

## Minutes of Health and Adult Social Care Scrutiny Board

**Monday, 23 February 2026 at 6.00 pm at Council Chamber, Sandwell Council House, Oldbury, B69 3DB**

**Present:** Councillor E A Giles (Chair)

<p>Councillors: M Allcock Bhamra Kalebe-Nyamongo Muflihi</p>	<p>Councillors: Maycock Tipper Uppal</p>
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**Officers:** Paul Higgitt (Health watch), Sasha Hog (BCHFT), Elaine Oxley ( Assistant Director of Social Worker), Laura Brookes ( BCHFT), Margaret Court (BCHFT), Wendy Evins (BCHFT), Amritpal Randhawa (Healthwatch) and Rhys Attwell (Interim Democratic Services Officer)

### 8/26 **Apologies for Absence**

Apologies were received from Councillors Fitzgerald, E M Giles and Trumpeter.

### 9/26 **Declarations of Interest**

No Declarations of Interest were received.

### 10/26 **Minutes**

**Resolved** that the minutes of the meeting held on 19 January 2026 are approved as a correct record.

### 11/26 **Urgent Additional Items of Business**

There was no urgent items of business.

### 12/26 **Referral Pathways for Attention Deficit Hyperactivity Disorder (ADHD) and Autism.**

The Committee received a report outlining the proposal from Black Country Healthcare NHS Foundation Trust (BCHFT) to revert Children and Adolescent

Mental Health Services (CAMHS) to the original service specification. This change meant that CAMHS would only accept referrals for ADHD or Autism assessments where a child or young person also presented with co-existing mental health symptoms. The intention had been to prioritise specialist mental health support for those with the highest levels of clinical risk and vulnerability, as the acceptance of neurodevelopmental-only referrals had contributed to unsustainable waiting times, with some children waiting several years.

Members were advised that reverting to the specification was considered clinically justified and operationally necessary. The increased demand, alongside post-COVID pressures, had resulted in significant delays affecting children with more complex mental health presentations. Under the proposed model, neurodevelopmental-only referrals would be signposted to alternative assessment routes, including “Right to Choose” pathways and local community diagnostic services. BCHFT emphasised that this did not remove access to assessments but redirected it in a way that improved equity and prioritised risk.

The report outlined benefits of the proposed approach, including enabling CAMHS to recover waiting lists, meet national four-week access standards, and offer earlier stabilisation and treatment plans. BCHFT stated that continuing with the existing model would have prolonged delays for the highest-need children and lengthened the service’s recovery trajectory.

The Trust also set out its engagement plan, which included updated guidance for GPs, schools, and referrers; information and signposting for parents; and communication with VCSE organisations and advocacy partners. A communication plan had been prepared to ensure clarity of the revised criteria and available alternative routes.

The report further noted ongoing system-wide work on developing improved Autism and ADHD diagnostic pathways, including a forthcoming business case for a Black Country wide model with a single referral front door and enhanced digital support.

While the Trust acknowledged that the proposal would have an impact on families, no specific inequalities had yet been identified. Communications were intended to mitigate any potential impact and ensure parents and carers were kept well informed. The Committee was advised that any recommendations arising from scrutiny would be taken forward by the Place-based CYP ASC Task and Finish Group, reporting into the wider system programme board.

From the comments and questions by Members of the Board, the following responses were made, and issues were highlighted:

- Members raised concerns about the proportion of children around two-thirds who did not have accompanying mental health conditions and would therefore no longer be eligible for CAMHS assessment under the revised criteria. Questions were asked about the impact on waiting lists, the increased demand on alternative pathways, and whether the effects on families had been assessed. Officers responded that a full Quality Impact Assessment would be undertaken through the internal panel.

