

NHS Rotherham Clinical Commissioning Governing Body

Operational Executive – 17 03 14

Strategic Clinical Executive – 19 03 14

Clinical Commissioning Group Governing Body Confidential – 02 04 14

Clinical Commissioning Group Governing Body - 07 05 14

Learning Disabilities Assessment and Treatment Options Appraisal

Lead Executive:	R Carlisle
Lead Officer:	K Tufnell
Lead GP:	R Brynes

Purpose:

For the Governing Body to select a preferred option for the future of the Learning Disabilities Assessment and Treatment unit (ATU).

Background:

The options appraisal carried out by Attain gives background and the implications of 3 options for the ATU.

Analysis of key issues and of risks

The Governing Body discussed the options appraisal in confidence last month in advance of the report being received by the joint CCG/RMBC Learning Disability Commissioning Executive Committee.

Commissioning decisions in this area will be made by the CCG and RMBC in partnership so the Governing body are asked to make a recommendation rather than make a decision.

A second report by Attain will be completed by the end of May. Taken together the two reports will present the view that there is an opportunity for Rotherham to increase the investment in community Learning Disability Services and improve the quality of services for the small number of patients who require ATU services.

The Strategic Clinical Executive recommends option 3.

Patient, Public and Stakeholder Involvement:

A series of meetings with service users and stakeholders is being held as part of producing the two Attain reports. This has included meetings for service users and a joint meeting with RDASH to discuss with staff. Further meetings have been arranged to discuss proposals before the reports are discussed in full at the LD partnership board in May and June respectively.

The joint LD commissioning executive will make a decision on formal public consultation once commissioners have come to a minded view on the two reports. This is likely to include formal consultation.

Equality Impact:

The CCG will choose an option that improves quality of care and so improve any inequalities that currently exist.

Financial Implications:

The 'funds 'saved' from reducing bed provision will be invested in additional community services for LD patients and also in general investment in mental health as set out in the CCG commissioning plan.

Indicative finances are given in the options appraisal. These will be reviewed as more detailed work is carried out as part of phase 2 of the Attain review.

Human Resource Implications:

There will be HR implications for RDASH staff.

Procurement:

No implications.

Approval history:

OE 17/3 and SCE 2/4

Recommendations:

The Governing Body is asked to **confirm** SCE's recommendation of option 3 and ask Dr Carlisle and Dr Brynes to take forward the recommendation through the LD Commissioning Executive.

The Governing Body **notes** the importance of the second report due in May that will set out the benefits that can be achieved from additional investment in community LD services.

Learning Disabilities Assessment and Treatment Unit Options Appraisal

NHS Rotherham CCG

Paper for consideration by LD Joint
Commissioning Executive

Author: Sarah Warmington

Date 3rd April 2014



Executive Summary

The options appraisal of the Learning Disability Assessment and Treatment Unit provision was commissioned by NHS Rotherham CCG to consider the a further reduction in the number of beds commissioned, with an associated enhancement of local community LD services to support this change in configuration and to offer additional support to individuals to reduce the need for admission and facilitate earlier discharge.

Engagement of key stakeholders and the analysis of performance and financial data, national guidance and best practice examples, supported by visits to the clinical services have informed the basis of the development of the options. Financial modelling and key quality considerations have been reflected within the options proposed.

A preferred option that reduces the ATU bed provision to 3 beds, on a fit for purpose unit, with an enhancement to the local community LD services is recommended.

Once ratified, the recommended option will then be used to inform the discussions that develop the enhanced community provision, to support the successful implementation of the revised ATU model of provision.

Background to options appraisal

NHS Rotherham CCG commissions the provision of in-patient beds from Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) via a Partnership Agreement with Rotherham Metropolitan Borough Council (RMBC).

The in-patient beds are currently provided as the Learning Disability Assessment and Treatment Unit (ATU) at Rhymer's Court in Rotherham. The ATU service is part of the wider LD service for Rotherham, with NHS Rotherham CCG commissioning the health components of the care pathway via the LD Partnership Arrangement with RMBC, and then RMBC being responsible for the social care components of the care pathway.

NHS Rotherham currently commission 5 ATU beds from RDaSH, having reduced this provision from 8 beds in July 2013. The reduction in the number of beds commissioned was based upon analysis of the bed utilisation in the 2012/13 financial year and the early months of the 2013/14 financial year, resulting in a £195,000 reduction in contractual value.

At the time of this reduction, NHS Rotherham CCG indicated their intention to consider a further reduction in the number of ATU beds in conjunction with an increase in investment into the Community LD services so that individuals could be more readily supported in the community as a means of reducing the need for admission, and also facilitating earlier discharge for those who did still require a period of in-patient admission.

Following the site visit to Rhymer's Court on 19th February, the concerns that were identified were raised directly with RMBC and RDaSH and a number of actions were subsequently taken to address these.

Consideration was also given as to where the best location for the provision of dedicated Rotherham LD ATU beds would be, and the implications of these decisions for the individuals and their families accessing this element of the LD service, and the implications for RDaSH as the current provider of the ATU service.

Approach taken

The review of the LD ATU provision that has informed this options appraisal has included:

- Review and analysis of the bed utilisation of the LD ATU service
- A visit to Rhymer's Court, Rotherham
- A visit to Swallownest Mental Health Unit in Rotherham
- A visit to Sapphire Lodge, LD ATU in Doncaster
- Meetings with Dr Yusufi, LD consultant for Rotherham
- Meeting with John Williams, Service Manager for LD, RMBC
- Meetings with Judi Kyte, Strategic Health Facilitator / Acute Liaison Nurse, RDaSH
- Discussions with families of individuals who have accessed Rhymer's Court to ascertain their appreciation of the ATU service and to understand what elements have worked well for them, and what could be improved
- Discussions with RMBC around the approach to the review of ATU beds and the planned wider LD service review
- Consideration of CQC unannounced inspection report of their visit to Rhymer's Court in December 2013
- Analysis of the LD Self-Assessment framework for Rotherham, completed
- Consideration of findings from Public Health England's LD profile compiled July 2013

The LD Partnership Agreement itself has not been part of this review, as it is the commissioning arrangement that secures the required clinical services on behalf of the CCG.

