Shropshire Council

Date: Monday, 24 June 2019

Time: 10.30 am

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

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

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NHS
Shropshire
Clinical Commissioning Group

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

Title of the report:	Update on the BeeU (0-25 year's old) Emotional Health and Wellbeing Service
Responsible Director:Melanie Please accept my apologies for this evening's meeting. steve	Fran Beck, Director of Commissioning (T&WCCG), Dr Julie Davies, Director of Performance & Delivery (SCCG)
Authors of the report:	Steve Trenchard, Programme Director Mental Health
Presenter:	Frances Sutherland, Steve Trenchard, Steph Wain

Purpose of the report:
The purpose of this paper is to provide the Joint Overview and Scrutiny Committee with an update on progress made in relation to the required improvements following the Intensive Support Teams visit to the service leading to an action plan agreed by system leaders in October 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.
- An agreed stepped care service model has been proposed.
- A system application has been made to NHS England to fund two specialist Mental Health in Schools Teams (MHSTs)

- A system event has been held to explore new models for meeting the needs of Looked After Children (LAC)
- Concerns remain about the numbers of children with neurodevelopmental disorders who are on waiting lists for assessment of their needs.

Actions required by Governing Body Members:

The Joint Overview and Scrutiny Committee 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.

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	Yes
	Engagement is required with colleagues across health and social care, schools and the voluntary and community sectors.	
5	Patient and public engagement	Yes
	Ongoing engagement is required with CYP and families and health and care colleagues in relation to the development and implementation of new pathways.	
6	Risk to financial and clinical sustainability	No

NHS Shropshire CCG and Telford and Wrekin CCG

Update on the BeeU (0-25 year's old) Emotional Health and Wellbeing Service

Author: Steve Trenchard, STP Programme Director Mental Health

Background

1 Following the Intensive Support Team (IST) visit in the summer of 2018 a system concern was that there were a large number of children without physical health assessments who were on medication. A comprehensive clinical and medication audit of all current cases on medication was 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 The NHS Trust (MPFT) implemented the repeat prescribing SOP (standing operating procedure) and to gain additional assurance of its implementation in May 2019 competed an audit which showed that:

a. Physical health testing is now available as part of BeeU pathways
b. Clinicians only transfer prescribing responsibility using the agreed documentation and processes.
c. All patients where prescribing responsibility remains with MPFT, are reviewed by an independent prescriber, at a minimum of every 6 months. This means that all amber rated children will have been reviewed since October.

4 An action plan to respond to all of the actions contained within the IST has been agreed, and is being reported through the Contracting Quality Reporting Meeting (CQRM).

5 System wide governance has been strengthened with the establishment of a Children and Young Peoples (CYP) Group which reports into the Sustainability Transformation Partnership (STP) Mental Health (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. This will be completed by end of July 2019.

7 In relation to the CYP Local Transformation Plan (CYP LTP) this has received assurance by NHSE and is available to read on both Clinical Commissioning (CCG) websites. The plan will be regularly refreshed to ensure 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, which is underway.

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.

