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Brent

Scrutiny Committee

Tuesday 9 February 2016 at 7.00 pm
Boardroom 3/4 - Brent Civic Centre, Engineers Way, Wembley HA9 0FJ

Membership:

Members	**Substitute Members**
Councillors:	Councillors:
Kelcher (Chair) Colwill (Vice-Chair) Daly Farah Long Miller Stopp Tatler	Agha, Hector, Khan, J Mitchell Murray, Nerva, Ketan Sheth and Thomas Councillors: Kansagra and Maurice

Co-opted Members
Ms Christine Cargill
Mr Alloysius Frederick
Dr J Levison
Mr Payam Tamiz
Iram Yaqub
Vacancy

Observers
Ms J Cooper
Mrs L Gouldbourne
Ms J Roberts
Brent Youth Parliament representatives

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The press and public are welcome to attend this meeting

Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members.

Item		Page
1	**Declarations of interests** Members are invited to declare at this stage of the meeting, any relevant financial or other interest in the items on this agenda.	
2	**Deputations (if any)**	
3	**Minutes of the previous meeting** To follow	
4	**Matters arising (if any)**	
5	**Proposed Scope for Scrutiny Task Group on Community Infrastructure Levy (CIL) and Section 106 in Brent** This report sets out the proposed scope for the Scrutiny task group on Community Infrastructure Levy (CIL) and Section 106 in Brent	1 - 16
6	**Proposed Scope for Scrutiny Task Group on Housing Associations in Brent** This report sets out the proposed scope for the Scrutiny task group on Housings Associations in Brent.	17 - 30
7	**Child & Adolescent Mental Health Services in Brent: Current provision and future developments** This report provides an overview of the current Child and Adolescent Mental Health Services (CAMHS) available in Brent, and the improvements and investments identified in the CAMHS Local Transformation Plan as a response to 'Future in Mind'.	31 - 140
8	**Safer Brent Partnership Annual Report 2015** The Safer Brent Partnership is the statutory community safety partnership under the Crime and Disorder Act 1998. Under the act the council has a	141 - 176

legal responsibility to consider the impact of crime and disorder in relation to council services and to collaborate with local partners to reduce crime, disorder, substance misuse and reoffending.

9	**Scrutiny Forward Plan**	177 - 180
10	**Scrutiny key comments, recommendations and actions**	181 - 214

11 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Head of Executive and Member Services or his representative before the meeting in accordance with Standing Order 64.

Date of the next meeting: Wednesday 24 February 2016

Please remember to ***SWITCH OFF*** your mobile phone during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public.

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Brent	**Scrutiny Committee** 9 February 2016 **Report from the Chief Executive's Department**
For action	All wards

Proposed Scope for Scrutiny Task Group on Community Infrastructure Levy (CIL) and Section 106 in Brent

1.0 Summary

1.1 This report sets out the proposed scope for the Scrutiny task group on Community Infrastructure Levy (CIL) and Section 106 in Brent. This task group has been requested by the Scrutiny Members to ensure Brent council is achieving the best financial outcomes for the borough with its current section 106/CIL agreements.

1.2 The task group will look at the current section 106/CIL processes with a view to ensuring that communities and councillors are engaged in the making of funding decisions.

1.3 The purpose of the task group will be to analyse four key areas:

Policy

- An evaluation of Brent's current and previous s106 and CIL policies and processes; this should include looking at:
  - Brent priorities and links to the borough plan and service plans,
  - charging rates for s106 and CIL,
  - different models of member and public engagement, and
  - Lessons learnt and plans for the future
- An evaluation of Brent's current s106 and CIL policies, processes and performance in comparison with other local authorities.

Engagement

- The involvement of elected members in the decision making processes for s106 and CIL funds.
- Explore how Brent residents can be more actively engaged in the scoping and planning process.

Funding

- Analysis of how funds have been spent and plans for spending future funds.

- Explore how fund can be spent on more discretionary services, such as youth services, libraries and sports facilities.
- Analysis of funds in reducing negative social impacts.

Future Planning

- Prioritising Brent's needs as outlined in the borough plan.
- S106/CIL status for upcoming/ future development plans.

1.4 The task group will review the local arrangements of the council and its partners, national research and guidelines and the views and opinions from local residents and businesses. The task group will also consult with experts in this field and other London boroughs which have been identified as achieving excellence in this area.

1.5 The task group will review a number of concerns in the s106/CIL process; which it will seek to examine in the context of Brent, these are:

- Further transparency and better understanding of the policies and processes regarding s106/CIL funding;
- Achieving the best financial outcomes for the borough with its current section 106/CIL agreements;
- That all outcomes are linked to the borough's priorities and needs via the borough plan;
- Flexibility is build into the section 106/CIL process to ensure that communities and councillors are engaged in making funding decisions.

1.6 As part of the borough plan we promised to deliver transformational change and support and promote neighbourhood planning across the Borough, targeting identified priority and growth areas. The task group hope that its work will support this element within the context of our "Better Place" priority.

2.0 Recommendation

2.1 Members of the Scrutiny Committee are recommended to agree the scope, terms of reference and time scale for the task group on s106/CIL in Brent, attached as Appendices A and B.

3.0 Detail

3.1 With member consensus on ensuring the best use of CIL and s106 funding, Members of the Scrutiny Committee requested a time-limited task group undertake a focused piece of work on potential actions to improve understanding, transparency and stakeholder involvement in Brent. The proposed scope and terms of reference for this work are attached as Appendices A and B.