Findings

Local demographics

The Learning Disability Profile 2013

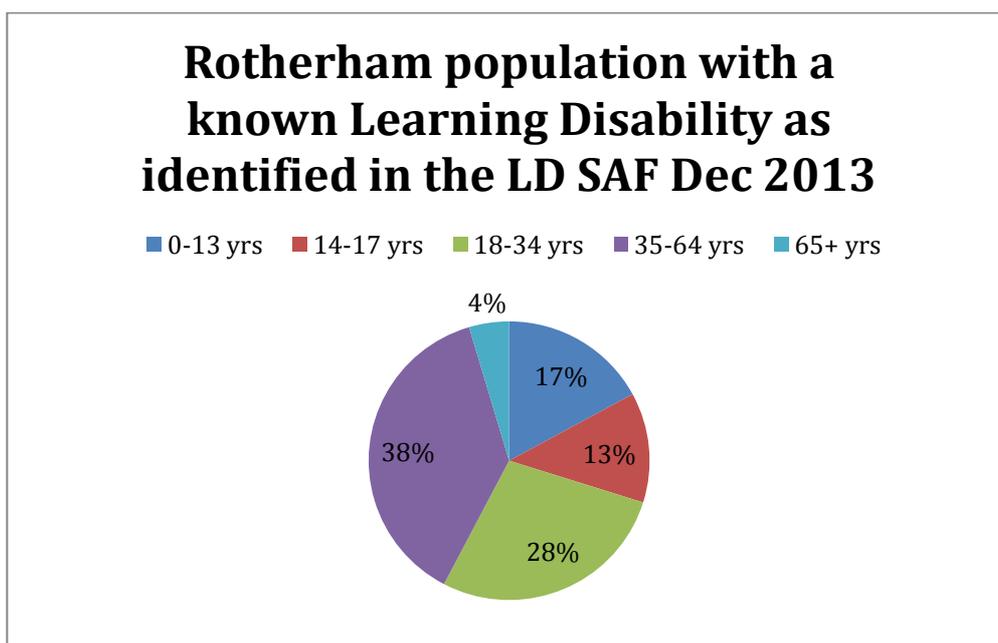
The LD Profile 2013 completed by Public Health England identified that in Rotherham the number of adults with a learning disability who are known to GPs is significantly higher than the England average, demonstrating a good level of awareness of the number of adults with learning disabilities in the local population. This is also reflected in a significantly greater number of individuals receiving an annual health check, with Rotherham performing in the upper quartile for England.

There are significantly higher numbers of individuals known to be living in settled accommodation, along with a comparatively strong appreciation of the accommodation status for this population within the local authority.

Schools have a good awareness of children with autistic spectrum disorders. Although this is significantly better than the England average, there is a much lower awareness of children with mild to moderate learning disabilities.

The Learning Disability Self-Assessment 2013

The LD Self-Assessment that was completed in December 2013 identifies that there are 731 adults in Rotherham known to have a learning disability, of these 114 are known to have a complex or profound learning disability, and 103 of the 731 individuals are diagnosed as being on the Autistic spectrum. There are 133 young people known to have a learning disability, with 57 of these having a complex or profound learning disability, and 18 being on the Autistic spectrum.

