

Health and Wellbeing Board

10 April 2018

Care Quality Commission (CQC) Thematic Review of Mental Health Services for Children and Young People

1. Purpose

The purpose of this report is to update the Health and Wellbeing Board on the outcomes from the CQC inspection in Autumn 2017 which reviewed mental health services for children and young people in Walsall.

Feedback was provided to Walsall CCG and service providers by the inspectors on areas of good practice and areas that may need further consideration identified as part of the inspectors' fieldwork for the thematic review.

2. Recommendations

- 2.1 Members to note: The positive CQC inspection findings on the review of mental health services in Walsall for children and young people.

That there were no safeguarding concerns identified by inspectors.

The improvement in outcomes of children and young people and further areas for development.

3. Report detail

- 3.1 The main findings from the inspection process were:

- 3.1.1 An improving picture in Walsall.

There was a strong commitment at a strategic level to improve mental health services for children and young people in Walsall. This had led to a clear vision with an underpinning strategy and transformation plan. Evidence indicated that services had been planned and commissioned in response to identified need.

- 3.1.2 Waiting times to access CAMHS were reducing as was the number of children and young people on the waiting list. Non-recurrent funding had been utilised to review waiting lists and access support from locum CAMHS practitioners.

However, a high turnover of staff in social care and some reliance on locum staff in CAMHS meant that staff did not always work together in a coordinated way.

- 3.1.3 Longer term strategies were in place with service improvement/development based on the needs of the children and young people accessing or trying to access support. For example, Positive Steps was introduced at the start of September 2017 to respond to lower level mental or emotional difficulties or emerging mental health needs.
 - 3.1.4 A range of specialist services had been commissioned within CAMHS to support children and young people whose circumstances are different; for example, support to residential placements and the Fostering, looked after, adoption supporting hub (FLASH).
 - 3.1.5 Where pilot projects have been successful, there was evidence of further investment and development of services. For example, in response to the schools link pilot, there has been CAMHS support integrated within the Integrated Behaviour Support Service (IBSS). This improved links between schools and CAMHS and supported the right referrals to be made in a timely manner; however, this appeared to work better in some areas than others. The pilot and subsequent commissioning of the ICAMHS service led to an initial reduction in Tier 4 placements of over 70%.
 - 3.1.6 Feedback from educational and social care professionals indicated that children who were eligible for NHS specialist Child and Adolescent Mental Health Services (CAMHS) generally received a good service but there was a perception that children with lower level needs did not have adequate support. CAMHS are hopeful that the 'Positive Steps' service should breach this potential gap and the service's project plan showed evidence of planned outreach and liaison work. Paediatric panels are convened once a week to review referrals not taken up to ascertain where the child or young person can be referred to, or how they can best be supported.
 - 3.1.7 There were some examples of health, social care and education working together as an effective team around the child. This was evidenced where there were specialist CAMHS services involved such as the FLASH service or the learning disability CAMHS.
- 3.2 Gaps and areas for development of service provision
 - 3.2.1 The inspection process identified some gaps and areas for development in terms of service provision. Inspectors were reassured that these generally reflected the areas for development identified by the Health and Wellbeing Board and included:
 - Some evidence that waiting times had started to increase again from June to August 2017.
 - Although there was engagement with children and young people and their families/carers about the need for services and their design; there was limited evidence of on-going engagement with them; for example through service user groups or participation groups.

- There were limited services available to support LGBT patients; especially those wishing to transition.
- There were plans in place to improve the pathways and support in respect of Child Sexual Exploitation
- Feedback from educational professionals was the support from specialist CAMHS was varied with some schools receiving a high level of quality support but others not.
- There was limited specialist support/outreach focussed on BME communities

3.2.2 The CCG and Local Authority had dissolved their joint commissioning unit (the unit was set up between Walsall Council and Walsall Clinical Commissioning Unit to commission health and social care services). This had been replaced with 'place based commissioning'. Some staff advised that this could lead to protracted discussions about the responsibilities for finding elements of care to meet the needs of children and young people.

4. Implications for Joint Working arrangements:

4.1 Financial implications:

None identified at present however, there are opportunities for collaborative commissioning arrangements to meet the needs of children and young people through partnership working.

4.1 Legal implications:

Walsall Council and Walsall CCG to continue to work in partnership to implement the Special Educational Needs and Disabilities Reform (2014) which includes a joined up approach to education, health care and local authority from 0-25 years which includes all mental health service provision.

4.2 Other Resource implications (e.g. Staffing):

There is an opportunity for staff to raise awareness of the mental health services in place for children and young people, including promotion on the Local Offer website and to professional groups.

5. Health and Wellbeing Priorities:

5.1 The following priorities in the Walsall Plan – Our Health and Wellbeing Strategy 2017-2020 are relevant to the development and delivery of mental health services for children and young people in Walsall in line with the Marmot objectives to:

- Maximise people's health, wellbeing and safety, and
- Create healthy and sustainable places and communities.

5.2 Maximise people's health, wellbeing and safety

The inspectors identified that Walsall has a strong commitment at a strategic level to improve mental health services for children and young people. This has led to a clear vision with an underpinning strategy and transformation plan and evidence indicates that services have been planned and commissioned in response to identified need. We are on a journey to improve health and wellbeing to create healthy communities.

5.3 Creating Healthy and Sustainable Places and Communities

Inspectors heard from education and social care professionals that children who were eligible for NHS specialist Child and Adolescent Mental Health Services generally received a good service, but there was a perception that children with lower level needs did not have adequate support.

The Child and Adolescent Mental Health Service are hopeful that the 'Positive Steps' service will breach this potential gap and the project plan certainly evidences outreach and liaison work in communities. There are also paediatric panels that are convened once a week to review referrals not taken up to ascertain where the child/young people can be referred to and how they can best be supported.

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