- The Chair queried whether parents were being informed about the Right to Choose (RTC) pathway. Officers confirmed that communication with parents was ongoing, supported by a business case submitted to the ICB, and acknowledged that significant waiting list pressures remained. Work with parents had already taken place as part of the business case development, including discussions about support for children displaying challenging or aggressive behaviour.
- Concerns were raised about the wider pressures facing CAMHS and the challenges created when children lacked a formal diagnosis, potentially making care more complex. It was noted that the RTC system itself could become overwhelmed. Members questioned the difference between in-service and out-of-service diagnosis routes, and officers confirmed that the business case was exploring a single referral point to improve consistency.
- Questions were also raised about whether the proposal effectively excluded two-thirds of those seeking support. Officers stressed that no funding was being removed; the change sought to manage demand safely by prioritising mental health risk. They highlighted that this was a national issue linked to workforce shortages and reflected national taskforce recommendations.
- Members queried what would happen to the two-thirds of children redirected away from CAMHS. Officers noted that some might reach adulthood before receiving a diagnosis and would need to access alternative commissioned pathways. Outcomes would also depend on ICB investment into diagnostic waiting lists. Concerns were expressed about the impact on children's quality of life.
- Further questions explored adult autism services, thresholds for support, and how anxiety and functional difficulties were assessed. Officers noted that multi-agency responses, talking therapies, and wider system taskforces led by Public Health Wolverhampton across the Black Country were being developed to address unmet need.
- Support for those waiting was discussed, with voluntary-sector organisations offering low-level mental health and anxiety support.
- Questions were also asked about support for parents. Officers stated that information on parent-carer support groups could be provided and that representatives from these organisations could attend future meetings to brief members. From a Children's Trust perspective, it was noted that impacts on families positive, neutral, and negative had been mapped and could be shared by email.

**Resolved: -**

- (1) That the Board receive a detailed briefing note within six months providing the breakdown of the timescales associated with the "two-thirds" affected from the waiting times referenced, including how the timeframe was determined, the stages involved, and any dependencies or risks that may affect delivery.

- (2) That the board receives a briefing note within 3 months on the Immediate actions should focus on securing system stability and clarity. This includes obtaining formal assurance from BCHFT regarding transition planning, safety measures, and communication with referrers. A multi-agency briefing should then be issued to schools, GPs, Early Help, SEND services, and Family Hubs to clearly outline the revised referral pathways. Finally, the Local Offer and early help guidance must be updated promptly so practitioners and families have accurate, accessible information.
- (3) That the board receive an update within 6 months on the medium-term priorities centre on understanding and managing system demand. Sandwell should develop a comprehensive Neurodevelopmental (ND) Needs Impact Assessment to model the expected shift in referrals away from CAMHS. Commissioning colleagues should then ensure there is sufficient ND assessment capacity within alternative pathways, including RTC aligned providers. A multi-agency ND Coordination Group should also be established to monitor waiting times, unmet need, and any safeguarding implications arising from pathway changes.
- (4) That the board receive an update within 6 months on the long term development should strengthen the overall ND support model. This includes embedding a proactive neurodevelopmental early intervention approach across schools, Family Hubs, and EP services. Workforce development is essential, helping practitioners build confidence in identifying and supporting ND needs without relying solely on a formal diagnosis. Finally, a coherent SEND Mental Health interface strategy should be developed to ensure children are supported holistically and do not fall between service gaps.

13/26

### **Review of interim referral criteria for the Adult Autism and Attention Deficit Hyperactivity Assessment Service**

The Committee received an update on the interim risk-stratified referral criteria that had been introduced for the Adult Autism and ADHD Assessment (AAA) Service, following Scrutiny's support for the changes in July 2025. The revised criteria had been implemented in response to unprecedented national and local increases in ADHD referrals, rapidly growing waiting lists, and related clinical and safety concerns. Under the new model, priority was given to individuals at highest risk, including those involved with the criminal justice system, young people transitioning from CAMHS who required continuity of prescribing, veterans, and adults with comorbid mental health conditions. Any complex or urgent cases outside these categories continued to be reviewed by the multidisciplinary team.