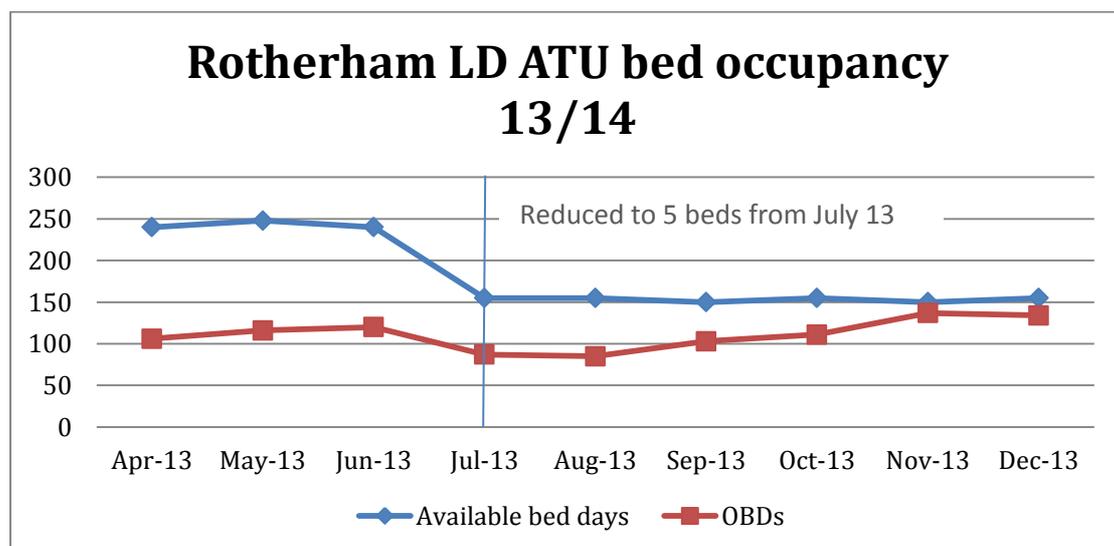


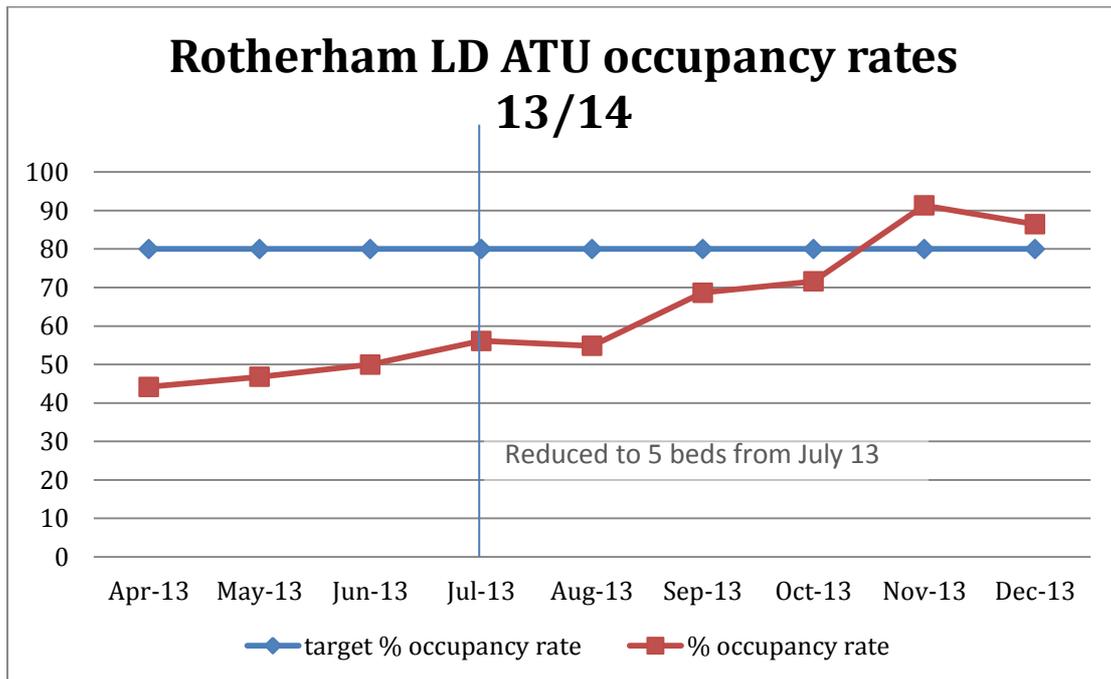
It is, however, acknowledged that these figures only reflect the number of individuals known to reside within Rotherham and for whom NHS Rotherham CCG is the responsible commissioner. The figures do not take into account the recent growing number of individuals who are being placed by other commissioners from outside of Rotherham, into residential and support services located in Rotherham. These individuals tend to have complex and profound difficulties, and whilst they are registered with a Rotherham GP practice soon after they start to reside in the Rotherham catchment area, they only tend to become known to the Rotherham LD services when the placements break down and the individual requires urgent support from the local LD services. This has been known to occur within weeks of an individual being placed within some of the residential and support services. At this point in time it is not possible to identify the number of individuals who fulfill these criteria, or to know how many of them are likely to need access to the ATU service in the future. However, it is also acknowledged that these individuals, if admitted to the ATU service, do often have a longer length of stay. This is due to the complications of identifying and engaging with the responsible commissioner or placing authority from out of the local area, and the associated complications of identifying the funding streams for onward placement.

Bed utilisation

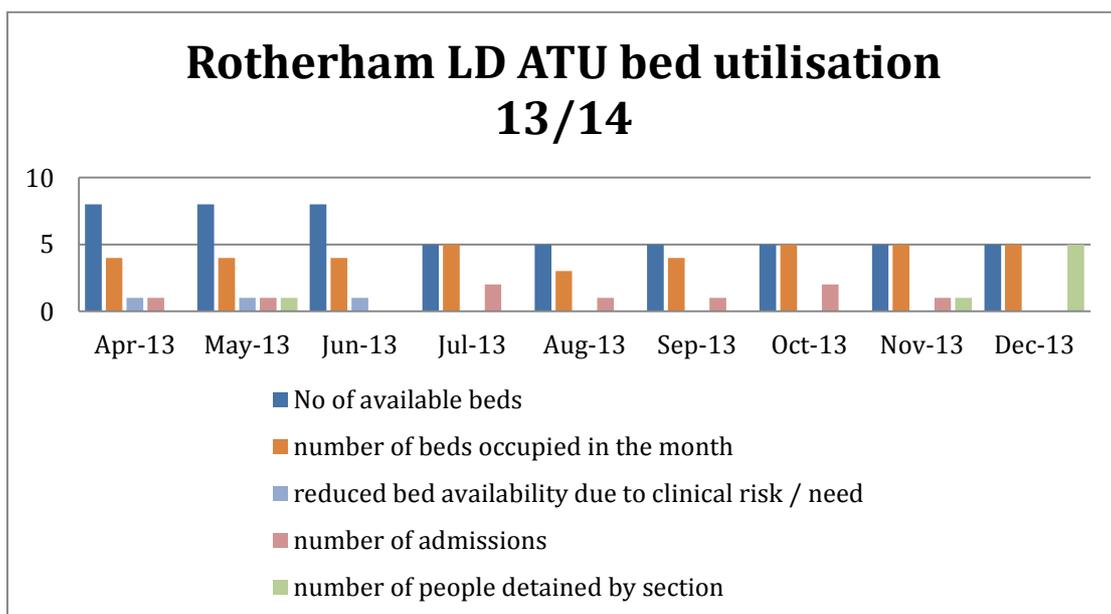
Analysis of the RDaSH performance data for 2013/14 has been completed in respect of the utilisation of Rhymer’s Court. Clinical interpretation and explanation was also sought from the Consultant Psychiatrist and members of the ATU and community LD teams.

The tables below illustrate the utilisation of the ATU for April 2013 to December 2013, considering the number of bed days utilised, the percentage occupancy of the unit, the number of formal admissions and any reduction in bed availability due to clinical risk associated with individuals.

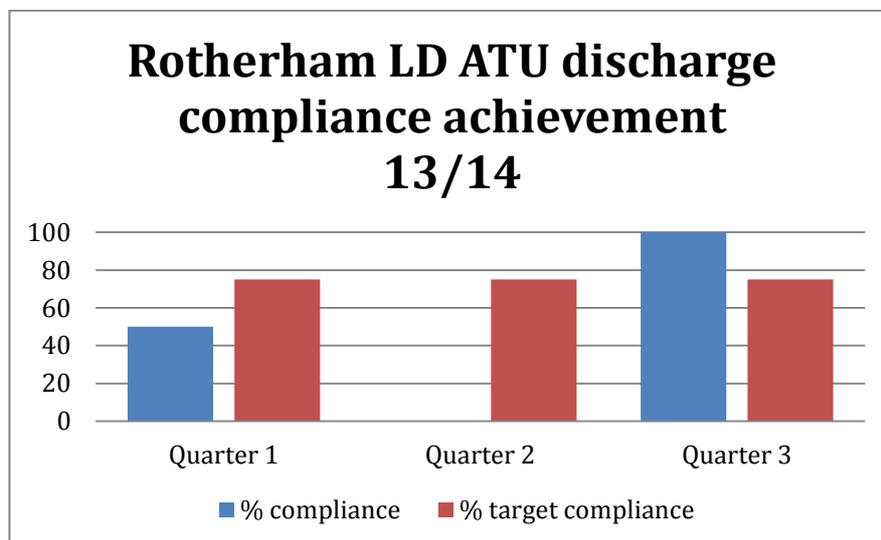
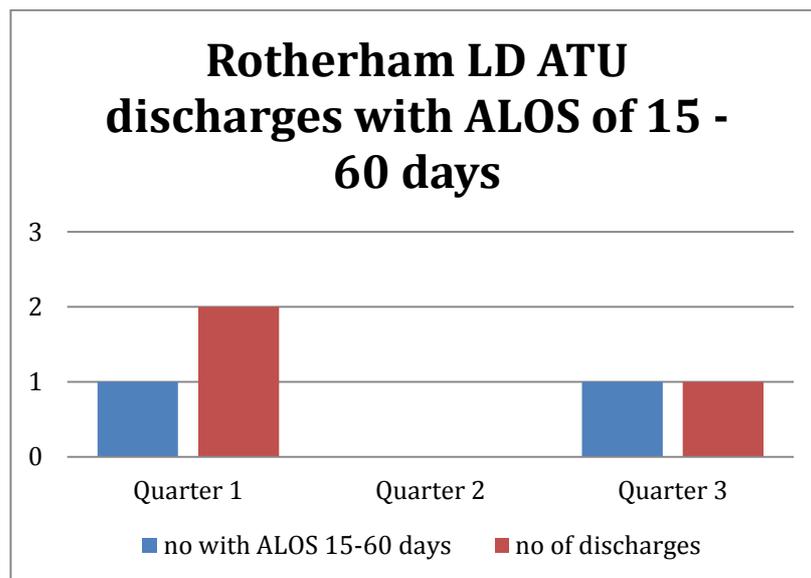