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Appendix A

Community Infrastructure Levy (CIL) and Section 106
Proposed scope for Scrutiny Task Group
February 2016

Task Group Chair: Cllr Harbi Farah
Task Group Members: Cllr Wilhelmina Mitchell Murray, Cllr Milli Patel, Cllr Mary Daly, Cllr Bhagwanji Chohan and Mr Faraz Baber
Time frame: To be presented to the Scrutiny Committee on Tuesday 5 April 2016

1. What are we looking at?

Community Infrastructure Levy (CIL)

The Community Infrastructure Levy is a planning charge, introduced by the Planning Act 2008 to provide a fair and transparent means for ensuring that development contributes to the cost of the infrastructure it will rely upon, such as schools and roads.

The Community Infrastructure Levy (the levy) is a tool for local authorities in England and Wales to help deliver infrastructure to support the development of the area. The levy may be payable on development which creates net additional floor space, where the gross internal area of new build exceeds 100 square metres. The limit does not apply to new houses or flats, and a charge can be levied on a single house or flat of any size, unless it is built by a 'self builder'.

The levy is charged on new development. Normally, this requires planning permission from the local planning authority, the Planning Inspectorate, or the Secretary of State on appeal. Planning permission can also be granted through local planning orders. Examples are simplified planning zones and local development orders. Development can also be granted consent by Neighbourhood Development Orders including Community Right to Build Orders. Some Acts of Parliament, such as the Cross rail Act 2008, also grant planning permission for new buildings.

The levy applies to all these types of planning consent. CIL is non-negotiable and therefore, brings more certainty and transparency to the development process than the system of planning obligations which could cause delay as a result of lengthy negotiations; however, developments may still require a legal agreement to control other aspects of the development like sustainability or affordable housing. The Government decided that this tariff-based approach provides the best framework to fund new infrastructure to unlock development.

Charities and Social Housing has relief from CIL on application, as do large residential extensions or annexes and self built dwellings. Relief can also be granted in exceptional circumstances where CIL has an unacceptable impact on the economic viability of development. Decisions on whether to grant exceptional circumstances relief will be made by the Strategic Director of Regeneration & Growth in consultation with the Lead Member.

The Council can take land or infrastructure as payment towards CIL instead of money, provided that the payment is equivalent to the amount of CIL liable. It is at the Council's

discretion to accept such an offer and decisions on this will be made by the Operational Director of Planning & Regeneration.

CIL Neighbourhood Fund

Brent must spend a minimum of 15% of CIL receipts in consultation with the local community, subject to an annual cap of £100 per dwelling in the area[1]. This neighbourhood component ("the Neighbourhood Fund"), like the Strategic Fund, should be spent on infrastructure to support the development of the area but can also be spent on a broader range of items than the strategic part of CIL: on the provision, improvement, replacement, operation or maintenance of infrastructure; and anything else that addresses the demands that development places on an area. The Neighbourhood Fund can also be used to provide affordable housing.

Areas that have an adopted Neighbourhood Development Plan ("Neighbourhood Areas") benefit from an increase in the neighbourhood component of CIL to 25%[2].

Section 106

Section 106 (S106) agreements, also known as planning obligations, are agreements between developers and local planning authorities that are negotiated as part of a condition of planning consent.

The Town and Country Planning Act 1990 (the '1990 Act') enables local authorities to negotiate contributions towards a range of infrastructure and services, such as community facilities, public open space, transport improvements and/or affordable housing.

Where an application is made for planning permission to undertake development on land within the area of a local planning authority, Section 106 of the 1990 Act allows the local planning authority and any person interested in the land to secure by deed certain obligations which mitigate the harmful impact of the proposed development.

These obligations can:

- Restrict the development or use of the land in any specified way;
- Require specified operations or activities to be carried out in, on, under or over the land;
- Require the land to be used in any specified way; or
- Require a sum or sums to be paid to the authority

The Community Infrastructure Levy Regulations 2010 set out the statutory criteria (the 'necessity test') for when a planning obligation may constitute a reason for granting planning permission for the development; that is when the obligation is:

- necessary to make the development acceptable in planning terms;
- directly related to the development; and
- fairly and reasonably related in scale and kind to the development

[1] The annual cap is subject to indexation.
[2] This is also the case for CIL from developments not in an area with a neighbourhood development plan in place, but granted permission by a Neighbourhood Development Order made under section 61E or 61Q (community right to build orders) of the Town and Country Planning Act 1990.

To establish whether Brent council is achieving the best financial outcomes for the borough with its current section 106/CIL agreements and; how to ensure that flexibility is built into the section 106/CIL process to ensure that communities and councillors are engaged in the making of funding decisions.

National Context

CIL

The aim is to allow local authorities to raise funds from developers to fund a wide range of infrastructure that is needed as a result of new development. Almost all development has some impact on the need for infrastructure, services and amenities, so it should contribute to the cost. The Planning Act stipulates that authorities can only spend CIL on providing infrastructure to support the development of their areas:

“Infrastructure” legally includes (so the list in the Act is not exhaustive):

flood defence, open space, recreation and sport, roads and transport facilities, education and health facilities

CIL Regulations 2010 removed affordable housing, which will continue to be funded by S106. The Localism Act clarifies that CIL can be spent on the ongoing costs of providing infrastructure (Maintenance, Operational and Promotional).

The levy is expected to have a positive economic effect on development across a local plan area. When deciding the levy rates, an appropriate balance must be struck between additional investment to support development and the potential effect on the viability of developments.

