

<b>Report Title</b>	Health and Wellbeing Board – BeeU service update
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### **Purpose of Report**

This report provides details of the commissioning and monitoring of the Bee U service by NHS STW ICB and plans for future service provision. It provides details of current demand and waiting times and associated arrangements in place to mitigate impact on children and young people.

### **Background**

BeeU is the service name for the Child and Adolescent Mental Health Service (CAMHS) commissioned from the Midlands Partnership University NHS Foundation Trust (MPUFT). BeeU provides emotional, wellbeing and mental health services to those aged 0-25 across Shropshire, Telford and Wrekin. They also provide neurodevelopmental assessment for those aged 5 to 18 years old. BeeU as the lead provider also work in partnership with Healios, Kooth and The Children’s Society in a collaborative approach to service delivery.

In 2016/17, following a formal procurement the then Clinical Commissioning Groups awarded a 5 year contract (with the option to extend by up to a further 2 years). Local Authority partners remain stakeholders within the contract. The contract is currently in its final extension year and NHS Shropshire, Telford and Wrekin (NHS STW) is currently appraising options with regards to contract and commissioning options for service delivery beyond the term of the current contract.

The following services and needs are currently provided for by BeeU:

- Access
- Attention Deficit Hyperactivity Disorder (ADHD) Assessment
- Autism Spectrum Disorder (ASD) Assessment
- Core Mental Health
- Mental Health Crisis and Home Treatment
- Eating Disorders
- Learning Disabilities
- Look After Children
- Wellbeing Practitioners
- Lead for Mental Health Support Teams (MHST)
- In addition to physical services a range of online information and remotes services are available through Kooth, Beam, the ‘Healthier Together’ website.

## Local Performance

A wide variety of information is collated as part of contract and performance monitoring, this includes demand and capacity information. This information is not only used to monitor contract performance but to also inform clinical risk and to ensure that ‘waiting well initiatives’ are actively referred to and information made available. Waiting well is discussed later in the paper.

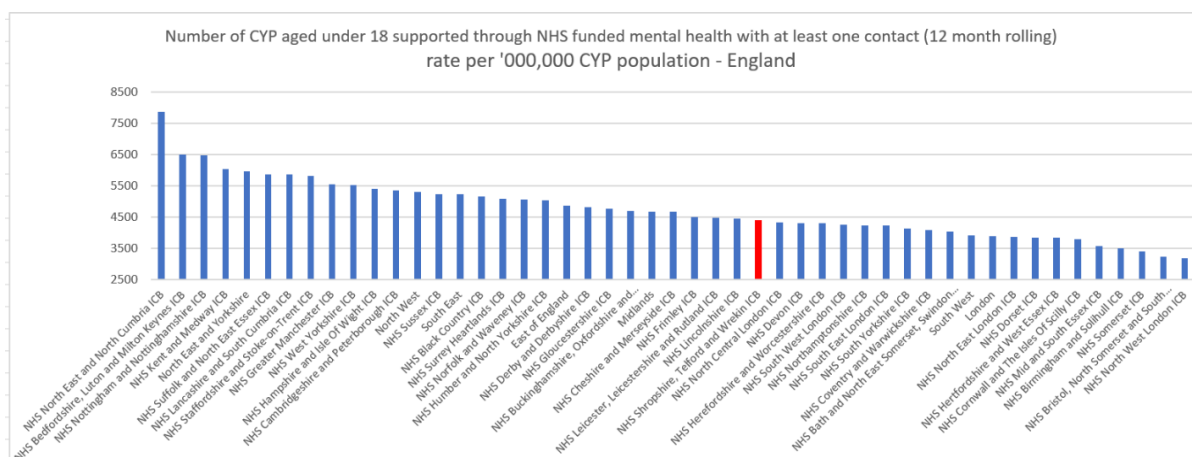
A data dashboard is also used to monitor performance and outcomes. The dashboard has been revised for the 2023/24 financial year and includes additional metrics, as well as further breakdown by Local Authority area. Systems, processes and data quality is also being reviewed and monitored to ensure that every contact is recorded and a data cleanse is currently being reviewed to ensure the data is as accurate as possible.

National data is used to monitor performance and comparison to the national position. The most recent full [data](#) is for the 2021/22 financial year (2022/23 data is expected in coming weeks). The below table shows the NHS STW position compared to the position across England for referrals for CYP and the waiting times between referral and their second contact for mental health services.

