

## **Health and Adult Social Care Scrutiny Board**

**14<sup>th</sup> July 2025**

### **Developments in Mental Health (MH) and Learning Disabilities & Autism (LDA)**

#### **1. Aim**

Black Country Healthcare Trust (BCHFT) has Lead Provider and Commissioning responsibilities for MH & LDA pathways across the Black Country as well as providing a wide range of services via three Divisions – Adult Mental Health, Older Adults and Children, Young People & Families.

Over recent years the Trust have led on new developments to improve services within the Black Country including the redesign of community mental health services; the expansion of Talking Therapies to include a wider offer in partnership with local community organisations; the reduction of inpatient admissions for the LD cohort thanks to developments in community services; the delivery of work and health schemes including the new Work Well vanguard; and the implementation of the national Mental Health Support Teams in Schools programme.

The Trust also has responsibility for delivering services and reviewing the safety, quality and efficiency of those services. For the purpose of this committee the Trust wishes to share information on:

- Developments in the Older Adult Mental Health Services and the opening of the new wards at Edward Street Hospital;
- The review of the Adult Attention Deficit Hyperactivity Disorder (ADHD) & Autism diagnostic service (AAA service) and the need to temporarily change the criteria for referral to the service;

#### **2. Recommendations**

1. To receive the update on the Older Adults developments.
2. To provide a steer on substantiality of change for the temporary criteria for the AAA service

#### **3. Report detail**

##### **Older Adults Developments:**

3.1 There have been significant developments in Black Country Older Adult MH services driven by the national Community Transformation programme and the national eradicating dormitories scheme.

3.2 Our community mental health services for older adults have been enhanced to offer extended hours helping urgent cases to avoid hospital admission. The In-Reach to Care Home Service has been implemented to support nursing homes across the Black Country in caring for their residents and keep them in familiar surroundings even during periods of challenge. Our Admiral Nurses, supported and developed by Dementia UK, help people living with dementia to stay

independent for longer by supporting them and their carers. The Black Country Older Adult Therapeutic Service (OATS) is built on principles of recovery through community connection, and therapeutic and meaningful support (including from peers). OATS is a time-limited service providing group support in a community setting. The team will also offer 1:1 support in a person's own home to enable connection with the local community and groups on a case-by-case basis.

3.3 The planned opening of the new Older Adult wards at Edward Street Hospital in late Summer 2025 provides state of the art inpatient facilities for those people that may need an inpatient admission.

3.4 The next stage of our Older Adult MH developments is to introduce a Hospital at Home Team (HAHT). The Hospital at Home Team (HAHT) will provide a service for those community patients presenting with complex and unstable mental health needs that in the absence of HAHT would lead to hospital admission. The HAHT is a prevention of hospital admission service but will also enable the expedient discharge of those patients who require inpatient assessment and treatment. It will operate as a 'Virtual Ward' into which patients will be admitted in lieu of an actual hospital bed and will be delivered by a multi-disciplinary team of doctors, nurses, and therapists.

3.5 The community developments alongside the Hospital at Home Team will provide enhanced clinical care for older people in their own homes or usual residence setting which we know promotes better outcomes, especially for those living with Dementia. If there is occasion for people to need a hospital admission then this will be in a state of the art inpatient facility with the opportunity for expedient discharge due to the enhanced community offers.

### **AAA Diagnostic Service:**

3.6 ADHD is a neurodevelopmental condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse. It is a life-long condition, and for the most part people can live their daily lives managing their symptoms effectively. Some people might be prescribed medication for ADHD symptoms. In recent years, there has been a shortage of ADHD medication, this could be partly due to the increased demand for medication following an overall increase in referrals.

3.7 Over the past few years there has been a significant and sustained demand increase for ADHD assessments across the Black Country region which is reflective of a national trend. NHSE have established a national taskforce and more information can be accessed at the link: [NHS England » ADHD taskforce](#) .

3.8 The initial findings of the taskforce include:

- ADHD is not the remit of health alone
- An entirely specialist, single diagnosis model is not sustainable
- Support should be needs-led and not require a clinical diagnosis
- The reasons for increased demand in England, and most Western countries, are unclear and complex
- Department of Health and Social Care and His Majesty's Treasury must act quickly to address the growing backlogs across

both children's and adult services to avoid wasted expenditure on the adverse outcomes of untreated ADHD

- Health care providers/ICBs to consider screening of wait lists to identify the most severe ADHD, co-morbidities and risks (e.g. suicidal) for prioritisation using evidence-base

3.9 In line with these early recommendations and due to the significant and sustained increase in demand leading to a rapidly growing waiting list, raising serious clinical and patient safety concerns, BCHFT are moving to a risk stratification model for new referrals. This new criteria would be in place for 6 months and then reviewed in line with the full national taskforce report.

3.10 The proposed criteria for new referrals is:

The criteria	Why
Adults who are currently engaging with Criminal Justice System with high risk of re-offending, or with identified current high risk safeguarding risks.	We have a duty for public protection. We have already had highlights that there is a risk of prison release and offending. European studies show that there is elevated risks of offending and reoffending.
Children whose illness has commenced in childhood and require additional shared care prescribing (CAMHS/CYP – Adult ADHD transition pathway)	We are prioritising our children who have already commenced prescriptions, and this will be for those who will transition from CAMHS to this service and then into shared care. This is a significant pipeline and has been prioritised to not destabilise children in a critical period of their life, which would be more harmful
Veterans have also been highlighted, and the Trust will prioritise this group first as part of their waiting list management.	We have a learning review of a missed opportunity to reach Veterans, we have a duty to our veterans who we know are known to have an elevated level of ADHD and higher-level risks and harms from being at War and PTSD, which may elevate risks for suicide. Suicide reduction and key groups are an ICB current strategy.
Anyone with a comorbid condition and open to secondary Mental Health care services.	There is an increased risk and poor outcomes for those with a comorbid MH diagnosis if their ADHD needs are not also met.
Any complex and urgent cases outside the criteria would be referred to ADHD Multi-Disciplinary Team for review and consideration. Any person with suicidal ideation should be referred to core Mental health services to meet their immediate presenting needs	

3.11 A new model for the Black Country is being developed in collaboration with system partners.

3.12 A communication pack for Primary Care would be developed so that those who do not meet the new criteria can be referred to Right to Choose (if appropriate) and other local needs-led support such as Recovery College, Talking Therapies and Social Prescribing.

3.13 The risk stratification criteria will ensure that those for whom undiagnosed ADHD poses that greatest risk will be seen more quickly as opposed to the current situation where up to 500 referrals are received per month into a service with the capacity to manage approximately 80 referrals.

#### **4. Financial information**

Not applicable.

#### **5. Reducing Inequalities**

5.1 The developments of Older Adult MH services has enhanced the provision for older people and their carers and brings care to their homes.

5.2 The temporary changes to the AAA service mean that those who are most vulnerable to adverse outcomes from undiagnosed ADHD will be seen more quickly.

#### **6. Decide**

The committee could support the temporary change in service criteria for the AAA service.

#### **7. Respond**

Future progress updates can be provided to the committee through Scrutiny Board and the Health and Wellbeing Board.

#### **8. Review**

A review of the temporary change in criteria to the AAA service will be made in order to ascertain whether a further extension is required.

The new model for AAA services will be taken through all necessary processes including ICB and Place Based governance.

## **Background papers**

**N/A**

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