

MEMBER QUESTIONS

Question from Councillor Alex Wagner

Shropshire Director of Public Health stated recently that our county has the 3rd lowest budget in England for mental health services, something evident for anyone who has interacted with the system.

What is the current strategy for improving Shropshire's Mental Health Services and lobbying for better funding?

Response from Councillor Cecilia Motley, Portfolio Holder for Adult Social Care, Public Health and Communities

Thank you for your question. The information the Director of Public Health was referring to was specifically 3rd lowest "NHS" budget in England and was based on the evidence from work by the Midlands Strategy Unit in 2019. It was based on Shropshire CCG at that time.

Shropshire Council have continued to raise the underfunding of NHS mental Health services directly through the Joint Health Overview and Scrutiny Committee, with the then CCG and STW ICS and to Government offices in response to new sources of funding not being made available to Shropshire, despite the high levels of need.

Mental Health has been identified as both an Integrated Care System and Shropshire Health and Wellbeing Board Priority. The current strategy and work to improve NHS spend and outcomes for mental health in the County is detailed in the Clinical Strategy for Shropshire (which includes mental health) and The Five Year Forward Plan. Priorities are delivered through several Boards including the Mental Health and Learning Disability and Autism Children and Young People Board and an Adult Community Mental Health Transformation Board

The NHS Long Term Plan aims to deliver the fastest expansion in mental health services in the NHS's history, with thousands more adults being able to access talking therapies for common disorders and better support being offered to children and young people. Some of core initiatives underpinning this ambition are:

1. Increase funding via the mental health investment standard to transform mental health care so more people can access treatment by increasing funding at a faster rate than the overall NHS budget
2. Make it easier and quicker for people of all ages to receive mental health crisis care, around the clock, 365 days a year, including through NHS 111
3. Expand specialist mental health care for mothers during and following pregnancy, with mental health assessments offered to partners so they can be signposted to services for support if they need it
4. Continue to develop services in the community and hospitals, including talking therapies and mental health liaison teams, to provide the right level of care for hundreds of thousands more people with common or severe mental illnesses.

Mental Health Planned Expenditure increased from £95m in 21/22 to £102m in 22/23 and the system met the mental health investment standard of 12% of the base allocation being invested in mental health services.

Across Shropshire Telford and Wrekin, data reported at the ICB Board details that NHS Talking Therapies access numbers in April 2023 have reduced slightly from the last few months, but the service remains on plan to achieve the year-end target for 2023/24. Implementation of the new combined service is on track and the waiting list for more complex patients, continues to reduce. Recovery rates are often below the 50% target due to incorrect referrals to the Talking Therapies service subsequently discharged without treatment. Those patients who did complete core treatment generally have a good recovery.

Dementia diagnosis rates to April are 58.3% and show a continuation of modest improvements in line with the trajectory but remain below the national target of 66.7% and the England average of 63.2%. The procurement of an assessment service led by Midlands Partnership University Foundation Trust (MPUFT) to reduce the number of people currently waiting was unsuccessful, and other options are being explored.

The ICB in conjunction with the regional leads for Dementia has undertaken best practice learning workshops. Currently there is work focussed on care homes and over-85s. Waiting times for people on the pathway are reducing which is a positive step. A refreshed project plan for the implementation of the Dementia Vision and work programme to increase diagnosis rates is currently being developed in collaboration with MPUFT. Data around access rates and conversion rates remains an issue, however the provider has a plan of action underway to address this.

Children's access is below the long-term plan target, with some data and recording issues identified. Further MH Support Teams (MHST) are being implemented to extend services to more schools and increase access. MPUFT have been requested to review the data reporting issues to ensure that all contacts are recorded appropriately to enable ICB to have confidence in the accuracy of reporting. The number of children waiting more than 18 weeks is at the end of May 2023 is 781 with 364 patients waiting over 30 weeks. Waiting list initiatives are in place to provide additional support and reduce the number and length of time that children and young people (CYP) are waiting for core MH, and Neuro-developmental (ASD) services.

CYP Eating Disorders compliance for Urgent cases remains below plan at only 33% in quarter 4 and there are currently 5 patients who have been waiting above the 4-week standard. Local reporting from the provider indicates that this has reduced to 1 individual waiting between 5-8 weeks as of 13/06/23.

