Health and Adult Social Care Scrutiny Committee

Date: 23rd February 2026

Title: Children and Adolescent Mental Health Services (CAMHS) reverting to service specification.

1. Aim

This paper sets out the rationale for the recommendation that Black Country Healthcare Foundation Trust (BCHFT) revert to their service specification for Children and Adolescent Mental Health Services (CAMHS) and only accept referrals for Attention Deficit Hyperactivity Disorder (ADHD) and Autism or (ND referrals) **if there are co-existing mental health symptoms**.

This would ensure that specialist mental health services are protected for those young people who have complex issues and are most vulnerable from remaining undiagnosed.

2. Recommendations

The Health Scrutiny Panel is recommended to provide feedback on the proposal outlined in this paper and an opinion from the panel on the substantiality of the changes.

BCHFT is recommending that CAMHS reverts to service specification and only accept referrals for neurodevelopmental assessment for diagnosis if there are co-existing mental health symptoms.

3. Report detail

3.1 The CAMHS service specification states that referrals should be accepted where a child or young person presents with a **mental health disorder or symptoms that require specialist intervention**. Due to the growth of neurodivergence the service started to temporarily accept **referrals for ADHD and Autism assessments without coexisting mental health symptoms**, diverging from the agreed specification.

3.2 While this was appropriate at the time, national policy directives are to recover services and restore access to pre-COVID levels. The additional referrals have contributed to significant service pressures and an **unsustainable waitlist**, with some children waiting several **years** for assessment. We therefore believe the restoration to the original specification is **clinically justified**, **operationally necessary** and **system appropriate**.

3.3 The service intends to **revert to its agreed specification**, meaning:

- Referrals for **neurodevelopmental conditions without coexisting mental health concerns** will **no longer be accepted** by CAMHS.
- Children needing ADHD or Autism assessments without MH symptoms will be signposted to **alternative commissioned routes**, including **Right to Choose** (RTC) pathways under the NHS Constitution.

3.4 The rationale for this is:

- **Clinical prioritisation**: Children with coexisting mental health needs are at greater risk of harm, exclusion, crisis, and safeguarding issues. The current model, outside of specification, means that these children are waiting longer.
- **Equity and safety**: Reducing the current 5-multi-year wait for those in highest need is critical to ensuring safe and effective care.
- **Alternative provision**: RTC and other local diagnostic pathways remain available for purely neurodevelopmental needs, so access is not withdrawn but redirected.

3.5 The table below provides an impact comparison:

Criteria	Current Model	Proposed Model
Referrals accepted	All ADHD/ASD, with or without MH symptoms	Only those with coexisting MH symptoms unless they are children and young people who are in care
Pathway for ND-only children	CAMHS assessment waitlist	R2C / community neurodevelopmental services
Risk of unmet need	High for MH + ND group	Mitigated via R2C for ND-only; prioritisation of risk

3.6 If CAMHS services reverted to service specification, and were only using their Medical and Multi-Disciplinary Team resource for Co-presenting mental health conditions, then the clinical resource could be directed to recovering the waits for children and young people waiting for CAMHS intervention.

3.7 Due to the significant waits that have developed in part to the Autism & ADHD only referrals it would take some time for the service to recover. In addition we are developing a new clinical model to meet national expectations for four week wait to treatment and being able to offer an immediate intervention for mental health needs. Meaning BCHFT would be working towards seeing children within four weeks, offering them an immediate stabilisation and treatment care plan before they then wait for more medium term intervention.

3.8 If the service continues to accept ND only referrals then the situation continues to worsen and the recovery trajectory will take longer leaving some children and young people to have their mental health needs unmet.

Engagement process and outcomes:

3.9 **GPs, schools, and referrers** will receive clear updated guidance on referral criteria.
Parents and carers will be supported to understand the Right to Choose process.
VCSE and advocacy partners will be briefed to support families through the transition.

3.10 The table below demonstrates our approach to communication:

Stakeholder Group	Communication Method	Key Messages
GPs & Referrers	Letter + webinars/Q&A	Updated criteria; support for R2C; CAMHS focus on risk
Schools & SENCOs	Briefing + offer of local info	Referrals with MH risk remain valid; R2C process clarity
Parents & Carers	FAQ sheet + website + signposting	Explanation of access routes; safety prioritisation; no loss of NHS options
VCSE / Advocacy	Partnership call & materials	Alignment of support messaging; escalation points
Local Authority / HOSC	Formal briefing + discussion	Seeking input on impact and assurance; open to feedback

Future developments:

3.11 A comprehensive review of the pathways for Autism Spectrum Conditions (ASC) in Children and Young People (CYP) was commissioned and completed in 2025.

3.12 In each place, task and finish groups have been established. Their initial focus has been the effective implementation and completion of the place-based recommendations outlined in the report. The objectives of these groups are to:

- Co-produce and develop a CYP ASC diagnostic pathway for each place, using the report's recommendations to ensure a multi-disciplinary assessment approach and multi-organisational panel sign-off, in line with NICE guidance.
- Ensure appropriate membership is engaged in the meetings to support the purpose and delivery of the work.
- Establish suitable governance arrangements within existing place-based structures, providing assurance both locally and across the wider system.

3.13 The focus to date has been on defining what a high-quality CYP ASC diagnostic pathway should include, to support a potential business case due for completion in February. This business case will be presented to the ICB for consideration of a Black Country-wide CYP ASC diagnostic pathway and associated commissioning arrangements. It has now been agreed that the pathway should be expanded to include both ASC and ADHD diagnostics.

3.14 The business case if successful will look to improve the digital offer around the pathway as well as the subsequent support available whilst waiting for assessment. It will also look to introduce a single front door for referrals which will standardise the triaging and messaging framework.

4. Financial information

Not applicable for this report

5. Reducing Inequalities

It is acknowledged that this proposal will lead to an impact on families and we are currently unable to identify inequalities within that group.
We will ensure that communications take into account the need to communicate effectively with parents and carers.
BCHFTs Clinical perspective is that reverting to service specification is necessary to prioritise specialist CAMHs for those children & young people with the most significant need.

8. Review

Any recommendations from the committee will be taken through and managed by the Place based CYP ASC task and finish group which reports into the System wide programme board.

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