S106

S106 funding is highly constrained by: the legal agreements by which the contributions are secured; the planning reasons on which the contribution was sought; national legislation and regulations; and the Courts. Some of those restrictions are discussed further below.

Spatial and thematic constraints

S106 funding, in the vast majority of cases, is linked geographically to the development from which they it derives: it must be spent in the vicinity or locality of the development. In every case, it must be spent such that the impact of the development is mitigated in some way. Projects should be focussed where recent or likely future development pressures are highest and whilst these tend to be within the borough’s Growth Areas and Housing Zones, it is not limited to them.

Similarly, the funding is in the vast majoring of cases secured for infrastructure falling into four broad themes of Education, Sustainable Transportation, Open Space and Sports. Funding for infrastructure not falling within these themes will be limited and spatially highly specific. Community Safety and Community Facilities are not core themes for S106 and only very limited funding is held in very specific circumstances.

To mitigate the impact of development

As a principle, providing funding for relevant infrastructure is an important means by which development can help to mitigate the impact an increased population can have on a local area and its amenities and social infrastructure; therefore new or expanded social or physical infrastructure in areas of greater development pressure will be prioritised over minor improvements to existing infrastructure in areas of low development pressure.

There is a distinction between projects which improve existing infrastructure to the extent that capacity is increased and projects with a narrower focus that might be better considered as maintenance works and should be funded from other sources.

To support the development of the area

A further principle is that, wherever possible, projects will be prioritised where they would help to generate further investment in the borough; as such the Regeneration Investment team will be closely involved in identifying or assessing projects and Service Unit liaison officers and project managers will be expected to work closely with that team.

Capital v Revenue

S106 funding is in the vast majority of cases capital, not revenue funding. It is however, recognised that some projects which are designed and managed by council officers or external consultants can incur fees; therefore reasonable professional fees can be included but an estimated percentage should be clearly identified from the beginning of the project's development. It is not acceptable to claim funds for management oversight or other overheads.

Local Context - Brent

CIL

Brent Community Infrastructure Levy (CIL) was formally introduced from 1 July 2013. Brent is also a collecting authority for the Mayor of London's CIL which was introduced from 1 April 2012. In accordance with the CIL regulations, the Council can only spend the majority[3] of CIL on infrastructure which supports the development of the area. This is, however, a broader range of spend that is typically permitted under S106 and can include:

- Provision of infrastructure;
- Improvement of infrastructure;
- Replacement of infrastructure;
- Operation of infrastructure;
- Maintenance of infrastructure; and
- Addressing the demands of development.

CIL is not restricted to the area where the development from which it was derived took place, in fact CIL could be spent outside of the borough by a third party if it was felt that would best help development of Brent. CIL can be pooled in a number of ways and could be spent on a single item of infrastructure if that was deemed to be the best use of the funds.

The flexibility of CIL makes it a tempting source of funding for niche projects that would not otherwise secure Council funds in the current financial climate, however it is important to note that there is an opportunity cost to every spending decision that is made and the

[3] Excluding CIL Neighbourhood Fund (at least 15%) and administration costs (5%)

flexibility of CIL makes it, in effect, the same as Council Capital Funding and therefore needs to be treated with similar levels of rigour when being allocated.

CIL Neighbourhood Fund

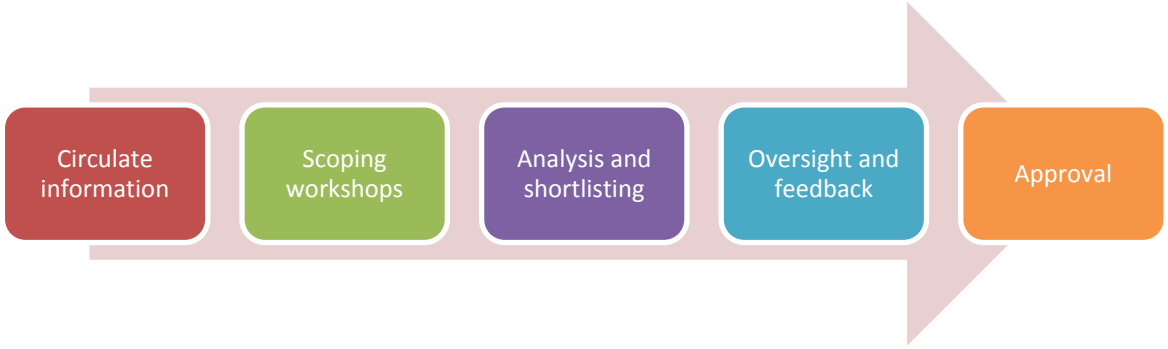
Brent will be split into a number of "CIL Neighbourhoods"; at present, the plan is to use the five Brent Connects forum areas as five "CIL Neighbourhoods". The Neighbourhood Fund component will be retained in the "CIL Neighbourhood" in which the development takes place and, therefore, where the CIL receipts are collected (subject to exceptions where the funding is used to provide infrastructure beyond the CIL Neighbourhood boundaries that nevertheless has benefits for the CIL Neighbourhood).

Officers will engage with the communities of the "CIL Neighbourhoods" and their representatives to scope suitable projects. Officers will use information from the planning application process, the SIP and input from Service Areas and other officers to support the development of suitable projects.

S106

A new process was introduced in 2015 giving greater oversight to Members and the senior management team and to ensure S106 money is spent on projects that meet the Council's strategic objectives, necessitating a greater co-ordination and facilitation role for Planning & Regeneration, officers from which, will have an overview of all projects by theme and area and will work to ensure the quality and value for money of projects.

