

Scrutiny Report

Child and Adolescent Mental Health Services (CAMHS)

Scrutiny Task Group Membership

Steve Mackay

(Lead Member of the Task Group from May 2022)



Dan Boatright



Kyle Daisley (Lead Member until May 2022)



Calne Edginton-White



John Gallagher



Emma Marshall



Natalie McVey



**Officer support: Samantha Morris, Overview and Scrutiny Manager
Alyson Grice and Alison Spall, Overview and Scrutiny Officers.**

Further copies of this report are available from:

Email: scrutiny@worcestershire.gov.uk

Website: www.worcestershire.gov.uk/scrutiny

Contents

Foreword	Page 3
Background and Purpose of the Scrutiny	Page 4
The Task Group's approach	Page 4
Recommendations	Page 5
Findings	Page 12
Conclusion	Page 22
Appendices	Page 23

Foreword

Recent years have seen an increase in pressures on children and young people, and, as a consequence, more young people are experiencing difficulties with their mental health. The provision of effective support to young people at all levels of need has become increasingly important. Over a number of years, County Councillors involved in the scrutiny of services for children became aware of concerns about mental health support in Worcestershire, and in particular about access to Child and Adolescent Mental Health Services (CAMHS) and the timeliness of provision. As a result of these concerns, the Overview and Scrutiny Performance Board agreed to set up a Scrutiny Task Group to investigate further and suggest recommendations for service improvements, as necessary.

From the outset, Members recognised that the concerns came at a time of unprecedented demand for services and when the recruitment of key personnel was challenging for services nationally. The Task Group would wish to recognise the professionalism and dedication of those working within CAMHS and acknowledge the difficult circumstances in which they are working.

Unfortunately, as the Task Group was formed, the arrival of Covid-19 meant that the work had to be paused and did not actually commence until December 2021. Once it was able to start work, the Task Group undertook a programme of evidence gathering by speaking directly to key health professionals and those accessing the service including schools, GPs and young people and their families. Members were also able to speak to staff working in a similar service in another local authority in order to compare and contrast ways of working and be in a position to consider whether a different approach to provision may lead to service improvements.

I would wish to take this opportunity to thank each Task Group Member for the invaluable part they played in bringing together a most comprehensive report. As important, is the guidance and support provided by our Scrutiny Officers, Samantha Morris, Alison Spall and Alyson Grice with all aspects of the Task Groups work. I must also express my gratitude to all of the witnesses who gave up their time to share their experiences of what is a complex organisation.

Councillor Steve Mackay
Lead Member of the Task Group

Background and Purpose of the Scrutiny

1. In 2019, the Children and Families Overview and Scrutiny Panel identified services supporting the mental health of children and adolescents in the County as a priority for scrutiny. In December 2019, the Overview and Scrutiny Performance Board (OSPB) agreed that a Scrutiny Task Group should be set up to look into this area. Unfortunately, this work was interrupted by the Covid-19 pandemic and was restarted in December 2021.
2. The Terms of Reference for the scrutiny exercise were '*to investigate access to and the availability of appropriate mental health services for children and adolescents*'.
3. At the outset, the Task Group would like to highlight the important work of the wide range of professionals based across the County in health settings, schools and other places where children and young people meet, to support young people with their mental health and emotional wellbeing. They are often working in difficult circumstances and under resource pressures to make a difference to young people's lives, and the Task Group would like to thank everyone involved for the work that they do.

The Task Group's approach

4. The Task Group has gathered evidence on mental health services currently available to children and young people in the County, with a focus on how and by whom these services are accessed. In particular, the Task Group has:
 - Met with representatives of a range of organisations involved in the provision of services.
 - Gathered evidence from the main referrers to the services, namely schools and GPs.
 - Obtained feedback from children and young people and their parents/carers about their experiences.
 - Looked into the work of a local youth provision in supporting young people.
 - Obtained an understanding of an alternative way of organising services by meeting with representatives of Solar, which provides emotional wellbeing and mental health services to children, young people and families in Solihull, and visiting their offices.
5. A full schedule of the Task Group's activity is attached at Appendix 1.
6. It is important to note that, although in Worcestershire CAMHS refers to specific services for children and young people from Tier 3 level of need, the term 'CAMHS' is often used generically by the wider public to refer to all services supporting young people's emotional and mental wellbeing. The Task Group has looked at all services across all levels of need. (An explanation of Tiers is provided at paragraph 39.)
7. For clarification, when the word 'partners' is used within this report, it is referring to organisations that the Council works alongside which have a specific role in supporting children with mental health needs. The individual partners will vary depending on the issue being referred to, but would include:
 - Herefordshire and Worcestershire Mental Health Collaborative (HWMHC) (on behalf of the Herefordshire and Worcestershire Integrated Care Board)

- the Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT), (of which NHS CAMHS Herefordshire and Worcestershire is a part)
- Worcestershire Children First (WCF)
- Schools and GPs
- Voluntary Organisations

Recommendations

The Task Group has identified a number of areas where it believes the current arrangements in place in Worcestershire could be improved and its recommendations are set out below:

Understanding the range of support available

8. From the start, the Task Group saw that the system of support in Worcestershire for children and young people experiencing difficulties with their mental health is complex, with help being provided at many levels of need and by a wide variety of organisations. It was also clear that those supporting children and young people, whether they were parents, teachers or GPs, were not always aware of the full range of support available and often found it difficult to navigate the appropriate services. This lack of clarity and consistency means that accessing support sometimes appears to be 'a lottery' with support for young people dependent on the knowledge and experience of the adults around them.
9. The Task Group welcomed various initiatives to make the range of support clearer, such as plans by the Mental Health and Wellbeing in Educational Settings Board to develop a toolkit and service directory for schools, covering support available at Tiers 1 and 2. This is in addition to the guidance provided on the new CAMHS Herefordshire and Worcestershire website (which was recently launched by the Herefordshire and Worcestershire Health and Care NHS Trust). However, the Task Group felt that there was an opportunity and need for information about what is available to be developed further to give a clear, overarching 'road map' of all services in the County, which could outline support at all levels of need and how this support can be accessed.
10. The Task Group suggests that a central online resource (a 'one stop shop') should be developed, possibly via the CAMHS Herefordshire and Worcestershire website, where guidance can be obtained on the full network of services available to support children and young people's mental health.

Recommendation 1: The Task Group recommends that all service providers work together to create a clear 'road map' of all services to assist navigation through the system, possibly via the NHS CAMHS Herefordshire and Worcestershire website, including the development of a central online resource to allow parents and non-specialist professionals to clearly identify all available mental health services.

