

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD**6 December 2018****BeeU- Children and Young people emotional health and wellbeing service****REPORT OF: Frances Sutherland, NHS Telford & Wrekin CCG****PART A) – SUMMARY REPORT****1. SUMMARY OF MAIN PROPOSALS**

Following the Intensive support team from NHS Improvement ST visit and final report, an action plan has been developed which includes actions under six key areas:

- Existing caseload
- Evidence based pathways
- Service identity
- Workforce
- System wide governance (recommendation for commissioners to address)
- Data and business process

Health and care system leaders have held two meetings of a task and finish group to ratify a joint action plan to address the IST findings and recommendations.

Specific concerns related to an approach to care and treatment that was in the main medication led, with a lack of clarity regarding the status of physical health checks for the Children and Young People receiving medication. This has now been addressed with a significant reduction in caseload size by over 50%. Of the remaining 715 Children and Young People on the medical caseload all have had their medications assessed to ensure treatment is appropriate. There is no indication of any Children and Young People having experienced harm. For the 32% that have not received physical health checks these will be completed in the next few weeks and monitored via the Contract Quality Review monthly meetings.

Amendments have been made to the access criteria so that all children, including Out of Area Looked After Children, are seen with equitable access

2. RECOMMENDATIONS (AND TO WHOM ACTIONS APPLY eg CCG, Council)

To note the updates

3. IMPACT OF ACTION - (How it is intended that action will make a difference)

All actions described within the report are intended to have a positive impact on those who have or who are at risk of having a poor emotional health, mental health problems, or at risk of suicide.

4. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to a specific HWB Priority	
	Yes	<i>Improving Mental Health</i>
	Do these proposals contribute to specific Co-Operative Council priority objective(s)?	
	Yes	<p>Telford & Wrekin Council's Plan to: :</p> <ul style="list-style-type: none"> • Protect and support our vulnerable children and adults <p>This supports the delivery of the Health and Wellbeing Board priority of Emotional Health and Wellbeing</p>
	Will the proposals impact on specific groups of people?	
	Yes	The service impacts on Children and young people within the Borough of Telford & Wrekin who have mental health issues or at risk of developing mental health issues.
TARGET COMPLETION/DELIVERY DATE	Various targets / milestones contained within the plans.	
FINANCIAL/VALUE FOR MONEY IMPACT		
LEGAL ISSUES	Yes	The Council and NHS bodies are required to meet their statutory responsibilities under the Mental Health Act 1983 (MHA 1983) and under the revised statutory Code of Practice under the MHA 1983, which came into force on 1 April 2015.
EQUALITY & DIVERSITY	Yes	The service supports the protected characteristic groups
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact
PATIENTS & PUBLIC ENGAGEMENT	Yes	Significant engagement was undertaken as part of the development of the new service. BeeU drop in (BEAM) brings children and young people together to discuss the service issues and feedback

OTHER IMPACTS, RISKS & OPPORTUNITIES	Yes	xxx
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PART B) – ADDITIONAL INFORMATION

The remainder of the report will contain any additional information needed to inform decision-making and is likely to include the following headings:

1. INFORMATION

- 1.1 The CCGs and local authorities jointly procured the BeeU service following service redesign to develop a more holistic response to the medical model previously delivered by the Child and Adolescent Mental health service (CAMHS). The contract was awarded to a provider partnership led by the Midlands Partnership Foundation Trust (MPFT) and including The Children's Society, Helios and Kooth.
- 1.2 The service is known interchangeably as 0-25 or 'BeeU' – the latter being a name developed after engagement with users, but as yet not universally recognised. More work is planned on service identity and marketing.
- 1.3 Significant work has been undertaken over the last 19 months with the introduction of self referral early help schemes- on line (Kooth) and drop-ins (BEAM). .A recruitment campaign was undertaken and more therapists were recruited to move towards a reduction in medication and an increase in therapies. Work has also been undertaken to streamline the process to access the service and to reduce some very long waiting lists. Average waiting times have reduced from 151 days in January 2018 to 66 in October 2018. There are still some long waits for some pathways and work is in progress to reduce these waits
- 1.4 In June 2018 the Intensive Support Team (NHS Improvement) were invited to undertake a 'deep dive' to provide expert advice and support to enable the delivery of the improvements required at pace. The background to their visit was that both CCGs had missed the new 30% access target for 17/18, there had been concerns about waiting times and inappropriate treatment since taking over from the previous provider and, slow progress moving from a medical model to a more therapeutic model as required through the new 0-25 Service Specification.