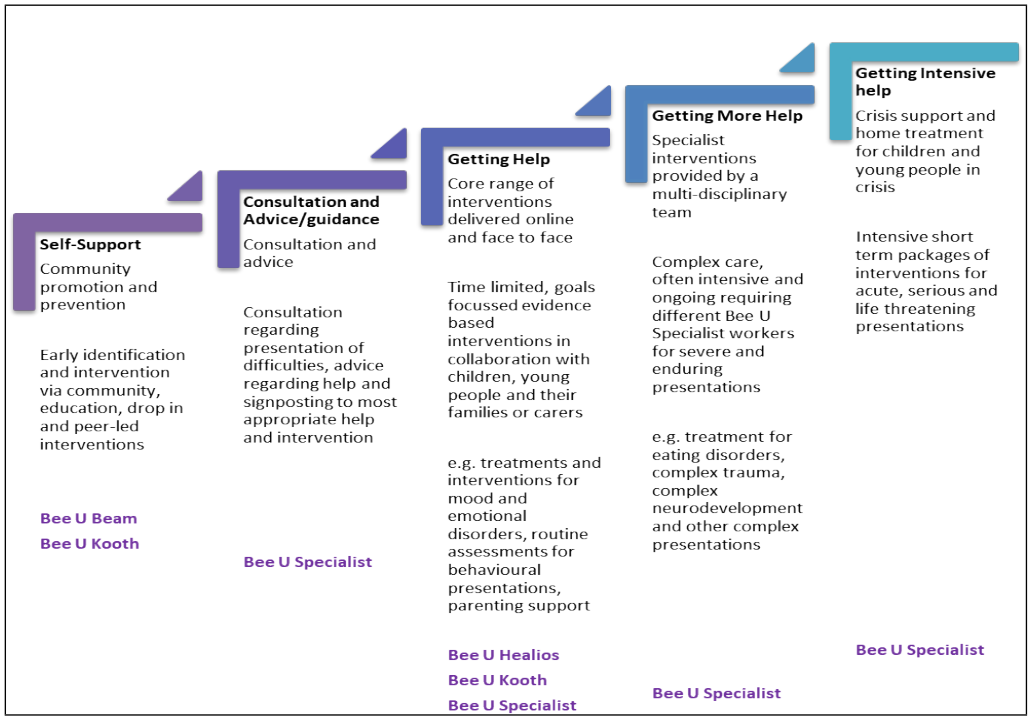
Programme No.	Link to Windscreen of Need	Programme Title
1	Early Identification	Improving awareness and understanding of emotional health and wellbeing in CYP for all CYP, families and professionals.
2		Improved availability and consistency of family information to support children and families.
3	Targeted 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. A workshop was held on 14th June with both CCGs, Local Authorities and MPFT involved where the scale of the challenge to ensure excellent services for LAC was explored. All parties found the event to be helpful in sharing good practice and identifying possible solutions for improved system working and agreement was reached in principle to move at pace to construct a different service offer for LAC.

10 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.

11 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 various specialist pathways within a stepped care model is identifying which outcomes will be routinely collated.

12 The IST report identified the BeeU service delivery model as a key area of concern, and the action plan focus was to develop and agree a model of delivery for the service going forward, that described a fully integrated BeeU offer and wider engagement with CYP services. The detailed work has produced a draft service delivery model that incorporates the THRIVE principles and a stepped care approach to delivery in terms of expected interventions quality and outcome. This model implements a genuine single point of access, ensures CYP can move seamlessly across pathways without the need for multiple assessments. The stepped care model is shown below:



13 The Thrive model is a nationally recognised model of good practice which has been approved by national policy teams. The purpose of the stepped care approach is to provide effective leadership to the whole system (i.e. GP's, schools, community groups, young people and families, etc) that there is a lot that CYP can do to help themselves, and that moving up the steps is a dynamic process starting with consultation and formulation of needs and the nest approach to take. Emotional difficulties in CYP should not lead to an automatic referral to specialist Bee U. The move nationally for Child and Adolescent Services (CAMHs) is to enable effective interventions to be available to CYP as close to their homes and schools as possible, without referral into specialist services.

14 Further work is required to ensure that the specialist interventions delivered within the stepped model are appropriately described and shared with stakeholders CYP parents and Carers.

15 The current draft specialisms need to be standardized, provide a consistent description of service offer, detail the interrelations/dependencies between steps and suggested duration and outcomes.

16 The principles of the Thrive Framework, underpinned the workforce modelling along with the opportunity for staff to work across the model. This would increase the skill set of the workforce, allow for more flexibility and reduce rigidity in staff only having a very specific set of skills. This approach is believed to be in the best interests of providing care to young people.

17 When considering the proposed model compared to the existing workforce, it can be seen that there are more psychological posts, in line with the Thrive Framework and the necessary move towards a more biopsychosocial model of care. There are more posts at a lower banding to undertake tasks that can be performed at that level but that are currently being undertaken by staff at a more senior level. These posts will be supervised by more senior staff.

CYP IAPT (Improving Access to Psychological Therapies) framework principles

18 0-25 BeeU service has signed up to become part of the nationally approved CYP IAPT collaborative. The framework and principles that the collaborative provides offers a clear structure under which to continue to develop the BeeU service providing wider access to good practice and support via Collaborative Board meetings. As part of the collaborative there needs to be a local CYP IAPT Steering Group, Project Plan for CYP IAPT. Support has been offered via the regional support team to provide Transformation workshop – ½ days on the CYP IAPT Transformation principles for the wider workforce.

19 The offer also includes Thrive workshop- to focus on the prevention and getting help elements of Thrive particularly with the wider workforce. Plus support to implement Routine Outcome Measures (RoMs) and develop quarterly reporting. Utilizing this framework would support the continuation of the focus that has been developed and provide the assurance that the work still required is completed. There is significant synergy between the CYP IAPT framework and the areas of work that have been undertaken so far, work that now needs to continue to be developed further to see the quality interventions and effective outcomes for CYP.