Bringing services together under one name

11. The Task Group identified some confusion amongst professionals and non-professionals alike about the current offer of mental health services for children and young people in the county. As well as bringing information on the range of support together in one place, the Task Group felt it would also help to clarify the offer and support service cohesion if all services were 'badged' under one overarching name, regardless of which organisation is the service provider. This approach of having all services badged under one name was seen by the Task Group in operation in Solihull.

12. The term 'CAMHS' is often used generically to cover all levels of mental health support for children and young people. However, health professionals told the Task Group that in Worcestershire the term specifically refers to the service run by the Herefordshire and Worcestershire Health and Care NHS Trust providing specialist support at Tier 3 (with Tier 4 provision being accessed via the West Midlands Mental Health Collaborative).
13. Given that the name 'CAMHS' is already widely used by children and their families to refer to all levels of mental health support, it may be that that term is felt to be the best one to use to bring services together under one name. Alternatively, it may be felt that another name would more clearly identify what support is included.

Recommendation 2: The Task Group recommends that all services to support children and young people's mental health and emotional wellbeing in Worcestershire should be badged under a common name. This may be Child and Adolescent Mental Health Services (CAMHS) or an alternative name, as appropriate.

The Referral System and a Single Point of Initial Contact

A Single Point of Initial Contact

14. The Task Group feels that access to the range of support services is fragmented and frequently misunderstood. Task Group members felt that the system could be streamlined by the establishment of a central advice and referral mechanism, providing a single point of contact for mental health support for all children and young people across all levels of need.
15. The current referral system to CAMHS support at Tier 3 is via a Single Point of Access (SPA). Referrals to the SPA are triaged, then either accepted to Tier 3 services or signposted to other support. The reality of the system is that young people often face a lengthy wait before a referral is assessed by the SPA. This is frustrating for referrers who may experience a long wait only to be advised that the threshold for CAMHS has not been met. A single point of initial contact would allow referrals to be directed to the appropriate level of support at an early stage and ensure that those waiting for services had the reassurance that they were waiting for the correct level of service.
16. Members also note the importance of effective early intervention as a way of preventing an escalation of need for those with lower-level issues and suggest that referral to the correct support at an early stage may help to manage demand for higher level services.

Referral to alternative support

17. Where a referral is assessed as not reaching the threshold for Tier 3 CAMHS support, the Task Group was informed that referrers would then be signposted to alternative help. The Task Group heard evidence that this often left the young person feeling 'rejected' by CAMHS. In these situations, Members heard that referrers would prefer a clearer path to an alternative service with a direct referral from CAMHS wherever possible, rather than having to initiate a new referral to a different service. It was felt that with a direct onward referral, this might go some way to avoiding this perception of rejection, as the outcome would be access to appropriate services.

Clear communication with referrers

18. In all cases and whatever referral system is in place, clear communication with the person making the referral would help the process run more smoothly. For example, it would be useful if realistic waiting times were provided at the point of referral as a way of managing expectations, and regular contact was maintained throughout the time spent on the waiting list. Also, providing advice on how a young person could be supported whilst they were on the waiting list may help to prevent an escalation in need.

Recording the referral journey

19. The Task Group also felt there would be an advantage to having a child's complete 'journey' through the system logged in one place, so that it was clear which services they had been referred to and the outcomes of those referrals. Members heard that referrals to Tier 3 CAMHS which do not meet the threshold are not currently logged in the system and Members were concerned that this meant that the overall demand for services could not be gauged.

Recommendation 3: The Task Group recommends that all partners engage in a review of the current method of access to services for children and young people with emotional and mental health needs, seeking to simplify and streamline the process. As part of this, specific consideration should be given to:

- **The establishment of a single point of initial contact to provide effective signposting/triaging to appropriate services at an early stage.**
- **Supporting direct referral to an appropriate alternative service in cases where a referral to Tier 3 CAMHS does not meet the threshold.**
- **Improving communication so that the expectations of those referring are managed more effectively, and advice is offered on support available whilst waiting for a service.**
- **Ensuring that a child's journey through the CAMHS system is recorded, whether it is completed or not, including all requests for support and the outcome of those requests.**

A collaborative approach

Joint accountability

20. A feature of the system of mental health support for children and young people in the county is that help is provided at different levels of need by a wide range of organisations and partners. For the system to be effective, these partners need to work collaboratively to maintain joint accountability and joint motivation.
21. Task Group Members noted that the current system did not always demonstrate this joint accountability and felt that partnership working could be improved with all partners 'owning the outcome' for each child rather than passing responsibility to another part of the system. With this in mind, the Task Group welcomes the development of the Integrated Care System (ICS) and hopes that this will lead to a more system-wide, collaborative way of working.

Recommendation 4: The Task Group recommends that all partners continue to work towards a system-wide collaborative approach with effective working relationships and improved communication between organisations. To support this approach, the Task Group would suggest regular network meetings, of no less than twice a year, take place with all partners, to develop communications and ensure learning and best practice are shared.

Organisation of Services

22. To support the development of a more collaborative approach between partners, the Task Group was keen to investigate the experiences of other local authorities and consider alternative ways that services could be organised. Members looked in detail at the system in operation in Solihull (known as Solar) and were impressed with the integration and collaboration of the various teams and the simple access point open to all those seeking support. The Task Group hopes that going forward the HWMHC (on behalf of the HWICB) will look at the experience of others and consider alternative approaches to achieve greater integration of services and similar positive outcomes.

Recommendation 5: The Task Group recommends that the Herefordshire and Worcestershire Mental Health Collaborative (HWMHC) (on behalf of the HWICB) consider alternative approaches to the organisation of services, including those which appear to be successful in other local authority areas.

Shared access to information

23. To improve service delivery, the Task Group feels that all partner organisations should be able to share access to information with other relevant professionals, where appropriate, to provide a more coordinated, integrated approach. This would also ensure a full picture of a child's history was readily available for those professionals who needed to access it and prevent the need for a child to be asked to repeatedly tell their story. Members had seen the benefits of this approach within the Solar system in Solihull.

Recommendation 6: The Task Group recommends that all partner organisations look into the possibility of developing a system of shared access to information.

Gaps in provision and the definition of Tiers

24. When analysing feedback from schools, the Task Group became aware of a 'gap' in current provision between Tier 2 support options and tier 3 specialist CAMHS provision. Within this gap, schools felt ill-equipped to provide appropriate support. The Task Group noted that CAMHS CAST (Consultation, Advice, Supervision and Training) was available to offer additional support to schools and felt that this higher Tier 2 support could be a key focus of their work.

