision

There are three ATUs in West Yorkshire supporting people from the Yorkshire Dales in Craven across the M62 corridor and down to Barnsley. These are:

- Parkside Lodge (Armley, Leeds), operated by Leeds and York Partnership NHS Foundation Trust (LYPFT) are commissioned by Leeds CCG
- Lynfield Mount Hospital (Bradford), operated by Bradford District Care NHS Foundation Trust (BDCT) are commissioned by Bradford and Craven CCG
- Fieldhead Hospital (Wakefield), operated by South West Yorkshire Partnership NHS Foundation Trust (SWYFT) is commissioned by Barnsley, Kirklees and Wakefield CCG. Calderdale CCG spot purchase beds as required

The total number of people admitted across the three ATUs ranges from 40-50 per year (17/18, 18/19) and the trajectory for this financial year is around 30 admissions. All three units have seen a reduction in the number of admissions with two units running at a reduced bed base. However, this year there have been some particularly long stays in Bradford due to delays in transferring people to appropriate housing. This has resulted in the unit being full and people from Bradford being placed elsewhere. This is not acceptable and work is ongoing to address this as soon as possible and prevent this from happening again. A regional model would build some resilience to be able to better manage challenges like these.



From the data between 2017 and 2018 it was assessed that up to 30% of people admitted did not need ATU support. They had been admitted because there was no suitable alternative provision for them. This is changing although there is still work to be done.

In 2018 it was acknowledged that in West Yorkshire reducing the ATU bed numbers to the required number would be likely to make running three units unviable and would potentially have a negative impact on quality of care; primarily because the breadth of specialist multi-disciplinary care and support that is required could not be offered in very small units; nor could the guarantee of a resilient service offer. As a result, a specific working group of clinicians, commissioners, operational managers and a carers lead was established (under the umbrella of the West Yorkshire and Harrogate Mental Health, Learning Disability and Autism Programme Board) to explore the best potential future configuration of ATU delivery across West Yorkshire and Barnsley.

6. Case for change

Over the last 18 months, it has become apparent that there is opportunity to build on the different strengths of current service delivery (utilising the best of each unit) and create positive change for people who access care and carers in terms of both experience and health outcomes. This is what really matters to us. This has been increasingly articulated in the work of creating a 'Centre of Excellence' approach for the care and treatment of people with a learning disability who require acute hospital provision within an ATU setting and there is evidence that the recommendations developed here could and should achieve this. This would be in line with NHS England expectations and specifications – and most importantly better for people needing more appropriate care.

Utilising some key criteria (including quality of care, people who access care/carer experience, environment, workforce, finance and links to community provision); the regional ATU steering group leading the analysis has determined that two generic units providing a regional 'centre of excellence' was the only viable and safe option available.

This was because no one unit could accommodate the full bed base (and significant capital would be required to build a unit as well as an identified hospital based space) and three units would not be sustainably staffed or delivered in line with the NHS England specification.

There was a clinically informed discussion about whether units with different functions (single sex, high acuity etc.) would be beneficial; however due to the low numbers of beds this would not work and would potentially leave people at risk of being placed out of area. Personalised care to meet every individual's specific needs was required.

This proposal has been informed by people who access care and carer engagement. The preferred option is to move to two generic units, and this has been completed using a structured process of option development and analysis.

Following further analysis in relation to environment and key requirements of the national specification for ATUs the preferred two units identified are the Horizon unit at Fieldhead hospital in Wakefield and the Bradford unit at Lynfield Mount Hospital. This is primarily because the Leeds unit is a stand-alone provision and the national specification clearly states that units should be co-located on a hospital site or with other community mental health services.

A Quality and Equality Impact Assessment has been undertaken but this needs to be informed by further engagement work on the preferred option and mitigation of key risks will need to be included as part of the next steps in the development of this proposal.



It is important to note that this is not about a reduction in expenditure or about saving money, but it is about shifting resources to improve people's lives, including workforce and buildings, available across the area.

Further detail about the methodology and process can be shared as and when required.

7. Key principles

There are times when people with a learning disability who have complex mental health will, and do, require an acute hospital admission. When they do, these admissions need to provide the right level of support and be for as short a time as possible; ideally through well designed and resourced ATUs that have good connections to supporting services and also to the place where the person usually lives.

It is also important to recognise that by moving to a regional bed base there is greater opportunity to maximise the capacity available and better meet any peaks in demand. It is envisaged that the three units will start to work in collaboration, and standardise practice, from April 2020. Advice is being sought from NHSE England to allow any utilisation of ATU beds within West Yorkshire to be seen as 'in area' for the six places covered.

The quality and equality impact assessment that has already been undertaken, shows that the developments being made in community services, and the fact that people accessing ATU support are already receiving care in the community through both health and adult social care services should result in limited impact on community infrastructure.

8. Current work and next steps

A single operating model

The West Yorkshire and Harrogate Mental Health, Learning Disability and Autism Programme Board has agreed to take the next steps to develop firm and final proposals. The Committee in Common of the Provider Collaborative and The Joint Committee of CCGs have both agreed to do the work necessary to develop a single operating model and an appropriate financial framework to support this model.

Engagement

We have commissioned [The Consultation Institute](#) to assess the engagement completed so far. We are working with Inclusion North and [Bradford Talking Media](#) (BTM) specialist organisations who work with people with learning disabilities, for their advice and input to ensure our next steps around engagement is proportionate and appropriate

Our next steps will focus on the impact that the preferred option may have on those accessing care, their family, carers and staff and what this means for them. We will build on insight already gained from engagement to date. By understanding the potential impact on people it will mean that these can be specifically considered throughout any decision-making process.

In terms of staff communications, people across the three sites are aware of the preferred option being suggested and know that this will lead to further engagement before a recommendation could be worked up into a final business case.



Service Change Assurance Process

The ATU steering group is currently completing a self-assessment of the work undertaken against the '[Five Key Tests for the NHSE England Gateway Assurance Process](#)'. This will ensure service change proposals are subject to this process, and are proportionate to the scope and scale of the change.

Each place has updated their local Overview and Scrutiny representative on the JHOSC and/or Chair as part of ongoing discussions about the developments. Scrutiny officers have been asked to consider how a single approach to scrutiny could support discussions on the final proposal.

Decision making

[WY&H Joint Committee of the CCGs](#) has added the decision on the future configuration of ATUs to their work plan from April 2020. This is being delegated formally from each CCG to the Joint Committee. Barnsley CCG will become an associate member of the WYH joint committee for this item and prior to any final decisions will be required to formalise this through delegated authority.

9. Further information

For further information please contact:

Andy Weir, Deputy Chief Operating Officer for Leeds and York Partnership NHS Foundation Trust and Senior Responsible Owner for the West Yorkshire ATU Project. Email: andy.weir@nhs.net.