Psychiatric Intensive Care Unit (PICU) and Acute Out of Area placements demand is volatile but occupied bed days for inappropriate placements have been reducing over recent months. The high demand is a national issue and is continually under review. At the end of May there was 1 inappropriate acute placement, and 3 inappropriate PICU placements.

The number of adults waiting for an ADHD assessment continues to increase which exceeds current service capacity. Of the 2149 waiting at the end of April 1473 (69%)

are waiting over 18 weeks. Individuals are entitled to exercise choice of provider if the Choice framework guidance criteria are met, however it is noted that the rise in demand is a national not a local issue and providers nationally have increasing lists. There will be implications for commissioned services in relation to ongoing treatments for appropriate individuals following diagnosis.

Mental Health inpatient stays for adults with a Learning Disability (LD) are 18 inpatients (45.8 per million population) against a plan for quarter 1 of 19 i.e., the trajectory has been exceeded in a positive direction. The ICB are refocusing in this area and working with regional colleagues via supportive performance reviews to ensure that the end of year target is met.

There are 3 children (30 per million population) with LD in inpatient beds against a target of 15 per million population plans are in place to discharge 2 children.

STW ICS priorities include an ambition to prevent mental disorders in young people (and by default adults) through effective mental health promotion and prevention as well as transforming current services to ensure they are accessible, integrated and reflect the best available evidence.

A detailed table of actions can be found at the end of the document. These are taken from the system 5-year operational plan. This plan has been developed in partnership between the local health system, local authorities, providers and members of the public engaging in the big conversation.

Provider Collaboratives are partnerships that bring together two or more NHS trusts (public providers of NHS services including hospitals and mental health services) to work together at scale to benefit their populations. STW ICS will continue the development of a local Provider Collaborative for Mental Health across Shropshire, Telford and Wrekin for all mental health transformation, developing effective partnerships and working collaboratively to provide seamless, well integrated services whilst bringing the design and provision of care closer together for the benefit of our communities. Increasingly over the 5 years covered by this plan they will seek to ensure that the provider collaborative works across statutory and non-statutory organisations alongside co-production with the wider communities involved with upon by service delivery.

In terms of work outside of NHS specific funds to improve Shropshire's residents' mental health and wellbeing the list below provides some areas of additional investment and activity:

- Public Health, Shropshire Council have invested into a co-ordinated bereavement support offer to for anyone living in Shropshire struggling with bereavement, grief and loss. This includes an outreach offer for children and young people.
- In addition, Shropshire Council have invested into the online emotional wellbeing, peer support offers Together All as a universal prevention model and mental health literacy enabler.
- To signpost residents to support, the Public Health team have created a dedicated public facing mental health and wellbeing resources page via the

Council website which outlines recommended first point of contact for differing level of emotional wellbeing need as well as an ICS wide Suicide Prevention resources page

- Co-ordination of a school mental health leads network to connect education and health to strengthen the CYP mental health offers and pathways (via Anna Freud network and resources)
- Promotion and investment into the Future in Mind CPD subscription programme for mental health leads in Shropshire schools has taken place. Run by the Severn Training and Schools' Alliance, in partnership with Shropshire Public Health and the Mental Health Support Teams
- Some Shropshire schools will already have access to the national Mental Health Support Teams (MHST) offer which is being rolled out across England where local Education Mental Health Practitioners (EMHPS) provide early intervention and prevention of common mental health problems. The roll out is being carried out in phases over the next few years.

In addition to the above, the various mental health partnership groups do seek opportunities to bid for funding programmes to take forward projects to improve outcomes for people with mental health issues/prevent mental ill health as well as address wider determinant risk. However, these programmes usually have defined, and time limited finances associated and often by the time impact is observed, funding ends – sustainability of many programmes aimed at improving resilience, reducing mental health inequalities is often a challenge.