25. Linked to this, the Task Group noted a degree of confusion about the meaning of levels of need at each Tier and would suggest that additional 'Tier descriptors' (with examples if appropriate) should be developed and circulated to schools and other partners to allow those involved to accurately assess the level of support they can access.

Recommendation 7: The Task Group recommends that the Herefordshire and Worcestershire Health and Care NHS Trust look again at support for higher Tier 2 to address the gap in provision identified by schools.

Recommendation 8: The Task Group recommends that guidance is produced to clarify the thresholds for each Tier.

The importance of sources of support at lower levels of need

26. Given the long waiting times to access higher tier CAMHS support, the Task Group recognised the importance of ensuring timely access was available to support children and young people with lower levels of need, in an attempt to prevent an escalation of issues. However, Members were concerned to hear that there was currently a lack of availability of lower-level support in the County with long waiting lists for these services.

Recommendation 9: The Task Group recommends that partners should consider increasing the provision of services supporting young people with a lower level of need in order to provide timely support and reduce demand for specialist services.

Support for Schools

27. Schools are on the front line of dealing with children and young people's emotional and mental health issues and are often the first place that parents and young people turn to for help. However, it is important to recognise that those working in schools are first and foremost teachers and, although many have a great deal of knowledge and experience, they are not specialists in the field of mental health.

28. With this in mind, the Task Group welcomed the recent additional support available to schools through the Government-funded Wellbeing and Emotional Support Teams (WESTs). However, Members noted that, even when the phased rollout was complete, access to WESTs would only be available to a maximum of 45% of schools in the County (based on the national target). The Task Group welcomed the Public Health Team's work to provide additional support to some of those schools which are not part of the WEST programme, by funding the 'Act on It' programme in a further 14 schools. The Task Group suggests it is vital that early help provision is extended to cover all schools in Worcestershire as soon as possible.

29. The increased role played by schools has led to additional pressure on already stretched budgets, with many schools having to pay for additional support themselves. In addition, the Task Group was concerned about the mental health of members of school staff who were under increased stress as a result of this additional role.

Recommendation 10: The Task Group recommends that all partners undertake a review of the range of advice and support available to schools, ensuring that early help and support for mental health issues (from whichever source) is made available to ALL schools. In addition, there should be improved publicity to encourage access to available services.

Relationships with GPs

30. In discussions with GPs, it was clear that they value the work done by their colleagues in CAMHS and appreciate the clinical services provided. However, they expressed concerns about the significant waiting times currently being experienced by their patients and felt GPs' professional opinion was not always taken into account at the time of referral, even though they had spent time with the patient to understand their issues. They were also frustrated when referrals were 'bounced back' to them with very limited information on the reasons for the 'failed' referral and little guidance on what alternative support was available. GPs commonly had an expectation that a referral to CAMHS at Tier 3 would be rejected and they highlighted that young people and parents were often left with an overall feeling of rejection and a lack of support. Additional guidance for GPs on the referral process would be welcomed. They stressed that if more information was made available to make lower-level mental health care more easily understood and accessible, this may go some way to ease the demand on the higher tier CAMHS service.
31. The GPs the Task Group spoke to were very clear that they understood the pressures that CAMHS colleagues are under and would like to build a closer working relationship and use their professional expertise to contribute to the smooth running of the service. GPs felt that closer working relationships could be fostered both formally and informally, with specific suggestions including a weekly 'drop in' telephone service for GPs to seek advice and guidance about their patients and the instigation of 'masterclasses' to be run by CAMHS clinicians for GPs to help their understanding of the service and what it could offer their patients.

Recommendation 11: The Task Group recommends that the Herefordshire and Worcestershire Health and Care NHS Trust:

- **Seeks to improve the information and guidance available to GPs to help them in navigating the system of support for children and young people's mental health and emotional wellbeing including CAMHS and other lower-level sources of support**
- **Considers how a closer working relationship between CAMHS and GPs can be developed.**

Data and Performance Information

32. In trying to assess the performance of CAMHS and identify trends in referral rates and waiting times, the Task Group requested various data from the HWHCT. However, Members found it was not possible to fully understand the outcomes of the CAMHS interventions from the data collected without more comprehensive data being available.
33. The Task Group heard that where a referral to CAMHS did not meet the threshold for Tier 3 support, the original referrer would be informed of this along with advice on appropriate support. However, Members were concerned to hear that no record was maintained of the number of referrals which did not meet the threshold, nor was there any data on the take up of alternative pathways by these children and young people. Members felt that data on the numbers involved would offer useful insight into levels of poor mental health amongst young people and give a wider understanding of the system of support.

Recommendation 12: The Task Group recommends that the Herefordshire and Worcestershire Health and Care NHS Trust reviews its approach to collection and publication of performance information relating to CAMHS including referrals which did not meet the threshold for support, to ensure that the data collected allows trends to be identified and service improvements to be supported.

Children who are Looked After by the County Council

34. The Cabinet Member with Responsibility for Children and Families attended a meeting towards the end of the scrutiny exercise. He told the Task Group that it was best practice for all children and young people to be given a mental health assessment at the time of coming into the care of the local authority. The Cabinet Member added that, although Officers were working to ensure that this happened as a matter of course in Worcestershire, this was not currently the case.
35. The Task Group was concerned to hear that, for children who were looked after by the local authority, the lack of a settled placement meant that the referral criteria for CAMHS could not be met. Members felt that this issue should not prevent a referral to CAMHS and that all children and young people who experienced mental health issues should have equal access to support. The Task Group was concerned that a lack of support would place greater pressure on a child's placement, potentially destabilising their situation further.

Recommendation 13: The Task Group recommends that the Cabinet Member with Responsibility for Children and Families and Worcestershire Children First continue to focus on ensuring that all children coming into the care of the local authority receive a mental health assessment as a matter of course.

Recommendation 14: The Task Group recommends that the Herefordshire and Worcestershire Health and Care NHS Trust reviews its referral criteria, to ensure that children who are in the care of the local authority are not prevented from accessing CAMHS support due to the lack of a settled placement.

Children and Young People with Autistic Spectrum Disorder (ASD)

36. Discussions with schools highlighted a particular issue in relation to children and young people with Autistic Spectrum Disorder (ASD). The Task Group was told that children and young people with ASD were not able to access support for their mental health through CAMHS and were instead referred to autism support services. This approach caused frustration in some schools, as they highlighted that children and young people with ASD may have mental health needs that were separate from their ASD. The Task Group felt that the blanket approach was difficult to understand and would welcome clarification of the reasons for this approach. It was suggested that explanatory guidance to schools on this matter would also be a helpful way forward.