2 Intensive Support Team (IST) Findings and Response

- 2.1 The IST highlighted areas of improvement in the following:
 - 2.1.1 Existing caseload - a major problem that is slowing down the development of the new model with concerns about lack of monitoring of the physical wellbeing of CYP on medication.
 - 2.1.2 Commissioner issues - need a coordinated plan across the whole of Shropshire and Telford and Wrekin area with strong governance framework to hold all partners and commissioners to account. This will report into the newly formed STP Mental Health Group.
 - 2.1.3 Provider issues - ensure data flows are in place to measure and report access and outcome.
 - 2.1.4 Pathway issues - the development of evidenced needs based pathways with outcomes measures.
- 2.2 In relation to 2.1.1 above a comprehensive clinical and medication audit of all current cases on medication was undertaken and reported to CCGs and other system leaders on 31st October. Of the original 1475 children to have come into the service at contract handover in May 2017

715 remain in the service, mostly supervised through outpatient appointments. Of this 715, 32% have not had, or have refused to have, full physical health care checks undertaken. Additional clinics will be held over the next few weeks to ensure all children have full physical health checks completed.

2.3 As a result of the concerns raised the issue has been placed on the risk register of the CCG and formally logged on the NHS Incident Reporting System. This will be reviewed following the additional assurance being carried out at 6) below.

2.4 At the meeting on 31st October assurance was given that:

- prescribers in the service have significantly reduced the use of medicines
- physical health testing occurs, and there is evidence that practice is improving
- prescribers are asking to test service users (e.g. bloods and ECG) but there are refusals documented

2.5 To provide additional assurance both CCG medication leads have access to the detailed medication review to provide independent assurance of progress made. This was completed by 16th November and reported to both of the CCG Chief Nurses. This reported assured commissioners that the review was robust.

2.6 An action plan to respond to all of the actions contained within the IST report with specific dates for expected improvements has been developed and presented to the group above. It will also be presented to the STP MH Group and overseen by a sub-group. Specific actions concerning provider contractual activity and developments will be overseen through the normal contractual route i.e. through CQRM. Additionally, the outstanding and ongoing actions within the Recovery Action Plan (already being overseen) by the Clinical Quality Reporting Meeting (CQRM) have been merged so that there is one plan.

2.7 The Action Plan is organised under the following headings:

- Data and information quality (relates to data returns, outcomes, service utilisation)
- Existing caseload (relates to review of care and treatment of existing CYP in service)
- Evidence Based Pathways (transformation of existing service to the specification that was commissioned)
- Service identity (strengthening service 'brand' and partnership arrangements, and addressing system wide cultural changes required across primary care in understanding CYP mental health)
- Workforce (recruitment, training and skills or workforce)
- Data and business processes (arrangements to hold to account and escalate if improvements not seen at pace).

The management of the waiting list for 'core services' continues to be monitored through the CQRM.

2.8 New pathways are being developed for:

- Access – a new all-age front door will be launched from 3rd December offering one single point of access.
- Early intervention

- Core mental health
- Attention Deficit Hyperactive Disorder
- Autistic spectrum Disorders
- Eating Disorder
- Learning Difficulties
- Crisis (including A&E, Acute Hospitals and Tier 4 access)
- Looked After Children
- Out of County Looked After Children
- Youth Justice
- Transition

The above pathways will be co-produced between Children and Young People,, families and professionals from across organisations. including the voluntary organisations in the BeeU provider partnership with MPFT..

2.9 Within MPFT a new manager has undertaken the following improvements since coming into post in September: ratified all prescriptions; identified new staff for phlebotomies, ECG's and prescribing advice; identified new locations to run clinics from; sent letters to all CYP and families for physical health checks; introduced a new Looked After Children process to ensure all children including those placed from out of area ,receive an equitable service; developed a workforce plan to increase AHP's to deliver a more psycho-social model of care; established date in November for first team OD session focussing on needs, formulation and evidence based interventions; recruited psychologist and family therapist and improved administrative processes in the team.

2.10 Work has been underway to refresh the Shropshire Telford and Wrekin Children and Young People Local Transformation Plan (CYP LTP). Initial feedback from NHS England highlights further work to be undertaken in relation to workforce, financial sustainability and local place based delivery mechanisms. It is anticipated that this work will be completed for the end of November for submission to NHS England and publication on CCG website.

3 Summary

This paper has outlined the progress made following the IST visit in June 2018.

The CCGs will work closely with the BeeU service to support the further improvements set out in the action plan.

4 Recommendations

4.1 The Health and Wellbeing board is asked to note the contents of this update and note the progress that has been made to date.

4.3 The Health and Wellbeing Board is asked to review at its next meeting the refreshed CYP Local Transformation Plan which will bring a wider system focus to the developments planned for children and young people's services.

2. IMPACT ASSESSMENT – ADDITIONAL INFORMATION

*(Where you have answered 'yes' to any part of the impact assessment in Section 4, you can add additional information here if necessary. You should ensure that there is sufficient information for members to fully understand the impacts and risks of proposals before making decisions. **Information on financial and legal impacts must be completed by an officer from Finance or Legal).***

3. PREVIOUS MINUTES

4. BACKGROUND PAPERS

None

Report prepared by

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Telford and Wrekin CCG