Recently there has been an increase in the number of formal admissions to the ATU. Members of the clinical team have stated that the use of the Mental Health Act has been reflective of the best interest and clinical concerns for the individuals who have required an admission to the ATU, and that this has also offered the individual more rights. The Mental Health Capacity Act has also been considered when the health issues for an individual are more significant than the mental health issues, and an admission is in the best interest of the individual. There has been no need to use Deprivation of Liberty Safeguards (DoLS) considerations for any admissions.



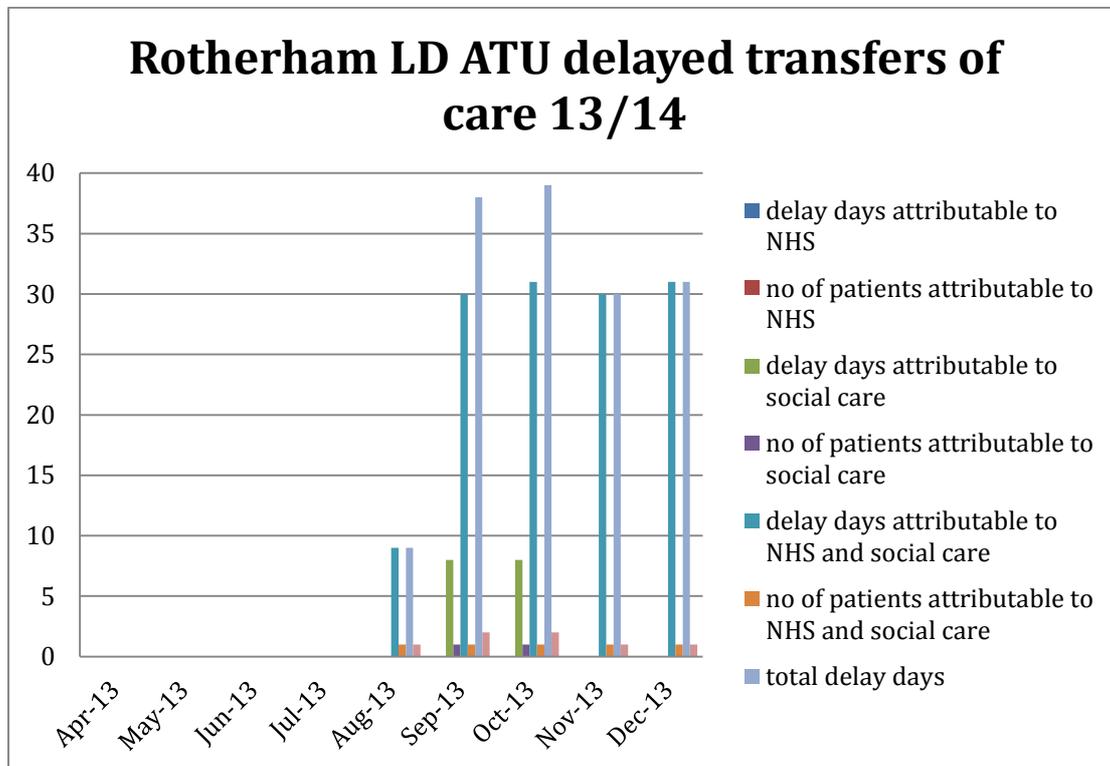
The tables below show how the ATU performs against a 75% compliance target of achieving an average length of stay (ALOS) of 15-60 days. This has not been consistently achieved for all in-patients due to difficulties with delayed transfers of care being encountered at times, some of which are in relation to Sec 117 aftercare arrangements being agreed. There is also one individual currently in the ATU who has a delay in their discharge as they were placed into a Rotherham residential placement from out of the area, and are now awaiting an onward placement back in their own area which is being commissioned by their placing local authority



Clinicians have commented that recently there have been a number of individuals that have not been able to return to the placement that they were admitted to the ATU from. This has led to a number of delayed transfers, which have been due to a number of factors including:

- The individual's clinical presentation has changed so that the placement would not be appropriate

- The environment from which they were has changed in terms of the client mix, the staffing arrangements or the interventions being offered
- The placement was not appropriate when it was originally made



There have been a small number of individuals who have not been suitable to be admitted to Rhymer’s Court due to their clinical presentation indicating a high risk of threat of absconding or that their mental health presentation has been so acute that the unit would not be appropriate in terms of risks posed to themselves or others. These individuals have been admitted directly to the mental health unit at Swallownest in Rotherham with a transfer back to the ATU if indicated once they are sufficiently settled.

At the time of the writing of this report, there are 5 individuals in Rhymer’s Court. Two individuals are subject to Section 117 aftercare arrangements, and there has been some delay in agreeing the onward package of support and as such their discharges are considered to have been delayed. One individual is awaiting an out of area placement with their placing local authority, with their discharge having been delayed due to their onward placement being under construction. This equates to 2 individuals being under active “assessment and treatment” within the unit.

Rhymer's Court

The LD ATU service is provided at Rhymer's Court on the Badsley Moor Lane site in Rotherham. The service is a stand-alone provision on the site with 2 co-located bungalows, one of 3 beds and the other of 2 beds.

CQC inspection

The CQC completed a routine unannounced inspection in December 2013 and considered the following areas, which had identified improvement plans following the previous inspection:

- Respecting and involving people who use services
- Meeting nutritional standards
- Safeguarding people who use services from abuse
- Supporting workers
- Assessing and monitoring the quality of service provision

The inspection report comments that improvements had been made since their previous inspection in March 2012, with the service being found to be compliant with the standards above at the time of the visit

Site visit to Rhymer's Court

A site visit was completed on 19th February 2014 as part of the review of the ATU service, the observations and findings from this visit are reflected in the description of the service below. Any immediate concerns that were highlighted from the visit were reported back within the CCG and RMBC for these to be considered and addressed appropriately.