Recommendation 15: The Task Group recommends that the Herefordshire and Worcestershire Mental Health Collaborative (HWMHC) (on behalf of the HWICB) reviews the way in which children and young people with Autistic Spectrum Disorder are able to access appropriate mental health support and reports back to the Scrutiny Task Group.

Findings

37. The recommendations set out above were developed following an extensive scrutiny exercise which has involved obtaining evidence and information from a wide range of professionals and service users, the key findings of which are shown below.

Mental Health Services for Children and Young People in Worcestershire

38. The funding, planning and commissioning of mental health services for children and young people is the responsibility of the local NHS (NHS Herefordshire and Worcestershire Integrated Care Board (ICB)). Worcestershire Children First also contribute some funding towards Tier 3 CAMHS and work closely with the ICB to jointly commission this service. Most mental health services are provided by the Herefordshire and Worcestershire Health and Care NHS Trust. Some additional services to support children and young people experiencing difficulties with their mental health or emotional wellbeing are funded by the County Council's Public Health Team (for example, Act On It wellbeing service), Worcestershire Children First (for example, the Educational Psychology Service) and other partners.

39. The model of provision in Worcestershire is as set out below:

Tier 1 - Universal, non-specialist services:

eg. GPs, teachers, public health nursing and social workers providing prevention and early intervention support. Worcestershire parenting support, 'whole school' approaches to emotional health and wellbeing, and training for practitioners.

Tier 2 - More specialised primary care services: online and face to face counselling, WESTs, Act On It, Kooth, Bestie App. Reach4Wellbeing, CAMHS CAST.

Tier 3 - Specialist multi-disciplinary community teams provided by the health service through - specialist CAMHS, Integrated service for looked after children, Community Eating Disorder service, Community Mental Health service

Tier 4 - Specialist day and inpatient services for urgent care (accessed via the West Midlands Mental Health Collaborative).

40. The Task Group received detailed information from representatives of the HWHCT on the universal, targeted and specialist provision available in Worcestershire, the integrated care for children who are looked after by the local authority, the variety of support services available, the referral data and performance indicators.

41. Members welcomed the fact that some of the lower-level services were freely accessible by an app (such as Bestie and Kooth), reflecting the way in which many young people preferred to access information. The Trust met regularly with the providers of these apps and received monthly and quarterly data including details of the profile of users, when they were accessing the service and numbers of 'chats' that took place.

Herefordshire and Worcestershire Health and Care NHS Trust – Specialist CAMHS

42. Specialist CAMHS provision in the County is run by the Herefordshire and Worcestershire Health and Care NHS Trust. It is a multi-disciplinary team and provides support to children and families where a young person is experiencing significant mental health difficulties.

43. In 2021/22 there were 2,530 referrals to CAMHS (excluding the 741 referrals to WESTs). This compared to the pre-pandemic figure of 2,150 for 2019/20. Nearly 70% of all referrals to CAMHS pathways were received from GPs and schools, with GPs being the largest source of referrals at 45%.
44. Members of the Task Group were informed that the CAMHS Single Point of Access (SPA) system was currently in place for all referrals (except for WESTs in schools and the Integrated Service for children who have experienced care). Referrals to the SPA are triaged, then either accepted to tier 3 services or signposted to other support. The intention was that those children and young people with clinically urgent needs could be seen. An advantage of the system was that a consistency of approach could be maintained regardless of where the referral had been received from.
45. Waiting times for specialist tier 3 CAMHS were divided into 'Choice' and 'Partnership'. The Choice pathway covered an in-depth assessment to determine the needs of the child and whether they would benefit from a specific medical intervention. The target performance indicator for this appointment is 18 weeks. If a mental health treatment is required (for instance by a psychiatrist or psychologist) the child or young person is then moved on to the Partnership route for that treatment component. The target for the latter is a maximum of 25 weeks, i.e. up to a further 7 weeks after the initial referral. The Task Group noted that waiting times for the Eating Disorders Team were 1 week for urgent cases and 4 weeks for more routine appointments.
46. The Task Group heard that, although Choice and Partnership targets had been met at the start of the pandemic, increased numbers of referrals and the fact that those referrals were presenting with a higher level of need, had had a significant impact on waiting times. There had also been a large increase in the number of children and young people presenting with eating disorders and this had had an impact on the rest of CAMHS. These factors meant that the service had been unable to maintain previous levels of patient flow and targets were no longer being met.
47. The Task Group received data from the Trust on a range of issues, including waiting times for CAMHS appointments, sources of referrals, trends in referrals to CAMHS pathways including numbers being supported by each service and quarterly Kooth reports. Members found some of the data to be quite difficult to interpret. When they analysed the data on referrals in some detail, they found that it was not possible to gain the complete picture of the current situation or trends as they would have wished. Further, the figures in the original data received did not all represent individual young people, as some were repeat referrals. The Task Group was grateful to the Trust for reworking this data so that the actual number of individual young people in the system was then clear, but Members were surprised that this was not data that the Trust had held as a matter of course for its own use.
48. The Task Group was concerned about out of hours services and was encouraged that a 24/7 All Age Crisis Line was being urgently developed, and would include a 7-day service for children and young people with very complex needs, incorporating a team which would provide follow up support for children and young people who had presented at the Accident and Emergency department.
49. The Task Group noted that recruitment and retention of staff was a major challenge for the CAMHS Tier 3 Service, particularly in relation to psychiatrists, psychologists and experienced nurses, reflecting a national shortage of professionals in these specialisms.

