

CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE

Tuesday 12th October 2021 at 6.00 p.m.

Council Chamber, Walsall Council House.

Committee Members Present:

Councillor A. Hicken (Chair)
Councillor F. Mazhar (Vice-Chair)
Councillor H. Bashir
Councillor G. Flint
Councillor P. Kaur
Councillor K. Murphy
Councillor A. Nawaz
Councillor L. Rattigan
Councillor C. Statham

Portfolio Holder

Councillor T. Wilson

Walsall Council

Colleen Male Director - Children's Social Work
Andrea Potts Director - Early Help and Partnerships
Isabel Vanderheeren -
Sarah Oakley - Voluntary & Community Sector Lead
Nikki Gough – Democratic Services Officer

Birmingham Community Healthcare Foundation Trust

Jackie Alexander - CAMHS Manager
Sarah Hogan - Deputy Director Children Young People and Families

8/21

Apologies

Apologies were received on behalf of Councillor A Nazir.

9/21

Substitutions

There were no substitutions for the duration of the meeting.

10/21

Declarations of Interest and party whip

There were no declarations of interest for the duration of the meeting

11/21

Local Government (Access to Information) Act 1985 (as amended)

There were no items to be considered in private session.

12/21

Minutes of the previous meeting

The minutes of the previous meeting held on 2nd September 2021 were considered by the Committee.

Resolved

The minutes of the previous meeting held on 2nd September 2021 were agreed as a true and accurate record.

13/21

Child Adolescent Mental Health Service (CAMHS)

The CAMHS Manager spoke to the presentation and highlighted the salient points (annexed). The Committee were informed that the Birmingham Community Healthcare Foundation Trust provided mental health services for the Black Country. The CAMHS service in Walsall was described which were delivered by a variety of highly skilled professionals. The service worked with other agencies and partners to provide a holistic view of the child.

The impact of the pandemic was described to Members, and it was stressed that a high quality service had continued to be delivered. An increase in referrals was identified, it was likely that this was as a result of the closure of schools and national lockdowns. The number of referrals had doubled during this period, which had led to the prioritisation of services for children most in need, alongside this, there had been an increase in acuity of children's needs and an increase in children and young people requiring autism spectrum disorder assessments. It was noted that children had presented with increased complexity, this trend had been experienced nationally. The service had

worked flexibly, and had adapted to work in different ways to ensure that services continued to be provided.

The Deputy Director Children Young People and Families described service development to respond to an increase in referrals. Throughout the pandemic national online resources were made available. It was also stressed to the Committee that significant investment had been made into crisis support (iCAMHS), this was intended to manage crisis in the community and to prevent children and young people needing hospital treatment. Following investment the service now worked with young people up to the age of 18 and was working more closely with schools and educational settings.

Members were informed that the West Midlands Provider collaborative aimed to reduce out of area placements, reduce unnecessary admissions, improve continuity of care and increase investment in services.

The Committee were informed that in Walsall there was (all age) eating disorder provision. This service interfaced with the CAMHS service to offer provision out of hours when required. Work with the voluntary sector was described to increase capacity in services during the pandemic. A single point of access was being designed for all services and this would be evaluated for effectiveness.

A Member asked for clarity on the number of increased referrals (in Walsall). The Deputy Director (Children Young People and Families) stated that the rates could be circulated outside of the committee, it was noted that cases were more complex. The Member asked for this information to be clarified, so that the Committee could make a judgement in relation to adequacy of resources and workforce planning. Representative stated that data was collected for different parts of CAMHS, including new teams which were attracting referrals.

A Member asked how often referral data was monitored, how long young people were in the system and where referrals were received from. It was confirmed that reports on waiting lists (to the single point of access) were produced on a weekly basis. All cases were reviewed and assessed before 12 weeks, and the service response was dependent on the child's needs. It was confirmed that a breakdown in referrals would be provided outside of the Committee.

Representatives were congratulated on the availability of the crisis support, and asked how widely known this was. The CAMHS Manager stated that a wide range of advertising had taken place, however the service welcomed new ideas for the promotion of this service. A Member questioned if there were times of the year when more referrals had been received, representatives confirmed that an increase in referrals often happened at the start of term and then gradually increased, and this was

also seen around Christmas. The service was providing support to schools and staff to prevent escalation.

It was noted by the Portfolio Holder that CAMHS was not funded by the Local Authority, although the FLASH service was (service for Looked after Children and Care Leavers).

The CAMHS Manager was asked what the statutory target waiting times were, and if the service were meeting them. It was confirmed that the national target was 18 weeks and this was currently being met, however there were a high percentage that were seen much sooner. There were no target timescales for a second wait.

Representatives were asked if increased funding had been provided to respond to the increase in referrals and if it was sufficient. The Committee were informed that 'non recurrent Covid surge money' and investment from the STP had been received and this had been used to increase capacity through the voluntary sector. It was stressed that there had been significant underinvestment over previous years and this additional funding was not adequate to meet demand. In response to a Member query, the CAMHS Manager stated that information on crisis support and key contacts were provided to parents whose children were on the waiting list.

Members asked for clarification on additional services that would be provided in schools. The Deputy Director Children Young People and Families stated that a government approved green paper aimed to strengthen CAMHS support within communities. Each team would have 10-20 schools within their care, offering low intensity work within the school environment. They considered the whole school approach to mental health and emotional wellbeing and had been well received by schools.