The location of the service is such that there are no other services located on the site that are available to offer additional support to the staff should they need additional staff in response to an incident of violence or aggression. Whilst the bungalows are co-located, they are not interconnected, and staff working on the 3-bedded bungalow are only alerted of the staff on the 2-bedded bungalow raising an alarm via a pager alert, and will then provide a suitable response to support their colleagues. At the beginning of each shift, staff from the 3-bedded bungalow are identified to be carrying the pager and to respond to the request for support from the other unit, the decision as to the number of staff expected to respond is based upon the perceived clinical risk at the start of the shift..

The **3-bedded bungalow** was being used to assess and treat 3 individuals, 1 male and 2 female. There was a female only lounge available, but this was also housing a selection of administrative equipment including filing cabinets, a desk and staff computer. Staff explained that the equipment had been placed here since the reduction of the number of ATU beds in July 2013, which had resulted in condensing the service into the two bungalows. This gave the appearance of this facility being an extension of staff facilities rather than a dedicated lounge for females to access as they wished.

All of the bedrooms had ensuite wet room facilities, all compliant with anti-ligature requirements.

The assisted bathroom was out of commission at the time of the visit due the assisted bath being replaced. The old bath was still present although it had been dismantled and the replacement was in the bathroom awaiting installation. It was commented that this work was “ongoing”, but there was no indication as to the potential date of completion for this work. This meant that there was no assisted bathroom facility for patients to use, and as such staff would not be able to deliver aspects of personal care for an individual should it be required. It also meant that should an individual with significant physical health and personal care requirements need to be considered for admission to the ATU then the unit may well not be able to address these needs appropriately, and as such raises concerns in relation to non-compliance with P3 of the Disability Discrimination Act, which places a duty on services providers to not treat disabled people less favourably as a result of their disability.

The **2-bedded bungalow** was being used to support 2 in-patients at the time of the visit, 1 male and 1 female. The individuals were being supported by support workers, with no qualified staff presence despite the individuals on the unit being subject to a formal admission status. This raised concerns that should the situation arise that a detained in-patient attempt to abscond from the unit, that the staff on duty at the time would not have a legal authority to prevent the individual from doing this. Neither would they be qualified to intervene should an informal patient wish to leave, though it may put themselves or others at risk.

The bungalow did not provide a female only area for the lady being supported on the unit. Staff on duty commented that the bungalow had originally been designed to support a single individual, and as such a separate female only lounge had not been required. This arrangement can be interpreted as a breach of the single sex accommodation requirements.

Remedial actions taken by RDaSH since the site visit to Rhymer’s Court

Following the site visit to Rhymer’s Court on 19th February, the concerns that were identified were raised directly with RMBC and RDaSH and a number of actions were subsequently taken, these included:

- The replacement bath in the 3-bedded bungalow was installed on 24 February 2014. This has resulted in the unit now being fully DDA compliant once again.
- The issues raised in relation to the female lounge on the 3-bedded bungalow have now been fully addressed, the office furniture has been removed and the room now appropriately reflects its function as a ladies lounge, and offers assurance that the 3-bedded bungalow is fully compliant with mixed-sex accommodation requirements. However, there remains a risk of the 2-bedded bungalow remaining non-compliant with mixed-sex accommodation requirements
- A further quality visit has been undertaken by the Inpatient Service Manager (Doncaster) and the Business Division Business Support Officer on 24 March 2014. This has resulted in a comprehensive report having been written with a clear action plan to address issues identified and interim management arrangements for the service have also been put in place to support the service

- Arrangements have been made to have 2 qualified staff members on duty across all shifts to reflect the requirements to be able to appropriately support formally detained individuals.

Feedback from relatives of individual who have used the ATU

As part of the review, feedback was sought from families who were currently using, or had recently used the ATU service. Time constraints for the completion of the report did not make it possible to speak to all of the relatives, but the families that were seen offered an insight into the service that they have received, and also reflected comments from the other relatives who had spoken with each other in response to knowing that the review was being undertaken. The families that were seen had all used the ATU service on more than one occasion.

The families all felt that that ATU had been responsive and supportive of their relatives, and that an ATU service was an ongoing requirement as part of the LD care pathway in Rotherham. It was commented that the staff from both the ATU and the Community LD team were supportive and kept relatives informed as to the progress being made and the future plans for their relative. The in-reach support from the community LD staff was felt to have helped with the assessment and treatment processes as well as facilitating the discharge of the individuals concerned.

The families felt that the ATU service had provided more timely access to investigatory procedures when required than had been experienced when their relative was residing in their usual placement. This had helped in progressing the reaching a clear diagnosis and treatment plan for addressing some of the symptoms that their relative was presenting with.

When asked about raising concerns with the ATU service, one of the families commented that this had happened on a previous admission. Once they had raised their concerns, they felt that the ATU service had responded and addressed the issues raised appropriately.

There was concern expressed by the families as to the “future of Rhymer’s Court” and that rumors had been circulating for some months as to what might be going to happen to the facility. The families were keen that the service should remain locally wherever possible, however, on discussing the requirements of an ATU provision with them they appreciated the observation that the standards of facilities and the safety of staff and in-patients needed to be considered when reaching a decision as to the appropriate location of the service.

Sapphire Lodge

As part of the review, a site visit to Sapphire Court, the RDaSH LD ATU in Doncaster, was completed on 27th February. The unit is located on the St Catherine’s site in Doncaster, and is co-located with other RDaSH mental health services.

Sapphire Lodge recently re-opened in September 2013 following a comprehensive refurbishment to make it fit for purpose and as “future proof” as possible, being compliant to low secure standards with the exception of the provision of secure fencing. The unit comprises of:

- 8-bedded ATU provision with dedicated seclusion suite

- Additional 1-bedded suite that can be used for vulnerable individuals, with independent access to the unit and it's own dedicated small garden area
- Dedicated female only lounge
- Kitchen with cooking skills assessment facility included
- Assisted bathroom that offers the ability for individuals to use the assisted bath independently with discrete staff presence
- A dedicated visitor suite with its own outside area which can be used by relatives when visiting and not wishing to have to enter the main ward area. This makes it possible for relatives to visit and the possibility of younger relatives or children of the in-patient to also be safely involved in the visit.