The role of other providers supporting young people with mental health issues

50. **Wellbeing and Emotional Support Teams, WESTs** (previously known as Mental Health Support Teams) are part of a Government-funded national programme being rolled out in waves with an expected coverage of 45% of all schools nationally by 2024. The Task Group met with the WEST Locality Services Manager and one of the Team's Operational Leads who provided detailed information about the background to the service and the current provision.
51. In Worcestershire there are 3 WESTs (Kidderminster, Redditch and Worcestershire Rural) which cover 38 schools in total. The schools were selected based on the index of multiple deprivation and other public health information. Educational Mental Health Practitioners have been recruited and trained and are supervised by NHS staff. The WEST service is part of CAMHS and links with local CAMHS services.
52. WESTs have three core functions:
- to deliver evidence-based interventions for mild-to-moderate mental health issues
 - to support the school or college to introduce or develop their whole school or college approach
 - to give timely advice to staff and liaise with external specialist services to help children and young people get the right support and stay in education.
53. The WEST timeframe from referral to treatment is 18 weeks, (including a 4 week target for assessment), and with an intervention lasting 6-8 weeks. Following the intervention, if a young person is not discharged, they are signposted to another CAMHS service, with comprehensive details stored on the patient record system to enable colleagues to review the background to a case. Support is also provided to children referred on to tier 3 specialist CAMHS whilst they wait to be seen. The service is required to report to NHS England for monitoring, scrutiny and quality assurance purposes.
54. The Task Group was informed that the Teams took a whole school cohesive approach to providing support for children and young people, but also aimed to develop a robust in-school workforce by providing support and training for the staff team. Members were advised that the WEST service was most effective at engagement in a school when there was a member of staff in school whose sole function was 'Mental Health Lead'.
55. Quarterly data collected by the NHS showed that during 2021/22 there had been 870 referrals from schools in Worcestershire to the 3 WEST teams (Kidderminster, Redditch and Rural). In terms of onward referrals, approximately 13% of the children and young people who were seen by WEST were then signposted on to other services and a similar percentage of initial referrals to the service were declined.
56. The **Act on It Programme** provides tier 2 mental health and wellbeing support in 14 targeted schools for students in Year 7 or above. It was commissioned by Public Health for a 2.5-year period to support Covid recovery and whilst waiting for future waves of the roll out of WESTs. The service is provided by Onside Advocacy (a charity based in Herefordshire and Worcestershire) which runs the Wellbeing Practitioner service (based on a social prescribing model of support) which was launched in January 2022. The Task Group met with representatives of Onside Advocacy to gain an insight into their work and the support being offered.

57. The Task Group heard that the Act on It teams are embedded within the school's pastoral team supplementing the support already available in the school. Referrals are received direct from school. The aim of the programme is to build resilience and teach coping mechanisms particularly for the key transition stages, with each young person receiving one to one Cognitive Behavioral Therapy (CBT) intervention for 6 to 8 weeks. The sessions continue all year round, not only in term time, which was seen as vital for the continuity of support. The team has a key role in signposting children to a wide range of other sources of support should this be required including CAMHS (via school or GP), early help family support and the Umbrella Pathway (assessment for those children who may have autism). The impact of the interventions was measured, and Members were informed that early data was showing positive outcomes.
58. Alongside Act on It, **Action for Children** deliver 'Blues' and 'Bouncing Back' group programmes in the same 14 schools. The 'blues' programme is a wellbeing programme for young people aged 13 – 19 which aims to get teenagers talking, teaching young people emotional resilience to seek to reduce low mood and anxious thoughts. The 'bouncing back' programme is aimed at supporting primary aged children following the pandemic, helping to equip them with the tools for good mental health.
59. The Task Group was very supportive of the Act on It and 'Blues' and 'Bouncing Back' programmes and hoped it would be possible to expand them to more schools in the future.
60. Worcestershire Children First's **Education Psychology Service (EP)** service provides professional psychological services for children and young people in a wide range of educational and community settings in the County. The service aims to prevent inappropriate referrals to tier 3 CAMHS and provide the support a child or young person needs within their own school environment. The service is a traded service, which offers a range of packages to suit different settings and needs. However, capacity is limited, and some schools reported that they had looked to private providers for support. The service also offers training courses to school staff to build capacity and resilience. The team was currently working on a toolkit and service directory which aimed to map all the mental health services available for children and young people in the County, an initiative which was supported by the Task Group.
61. The CAMHS **Reach4Wellbeing** service involves online group programmes using CBT to support the emotional wellbeing of young people who were experiencing issues with anxiety and low mood. The Reach4Wellbeing team offer a 6-week evidence-based programme, which relies on children and young people practicing the skills that they are taught between sessions. Following recent negative feedback from a Healthwatch Worcestershire survey, the Task Group was informed that the Trust was reconsidering the current offer of Reach4Wellbeing.
62. **Kooth** is an online counselling and emotional wellbeing platform for children and young people, accessible through mobile, tablet and desktop and free to users. **Bestie** is an online resource and app which was developed by CAMHS to support school aged children's mental health and wellbeing. It provides support to children and young people who are accessing mental health services, providing online resources and tools to support their specific care plans, as well as resources which help them track their mood, goals and progress.

The experience of children and young people and their parents/carers

63. The Task Group obtained feedback on CAMHS from children and young people and their parents/carers. However, Members would acknowledge the limited nature of the evidence collected. Despite best efforts and the support of colleagues in Worcestershire Children First and the Council, it proved very difficult to hear their views direct. We are very grateful to those young people and parents/carers who did feel able to share their experiences with us.
64. The feedback from children and young people was generally quite negative, commenting on a lack of interaction, little empathy being shown, and no support being offered after sessions ended. The Task Group was told that group support was not appropriate for all young people, with some feeling uncomfortable talking in front of others.
65. Members held an in-depth discussion with a young person who was currently receiving support from CAMHS. They advised that, overall, the service had been helpful, but there were areas where they felt the service could be improved such as:
- a. Ensuring that appointments were kept at the regular intervals expected and that the allocated time was made available.
 - b. Wherever possible ensuring the young person saw the same counsellor and in a face-to-face consultation, rather than online.
 - c. Access to support at weekends and in evenings via an out of hours service.
 - d. Ensuring that responses to emails were received in a timely manner.
 - e. The CAMHS counselling rooms could be made to be more welcoming.
66. Parents expressed their dismay and frustration at the current provision of support for their children. Comments included the system not being fit for purpose, experiencing lengthy delays, having a feeling of being passed around the system with no one taking responsibility, facing a lack of support despite serious challenges, or support only being offered at a very late stage by which time their child's condition had deteriorated considerably.
67. Members also looked at the findings of investigations carried out by partner organisations, including Healthwatch Worcestershire's Young People's Health and Emotional Wellbeing report (published in March 2022).