The process is an annual one, following the financial year and beginning in late April after the final accounts for the previous financial year have been settled, to ensure a stable baseline is established. It follows the basic process set out below:



3. Legislation and Government Policy

On 19 November 2015, the Secretary of State for Communities and Local Government announced a review of the Community Infrastructure Levy (CIL) and commenced a consultation to identify issues for the review process.

The purpose of the review will be to assess the extent to which CIL does or can provide an effective mechanism for funding infrastructure, and to recommend changes that would improve its operation in support of the Government's wider housing and growth objectives. The Group will make specific, prioritised recommendations that provide a

clear basis for improving the current system of collecting developer contributions to infrastructure delivery. The recommendations will also take account of the Government's pre-election manifesto commitment that "*when new homes are granted planning permission, we will make sure local communities know up-front that necessary infrastructure such as schools and roads will be provided*".

The consultation will close on the 15th January 2016 and by the end of March 2016, the Group will prepare a report for the Minister for Housing and Planning to consider. The report will include:

- An assessment of whether CIL is meeting its objectives and any recommendations for future change;
- An assessment of the relationship between CIL and Section 106, and how this is working in practice;
- An analysis of the operation of the CIL system and specific recommendations of how it could be improved; and
- An assessment of how CIL is deployed by local authorities both to deliver infrastructure and to support community engagement.

4. What are the main issues?

- Clarity and understanding of the role of elected members in the s106 & CIL decision process;
- The role of the local community and Brent residents in the s106 & CIL decision process;
- Clarity and understanding of legislation, where funds can and can not be spent.
- Services/departments not spending funds in time and returned unspent funds; and
- A change to officer's who champion planned projects, meaning the vision and drive for certain funding projects are lost.

5. What should the review cover?

There are four key areas that the review will focus on:

South Kilburn
The review will use South Kilburn as a live case study to see how S106/CIL are working in practice and what we can learn.

Policy

- An evaluation of Brent's current and previous s106 and CIL policies and processes; this should include looking at:
    - Brent priorities and links to the borough plan and service plans;
    - charging rates for s106 and CIL;
    - different models of member and public engagement; and
    - Lessons learnt and plans for the future.
- An evaluation of Brent's current s106 and CIL policies, processes and performance in comparison with other local authorities.

Engagement

- The involvement of elected members in the decision making processes for s106 and CIL funds; and
- Explore how Brent residents can be more actively engaged in the scoping and planning process.

Funding

- Analysis of how funds have been spent and plans for spending future funds;
- Explore how fund can be spent on more discretionary services, such as youth services, libraries and sports facilities; and
- Analysis of funds in reducing negative social impacts.

Future Planning

- Prioritising Brent's needs as outlined in the borough plan; and
- S106/CIL status for upcoming/ future development plans.

6. How do we engage with the community and our internal and external partners?

As part of this review the task group will invite relevant partners to get involved; though workshops, public group discussions and one-to-one interviews.

Partners: Group 1

- Relevant Council Departments:
  - Planning & Regeneration Team
  - Regeneration Policy Team
- Brent partners:
  - Brent Housing Partnership (BHP)
  - Local Developers
  - CVS Brent
- Local Groups:
  - Sudbury Town Neighbourhood Forum
  - Harlesden Neighbourhood Forum
  - The Unity (Church End and Roundwood) Neighbourhood Forum

Partners: Group 2

- Department for Communities and Local Government (DCLG);
- Planning Advisory Services (PAS);
- House Builders Federation (HBF);
- Quod - Specialist independent consultancy; and
- Best Practice Local Authorities:
  - LB Westminster
  - LB Haringey
  - LB Croydon
  - LB Hammersmith

7. What could the review achieve?

The review will strive to ensure that:

- That there is further transparency and better understanding of the policies and processes regarding s106/CIL funding;
- Brent council is achieving the best financial outcomes for the borough with its current section 106/CIL agreements;
- That all outcomes are linked to the borough's priorities and needs via the borough plan; and
- Flexibility is build into the section 106/CIL process to ensure that communities and councillors are engaged in making funding decisions.

Appendix B

Section 106 (s106) and Community Infrastructure Levy (CIL)
MEMBERS TASK GROUP
TERMS OF REFERENCE

A. CONTEXT

Community Infrastructure Levy (CIL)

The Community Infrastructure Levy is a planning charge, introduced by the Planning Act 2008 to provide a fair and transparent means for ensuring that development contributes to the cost of the infrastructure it will rely upon, such as schools and roads.

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CIL Neighbourhood Fund

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subject to an annual cap of £100 per dwelling in the area[4]. This neighbourhood component ("the Neighbourhood Fund"), like the Strategic Fund, should be spent on infrastructure to support the development of the area but can also be spent on a broader range of items than the strategic part of CIL: on the provision, improvement, replacement, operation or maintenance of infrastructure; and anything else that addresses the demands that development places on an area. The Neighbourhood Fund can also be used to provide affordable housing.

Areas that have an adopted Neighbourhood Development Plan ("Neighbourhood Areas") benefit from an increase in the neighbourhood component of CIL to 25%[5].

Section 106

Section 106 (S106) agreements, also known as planning obligations, are agreements between developers and local planning authorities that are negotiated as part of a condition of planning consent.

The Town and Country Planning Act 1990 (the '1990 Act') enables local authorities to negotiate contributions towards a range of infrastructure and services, such as community facilities, public open space, transport improvements and/or affordable housing.

Where an application is made for planning permission to undertake development on land within the area of a local planning authority, Section 106 of the 1990 Act allows the local planning authority and any person interested in the land to secure by a deed certain obligations which mitigate the harmful impact of the proposed development.