The unit has established relationships with the other units on the site, and offers reciprocal advice and support when managing complex and challenging individuals.

It is understood that the unit currently contracts 5 beds directly with NHS Doncaster CCG and 1 bed directly with NHS Barnsley CCG. The other beds are understood to be available to be contracted on a block or spot purchase arrangement.

Swallownest, Rotherham

There have been a small number of individuals who have not been suitable to be admitted to Rhymer's Court due to their clinical presentation indicating a high risk of threat of absconding or that their mental health presentation has been so acute that the unit would not be appropriate in terms of risks posed to themselves or others. These individuals have been admitted directly to the mental health unit at Swallownest in Rotherham with a transfer back to the ATU if indicated once they are sufficiently settled. A visit, therefore, to Swallownest was completed on 19th February to appreciate the environment and services that have been utilised in supporting individuals with a Learning Disability.

The visit included a guided tour of the PICU and Osprey ward (Adult acute), with an opportunity to see all of the facilities and discuss with the clinical and managerial staff as to how individuals with a Learning Disability have been supported.

All of the staff at Swallownest Court were very open to the potential to need to support someone presenting with mental distress and an associated Learning Disability. It is acknowledged by both the mental health service staff and the LD clinical team that there are already a number of individuals being supported by adult mental health services who also have a mild to moderate Learning Disability and who are not known to the LD services. Many of the staff stated that they had received LD awareness training, and that they knew how to contact members of the community LD services for additional advice and support in relation to supporting someone.

PICU

The 5-bedded PICU and its Sec 136 suite have been used recently to support some very distressed and unwell individuals who have presented with significant mental health issues as well as their Learning Disability. The staff were confident in their ability to support those individuals, and the layout of the unit meant that intensive support could be offered in a

supported and safe environment. The Section 136 suite has been used to support an individual on admission giving them space and time to settle before transferring onto the main PIC, effectively managing the associated risks and their vulnerability.

Osprey Ward

This is one of the two 18-bedded adult acute admission wards at Swallownest. It is configured so that it can provide a female only corridor and associated facilities, with flexibility to provide this on a variable arrangement to reflect the gender mix on the unit.

Clinical staff have nursed and supported individuals on the unit when they have presented with mental health issues and a Learning Disability, seeking support from the Community LD services as required, being able to adapt their approaches and to make the services as accessible as possible. Risks and personal needs are assessed as per any other individual on the unit, and risk reduction and management is incorporated into the individual care plan.

Discussions with RDaSH and RMBC representatives

As part of the review of the ATU meetings were held with representatives from both RDaSH and RMBC, to understand and appreciate the contribution that the ATU makes to the wider Rotherham LD pathway and the challenges and opportunities that may exist within a reconfiguration of ATU provision and an associated enhancement of the community LD service.

All the individuals demonstrated a dedication to patient centred care, and a willingness to develop or enhance the LD care pathway to offer a more community based approach, but accepting that there will still be an ATU provision requirement for some individuals. Considerations for the enhancement of the community LD service were positively received and key areas identified included:

- Increase in skill mix in the community team including additional mental health expertise
- Increase in the numbers of staff in the Community and Intensive Support Service team, linked with the skill mix consideration above
- The opportunity to work more closely with mental health colleagues, with in-reach to the adult mental health unit to offer advice and support for staff particularly around supporting individuals mild to moderate learning disabilities with mental health difficulties
- Considering how best to utilise generic and profession specific skills and expertise to the benefit of the individuals being supported by the integrated team working model
- Developing an element of the ATU pathway that includes proactive earlier and time-limited admissions for individuals to prevent the need for emergency admissions which often lead to a longer length of stay

A recent admission to Sapphire Lodge of an individual from Rotherham was highlighted as having been a positive experience for both the individual involved and the community staff that supported them during the admission and through a successful discharge back to

Rotherham. It was commented that the length of admission had been minimised, the community staff member had been appropriately involved at all of the key stages of the admission to Sapphire Lodge and discharge planning processes.

National Guidance and Best Practice

There is a national drive to reduce the number of ATU beds, this has gained momentum following the Winterbourne Review and the requirement to reduce the number of individuals inappropriately admitted to hospital.

The Royal College of Psychiatrist's Faculty of Psychiatry of Intellectual Disability published their report "People with learning disability, mental health, behavioural or forensic problems: the role of in-patient services" in July 2013. This paper summarises that in-patient services that complement community services to achieve good clinical outcomes should be part of the care pathway that supports individuals with complex needs.

The paper considers the comparison of dedicated and specialized LD assessment and treatment provision with the use of beds on generic acute mental health units. There is an acknowledgement that individuals who present with a more complex and profound learning disability are better supported by a specialised LD ATU. However, individuals who have mild to moderate learning disability and present with acute mental health problems can be as readily supported on a generic adult acute mental health unit, and often experience an appropriately shorter length of stay if admitted to a generic acute mental health unit.

One of the recommendations from the paper is that a "choice of both generic mental health and specialised LD mental health beds should be available for people with learning disabilities and both mental health or behavioural problems who require in-patient treatment. The choice should be determined by clinical need, patient and carer preference and evidence-based practice."

Options

Following the review of the Rotherham LD ATU review and financial modelling, the following options have been developed and considered

Option	Description	Financial implications	Quality implications
Option 1 Do nothing	<ul style="list-style-type: none"> Continue with 5 ATU beds at Rhymer's Court ATU provision remains in Rotherham ATU provision remains as a stand-alone isolated service across 2 co-located units No enhancement to community LD services 	<ul style="list-style-type: none"> No change to financial costs, high bed price due to no economies of scale and need to staff appropriately across 2 co-located units No QIPP savings achieved No monies available for investing into the community services 	<ul style="list-style-type: none"> Rhymer's Court remains an isolated stand-alone service across 2 co-located units that have no additional emergency resource to call upon should a violent incident occur Rhymer's Court unable to accept individuals who present with a high threat of absconding or high risks of violence or aggression Individuals admitted to Rhymer's Court who then present a high risk of absconding or violence and aggression have to be transferred to Swallownest Court Continued risk of non-compliance with mixed sex accommodation requirements in the 2-bedded bungalow, resulting in additional costs to address these issues and achieve full compliance No opportunity to enhance