A Member asked for clarification about how funding was allocated during each wave, and how the CAMHS service compared nationally. The Committee were informed that funding had to come via a health trust, was allocated per Borough and this allocation varied during each wave. A Member asked for clarification on the criteria for allocation of funding. It was confirmed that the Department of Health made this judgement, it was noted that there was not enough money in the system and it was agreed that further information on the criteria would be sought and shared with the Committee.

The Portfolio Holder expressed concern that there were not sufficient resources to support young people in need of CAMHS. It was clarified that CAMHS professionals manned the Crisis helpline and gave advice, support and were signposting accordingly. Emergency assessments of young people could take place the same evening.

A further challenge was provided by a Member, to ask how transition arrangements for young people age 16-18 had been improved. It was stated that work was done with adult mental health colleagues to address how younger adults were cared for and to develop an increased offer. The CAMHS Manager stated that a transition worker completed a handover to adult services for young people, joined them for appointments and developed plans to ensure their needs were met.

The CAMHS representative stated that mental health support leads linked in with CAMHS and it was clarified that work was being done with schools who had not already agreed to this arrangements. Information was requested on the participation rates across each ward within the Borough. The Committee were informed that the voluntary sector was commissioned to deliver tier 2, which were lower level interventions, and the voluntary sector dealt with around 40% of lower level cases.

It was noted that there was a national workforce issue, and recruitment to certain disciplines was challenging. However staff retention rates were good, and it was further details of this would be shared with the Committee.

In response to a question, it was clarified that benchmarking data was provided to the Trust indicating performance, which was how the Trust monitored their own performance. It was clarified that this was an internal document - a Member asked if this could be shared with the Committee to allow Members to make a judgement about the adequacy of services. It was also clarified that the CQC regulated the CAMHS service, and the Walsall CAMHS report was available on their website.

A Member asked if data, indicating usage of the crisis helpline and an estimate of how many hospital visits had been avoided due to ICAMHS was available. It was agreed that this would be shared with the Committee. A Member asked if the CCG, as commissioners, could be invited to a future meeting to discuss funding issues.

Resolved

1. That the following information is shared with the Committees:

- a) A breakdown of referral rates to CAMHS in Walsall**
- b) The criteria for Department of Health funding to CAMHS.**
- c) School participation rates, with the CAMHS service, within each ward across the Borough.**
- d) Further detail on staff retention rates within CAMHS in Walsall.**
- e) CAMHS Walsall benchmarking data, if available to the Committee.**
- f) ICAMHS data to demonstrate avoidance of hospital visits.**

2. The CAMHS presentation was noted.

Holiday Activities and food programme

The Portfolio Holder introduced the item and informed the Committee that the Authority had been awarded £1.8 million to deliver a holiday activity programme. He paid credit to staff and Partners for delivering an excellent service in a short amount of time. The Committee were informed that the Children and Families Minister visited two HAF providers and had written to congratulate the Council on this programme.

The Lead for Transformation spoke to the report and highlighted key points in the presentation (annexed). It was noted that school holidays could be a pressure point for families and Covid had increased these pressures, children from lower income families had less opportunities to become involved in positive activities during the summer holidays. Work had been completed with schools to identify issues presenting upon return to school, these issues were considered when delivering the HAF programme.

The Committee were informed that Walsall had extended the offer from children eligible for 'free school meals' to include other vulnerable children and to also include young carers and those with a Child Protection or Early Help 'plan'. The programme was delivered through the partnership with the voluntary and community sector delivering the activities. It was hoped that the connectivity with local organisations with young people would be sustained into the future.

The learning and impact from the programme was feeding into other partnerships such as Walsall Together. Information was gathered to plan services for the future, and to identify reasons for low take up in certain areas.

The Voluntary Sector Lead informed the Committee that the views of parents and children were sought, and from this the impact of the programme was identified. Information on food poverty suggested that this was an important element of the programme to support families to access healthy food.

Planning for the Christmas holiday programme was now taking place and would include activities for the whole family, with the aim of engaging a minimum of 4,000 eligible children.

Officers were asked how participation in the programme could be further increased and what else could be done to help children and families throughout the year to ensure adequate access to food. Officers responded to state that during term time children received a hot meal at school, and community organisations were developing support programmes outside of holiday provision. Children's Services were also discussing this with partner organisations. It was hoped that participation could be improved through 'sign up' days delivered by the partnership, and 'word of mouth'. A Member asked for data on the number of families

that had been able to engage with community organisations to access support after the conclusion of the holiday activity programme. Members were informed that this had not been collected but it was something that could be progressed.

In response to a question from a Member, the Committee were informed that Partners were trained before delivering the programme. An increase into referrals to children's services had not been identified, it was hoped that engagement with the programme would have supported families to prevent the need for referral into Childrens social care.

Resolved

- **The progress and achievements of the Holiday Activity and food programme to be endorsed**
- **The direction of travel for Christmas Holiday Activity and food programme delivery to be supported**

15/21

Areas of Focus

A discussion on the work programme was held.

Resolved

A further report on CAMHS was added to the work programme in April 2022 (Invitation to be extended to commissioners of the service).

The date of the next meeting was 23 November 2021, 6pm.

Termination of Meeting

The meeting terminated at 7.50 p.m.