Detailed actions

Action	Owner	Timescale
Adult Mental Health		
Complete Adult Services Transformation Programme	Programme Director and SRO MPUFT	April 24
Develop and implement a programme of work to enable local repatriation of individuals receiving community rehabilitation who are being supported away from their family and home area.	Director of Mental Health, CYP and LD&A and System SRO Mental Health	Complete by April 25
Complete review of Talking Service (previously IAPT) model and implement new service model. Deliver service improvements to achieve national access targets	Director of Mental Health, CYP and LD&A and System SRO Mental Health	April 24 March 24- March 29
Develop our Talking Service model to link into the mental health elements of pathways for the clinical priorities and respiratory services, including cancer pathways.	Director of Mental Health, CYP and LD&A and Clinical Strategy Lead	April 23 – March 25
Crisis Support		
Undertake a demand and capacity review to determine our local needs		2023 TBC
Implement 111 Option 2 for all urgent calls being directed to our local 24/7 access professionals		September 2023
Develop the support to reduce suicide and a pathway for bereavement support.		Ongoing

Increase support to individual prior to reaching a crisis-early intervention	Director of Mental Health, CYP and LD&A and System SRO Mental Health	TBC
Develop pathways with VCSE support with a focus on Twilight 6pm-2am shift including closer working with ambulance service and police.		TBC
Develop non-hospital crisis beds with the third sector to reduce hospital admissions		
Develop services for the homeless community and review pathways into substance misuse and secondary mental health services.		TBC
To continue to work with West Midlands ambulance service to develop mental health support within their offer	Clinical Lead and Commissioning and Contracting Lead	Ongoing
Develop an all age HBPOS offer with staff skilled in both adult and Children's mental health.	Director of MH CYP LD&A and System SRO Mental Health	March 25
Children and Young People's (CYP) Mental Health		
Develop and engage on an up-dated Children and Young People's (CYP) Local Transformation Plan (LTP) Strategy.	Director of MH CYP LD&A and Clinical Strategy Lead	2023-24
Undertake a review of the existing BEE U services and service redesign/ procurement based on CYP plan above	Director of MH CYP LD&A and Clinical Strategy Lead	TBC
Develop the offer for prevention and early intervention to support CYP and their families as part of review above		2025
Develop and offer training to all staff across the system to understand the negative impact of adverse childhood experiences (ACEs) in later life.	Clinical Strategy Lead and System SRO MH	TBC
Develop the mental health support offer for family, parent and carer support for children with complex needs	LA Leads, Director of MH CYP LD&A and Clinical Strategy Lead	TBC
Ensure transitional planning is a part of all CYP to adult pathways	Clinical Strategy Lead	Ongoing
Older People's Mental Health Services		
Undertake demand and capacity modelling for future service demand relating to Dementia	Director of Mental Health, CYP and LD&A and System SRO Mental Health	March 2025
Fully implement the revised model of service delivery necessary across the system to achieve the principles of the Dementia Vision including VSCE and Primary Care		
Achieve the Dementia Diagnosis rate of 66.7 % for 23/24	Director of Mental Health, CYP and LD&A and System SRO Mental Health	March 2024
Continue to deliver the national target rates 24 onwards		
Maximise opportunities to join up thinking and service delivery with SaTH to ensure high quality, timely discharges for older adults experiencing mental health problems.	Director of Mental Health CYP and LD&A and Clinical Strategy Lead	Ongoing
Maximise opportunities to join up thinking and service delivery with Primary Care to ensure high quality, integrated care for older adults experiencing mental health problems.	Director of Mental Health CYP and LD&A and Clinical Strategy Lead	Ongoing