**Table 1: Waiting times 2021/22**

Shropshire, Telford & Wrekin	NHS STW	England Average
Average waiting time for two contacts, in days	30	41
Number of referrals waiting between 0 and 4 weeks	1938	3788
Number of referrals waiting between 4 and 6 weeks	245	650
Number of referrals waiting between 6 and 8 weeks	160	478
Number of referrals waiting between 8 and 10 weeks	110	350
Number of referrals waiting between 10 and 12 weeks	90	268
Number of referrals waiting between over 12 weeks	330	1094
Number of referrals closed before treatment	5155	9221
Number of referrals waiting, no contact	14	17
Number of referrals waiting, one contact	690	1597

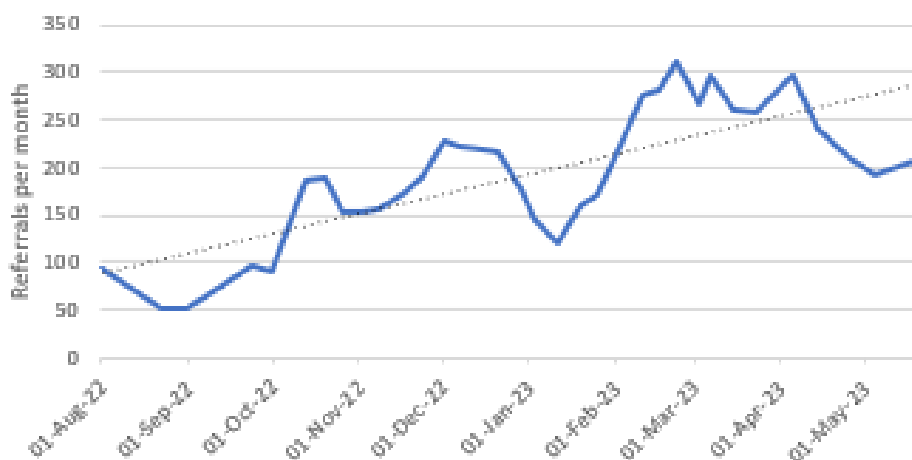
**Graph 1: Number of CYP (<18) supported through Mental Health teams with at least one contact (12 month rolling period to April 2023)**



The above graph shows the number of CYP under 18 supported through mental health teams across England, by ICB footprint. NHS STW is marked in red for ease of identification.

Analysis of referrals over recent months has demonstrated an increasing trend. An example of this is referrals to the Core Mental Health team and requests for ASD assessment.

Graph 2: Core Mental Health Team referrals – August 2022 to May 2023



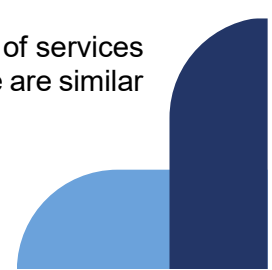
Graph 3: ASD assessment referrals – August 2022 to May 2023



### **Waiting list impact and current management**

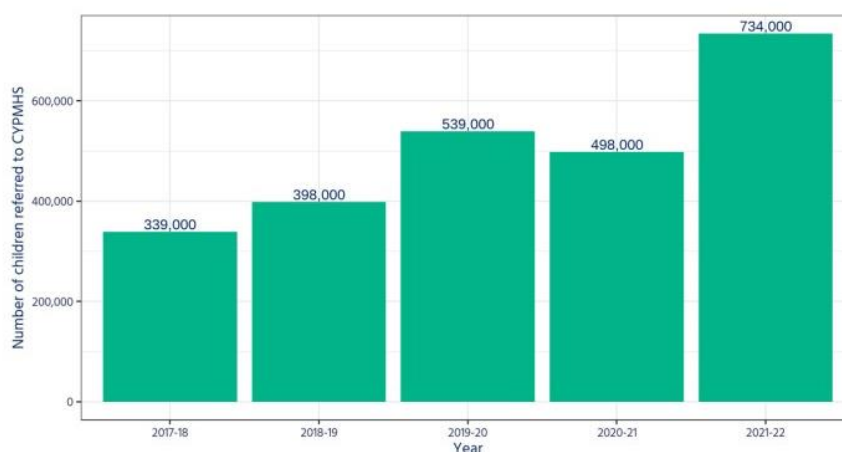
This paper will not discuss the potential impact of the Covid-19 pandemic on CYP mental health, however, the upward trend with regards to referrals and the need to access commissioned services has, in part, been exacerbated by the Covid-19 pandemic. This should not, however, be seen as the sole cause as for many services the upward trend had already commenced prior to the pandemic; but the pandemic may have contributed to the pace and scale of the increase. Due to the restrictions imposed during the pandemic alternative methods of access had to be explored and implemented at pace. This included the ability to offer remote or video consultations, wider telephone and internet accessible self-help information etc. Whilst these methods are not appropriate for all service-users, they do provide the ability to have a wider reach and to meet the needs of those with a lower level of need. This in turn increases the capacity to provide physical in-person support for those who require that level of support to meet their needs.

As has been previously reported, whilst locally there are waiting lists for a variety of services provided by BeeU this should not be viewed as a solely local issue. Nationally there are similar



challenges, particularly with regards to access to core mental health services, and ASD and ADHD diagnosis. A March 2023 report by the Children's Commissioner ([Children's Mental Health Services 2021-22](#)) states that between 2018/19 (year before Covid-19 pandemic) and 2021/22 referrals to Children and Young People Mental Health Services (CYPMHS) increased by 84%.