These obligations can:

- restrict the development or use of the land in any specified way;
- require specified operations or activities to be carried out in, on, under or over the land;
- require the land to be used in any specified way; or
- require a sum or sums to be paid to the authority.

The Community Infrastructure Levy Regulations 2010 set out the statutory criteria (the 'necessity test') for when a planning obligation may constitute a reason for granting planning permission for the development; that is when the obligation is:

- necessary to make the development acceptable in planning terms;
- directly related to the development; and
- fairly and reasonably related in scale and kind to the development.

B. PURPOSE OF GROUP

A Council Members' task group chaired by an elected member and coordinated by a council Scrutiny officer was set up in February 2016. Sponsored by the Scrutiny Committee, the aim

[4] The annual cap is subject to indexation

[5] This is also the case for CIL from developments not in an area with a neighbourhood development plan in place, but granted permission by a Neighbourhood Development Order made under section 61E or 61Q (community right to build orders) of the Town and Country Planning Act 1990.

of task group is to collate, review and evaluate evidence gathered from various sources; which include Brent's Planning & Regeneration Team and Regeneration Policy Team, Brent partners such as Brent Housing Partnership (BHP) and local developers. The task group will also engage with local groups and NGO and central government organisations which include the Department for Communities and Local Government (DCLG), Planning Advisory Services (PAS), House Builders Federation (HBF) and Quod a specialist independent consultancy.

It will also be vital for the task group to consult with other local authorities, specifically the London boroughs of Westminster, Haringey and Croydon; who have been singled out for their good work.

The objectives at the time were:

1. Liaise with stakeholders to gather evidence.

2. Use reviewed evidence to inform findings and recommendations for fully utilising Section 106 and Community Infrastructure Levy and funds in Brent.

C. AIMS & OBJECTIVES

Aim of the task group is to establish whether Brent council is achieving the best financial outcomes for the borough with its current section 106/CIL agreements and; how to ensure that flexibility is build into the section 106/CIL process to ensure that communities and councillors are engaged in the making of funding decisions.

- **Aims**

  The aims of the task group form four main themes

  South Kilburn
  The review will use South Kilburn as a live case study to see how S106/CIL are working in practice and what we can learn.

  Policy
  - An evaluation of Brent's current and previous s106 and CIL policies and processes; this should include looking at:
    - Brent priorities and links to the borough plan and service plans,
    - charging rates for s106 and CIL,
    - different models of member and public engagement, and
    - lessons learnt and plans for the future
  - An evaluation of Brent's current s106 and CIL policies, processes and performance in comparison with other local authorities.

  Engagement

  - The involvement of elected members in the decision making processes for s106 and CIL funds.
  - Explore how Brent residents can be more actively engaged in the scoping and planning process.

Funding

- Analysis of how funds have been spent and plans for spending future funds.
- Explore how fund can be spent on more discretionary services, such as youth services, libraries and sports facilities.
- Analysis of funds in reducing negative social impacts.

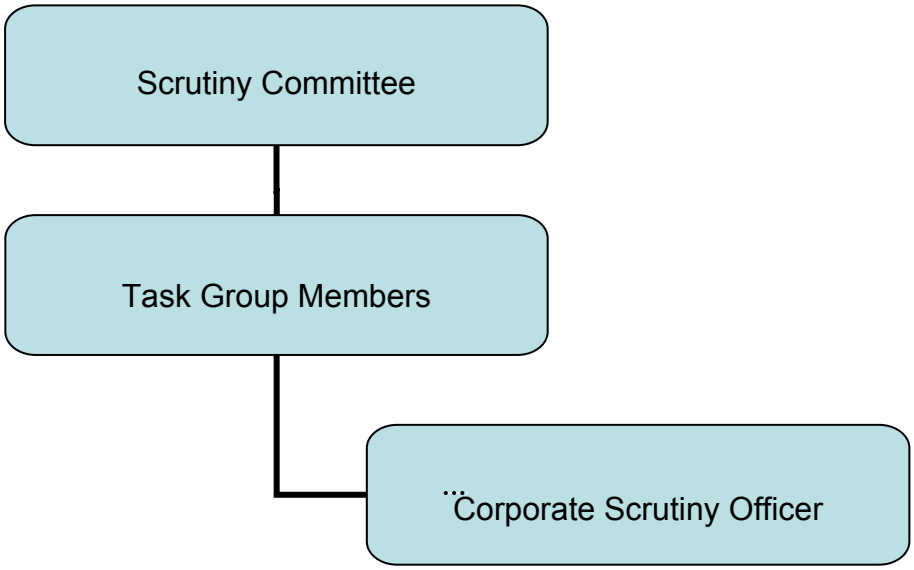
Future Planning

- Prioritising Brent's needs as outlined in the borough plan.
- S106/CIL status for upcoming/ future development plans.

Objectives

- That there is further transparency and better understanding of the policies and processes regarding s106/CIL funding.
- Brent council is achieving the best financial outcomes for the borough with its current section 106/CIL agreements.
- That all outcomes are linked to the borough's priorities and needs via the borough plan.
- Flexibility is build into the section 106/CIL process to ensure that communities and councillors are engaged in making funding decisions.

D. GOVERNANCE & ACCOUNTABILITY



E. MEMBERSHIP

1. Cllr Harbi Farah (Chair)
2. Cllr Wilhelmina Mitchell Murray
3. Cllr Milli Patel
4. Cllr Mary Daly
5. Cllr Bhagwanji Cohan
6. Mr Faraz Baber

Kisi Smith-Charlemagne – Scrutiny Officer

Other key stakeholders would be invited as appropriate.

