

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Date: **Monday, 18 March 2018** Time **3.00pm**
 Venue **Meeting Point House, Southwater Square, Telford, TF3 4HS**

Enquiries Regarding this Agenda:

Democratic and Scrutiny Services	Stacey Worthington	01952 382061
Media Enquiries	Corporate Communications	01952 382403

Committee Membership:

Telford & Wrekin

Councillor Andy Burford
 (TWC Health Scrutiny Chair)
 Councillor Stephen Burrell
 Councillor Rob Sloan
 Mrs Hilary Knight (Co-optee)
 Ms Carolyn Henniker (Co-optee)
 Mr Dag Saunders (Co-optee)

Shropshire

Councillor Karen Calder
 (SC Health Scrutiny Chair)
 Councillor Heather Kidd
 Councillor Madge Shineton
 Mr David Beechey (Co-optee)
 Mr Ian Hulme (Co-optee)
 Mr Paul Cronin (Co-optee)

AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes** Appendix **A**
 To confirm the minutes of the meeting of the Joint Health Overview and Scrutiny Committee held on 11 January 2019. To Follow
4. **Proposed Reconfiguration of Ophthalmology Services** Appendix **B**
 To consider a report on the following the engagement event for users of the Eye Department, interested parties and staff on the proposed reconfiguration of ophthalmology services. To Follow
5. **Children's Mental Health Services** Appendix **C**
 To receive an update on the BeeU Service
6. **NHS Staff Survey 2018** Appendix **D**
 To receive the report on the results of the 2018 Staff Survey To Follow
7. **Co- Chairs' Update**

Agenda item: Enclosure Number TBC
Shropshire CCG Governing Body meeting:

Title of the report:	Update on the BeeU Service
Responsible Director:	Dr Julie Davies, Director of Performance & Delivery (SCCG) Fran Beck, Director of Commissioning (T&WCCG)
Authors of the report:	Steve Trenchard, Programme Director Mental Health
Presenter:	Steve Trenchard & Frances Sutherland / Steph Wain

Purpose of the report:

The purpose of this paper is to inform the Health and Wellbeing Board about the progress made in the improvements to the service in line with an action plan agreed by system leaders in October 2018 following the visit of the NHS Intensive Support Team in June 2018.

Key issues or points to note:

- There is now improved system wide governance over the BeeU service (with membership from the mental health trust, both local authorities and CCGs which reports to the Clinical Quality Reporting Meeting (CQRM)).
- This group has been meeting between CQRMs to provide additional assurance to CQRM about the actions being delivered in response to the IST report.
- MPFT have delivered additional clinics for physical health screening to those children and young people (215 in total) which had not had them. There have been no concerns raised regarding the physical health of any of the children assessed to date.
- MPFT are now delivering weekly clinics for all CYP on medication and where physical health checks are required.
- A communications action plan has been agreed to articulate the Bee U 'offer' to colleagues (including GP's) across Shropshire, Telford and Wrekin.
- An independent review was undertaken by CCG medication leads and full assurance was obtained on the approach taken to by MPFT.
- A system assurance plan has been submitted to NHSE.
- There have been team and partner development days, to agree the specialist pathways and the interdependencies for successful delivery.
- MPFT have been successful in their recruitment of new staff which has seen the team strengthened in line with a psychosocial model of care commissioned.
- The CYP LTP (Local Transformation Plan) which is a document which details the system wide improvements required across the whole spectrum of children's care and support was approved by NHS England in November 2018. This is in the process of being rewritten and actions confirmed.

Actions required by Governing Body Members:

The Health and Wellbeing Board are asked to note the contents of this update and receive assurance that appropriate steps have been taken, and continue to be taken, to continue to make the improvements identified.

Monitoring form
Agenda Item: Enclosure Number

Does this report and its recommendations have implications and impact with regard to the following:		
1	Additional staffing or financial resource implications	n/a
2	Health inequalities	n/a
3	Human Rights, equality and diversity requirements	n/a
4	Clinical engagement Engagement is required with colleagues across health and social care, schools and the voluntary and community sectors.	Yes
5	Patient and public engagement Ongoing engagement is required with CYP and families and health and care colleagues in relation to the development and implementation of new pathways.	Yes
6	Risk to financial and clinical sustainability	No