It was reported that the new criteria had significantly reduced referral numbers from an average of 240 per month to 45 bringing demand in line with capacity and enabling the service to focus on those most vulnerable to harm from remaining undiagnosed. Workforce stability had improved, digital tools had been adopted to streamline administrative processes, and around half of the existing caseload had already been reviewed. Individuals meeting the new criteria were retained within the Trust's caseload, while those who did not were supported to access alternative assessment routes, including the Right to Choose pathway. Commissioners had been working with the Integrated Care Board to ensure clear transition arrangements, consistent thresholds, and effective communication with long-waiting patients.

The Committee was advised that an independent review of the ADHD pathway was underway to model future capacity and demand. No safeguarding issues, safety concerns, or risk incidents had been reported during the period in which the risk-stratified criteria had been in place. It was anticipated that waiting times for those remaining on the Trust's caseload would improve substantially once the caseload review was complete. The report highlighted that reverting to an open-referral system would again overwhelm capacity, prolong waiting times, and increase the likelihood of harm. The Trust therefore proposed extending the existing criteria for a further six months to complete the caseload review, set a recovery trajectory, develop processes for those not meeting the criteria, and respond to recommendations from the forthcoming Joint Strategic Needs Assessment.

The Committee was asked to support continuation of the risk-stratified criteria, with Right to Choose remaining available to others.

**Resolved: -**

- (1) That the Board continued supported of the continuation of the risk-stratified criteria

The Committee received a report outlining the historic commissioning arrangements for locked rehabilitation services for men with learning

disabilities, previously provided at The Larches in West Bromwich. It was explained that The Larches had historically operated as a specialist forensic step-down unit for individuals on a rehabilitation pathway under the Mental Health Act.

However, commissioners reported that referrals for locked rehabilitation had steadily declined in recent years, with no new referrals made, due to national and local progress in the Transforming Care programme and a significant reduction in demand.

The Black Country had previously had one of the highest inpatient rates in the country for adults with learning disabilities, but substantial transformation work over the last five years had led to major reductions in inpatient numbers and improved community-based alternatives.

The Board was informed that since commissioning responsibilities were brought together in 2020, the pace of improvement had accelerated through the introduction of new initiatives such as Emergency Response Teams, extended Intensive Support Team hours, crash pads, trauma-informed pathways, digital support tools, keyworker support, peer-carer support, and the Small Supports programme.

These developments had enabled more people with complex needs and forensic histories to be safely supported in the community and had significantly reduced reliance on inpatient settings.

As a result, the Black Country was now regarded nationally as a leading system in delivering the Building the Right Support model and had seen an 80% reduction in inpatient numbers, including a dramatic decline in secure-care populations who would previously have required step-down rehabilitation at facilities such as The Larches.

Members were advised that specialist community forensic services had been developed across the West Midlands to provide in-reach and out-reach support for individuals with learning disabilities or autism, ensuring continuity of support throughout both inpatient stays and community transitions.

In the rare event that a Black Country resident required a locked rehabilitation placement in future, suitable regional capacity was available at Cygnet Cedars and Coveberry Oldbury, both of which were able to offer equivalent wrap-around clinical oversight, including Care and Treatment Reviews and regular quality monitoring.

The report confirmed that financial implications were not applicable and highlighted the significant reduction in inequalities achieved through coproduced community-based service developments.

The Board noted that the proposal was for the locked rehabilitation provision at The Larches to cease, as the service was no longer clinically required. Any recommendations arising from the Committee would have been taken forward by the Learning Disability and Autism Programme Board.

From the comments and questions by Members of the Board, the following responses were made, and issues were highlighted:

- Members of the Board welcomed the report as a good news story and recognised that people could be supported following the ceasing of the locked rehabilitation at The Larches.

**Resolved: -**

- (1) The panel supported the ceasing of locked rehabilitation at The Larches, as the provision was no longer required due to the success of transformation in community Learning Disabilities services.

**15/26**

**Work Programme**

The Board noted the remainder of items on Health and Adult Social Care Scrutiny Board Work Programme 2025/26.

Meeting ended at 19:15pm.