F. QUORUM & FREQUENCY OF MEETINGS

There should be at least 2 members present at each meeting. A minimum would be the Chair, and another member of the task group. The task group will meet twice per month or approximately every two weeks with sub meetings held between the chair and the Scrutiny Officer as required.

G. DATE OF REVIEW

Start: February 2016
End: Scheduled for presentation to the Scrutiny Committee on 5 April 2016.

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Brent	**Scrutiny Committee** 9 February 2016 **Report from the Chief Executive's Department**
For action	All wards

Proposed Scope for Scrutiny Task Group on Housing Associations in Brent

1.0 Summary

1.1 This report sets out the proposed scope for the Scrutiny task group on Housing Associations in Brent. This task group was initially prompted by the departure of Genesis Housing Association from the arena of providing for social and affordable rent, ostensibly as a result of policy changes contained in the 2015 Budget and associated legislation.

1.2 The task group will seek to examine the fast changing demographic, social and legislative environment that housing associations find themselves in, their planned responses, and the particular implications this will have for residents and policy makers in Brent.

1.3 The purpose of the task group will be to focus on analysing seven key areas:

1. Government policy, legislation, and loopholes
2. Brent's current response
3. Impact on affordable and social housing
4. Impact on quality of service and resident experience and accountability
5. Demographic analysis
6. The strategic roles of housing associations in the sector locally, and how Brent can respond.
7. Effect on Brent's policy environment

The format for the task groups work should consist of three sessions of oral evidence by invitation, and be open to short written submissions from local stakeholders according to set structure laid out by the task group.

Invitees will include:

- Housing associations operating locally,
- Brent Housing Partnership,
- Senior council officers and the cabinet member for housing and development; and
- Local third sector partners as deemed appropriate by the task group.

The panel will consist of four elected members including the achier, and two external appointees.

1.4 The task group will review a number of concerns in the changing housing landscape; which it will seek to look at in the context of Brent, these are:

- Viable methods for the council to engage with Housing Associations and the local community; with a view to improve partnerships and accountability to residents and councillors.
- Options for supporting Housing Associations to remain viable providers of local affordable and socially rented homes
- Means to ensure that the impact of adverse changes do not unduly target vulnerable or minority groups.
- Possible solutions for the Housing Associations, the Council and the local community work to ensure good quality, efficient repairs etc.
- Identify the priorities for policy making
- Determine how the council uses the task group's findings to improve future work.

1.5 As part of 'Our Vision' the council envisaged services and citizens working together. This means everyone – the council, its public service partners in the NHS, the police and fire service, housing associations, local businesses, voluntary organisations – working together collaboratively towards our common goals.

1.6 The borough plan also states that we need more homes to be built and to be affordable so that we can house our growing population, and we need to make sure that all housing is of a decent standard. This will require close and constructive working partnerships between the council, housing associations, private landlords and developers. The work of the task group will build and support partnership working with these partner groups.

2.0 Recommendation

2.1 Members of the Scrutiny Committee are recommended to agree the scope, terms of reference and time scale for the task group on Housing Associations in Brent, attached as Appendix A and B. Please note that the membership of this task group is still to be confirmed.

3.0 Detail

3.1 The Genesis Housing Association is large and influential with a 33,000 home portfolio, and its exit from the market could have profound effects which we may see repeated elsewhere. The stability of the housing association form in providing high quality social and affordable tenancies may come into question, particularly with the Right to Buy having been extended in an altered form into the sector.

3.2 Within the longer term context of a housing market in which supply is not keeping up pace with demand, particularly in the area of affordable family accommodation, the pressures

acting on housing associations and how they respond had already been an issue worthy of examination for some time.

3.3 It is necessary for the public and policy makers in Brent to have an understanding of the effect that combined pressures are likely to have on Housing Associations of different sizes and their strategies for general provision as well as long term sustainability. The task group will seek recommendations to help us assist Housing Associations in delivering their obligations, and to mitigate any potential negative effects resulting from demographic and social trends, or government policy. The proposed scope and terms of reference for this work is attached as Appendix A and B.

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Peter Gadsdon,
Director Performance Policy and Partnerships
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Appendix A

Housings Associations in Brent
Proposed scope for Scrutiny Task Group
February 2016

Task Group Chair: Cllr Tom Miller
Task Group Members: Cllr J Mitchell-Murray, Cllr Long, *Cllr Duffy, Cllr Perrin, Mr Robin Sivapalan,* Ms Jackie Peacock

Panellists: Cllr Arshad Mahmood, Cllr Collier

Time frame: The Task Group will begin in February/March 2016 and report in late April or early June.

1. What are we looking at?

The task group will seek to examine the fast changing demographic, social and legislative environment that housing associations find themselves in, their planned responses, and the particular implications this will have for residents and policy makers in Brent.

2. Why are we looking at this area?

This task group was initially prompted by the departure of Genesis Housing Association from the arena of providing for social and affordable rent, ostensibly as a result of policy changes contained in the 2015 Budget and associated legislation. The Housing Association is large and influential with a 33,000 home portfolio, and its exit from the market could have profound effects which we may see repeated elsewhere. The stability of the housing association form in providing high quality social and affordable tenancies may come into question, particularly with the Right To Buy having been extended in an altered form into the sector.