The experience of schools

68. The Task Group issued a questionnaire (Appendix 2) to 245 state schools in Worcestershire to seek their specific feedback on mental health services for children and young people, and their own experiences of supporting pupils and students with emotional and mental health difficulties. Completed questionnaires were received from thirteen schools across the range of first, primary, middle and high schools, covering rural and urban areas. Follow up meetings were held with seven of these schools to gain a more in depth understanding. The Task Group acknowledges that this is only a small sample of schools in the County. However, clear themes emerged from the views expressed in the questionnaires and during the follow up visits, which the Task Group feels have been helpful in gaining an insight into some of the key challenges faced by schools.
69. A summary of feedback from the schools' questionnaires and visits is set out below:

Support for Emotional Health and Wellbeing in Schools

70. The high level of commitment by school staff to the wellbeing of their pupils is clear. Schools are committed to supporting their pupils by every means possible and, despite a lack of additional funding, are incredibly resourceful in supporting this growing need. They seek to build close supportive relationships with parents to enable an easy two way sharing of any concerns and have measures in place to enable relationships to develop in a positive manner.
71. Schools described the strategies they have in place and the specific support mechanisms they have built into their school structures to support children with their emotional and mental health. These differed according to the age range of pupils and size of the school and measures ranged from universally available activities designed to enable children and young people to talk about their worries and concerns, to specific focused interventions for individual children or small groups.
72. Much of this provision has been put in place from within current school budgets, making use of staff training offered from a variety of sources (including the Department for Education, Worcestershire Children First and Public Health). Specific training mentioned included Mental Health First Aid, Trauma Informed Care, Time for Change Champion, and suicide prevention. National funding had also provided every school with the opportunity to benefit from Senior Mental Health Lead training.
73. Some schools mentioned that they have been able to access the support of the Wellbeing and Emotional Support Teams or the Act on It Programme as referred to above.
74. In addition, some schools have been able to access extra support from a wide range of sources including educational and clinical psychologists, school counsellors, mental health and wellbeing therapeutic counsellors, emotional and behavioural support practitioners, play therapy, Relax services, Elsa support, Footsteps, pastoral support, mentoring services and bereavement support services.
75. Some schools have obtained help from the County's school nurse team, but there was concern expressed that the service did not have the capacity that it did pre-pandemic and was currently too stretched to be able to offer any significant timely support for emotional wellbeing issues.
76. Some small schools reported an issue that stretched their limited resources, which was that they had a high percentage of children with additional needs and mental health issues relative to their roll number. In their experience, parents sometimes moved a child with such needs to a small school for the environment it offered.

Emotional and Mental health – issues and concerns

77. It was clear that, because schools know their children and families well, they were well positioned to identify issues at an early stage and offer support and signposting to appropriate sources of help and support. Schools reported that common issues that children were presenting with were anxiety, depression, trauma, low self-esteem, lack of resilience, eating disorders, disconnection and lack of engagement, bereavement, self-harm, attachment issues and anger management. Reference was also made to gender identity issues, suicidal thoughts, emotional based school avoidance and emetophobia

78. A number of schools referred to the negative impact of the pandemic and anxiety issues resulting from being away from usual school routines and social time along with a reduced sphere of interaction in general. Some children had developed attachment issues and struggled with the return to school.
79. Where schools were not able to meet a young person's needs themselves, they raised a number of significant concerns around getting appropriate support. The lack of clarity as to who to approach for help and unrealistic expectations being placed on schools was an ongoing source of pressure. Staff were dealing with these pressures with limited support and training to the potential detrimental impact on their own mental health and wellbeing. Resources for parents were often provided online, which they advised was a barrier for some parents.
80. In particular some primary schools reported difficulty in accessing support services. Reasons given included the cost of accessing professional services (such as counselling services), high thresholds for referrals, lengthy waiting lists for referrals, a gap in provision, or a lack of support for the mental health needs of children with ASD.

Referral to CAMHS

81. Although some schools found the referral process to be easily accessible and straightforward, others found it challenging and struggled to understand the thresholds. They felt it would be helpful to be able to talk to a professional in advance of completing a referral or to understand what support could be offered in the meantime. Schools suggested that a flow chart to guide non-professionals towards an appropriate pathway would also be useful.
82. Once a referral had been completed, schools reported that communication from CAMHS was slow and protracted. An acknowledgement was not always received and a decision on a referral may take one to two months. Schools felt that interim updates would be helpful and would avoid them having to chase for further information. The lack of feedback received by parents created a negative perception of the service and it was suggested that it would be helpful for parents to be informed of likely timescales from the outset and advised of ways in which they could provide support in the interim.
83. Some schools told the Task Group that, given high thresholds, experience had taught them that a referral to CAMHS was unlikely to be successful even when, in their view, a young person was experiencing serious difficulties with their mental health. They felt it would be helpful if the letter received when a referral was not accepted gave reasons for the decision or contact details to allow further discussion of alternative support. The current letter was often perceived by the school and the family as a 'rejection'. At this point, schools would welcome an automatic referral to another appropriate service or at least the opportunity to discuss next steps with a CAMHS professional rather than being left to provide whatever support they could. On the occasions where a referral to CAMHS was accepted, schools reported that they had to rely on parents informing them of this and advising them when an appointment had been arranged, as the school received no information direct.

84. Schools reported that the pandemic had led to an increase in the number of children needing support and this had stretched services even more thinly with thresholds appearing to be higher and waiting lists longer. In turn, this was causing additional pressure on schools who were expected to provide more low-level support and parents were increasingly frustrated with the system.
85. One school spoke very highly of the service they had received from CAMHS but stressed that its capacity needed to be significantly increased to keep up with the growing demand.
86. A few schools mentioned making referrals to CAMHS CAST, and the resources and advice provided had proved useful in assessing need and understanding thresholds for the different services. However, it was noted that CAMHS CAST was not always able to provide expertise with regard to complex cases. Schools welcomed the opportunity to attend CAMHS appointments with the child and their family and found the summary of actions recorded at the meetings very useful.
87. Some schools had a joined-up approach to making referrals and sought the support of other professionals as part of the referral process. Some schools reported that local GPs would direct families to their child's school to ask them to make a referral to CAMHS and suggested that a more collaborative approach would allow a more comprehensive overview of the child to be included in the referral to CAMHS.

Children who are in the care of the local authority

88. Although not the main focus of the Task Group's work, schools drew attention to the specific support they received for children and young people who were looked after by the local authority. They reported that these children had access to a wide range of individual support in school from Teaching Assistants and also 1:1 support from outside agencies such as therapy support, clinical psychologist, coaching and mentoring. Social care colleagues and the Virtual School also provide a range of avenues for children who are looked after to be supported.
89. The Task Group also noted that support for the physical health, emotional wellbeing and mental health needs of children who are looked after by the local authority was provided by the Integrated Service for Looked after Children (ISL). This multi-agency team is made up of professionals from different backgrounds including colleagues from Worcestershire Children First and CAMHS.

Youth services

90. The Task Group met with the Manager of a local youth provision in Malvern to learn about the wide range of activities that they offer to all young people in a safe and supportive environment. For those experiencing difficulties with their mental health, play-based therapies are available and shared experience groups provide a reassuring environment for young people impacted by issues including anxiety and self-harm. The young people have the opportunity to interact and explore issues in a friendly welcoming atmosphere. The Task Group was impressed with this youth provision and the support that was being offered.