Update on the BeeU Service

Author: Steve Trenchard, Programme Director Mental Health

Background

- 1 In November the Governing Bodies of both CCG's were informed that a comprehensive clinical and medication audit of all current cases on medication had been undertaken. At that time, of the 715 children remaining on caseload, 32% (215 children) had not had, or had refused to have, full physical health care checks undertaken.
- 2 Additional clinics have since been held and all children have now had full physical health checks completed. There are no concerns about the physical health of any child following assessments.
- 3 To provide additional assurance both CCG medication leads have undertaken a detailed medication review to provide independent assurance of progress made. This was completed and reported to the Clinical Quality Reporting Meeting CQRM and full assurance gained through the process. The thorough approach taken by MPFT acknowledged.
- 4 An action plan to respond to all of the actions contained within the IST has been agreed, and is being report through the CQRM.
- 5 System wide governance has been strengthened with the establishment of a CYP Group which reports into the STP MH Group. And in addition a task and finish group has been established to provide additional assurance to the CQRM. To date, the progress against the actions in the plan have been achieved, including:
 - a. Recruitment of more staff with wider skill set such as psychology and family therapy.
 - b. Communications plan with focus on clarifying the BeeU offer and engaging with GP's in their locality meetings across Shropshire, Telford and Wrekin. All locality meetings received a presentation and BeeU to return in 6 months.
 - c. Team development days held bringing together partners to contribute to development of the service.
 - d. Continuation of service with Kooth, Healios and Children's Society.
 - e. Workforce plan in progress
- 6 The medication leads for both CCGs are identifying the numbers of CYP that have been discharged to primary care to determine if they are on medication, and that physical health checks have been undertaken. In addition, CCG's and MPFT have renewed the current shared care agreements.
- 7 In relation to the CYP LTP this has received assurance by NHSE and is available to read on both CCG websites. The system has agreed with NHSE that the plan will be refreshed quarterly. The reason for this is that there needs to be much wider engagement with the workforce and with CYP to ensure the plan is understood, owned and actions are achievable. Additionally the workforce component of the plan needs strengthening.

- 8 The CYP LTP follows the 'windscreen of need' which is an established model for describing children and young people's services. The table below illustrates at a high level the nine programmes. Within each of these programmes are specific actions, and it is these that require further finessing and workforce and partnership engagement.

Programme No.	Link to Windscreen of Need	Programme Title
1	Early Identification	Improving awareness and understanding of emotional health and wellbeing in CYP for all CYP, families and professionals.
2		Improved availability and consistency of family information to support children and families.
3	Targeted Prevention	Timely and visible access to appropriate practical help, and support and treatment.
4		Focussing support on vulnerable CYP and their networks
5	Treatment	Evidence-based care interventions and outcomes.
6		Develop our workforce across all services
7	Stabilise and Step Down	Ensure strong partnership working and system wide governance
8		Fully involving Children, Young People and Families
9	Crisis Resolution	Improved crisis care

- 9 An example of an area requiring immediate attention is Programme 4 and 9 where agreement has been reached to undertake a 'deep dive' into Looked After Children (LAC) across both local authorities. This will start with a focussed meeting of leaders to explore opportunities for earlier intervention and improved support around LAC.
- 10 In relation to system wide learning following the IST visit and report a Roundtable Learning Event is planned for 21st March 2019. A report from this day will be available for the senior leadership teams of commissioning organisations.
- 11 The services offering 'lower level interventions' at the front end of the pathways is proving beneficial and there are satisfactory rates of access to the Healios and BEAM services. The CCGs have asked for additional contracting information for these services regarding capacity and future plans for increasing accessibility to meet demand.
- 12 The five year contract for these services included a percentage of the contract values for outcomes and how these are monitored. The work underway on pathways is identifying which outcomes will be routinely collated.
- 13 In relation to waiting times for the service the table below illustrates the most recent position:

	January 2018	January 2019
Total CYP waiting to be seen	1942	558
Mean waiting time	151 days	69 days
Median wait time	178 days	14 days
Average no of referrals per month	326	352
Average number of referrals refused	24	2

For children and young people presenting to services with eating disorders the services is meeting the waiting time target of routine assessment within 4 weeks (100%) and urgent within 1 week (100%).

Summary

- The Health and Wellbeing Board is asked to note that significant work has been undertaken to reduce waiting lists but there are still too many children where there are unacceptable waiting times in the neurodevelopment pathways. This is a national problem given the very specialist teams required and we await a business case to understand this more fully.
- Prescribing for children and young people is being reviewed on an individual basis and where appropriate reduced or stopped. The BeeU core team have systems in place that alert the team when appointments are missed and when medication needs to be reviewed.
- All pathways are in development and are due to be finalised by 30th March 2019.
- The workforce plan will be available for review on 1st March 2019.
- All pathways will be subject to capacity and demand analysis to determine the current whole service demand and ongoing sustainability.

Recommendations

- 15 The Health and Wellbeing Board is asked to note the contents of this update and note the progress that has been made to date.
- 16 The Health and Wellbeing Board is asked to schedule a report on the CYP LTP to a future meeting after further system wide engagement has been undertaken.