Within the longer term context of a housing market in which supply is not keeping up pace with demand, particularly in the area of affordable family accommodation, the pressures acting on housing associations and how they respond had already been an issue worthy of examination for some time.

It is necessary for the public and policy makers in Brent to have an understanding of the effect that combined pressures are likely to have on Housing Associations of different sizes and their strategies for general provision as well as long term sustainability. The task group will seek recommendations to help us assist Housing Associations in delivering their obligations, and to mitigate any potential negative effects resulting from demographic and social trends, or government policy.

Local Context

<u>Housing Need and Housing Supply in Brent</u>

Brent's population has grown significantly, with a marked increase in average family size and the numbers of children. Demand for homes is rising in consequence, accompanied by

rising rents and prices, with demand for larger homes in particular above the London norm.

There has also been significant change to the tenure pattern in London as a whole and in Brent in particular. Owner occupation has declined while the private rented sector grew from just over 17% of the stock in 2001 to 28.8% by the 2011Census and around 33% now, making it a larger source of supply than the social sector. The proportion of social housing has remained broadly unchanged and the majority (around 16,000 homes) is owned and managed by housing associations, while the council owns just fewer than 9,000 rented and 3,000 leasehold homes, managed by Brent Housing Partnership (BHP).

Homelessness demand is being driven by a lack of access to affordable housing and the supply of accessible and affordable (within the limits of the Local Housing Allowance - LHA) accommodation in the private rented sector has been affected by welfare reform, specifically the changes to the LHA and the introduction of the Overall Benefit Cap (OBC). Further proposed reductions in the OBC and the freezing of LHA rates are likely to worsen the position. In particular, there has been a 300% increase in the number of households accepted as homeless following eviction from the private rented sector, with this group accounting for 55% of all homelessness acceptances.

At the end of March 2015 there were a total of 3,161 households living in temporary accommodation, the largest number of households in temporary accommodation in England and Wales. With regard to the Housing Needs Register, there are currently 4,358 households in the Priority bands A to C, which provides one indicator of unmet need. Including households in band D would give a level of unmet demand for social housing within the Borough of 16,566 households. Of the 4,358 households in 'active' bands on Brent's housing register, 20% are in Bands A or B and 80% are in Band C. Homeless households in Bands A to C make up 80% of the register. In 2015/16 there will be a projected 589 lettings into social housing (council and housing association) which will meet around 14% of the current total demand from Bands A to C.

While this provides a snapshot of immediate demand for affordable housing, the council has recently undertaken a Strategic Housing Market Assessment, looking at the longer term position. Although the report has yet to be finalised and agreed, the provisional findings are unlikely to change. These indicate that, the Full Objective Assessed Need for Housing in Brent is 47,500 dwellings over the 26-year Plan period 2011-37, equivalent to an average of 1,826 dwellings per year. This includes the Objectively Assessed Need for Affordable Housing of 21,707 dwellings over the same period, equivalent to an average of 835 dwellings per year.

As noted above, housing associations are the major providers of affordable rented housing and low cost home ownership (LCHO). Although around fifty organisations own stock in the borough, many of these are very small or specialist providers and the overwhelming majority of stock is owned by the following bodies (BHP is included here as it has Registered Provider Status – see below):

- A2Dominion Housing Group
- LHA Asra
- Catalyst Housing Group
- Family Mosaic

- Genesis Housing Group
- Hyde Group
- London and Quadrant
- Metropolitan Housing Partnership
- Network Housing Group
- Notting Hill Housing Group
- Octavia Housing & Care
- Brent Housing Partnership (ALMO)

The main source of funding for new affordable housing is the Affordable Rent Programme, managed nationally by the Homes and Communities Agency and in London by the Mayor, with the current programme running from 2015-18. To qualify for grant, organisations must secure Private Registered Provider Status; the term Registered Provider is often used interchangeably with housing association, although there are technical differences between the two. This report refers to housing associations for simplicity.

Under the coalition government, changes to the subsidy arrangements for the programme led to the introduction of the Affordable Rent product, which is now the principal affordable option funded by the Mayor. To balance a reduction in subsidy, Affordable Rent homes can be let at up to 80 per cent of local market rents, although average actual rent levels in the current programme are below that maximum, with subsidy skewed towards larger homes. In London, the Mayor has introduced to variants of Affordable Rent: Capped and Discounted Rents, with rent levels respectively ranging from 50% to 80% of market rates. The other main mechanism to deliver affordable housing in recent years has been the use of S106 agreements, requiring provision of a proportion of affordable homes through the planning process.

Delivering new supply across all tenures is a central aim for housing and planning policy locally. The Core Strategy projects development of at least 22,000 homes between 2007 and 2026 of which 11,000 (50%) will be affordable housing. Much of this development will be in the five Growth Areas identified in the Core Strategy and the Regeneration Strategy (Wembley, Alperton, Burnt Oak/Colindale, Church End and South Kilburn) and in the two Housing Zones (Wembley and Alperton)

The Housing Strategy (2014-19) anticipated that the main source of new affordable housing would be the Mayor's Housing Covenant Programme and set the following priorities, which were agreed with the GLA through a Local Framework Agreement:

- Social housing for rent that is affordable within the Overall Benefit Cap, which will require the provision of larger properties as Capped Rent homes with rent levels up to 50% of market rents and close to target rent levels.
- Discounted Rent housing, typically one and two bed properties, affordable to those claiming Housing Benefit, with rents pegged to LHA levels, including as part of mixed market rented developments.
- A range of low-cost home ownership products that can be accessed by those on middle incomes.