Option	Description	Financial implications	Quality implications
			community services as a means of reducing admissions / facilitating earlier discharge <ul style="list-style-type: none"> Reduced opportunity to influence reducing average length of stay
Option 2 3 dedicated ATU beds for Rotherham on Sapphire Lodge and an enhanced Rotherham community LD service	<ul style="list-style-type: none"> Reduction of 2 ATU beds ATU beds relocated to Doncaster onto a specialist ATU with other RDaSH services located on site which can offer additional support if required Enhanced Rotherham community LD service to support individuals locally, reducing the need for admission and in-reaching to the ATU to facilitate earlier discharge and maintain contacts with Rotherham services and community if admission has been required Cost saving potential on ATU bed price 	<ul style="list-style-type: none"> Reduction of 2 beds at circa £800 bed day price Re-provision of 3 beds at a revised bed price Investment of £500,000 to enhance Rotherham community LD service Dependent upon bed price, up to £516,000 QIPP saving (see financial section below) Reduction on income for beds for RDaSH, but some of this is offset against economies of scale of transferring in-patient provision to Sapphire Lodge, and also increase in community LD provision in Rotherham 	<ul style="list-style-type: none"> ATU beds provided from Sapphire Lodge, a modern, recently refurbished and fit for purpose unit Availability of seclusion suite on unit should the need arise Additional resource available on site to support Sapphire Lodge unit staff as required Enhanced Rotherham community LD service, with additional staffing and skill mix. Potential to include employment of staff member with enhanced mental health skills to compliment the current skill mix Compliant with DDA and mixed/single sex requirements Enhanced community support will reduce need for admission for some individuals Enhanced community team will enable in reach to ATU to facilitate

Option	Description	Financial implications	Quality implications
			<p>earlier discharge and reduce average length of stay</p> <ul style="list-style-type: none"> Proactive admission pathway to be developed so that time-limited outcome focused admissions are utilised and reduce the need for unplanned / emergency admissions
<p>Option 3</p> <p>3 ATU beds on Sapphire Court, an enhanced Rotherham community LD service plus pilot of 1 bed available at Swallownest Court with LD in-reach support</p>	<ul style="list-style-type: none"> Reduction of 2 ATU beds ATU beds relocated to Doncaster onto a specialist ATU with other RDaSH services located on site which can offer additional support if required Enhanced Rotherham community LD service to support individuals locally, reducing the need for admission and in-reaching to the ATU to facilitate earlier discharge and maintain contacts with Rotherham services and community if admission has been required Pilot development of 1 bed for individuals with mild to moderate learning disabilities and whose mental health is such that an admission is required. This also allows for a local bed provision for an individual who requires an admission to support addressing 	<ul style="list-style-type: none"> Reduction of 2 beds at circa £800 bed day price Re-provision of 3 beds at a revised bed price Investment of £500,000 to enhance Rotherham community LD service In-reach work to Swallownest Court provided from the enhanced community LD service, no additional cost due to pilot status Dependent upon bed price, up to £516,000 QIPP saving (see financial section) Reduction on income for beds for RDaSH, but some of this is offset against economies of scale of transferring in-patient provision to Sapphire Lodge, and 	<ul style="list-style-type: none"> ATU beds provided from Sapphire Lodge, a modern, recently refurbished and fit for purpose unit Availability of seclusion suite on unit should the need arise Additional resource available on site to support Sapphire Lodge unit staff as required Compliant with DDA and mixed/single sex requirements Enhanced Rotherham community LD service, with additional staffing and skill mix. Potential to include employment of staff member with enhanced mental health skills to compliment the current skill mix Enhanced community support will reduce need for admission for some individuals

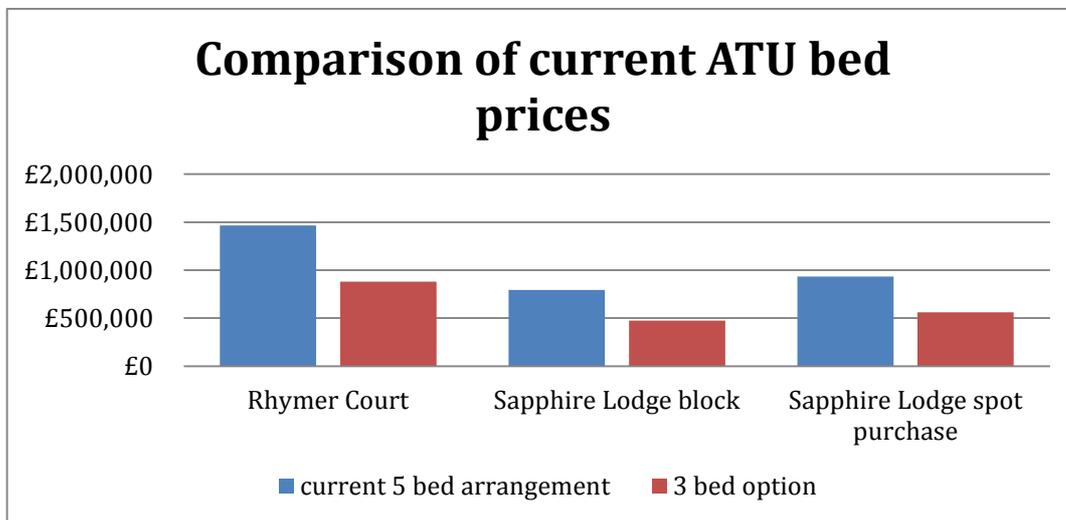
	<p>their mental health difficulties alongside their LD, and considers the “Green Light” agenda</p> <ul style="list-style-type: none"> • In reach to Swallownest Court by Rotherham community LD team staff to support staff and individual, and to facilitate early discharge. This may include staff working shifts at Swallowsnest Court. • Enhancement of mental health staff skills in relation to understanding LD issues and making reasonable adjustments, and addresses the “Green Light Toolkit” agenda • Cost saving potential on ATU bed price 	<p>also increase in community LD provision in Rotherham</p>	<ul style="list-style-type: none"> • Enhanced community team will enable in reach to ATU to facilitate earlier discharge and reduce average length of stay • Proactive admission pathway to be developed so that time-limited outcome focused admissions are utilised and reduce the need for unplanned / emergency admissions • Pilot development of 1 bed for individuals with mild to moderate learning disabilities and whose mental health is such that an admission is required. This results in a local bed provision for an individual who requires an admission to support addressing their mental health difficulties alongside their LD, and considers the “Green Light” agenda • Pilot of LD provision of LD bed on mental health unit reflective of guidance from Royal College of Psychiatry paper (July 2013)
--	--	---	--

Financial considerations

Analysis of the 2013/14 contractual value of the ATU service has been completed, taking into account the impact of the reduction in the number of beds from July 2013 (QIPP saving), and the price inflation and CRES requirements for 2014/15. This has given total ATU contractual value of £1,465,658 for the current ATU provision of 5 beds at Rhymer's Court, which equates to a bed price of £803 per day.