91. As part of their work, the youth team in Malvern were aware of a range of issues being experienced by young people and they advised that they regularly sought help and advice from the Family Front Door or Young Solutions to be able to signpost individual young people appropriately. The Manager informed the Task Group that her conversations with parents revealed that they often struggled to get help for their children who were experiencing mental health issues. If a referral to CAMHS was needed, the young person's school would be alerted to take the matter forward.

GPs' perspective

92. The Task Group met with two GPs from different medical practices, both of whom also hold wider Lead roles within NHS services in Worcestershire. They offered their perspective on the support available within the County for children and young people with emotional or mental health difficulties. Following the meeting, the GPs helpfully shared further feedback from GP colleagues on their experience of accessing services.
93. The GPs highlighted the huge pressures that all parts of the health service were working under, and they emphasised the respect they felt for the clinical services provided by colleagues working in CAMHS. They understood the problems caused by a national shortage of staff and wanted to help find ways of understanding services better and working more closely together.
94. They informed the Task Group that the number of referrals that they made for children and young people experiencing mental health issues was relatively low and therefore they were not confident of the pathways through the system. Their understanding of the CAMHS Single Point of Access system was limited. They reported that it was rare for a referral to meet the threshold for Tier 3 CAMHS support and amongst their GP colleagues there was an expectation that referrals would be 'rejected', something which was a source of frustration.
95. As a result, they would seek to identify alternative support for a child or young person, but they felt there was a lack of information available to them about these other options. A flowchart showing referral options would be a helpful resource.
96. On those occasions when a patient was accepted onto the Tier 3 CAMHS pathway, the GPs reported that communications sent to the GP were generally good and sufficiently detailed in terms of assessments, medications etc. A suggestion was made that allied health professionals within their surgeries should also be able to make referrals to CAMHS, following an initial discussion with a GP.
97. In reporting their experiences, GPs shared concerns about the way in which the system currently operated, including concerns about the safety of the system in which services were not being provided in acceptable timeframes. They were also concerned that their professional opinion was not given appropriate weight when an assessment was made, even though it was based on direct contact with the patient. They felt that those assessing CAMHS referrals should meet a patient in person before 'rejecting' the referral. A triage system at an early stage was suggested at which point the appropriate level of support could be determined. Additional concerns included the difficulty of identifying appropriate support for those children on the borderline of the CAMHS Tier 3 threshold and the lack of ongoing support for the child or young person while they were on the waiting list or after they had been discharged from the service.

98. Going forward, the GPs were keen to improve the understanding and levels of communication between CAMHS professionals and GPs in order to gain a greater insight into the service and improve the experience for patients. They suggested that more effective formal and informal communications would be beneficial, such as a weekly 'drop in' telephone service for advice and guidance or an occasional 'masterclass' delivered by CAMHS for GPs, with the GPs advising that this has been of benefit with other specialisms.

Alternative organisation of services

99. By way of comparison, the Task Group wished to look at how services for children and young people experiencing difficulties with their mental health were organised in other local authorities. To this end Members met with representatives of the Solar partnership which operates in Solihull, and also visited Solar's offices to gain a more detailed understanding of the service.

100. Solar is a partnership between Birmingham and Solihull Mental Health NHS Foundation Trust, Barnardo's and Autism West Midlands and provides emotional wellbeing and mental health services to children, young people and families in Solihull. Solar has a focus on integrated services and collaborative working across all sectors, ensuring young people only have to tell their story once and provides services that are outcome focused, easy to access, evidence based and built around the needs of young people and their families.

101. Solar services have a single point of access to a fully integrated system spanning tiers 2 – 4 of the traditional CAMHS (with Tier 1 being the universal non-specialist services provided by GPs, teachers etc.) It is a collaborative service involving the NHS, Barnardo's and Autism West Midlands with co-location of staff for some services. Co-location and being part of the same system allows staff to access other teams' expertise informally and collaborative working is the norm.

102. Referrals to Solar are welcomed from any source, including children and young people themselves, parents, GPs and schools. Referrals are screened/triaged daily by two practitioners on duty to assess urgency and individuals are then assigned to the most appropriate department. A meeting takes place every lunchtime to review the initial assessments, to talk through each referral and discuss the support needed which fosters joint working. Initial appointments are then made and a letter is issued to the referrer within 2-3 days of the referral being received to explain the process that will take place. Urgent cases are dealt with separately by the crisis team and duty worker.

103. A key feature of the Solar system is that it ensures that children and young people only have to tell their detailed story once, as a significant amount of information is then shared with the other professionals in the partnership via the NHS 'RIO' system of electronic patient records.

104. The Task Group was interested to learn that the Solar Management Team has close links with two established parent groups who provide direct and regular feedback on the service and that the Managers proactively attend meetings of these groups to engage with parents.

105. As with other areas, the Task Group learnt that the level of demand for Solar services is a real challenge and, together with the impact of shortages in some key areas of staffing, this has led to waiting times that are longer than targets. Given these circumstances, service managers work closely with other services and in a range of partnerships to ensure that the service which is best placed to support children and young people is used in the most effective way. The Task Group also noted that when children and young people are on the waiting list, they are contacted on a monthly basis to monitor their situation.

Conclusion

106. In carrying out this scrutiny exercise, Members have met with professionals providing support to children and young people who are experiencing difficulties with their mental health or emotional wellbeing. The evidence gathered has highlighted key issues such as a lack of clarity about the system and how to access an appropriate level of support.

107. The Task Group has also seen the high levels of professionalism and dedication shown by those working with children and young people, whether that is in an education or health care setting. The recommendations in this report are intended to offer a helpful contribution to the development of the service with the aim of offering an improved user experience to the young people of Worcestershire and their families.