Learning Disabilities and Autism		
Develop an integrated offer around the reduction of inappropriate prescribing for adults and children (STOMP/STAMP) and bring organisations together.	Director of Mental Health CYP and LD&A, Clinical Strategy Lead	Dec 2023
		March 24
Raise the awareness of autism and what issues people may have as well as continue to expand the use of the Autism passport.		Ongoing
Develop services for individuals with ASD who don't meet current criteria for secondary mental health services.		August 25
Achieve adult national trajectory of no more than 30 per million individuals who are inpatients Achieve CYP national target of no more than 11 per million individuals who are inpatients		March 24
Develop and implement a diagnostic Learning Disability Pathway	Clinical Strategy Lead	March 24
Specialist Mental Health Services		
Perinatal Support		
Develop services to enable the longest wait for Tokophobia and bereavement and loss does not exceed 4 weeks from referral to assess and treat.	Director of Mental Health CYP and LD&A, Clinical Strategy Lead	March 24
Maximise opportunities to work with West Mercia police and partners in Local Authority to consider what support can be offered to individuals and families affected by Operation Lincoln.		Ongoing
Eating Disorder Services		
Develop and implement eating disorder services including specialist services for more complex longer-term individuals.	Director of Mental Health, CYP and LD&A and Clinical Strategy Lead	April 25
Neurodevelopment Disorders		
ADHD and ASD		
Develop a robust assessment, diagnosis and treatment pathway and reduce the waiting list to 18 weeks for ADHD/ ASD	Director of Mental Health, CYP and LD&A and Clinical Strategy Lead	March 27
Ensure there are clear shared care agreements in place and that there are processes for reviewing prescribing for ADHD	Clinical Strategy Lead	2023-2025
Mainstream services will be trained to ensure reasonable adjustments are made for those with ADHD /ASD	Clinical Strategy Lead	March 25
Learning Disabilities		
Mainstream services will be trained to ensure reasonable adjustments are made for those with ADHD /ASD	Clinical Strategy Lead	March 25
Provider Collaborative		
Scope Potential to implement a Mental Health Provider Collaborative across MH Providers and Local Authorities and ICB	Programme Director Provider Collaborative Scoping Programme	March 24

Question from Councillor Bernie Bentick

What are the total budgets for 2022/23 and 2023/24 for Women's Health in the following categories: Community, Primary Care, Secondary Care, Obstetrics and separately Sexual Health, Contraception, Menopause and non-urgent gynaecology? What is Shropshire's progress in implementing the most recent strategy publication for Women's Health?

What are the current waiting times for these services?

Will Shropshire Council formally request Shropshire, Telford and Wrekin Integrated Care System to formally establish a Women's Health Hub to provide comprehensive services for the women of Shropshire as published by DHSC and the Secretary of State for Health in March 2023?

<https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england>

<https://www.gov.uk/government/news/25-million-for-womens-health-hub-expansion>

Response from Councillor Cecilia Motley, Portfolio Holder for Adult Social Care, Public Health and Communities

Thank you for highlighting this important issue and the need to ensure we have comprehensive health services for the women of Shropshire.

In response to the question around budgets and waiting times, these are specific questions for the Shropshire, Telford, and Wrekin Integrated Care Board. In future, we would suggest that requests in relation to NHS or ICS System services be directed to the Integrated Care Board in the first instance, to ensure a direct and more complete response or alternatively the issues could be raised through the Joint Health Overview and Scrutiny Committee. However, we have asked for a response from the ICB on this occasion as we accept that they are questions in respect of which the Council has an interest.

STW ICS have responded that the budgets for these services are included within block contracts for the Community and Secondary Care Trusts. Primary Care do not have a specific commissioned service for women's health. It is therefore difficult to establish direct budgets for the services you list or aggregate total budgets for these services across Shropshire.

We have not been given specific details on waiting times at this point but will provide this or signpost when made available to us.

In terms of sexual health services and those contraception services commissioned through Public Health, Shropshire Council. The total outturn budget for sexual health in 2022/23 was £1,268,768; it is not possible to split this into that spent on women's as opposed to men's health.

Contraception services are available from a range of providers, including the Integrated Sexual Health Service, GP Practices and Pharmacies from which residents can access a range of contraception services (e.g. Intrauterine Devices,

Long -Acting Reversible Contraception, Contraceptive Pill & Emergency Hormonal Contraception). In addition to contraception services provided as part of a block contract for the Integrated Sexual health Service, £309k was spent on GP and Pharmacy contraception services during 2022/23. Due to the complexity of contraception provision available, it is not possible for Public Health to monitor waiting times for all contraception services, but we do monitor contraception access times for the Integrated Sexual Health service. For example, during 2021/22, IUS (Intrauterine Systems) access within 6 weeks was 98% and IUD (Intrauterine Devices) Access within 7 days was 74%.

What is Shropshire's progress in implementing the most recent strategy publication for Women's Health?

STW ICS have confirmed they have not received any further details from Government on the women's health hubs and funding at this time, however, suggest a discussion on women's health at the Health and Wellbeing Board would be a helpful first step to take this forward to capture future plan; it is not a clinical priority for 2023/24.