It is understood that the current block contract price of an ATU bed on Sapphire Lodge is £435 per day, and a spot purchase price of £512 per day.

Applying these known bed prices to 5 bed and 3 bed options, the graph below shows the differences in total annual contract value if these were applied for a full year effect.



Future financial modelling

With the reduction of the ATU beds from 8 to 5 in July 2013, NHS Rotherham indicated that it would be considering a further rationalisation of the number of ATU beds with an associated investment into Rotherham LD community services to enhance the current service provision.

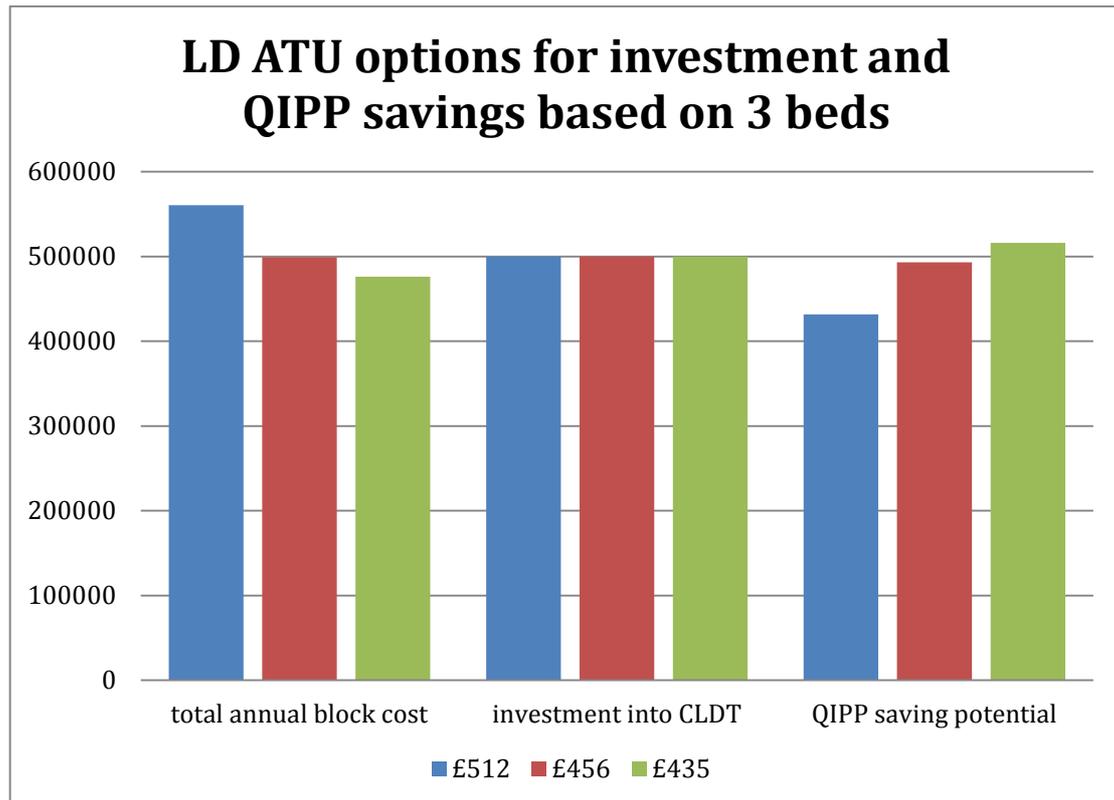
Using the known bed prices that are currently being charged within RDaSH LD ATU provision, the available ATU contractual value nominally available for 2014/15, potential scenarios using a 3-bedded ATU provision have been modelled to inform the options appraisal as to how a revised ATU and enhanced community provision could be developed.

A number of assumptions have been made for the modelling of the scenarios:

- 3-bedded ATU provision under a block contract arrangement
- Set aside £500,000 for investment subject to further need analysis and workforce modelling, but to include investment into community LD services

- A requirement to make a QIPP contribution from within the current financial resource

Using variable bed day prices the variation in impact of the block contract value on the available budget the following table shows the indicative new investment pattern of the current £1.5m spend associated with the ATU beds in Rotherham.



Recommendations

Option 1 is non-compliant with some elements of best practice, with an isolated facility with no immediate access to appropriate emergency support; and continued risk of non-compliance with mixed sex accommodation requirements. Compared to Doncaster services which is 10.8 miles from Rhymer's Court with an approximate journey time of 20 minutes and a purpose designed facility.

In considering the other two options, Option 3 is recommended as the preferred option. The provision of 3 ATU beds on Sapphire Court via a block contract arrangement, an enhancement of the Rotherham community LD service plus the piloting of 1 bed available at Swallownest Court with LD in-reach support. This option offers the most comprehensive quality benefits for the provision of LD services for the people of Rotherham, and addresses the safety and quality issues for staff and in-patients that arise from having a stand-alone isolated ATU. Early discussions with clinical staff have indicated support of this model of service delivery and an enthusiasm to enhance local community LD services and revise the ATU components of the care pathway.

The endorsement of the preferred option will inform the basis of discussions with the Rotherham LD services to appreciate what enhancement will be required within the community provision to enable the revised ATU configuration to be implemented.

A reduced ATU bed stock and relocation of the provision will need to implement in a phased and coordinated approach that is supported by the timely enhancement of the local Rotherham Community LD service.

The financial envelope for investment will need to be determined and agreed, with an allocation for enhancing the Rotherham Community LD services and a contingency budget for potential additional ATU bed provision on a spot purchase arrangement. This will be based upon further need analysis and workforce modelling.

Development of a comprehensive communication plan will be required to ensure a more comprehensive coordination of key stakeholder and public and patient involvement is organised and supported. The communication plan will need to recognise and reflect the nature of the initial review, the findings and recommendations.

Next steps

Following receipt of this report, NHS Rotherham CCG and RMBC will need to jointly consider the following next steps:

- Ratification of the agreed preferred option for the ATU provision for Rotherham via the CCG Executive Committee and Joint LD Commissioning Executive
- Agreement of an onward distribution of this report within the CCG and RMBC and externally to these organisations
- Development of a comprehensive communication plan to support the ratification of the preferred option and identifying the onward work streams to support the implementation of the revised ATU model of provision



Attain Ltd
Russell Square House
10-12 Russell Square
London, WC1B 5EH

Switchboard: 0203 435 6590
General email: contact@attain.co.uk

www.attain.co.uk