System Learning Event

20 Held on 21st March 2019 the event enabled honest and open discussion to take place reflecting on procurement, contracting, performance management and relationships. The event also had the benefit of hearing from a senior independent researcher who had undertaken evaluation into the service from April 2017.

21 The meeting reflected on how together the 'system leadership' had failed to really listen to the issues facing this service which had been 'known' for a number of years. When the issues where named in detail the commissioning response was to increase its focus on assurance and scrutiny, where perhaps an appreciative approach might have been more appropriate to gain a deeper understanding of the issues. The findings from the independent evaluation highlighted that this is a very difficult and complex area of healthcare. The experience of a similar service in Birmingham was that it had also struggled and has taken nearly five years to achieve the 0-25 years model – it is very different to traditional CAMHS. It requires mature and balanced leadership for the required changes to be made.

22 The learning event highlighted the following:

a. Procurement - Generally a good co-produced process leading up to procurement but last minute changes to the model of delivery saw provider status change with little time for the necessary full due diligence to be undertaken. Aspiration for new model became diluted as continuing issues with long waiting list continue and other quality issues emerged.
b. Contracting - Outcomes based contract still not realized and original contract not supported by detailed modelling of need against JSNA. Contract mobilisation was not clearly established in transformation plan with clear milestones. Therefore contract management function lacked focus and became transactional – same system behaviours produced continuation of long standing problems.
c. Performance Management - The expectations held by commissioners for the transformation of the existing service into the new model were very high and in hindsight, unrealistic. The decision to move to one provider over the prime model resulted in processes that were carried out in haste, with the result that business as usual continued, reinforced through transactional contract management arrangements.
d. Innovation - There were aspects of the new service which demonstrated the innovation sought such as the new partnership between Kooth, Healios and Beam to meet emotional needs of CYP. However, the longstanding service issues within the service stifled innovation which resulted in:
    i. The new model not being shared or communication.
    ii. Loss of important features of the model in order to stabilize
    iii. Little or no innovation up to time of IST visit

23 From October 2018 to now the following has occurred:
    i. New model of care agreed – MDT with evidence based interventions
    ii. New clinical information system
    iii. Joint training with LA staff
    iv. Improved ESCA's, reduced locums, more psychologists
    v. Major organizational development (OD) support for BeeU team
    vi. Workforce modelling
    vii. Waiting list down apart from for those CYP with neurodevelopmental needs

24 In relation to the last bullet point above, there is within the service an unacceptable waiting list for children with possible neurodevelopmental disorders (such as autism spectrum disorders) awaiting assessment. The commissioners are aware of this, and are in discussion with MPFT to consider a number of potential solutions. The waiting list was transferred when the service was recommissioned and has since grown. The main challenge relates to recruiting the right staff to undertake the required assessments in line with NICE Guidance.

Relationships

25 In the mobilisation period the relationships between commissioners and the provider became strained. The impetus to continue with business as usual (especially waiting list reduction) outweighed the capacity to undertake the transformation envisaged. The expectations for change were seen as unrealistic in light of the new information that came to MPFT regarding systems, culture, workforce morale and the requirement to undertake TUPE at pace. There was loss of memory and knowledge to the system.

26 The challenge now facing the 'system team' is how to move from leadership behaviours characterized as 'transactional' to 'transformational' within a refreshed governance and assurance process. This is likely to require changes for individuals, teams and processes to enable the dialogue and commitment we heard during the event to become a reality. The recommendations have been shared with Shropshire CCG Quality Committee and the Executive Team and NHS England Assurance Team.

27 The findings concurred with an internal audit which highlighted issues around key personnel changes had resulted in loss of organizational memory, poor contractual grip following the contract transfer and slow mobilisation by the provider.

Summary

- The Overview and Scrutiny Committee is asked to note the progress made following the IST visit.
- Whilst progress has been achieved in relation to waiting lists 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, the changes to the pathways since the service was commissioned, and a business case to understand this more fully has been developed.
- 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 have been developed and written and an implementation plan considered at the June contracts meeting.
- The service has agreed to link to the CYP IAPT
- The workforce plan has been developed and will be refreshed in line with Health Education England guidelines..
- All pathways will be subject to capacity and demand analysis to determine the current whole service demand and ongoing sustainability.

Recommendations

28 The Joint Health Overview and Scrutiny Committee is asked to note the contents of this update and note the progress that has been made to date.

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