
Meeting of the Social Care and Wellbeing Scrutiny Committee – 17th July 2025

Report of the Mental Health and Learning Disabilities and Autism (MH & LDA) Trust.

Changes to services in MH & LDA

Purpose of report

1. This report outlines plans for the temporary change of criteria for the Adult Autism and Attention Deficit & Hyperactivity Disorder (ADHD) Diagnostic service (AAA service) due to the significant and sustained demand increase.

The report also outlines development and changes to the provision of Older Adult Mental Health care in Dudley including the need for a temporary closure of the inpatient services at Bushey Fields Hospital.

Recommendations

2. It is recommended:-
 - That the Committee support the temporary changes to the referral criteria for the AAA service.
 - That the Committee support the temporary closure of older adult inpatient facilities at Bushey Fields hospital whilst consultation can commence for a future model of care delivery.

Background

3. Black Country Healthcare Trust (BCHFT) has Lead Provider and Commissioning responsibilities for Mental Health and Learning Disabilities and Autism (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:

- The review of the Adult Attention Deficit Hyperactivity Disorder (ADHD) & Autism (AAA) diagnostic service and the need to temporarily change the criteria for referral to the service;
- Developments in the Older Adult Mental Health Services and the need to temporarily close inpatient facilities at Bushey Fields Hospital and transfer patients to Edward Street Hospital in West Bromwich.

4. AAA Service

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.

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](#) .

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

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.

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	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

first as part of their waiting list management.	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	

A new model for the Black Country is being developed in collaboration with system partners. 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 (is appropriate) and other local needs-led support such as Recovery College, Talking Therapies and Social Prescribing.

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.

5. Older Adult Mental Health Developments:

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.

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.

Thanks to the development of Older Adult MH community services there has been downward trend in admission rates, especially for those living with dementia.

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.

The eradicating dormitories programme has resulted in the development of two state of the art Older Adult inpatient facilities at Edward Street Hospital in West Bromwich, and Dorothy Pattinson Hospital in Walsall. In contrast, the older adult wards at Dudley (Holyrood and Malvern wards) are outdated and require substantial investment to enhance their environments. These wards face regulatory and quality concerns due to environmental challenges.

Once the new wards open at Edward Street Hospital the patients in Dudley wards would transfer to the purpose built wards. This will allow a full review of the estate at Bushey Fields Hospital and further consultation on the future model for delivering community and inpatient care for Older Adults.

This is in line with our published Black Country Bed Strategy, the main proposals of which include consolidating existing 'Treatment at Home' models into a 'Hospital at Home' service, rationalizing inpatient beds, and reinvesting in community care to support out-of-hospital initiatives. It also aligns to national policy namely The NHS Long Term Plan, which emphasises care closer to home and reducing reliance on inpatient care; The National Service Framework for Older People and Mental Health, which advocates for high-quality, community-based mental health services; and The national Eradication of Dormitories Programme, which aims to replace outdated dormitory-style wards with modern, purpose-built facilities.

We are planning a 3-month engagement period to talk with people and capture feedback on the proposals, running from July – end September 2025. We will use a variety of approaches to capture a range of feedback including surveys (in paper and online), face-to-face events, informal conversations with patients and carers, engagement document and summary version, website with key information, frequently asked questions developed, staff briefings, dedicated email for feedback/comments set up and presentations at various stakeholder meetings.

Finance

6. None applicable to this report.

Law

7. None applicable to this report.

Risk Management

8. The change to referral criteria for the AAA service will mean that those who are at greatest risk from having undiagnosed ADHD will be seen more quickly. This is in line with the national taskforce recommendation for a risk stratified model.

The temporary closure of the older adult wards at Bushey Fields and the transfer of patients to Edward Street will ensure that older people are cared for in state of the art, safe environments.

Equality Impact

9. The state of the art wards at Edward Street provide a purpose built estate for older adults and dementia which reduces length of stay in hospital and provides better outcomes. The HAHT will further reduce the likelihood of older people needing inpatient admission.

We are cognisant of concerns that older people will need to be admitted to a ward out of borough but feel that quality and safety concerns necessitate the transfer.

10. The changes to the AAA service criteria is based on potential risk and is needs led so there is no anticipated impact on Equality.

11. The criteria for the AAA service prioritises children transitioning from the children's ADHD pathway ensuring that their treatment is not interrupted.

Human Resources/Organisational Development

12. None applicable to this report.

Commercial/Procurement

13. None applicable to this report.

Environment / Climate Change

14. None applicable to this report.

Council Plan

15. None applicable to this report.

Appendices:

Appendix 1: Link to BCHFT Inpatient Bed Strategy [Inpatient bed strategy full v7 AV](#)

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