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Dear Sally

### **CQC Thematic Review of Mental Health Services for Children and Young People**

Thank you for your support and co-operation during our review of mental health services for children and young people in your area. We thought it would be helpful to provide feedback on areas of good practice and areas that may need your consideration, that were identified as part of our fieldwork for the thematic review.

During our time in Walsall, we found:

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

Waiting times to access CAMHS are generally reducing as is the number of children and young people on the waiting list. Non-recurrent funding was 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 the use of locum staff in CAMHS meaning staff did not always work together in a coordinated way.

Longer term strategies were also in place and with service improvement and service development based on the needs of the children and young people accessing or trying to access support. For example, Positive Steps, has been introduced at the start of September to respond to lower level mental or emotional difficulties or emerging mental health needs.

A range of specialist services have been commissioned sitting 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).

Where pilot projects have been successful, there has been 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 had improved links between schools and CAMHS and supports the right referrals to be made in a timely manner; however, this appeared to be working 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%

Feedback from educational and social care professionals was that children who were eligible for NHS specialist child and adolescent mental health services (CAMHS) generally received a good service but that 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.

There were some examples of health, social care and education working together as an effective team around the child. This was particularly evidence where there were specialist CAMHS services involved such as the FLASH service or the learning disability CAMHS.

The fieldwork identified some gaps and areas for development in terms of service provision. We were reassured that these generally reflected the areas for development identified by the Health and Wellbeing Board; these included:

- There was 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 ongoing 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

The CCG and Local Authority have 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) and has been replaced with place based commissioning; some staff told us during interviews this could lead to protracted discussions about the responsibilities for finding elements of care to meet the needs of children and young people.

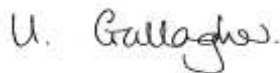
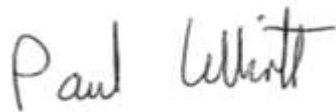
Rowenna Marshall, Lead Inspector for your area, will be meeting you on 8 December 2017. This will give you the opportunity to discuss our findings in more detail.

We are now working on our analysis of the information that we gathered during our visit to your area and to the other nine sites across the country. When this is completed, we will begin work on our recommendations for the final report which is due to be published in March 2018.

Please pass on our thanks to the children, young people, their families, carers and all your colleagues who were part of this work. We hope you have found being part of the fieldwork for this thematic review useful, providing an independent overview of your services and systems.

Thank you again for your support in developing our shared understanding of what helps and hinders the development of high quality and integrated services to improve children and young people's mental health in the future.

Kind regards



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Deputy Chief Inspector  
Hospitals (lead for mental health)

Professor Ursula Gallagher  
Deputy Chief Inspector  
General Practice, Children's Health & Justice