Will Shropshire Council formally request Shropshire, Telford and Wrekin Integrated Care System to formally establish a Women's Health Hub to provide comprehensive services for the women of Shropshire as published by DHSC and the Secretary of State for Health in March 2023?

Shropshire Council will formally request that further details be shared, at a time when they are made available from Government, of any funding being given to Shropshire to establish a Women's Health Hub and advocate that this would be comprehensive to meet local need within the resources available. The Council proposes that these discussions would be led through the Health and Wellbeing Board and Shropshire Integrated Place Partnership in the first instance.

Question from Councillor Roger Evans

I note the recent press report concerning Blue Badge applications.

Can I be assured that the problems are short term, and the backlog will all be cleared within the next few days?

When residents who need a Blue Badge for parking whilst away from home and especially when on holiday it is important they can legally park near their chosen destination.

In answer to this question can the number of applications outstanding be circulated and separated out to show the longest, average, and the re-applications compared with new ones.

Response from Councillor Richard Marshall, Portfolio Holder for Highways and Regulatory Services

The Blue Badge Scheme is designed to help people with severe mobility problems caused by visible and non-visible disabilities to access goods and services, by allowing them to park close to their destination. The Department for Transport (DfT) and the Council do not consider it to be any less or more important if a person is away from home, on holiday or at home. The basic premise that we operate under is that if an individual applies for a Blue Badge (new or renewal), it is about the application being processed in a timely manner in accordance with the eligibility criteria set down by the Department of Transport (DfT). We have a significant responsibility to ensure that not only is the assessment of each application fair and robust for each applicant, we must also ensure we avoid issuing Blue Badges to anyone who is not eligible, which reduces the risk of fraud and protects the public purse. This process inevitably takes time as we are wholly reliant on the evidence provided by applicants and independent medical assessors, who we have no direct control over.

Nevertheless, currently, we accept that the processing of some Blue Badge applications is taking longer than we would like and for those who are waiting for their Blue Badge, we understand their concerns and recognise the impact that the processing time is having on both our existing badge-holders and new applicants. It is unrealistic to confirm that the backlog will be resolved within the next few days as there is a significant number of applications and a small team dealing with them. However, we absolutely want to make the application process as efficient as possible. For this reason, we have recently redesigned the team that has responsibility for assessing Blue Badge applications and have invested in new staff who are currently being trained to undertake the required assessments. It will take time to fully train the staff and to increase the resilience within the team, but we recognise that this is key to reducing the time it takes to make decisions and to further streamline the Blue Badge process to help improve delivery of the service going forward. This is a medium-term project.

We currently receive in the region of 6,000 Blue Badge applications each year and there has been a gradual and continuing increase over recent years from around 5,000 following the inclusion of the non-visible disabilities within the eligibility criteria. The pace at which applications are determined is impacted by a variety of factors, including some that are out with the Council's control, e.g., insufficient evidence of eligibility received from the applicant, referral to an independent medical assessor, non-payment. Overall, since the beginning of 2023, from the date applications are received, we are processing those that are wholly in our control within 6 weeks and for those with factors out with our control within 12 weeks. This remains in line with our stated commitment, which is made clear on the Council's website, and is also consistent with the expectations of the DfT. We do also prioritise cases where it is clear that the applicant meets certain special rules relating to terminal illness.

Whilst we locally refer to new and renewal applications, the law makes no distinction between applicants who have / have not previously held a Blue Badge. In each case, it is a wholly new application; hence, the process is exactly the same with an assessment of eligibility being undertaken in all cases. The assessment process ranges from something that can take a few minutes where there is automatic entitlement and the evidence is clearly available, through to much more complex and time consuming assessments that require specific input, evidence and opinion from multiple independent medical experts.

If any Member receives an inquiry from a resident about a Blue Badge application that cannot be resolved directly with the resident, further advice can be sought by contacting 0345 678 9014 or BlueBadge@shropshire.gov.uk.

Current processing data for 2023 (up to 22/06/2023)

	New	Renewal
Number of outstanding active applications within our control	1004	755
Average process time (working days)	15	30
Oldest outstanding application	21/03/23	22/03/23
Number of outstanding active applications out with our control	107	59
Average process time (working days)	41	59
Oldest outstanding application	01/01/23	02/01/23