



Date: Thursday, 18 January 2018

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,  
SY2 6ND

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## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### **10 0-25 Emotional Health and Wellbeing Service** (Pages 1 - 4)

A presentation will be made and a report is now attached.

Contact: Dr Julie Davies, Shropshire CCG, Tel 01743 252295.

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## Health and Wellbeing Board 18 January 2018

### 0 – 25 EMOTIONAL WELLBEING SERVICE

#### Responsible Officer

Email: Dr Julie Davies Shropshire CCG

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#### 1. Summary

This report updates the Shropshire Health and Wellbeing Board regarding the implementation of the new 0-25 Emotional Health and Wellbeing Service through a report presented to Shropshire CCG Governing Body meeting on 10<sup>th</sup> January 2018.

This paper gives a brief background to the commissioning of the new 0-25 Emotional Health and Wellbeing service. The paper identifies the issues, which have recently emerged, and describes the work undertaken to address these.

#### 2. Recommendations

Note the service issues identified and the actions taken to date by both SSSFT and Commissioners, and to monitor the progress of the implementation of the Remedial Action Plan.

### Report presented to Shropshire CCG Governing Body

#### Introduction

- 1 This paper gives a brief background to the commissioning of the new 0-25 Emotional Health and Wellbeing service. The paper identifies the issues, which have recently emerged, and describes the work undertaken to address these.

#### Background

- 2 In 2015 the four commissioners (local authority and CCGs) across Shropshire, Telford and Wrekin commenced a procurement exercise to commission a comprehensive 0-25 Emotional Health and Wellbeing service. This was in response to problems with the previous service including long waiting times, a medically biased service model and narrow focus on children and young people with quite advanced mental health issues. Patient stories and views from local professionals indicated a variety of quality concerns which needed addressing.
- 3 The tender process included a radically different service specification which catered for 0-25 year olds; had a focus on prevention and early treatment; was outcome based and included young people throughout the process.
- 4 A contract was awarded to South Staffordshire and Shropshire Healthcare Foundation Trust (SSSFT) as prime provider from May 2017. The partnership included Shropshire Community Trust, Kooth, Healios and the Children society. The bid included online support, early intervention, learning disabilities, neuro development service as well as a specialist mental health service.

## **Update on Implementation**

- 5 **Waiting lists:-** Part of the implementation was to reduce the historic long waiting lists. SSSFT has worked tirelessly across the partnership to dramatically reduce waiting times. These reduced from 800 to fewer than 20 within 6 months.
- 6 **Early support and intervention:-** Implementation of the new service included the introduction of online support services. Kooth is available to all young people in the area without a referral and consists of information, self-help materials as well as therapy. Healios provides therapy to young people who have had an assessment where this is an appropriate treatment or intervention. This service was able to support the Trust with significant therapy input to reduce the waiting list for the service. Drop-in services in both localities were commenced in September by the Children's society, another sub-contractor to the service.
- 7 **Service review:-** SSSFT commenced a service review of the specialist mental health elements of the service and have taken a very proactive approach to identifying issues. The Trust has remained open and honest throughout this process and put in place mitigating actions wherever possible. The Trust quickly took action to change the relationship with incumbent provider and staff were moved to the direct employment of SSSFT using the Transfer of Undertaking of Protected Employment arrangements (TUPE). This was to help provide a more sustainable service, greater support and quicker change.
- 8 The Trust has also identified additional clinical capacity, leadership and project management support to ensure robust safe implementation of new processes. The additional capacity has provided a detailed review of the clinical practice which exposed some issues. This was raised with commissioners on 16 November 2017. It included the issuing of a Regulation 28 order from the coroner's office after a child death in January 2017 (prior to this contract award).
- 9 The Trust is now confident that their proactive approach has identified the full extent of the problems. The remedial work required has commenced but commissioners and the Trust all recognise further action will be needed to fully address the problems.

## **A summary of the main issues/risks identified**

- 10 There was no clear understanding of the children on the many different caseloads across the service. This is because individual workers held their own caseloads and there was no systematic way of recording caseloads or care plans.
- 11 There were many access points into the service.
- 12 The old IT system was not robust enough to monitor who was in the service or the waiting times.
- 13 There was no formally agreed risk assessment processes across the service, so high risk individuals could not easily be identified.
- 14 There was no agreed process for reviewing individuals in therapy or on waiting lists.
- 15 There has been no robust caseload supervision to ensure clinicians are clear about their role and are supported to manage risk.

- 16 The Regulation 28 order highlighted the lack of processes to assess risk and response to urgent referrals.
- 17 There was a lack of data available to provide commissioners with assurance of who was in the service; how long patients are waiting or what interventions were provided.
- 18 Given these concerns the commissioners issued a Contract Performance Notice under the standard NHS contract, on 30 November 2017 with a requirement for the Trust to develop a Remedial Action Plan.

### **Key work streams within the Remedial Action Plan**

- 19 **Single Point of Access**-The Trust has implemented a new 'single point of access' which started on the 4<sup>th</sup> December 2017. This ensures all patients are triaged, assessed (including risk assessments), and by a dedicated team who use evidence based processes and protocols. This provides assurance that all individuals are entered onto an IT system for monitoring; risk assessments are in place, so those requiring urgent interventions are seen in a timely way; and it provides data for measuring against waiting time standards and outcomes. The new arrangements ensure a clear process is followed for new referrals.
- 20 **Assessment and treatment** - All patients within the present system have been entered into the clinical IT system. This indicates 3300 children are in the service. This data is being validated during January 2018. A team of senior clinicians are undertaking caseload reviews with all caseload holders. Additional senior clinicians have been identified to undertake this work over the next 2-3 months. The approach will ensure the safety of children and young people as quickly as possible; support staff in caseload management; support rapid culture change; undertake training on the risk assessment process and implement caseload management, all at pace. The additional staff will need to be sourced from outside the Trust to ensure *additional* clinical capacity is provided.
- 21 **Management of change** process has been undertaken with a new staffing structure which includes clinical quality leads in addition to managers. This ensures clinical and caseload supervision will be undertaken and professionals are supported in their practice. The Trust is now out to recruitment for vacant posts.
- 22 **Communication** – a plan is in development to ensure service users, parents and professionals are clear about what they can expect from the service over the coming months and years. The service has undertaken engagement with service users to develop its new name- Bee U.

### **Commissioner Action**

- 23 A contractual performance notice has been issued to the Trust which ensures that the Trust has a Remedial Action plan (with details of how and when they will deliver the agreed service specification). This will be monitored via the NHS Contract Review Board on a monthly basis.

### **Recommendation - The Health and Wellbeing Board are asked to:**

- 24 Note the service issues identified and the actions planned and taken to date, by both SSSFT and Commissioners.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**Cabinet Member (Portfolio Holder)**

Cllr Nick Bardsley

**Local Member**

**Appendices**