Graph 4: Number of CYP referred to CYPMHS 2017/18 to 2021/22

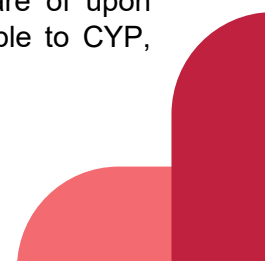


Source and credit: [Children's Mental Health Services 2021-22](#) – A report by the Children's Commissioner (page 12)

It is recognised that the waiting lists require close management and oversight and that every effort should be taken to reduce them. A number of recovery plans and waiting lists initiatives are currently in place. An example of this is a specific action to improve the ASD diagnostic assessment waiting times (as set out in the 'ASD & ADHD Recovery Plan Overview'). The most recent waiting list initiative is being implemented in conjunction with MPFT through a 3<sup>rd</sup> party provider, Healios.

Whilst diagnosis is important, receiving a diagnosis is only part of the process. It is important to have needs led services not just diagnostically led. This approach ensures that needs are met as soon as they are identified and not delayed pending a formal diagnosis. In order to ensure that individual needs are met whilst awaiting formal commissioned services or diagnosis a number of other services are accessible. This is locally referred to as 'waiting well'. Examples of waiting well initiatives include:

- [Autism West Midlands](#),
- Mental Health Services including [BEAM](#) and [Kooth](#),
- [Young Minds](#)
- Mental Health Support Teams in School
- Autism in Schools Project
- Sleep support from PODS and support from Emotional Health and Wellbeing Public Health Nurse (Shropshire Community Health NHS Trust).
- Crisis Team which is available for the 0 – 25 age range
- Crisis Resolution Home Treatment service is available 8:00 – 22:00 daily
- 24/7 MPFT Access Helpline (which CYP and families are made aware of upon acceptance of referral to the service). This Access Helpline is accessible to CYP, parents, carers and professionals.



In addition, there is clinical oversight and stratification of waiting lists. This ensures that those with the highest level of clinical need are prioritised, this is regularly reviewed to ensure that current or changes in need are identified and used to inform decision making. In 2022/23 an average of 98% of CYP received initial contact within the required timeframe (72 hours) from the Community Resolution Home Treatment team when presenting as requiring an urgent response. An average of 80% received either telephone or face to face to contact within 4 hours when presenting in crisis.

An example of effective risk stratification is the BeeU 5 – 18 ASC diagnostic assessment service. The service, upon acceptance of the referral complete a multidisciplinary team review to consider which services will best meet the persons needs and determine what early access to services may be appropriate. The team includes staff from core mental health services, ASD and ADHD pathways to allow for a rounded and holistic approach. Whilst this cannot give foresight into the persons needs (or changes in presentation) during the period they are waiting it does allow for an informed decision and risk stratification. As part of the process information is given to the person and their family, this includes how to contact the relevant service, what to do if support is required and how to access the waiting well initiatives. BeeU have committed to endeavouring to make this offer of additional support more accessible and clear to families, including working with PODS Parent Care Forum to ensure that the communications are appropriate.

There are protocols in place to expedite diagnostic assessments where the following criteria is met:

- Young person is at risk of significant self-harm and or harm to others
- Young person is at significant risk of accidental death / suicide attempts
- Young person is at risk of hospitalisation
- If clients are open to the Crisis team, the young person must remain open to the crisis team for the duration of the assessment unless there is a named worker in the CORE team
- The YP must be mentally well enough and have capacity to partake in the assessment process
- Where consideration is being given to placing the young person on the Dynamic Support Register
- Risk assessment must have been completed and a safety plan needs to be in place
- Care plan for ongoing support in place following completion of an assessment.

The NHS STW Quality Team are working closely with providers in relation to processes of oversight of those on waiting lists for prolonged periods to reduce the risk of harm. Assurance about the processes for harm investigation and review was received by the Shropshire, Telford and Wrekin System Quality group in November 2022.

Additionally the Director for Quality and Safety/ Deputy Chief Nurse has taken an action to explore the assurance data around early exit from BeeU after long waits. This will enable the quality team to assure themselves of any emerging trends and necessary further actions. A 'deep dive' report in relation to the all risks and mitigations is due to be presented to the NHS STW Quality and Performance Committee in June 2023.

### **Next steps**

As reported to the Health and Wellbeing Board in March 2023 (via the [Best Start in Life](#) report) there are a number of extended offers being explored and implemented, this includes the ability to offer increased group work, digital and remote offerings, including investment in the [Healthier Together website](#). Also the mental health support teams in schools (MHST) continues with the local area included within the Wave 10 roll out.

As explained at the start of this paper, the current BeeU contract is in the final year of extension and will expire at the end of March 2024. NHS STW is currently considering options and at this stage it is inappropriate to comment on intentions. Proposals and options are due to be considered by Commissioning Working Group in June 2023 with a decision on next steps being made. These intentions will then be communicated to the current provider and wider system. Whilst comment cannot be made on the contract, assurance should be taken that as part of considering the future options current demand and capacity will be considered as will the anticipated future trajectory to ensure that future commissioned services will meet the future needs of the system. As part of the design of commissioning intentions and service specification a full system co-produced approach to design will be taken. It will be a fully open book approach which will consider the benefits and positive impact of current services but also the challenges and what can be done to overcome them so that the future offer meets demand and capacity and allows for timely and streamlined services that meets the needs of our communities.

### **Recommendation**

The Board is asked to:

- Receive the report and note the information and comments.