CAMHS – Schedule of Activity

Date	Activity
20 December 2021	Task Group meeting to discuss mental health provision for Children and Young People in Worcestershire with: <ul style="list-style-type: none"> • Public Health Consultant, Worcestershire County Council • Programme Director - Mental Health, Learning Disabilities and Autism, NHS Herefordshire & Worcestershire (previously the Lead for Mental Health, Learning Disabilities and Children NHS Herefordshire and Worcestershire Clinical Commissioning Group)
7 February 2022	Task Group meeting (for members only) to discuss next steps
18 February 2022	Task Group Meeting to discuss the referral process to CAMHS with: <ul style="list-style-type: none"> • Associate Director for Children Young People & Families & Specialist Primary Care, Clinical Director – CAMHS and Clinical Services Manager – CAMHS, Herefordshire & Worcestershire Health and Care NHS Trust • NHS H&W Programme Director - Mental Health, Learning Disabilities and Autism
22 March 2022	Task Group meeting to hear the views of CAMHS provision from: <ul style="list-style-type: none"> • Advanced Public Health Practitioner in Children’s (0-19) Worcestershire County Council • Youth Manager, Malvern Cube
29 March 2022	Survey sent to all schools in Worcestershire to seek their views on CAMHS
13 April 2022	Task Group meeting with: <ul style="list-style-type: none"> • the Community Development Manager and Director of Services and Business Development from the ‘Act on it’ Programme run by Onside Advocacy • the Locality Services Manager for Well-being and Emotional support teams in schools and the Mental Health Support Team Operational Lead for Redditch and Kidderminster Mental Health Support Teams in Schools
21 April 2022	Task Group discussion with a young person and key worker to gather their views on CAMHS
25 April 2022	Task Group meeting with the Principal Educational Psychologist and Head of Inclusion Support Services, Worcestershire Children First

May-June 2022	Meetings with 1 first school, 4 primary schools and 2 high schools arranged as a result of requests made by schools when completing the survey
23 May 2022	Member discussion at Malvern Cube with young people and parents/carers
13 June 2022	Representatives of the Task Group met with the Associate Director for Children Young People & Families & Specialist Primary Care, Herefordshire & Worcestershire Health and Care NHS Trust to discuss CAMHS data
15 June 2022	Task Group meeting to look at other models of working with the Solar Hub Manager and Principal Clinical Psychologist from Solar (Solihull)
27 June 2022	Task Group meeting with Worcestershire GPs
5 July 2022	Task Group Visit to Solar, Solihull
25 August 2022	<p>Task Group meeting with:</p> <p><u>The County Council</u></p> <ul style="list-style-type: none"> • Cabinet Member with Responsibility (CMR) for Children and Families • the Interim Director of Public Health • Advanced Public Health Practitioner • Public Health Consultant <p><u>Worcestershire Children First</u></p> <ul style="list-style-type: none"> • Director for All Age Disability • Director of Child Protection and Through Care • Principal Educational Psychologist <p>to hear their views and experiences of children and young people's mental health services in Worcestershire.</p>
10 January 2023	<p>Task Group discussion of the emerging themes and recommendations with:</p> <p><u>The County Council:</u></p> <ul style="list-style-type: none"> • CMR for Children and Families • Director of Children's Services (and Chief Executive of WCF) • Interim Director of Public Health <p><u>Worcestershire Children First:</u></p> <ul style="list-style-type: none"> • Director for All Age Disability • Director of Child Protection and Through Care <p><u>NHS:</u></p> <ul style="list-style-type: none"> • Programme Director - Mental Health, Learning Disabilities and Autism, NHS Herefordshire & Worcestershire

	<ul style="list-style-type: none">• Senior Manager-Children and Young People’s Mental Health, NHS Herefordshire & Worcestershire• Associate Director for Children Young People & Families & Specialist Primary Care, Clinical Director – CAMHS,• Clinical Director - CAMHS, Herefordshire & Worcestershire Health and Care NHS Trust
--	--

The Task Group has also received feedback on CAMHS from individuals (parents and young people), social workers and other Member contacts.



Child and Adolescent Mental Health Services (CAMHS)

This questionnaire has been sent to you by a group of County and District Councillors (Scrutiny Task Group) who are investigating how mental health services for children and young people are working in Worcestershire. If you would prefer to meet with a councillor either face to face, via Microsoft Teams or discuss via a telephone call please email scrutiny@worcestershire.gov.uk or call 01905 844962/846607 to speak to a member of the Scrutiny Team who will be able to make arrangements for you.

Mental Health Support in School

1. What support is currently available in your school for children and young people who are experiencing emotional and mental health difficulties?

--

2. Does your school have a Mental Health Support Team in school or is your school part of the 'Act on it' Programme?

--

3. Does your school receive any practical help or funding from Health Services to deliver your Early Help and Wellbeing services? If so, please describe and outline cost?

--

4. Who in your school has key responsibility for issues relating to mental health? (Please give name and Job Title)

--

5. What are the strengths of your schools' mental health support offer and in general terms, what types of mental health issues are children and young people being identified as experiencing?

--

6. How do you communicate to children and young people and parents about the services available through school?

--

7. What are the gaps or concern you have where children and young people's needs are not met by you?

--

8. How do you measure the outcomes of your school Early Help and Wellbeing offer?

9. How does your school ensure that children and young people are made aware of world events and provided an opportunity for them to raise questions/concerns?

Referral to CAMHS

10. How do you decide whether a referral to CAMHS is needed? How do you involve parents? Do you involve other professionals in that decision?

11. Would the school be advised if a child had been referred to CAMHS by another professional e.g., GP, Police etc? How would the school support a young person who had been referred by another professional?

12. How many referrals to CAMHS have you made in the last 12 months? How does the process work e.g. How long does it take to receive a response? Did you receive feedback on the referral throughout the process? Did you find the referral process straightforward?

13. Are you aware of any support available to children and young people while they are awaiting a CAMHS assessment? If so, please include examples.

14. In your experience, has the Covid pandemic had an impact on the CAMHS referral and assessment process? If so, please explain how.

15. Have you been satisfied with the support services provided for children and young people by CAMHS? What has the service done well? Are there any improvements that you would like to suggest?

16. Is there anything else that you would like the Scrutiny Task Group to be aware of in relation to mental health services for children and young people?

Looked After Children

17. Does the mental health support you provide for looked after children differ from those not looked after? If so, please explain how the support/provision differs?

Contact Details and Follow up Information

18. The Task Group would like to visit a selection of schools across the County to talk directly to staff involved in the mental health support for children and young people. Would you be interested in talking to a couple of members of the group about your experiences?

Yes/No

Name: (please print): _____

Job title: _____

School: _____

Email: _____ Telephone number: _____

GDPR Regulations: Please confirm whether you agree to your responses being collated, processed and analysed by Worcestershire County Council. All information will be held in accordance with the General Data Protection Regulations (GDPR) and used only to inform the work of this Task Group.

Please indicate your response - Yes or No.

Thank you for your feedback – a copy of the final report will be shared with you when it is complete. Please send your completed form to the CAMHS Scrutiny Task Group

c/o Scrutiny@worcestershire.gov.uk by the 29 April 2022.

Any queries, please telephone Alyson Grice/Alison Spall on 01905 844962/846607