In addition to grant support, funding would come from cross-subsidy arising from private sale development in mixed-tenure schemes and from selective disposals of high-value

affordable housing units in order to release resources for investment.

Alongside development by housing associations, the strategy set a target for the council to provide a minimum of 700 new affordable homes by 2019 (and 1,000 new homes by 2021/2), using HRA borrowing under the debt cap. Usable capital receipts arising from Right-to-Buy sales and from disposal of high-value and poorly-performing units, and from selective disposals to rebalance the stock towards larger units would also be ring-fenced and re-invested in new homes

Impact of Current Policy Direction

The programme set out in the Housing Strategy was predicted on the legal and policy position prevailing at the time and the priorities of the council and partner housing associations. Since then, the policy landscape has altered significantly and the following section highlights the key changes. Again, it is important to stress that there are still many areas of uncertainty that will only be resolved as further detail emerges from government. Similarly, local authorities and housing associations are also considering their positions and most have yet to make final decisions on their future plans. There have been some well-publicised early reactions, including suggestions that some housing associations may shift their focus to a more commercial approach and, at the extreme, move out of social housing altogether. The reality is that a much more mixed and nuanced response is likely and that the true position will only emerge gradually; although it is clear that, whatever stance individual providers adopt, the overall policy shift, backed by legislation, will force a realignment of activity.

National Context

There are 4.1 Million homes for social rent in the UK. 2.2 Million of these are provided by local authorities, but 1.9 Million are provided by other social landlords including Housing Associations. 43% of these are single person households, with 32% with two residents or more. Residents tend to have an employment rate not much below average, and are older than the average householder. The median social rent property in England is £82 per week, while the “affordable” rent median is £112. In London, the average social rent per week is £108, but £177 for an “affordable” property. The biggest disparity between rents is for two-bedroom properties, at an average of £103 per week for local authority homes in London, but £183 for an identical property under “affordable” rent.

Recent legislative changes and proposed changes include the ending of ‘life tenure’ in social housing and the right to buy for Housing Association owned properties. They also include an obligation for Councils to sell of their most valuable housing stock. This means that citizens seeking housing for social rents are subject to a range of new pressures mediated by housing associations, ALMOs, and local councils; in short, providers.

A lack of supply of social and affordable housing (alongside a lack of housing more generally) is leading to rocketing rents within London and the South East, as well as large increases in freehold value. A natural consequence of this is an increase in generalised housing need.

3. Legislation and Government Policy

The Government plans to legislate and extend the Right to Buy to housing associations and in its 2015 Budget announcement it told social landlords to reduce rents by 1% annually from next April, reversing a two-year old instruction to increase rents by 1% above inflation for ten years. These policies could make it more difficult for housing association to raise development finance for affordable housing.

On the 'pay to stay' measures for social housing, the Budget papers state: The government believes that those on higher incomes should not be subsidised through social rents. Therefore, social housing tenants with household incomes of £40,000 and above in London, and £30,000 and above in the rest of England, will be required to 'Pay to Stay', by paying a market or near market rent for their accommodation.

This will ensure they pay a fair level of rent, or make way for those whose need is greater. Housing associations will be able to use the rent subsidy that they recover to reinvest in new housing. This could raise hundreds of millions of pounds in additional rental income for housing associations. The government will consult and set out the detail of this reform in due course.

4. What are the main issues?

- The 2014-19 Housing strategy is outdated due to the significant shift in the housing policy landscape.
- The potential impact of Housing Associations leaving Brent's social and affordable rented housing sector.
- How rising rents and 'Pay to stay' will impact on social renters.

5. What should the review cover?

The review will focus on the following areas:

- Government policy, legislation, and loopholes
- Brent's current response
- Impact on affordable and social housing
- Impact on quality of service and resident experience and accountability
- Demographic analysis
- The strategic roles of housing associations in the sector locally, and how Brent can respond.
- Effect on Brent's policy environment

6. How do we engage with the community and our internal and external partners?

As part of this review the task group will invite relevant partners to get involved; via one of the three sessions of oral evidence. Alternatively the task group will accept short written

submissions from local stakeholders according to set structure laid out by the group.

- Housing associations operating locally,
- Brent Housing Partnership,
- senior council officers and the cabinet member for housing and development, and
- Local third sector partners as deemed appropriate by the task group.

7. What could the review achieve?

The review is expected to deliver a number of outcomes as listed below:

- Viable methods for the council to engage with Housing Associations and the local community; with a view to improve partnerships and accountability to residents and councillors.
- Options for supporting Housing Associations to remain viable providers of local affordable and socially rented homes
- Means to ensure that the impact of adverse changes do not unduly target vulnerable or minority groups.
- Possible solutions for the Housing Associations, the Council and the local community work to ensure good quality, efficient repairs etc.
- Identify the priorities for policy making
- Determine how the council uses the task group's findings to improve future work.

Appendix B

HOUSING ASSOCIATIONS IN BRENT
MEMBERS TASK GROUP
TERMS OF REFERENCE

A. CONTEXT

Housing Need and Housing Supply in Brent

Brent's population has grown significantly, with a marked increase in average family size and the numbers of children. Demand for homes is rising in consequence, accompanied by rising rents and prices, with demand for larger homes in particular above the London norm. There has also been significant change to the tenure pattern in London as a whole and in Brent in particular. Owner occupation has declined while the private rented sector grew from just over 17% of the stock in 2001 to 28.8% by the 2011Census and around 33% now, making it a larger source of supply than the social sector. The proportion of social housing has remained broadly unchanged and the majority (around 16,000 homes) is owned and managed by housing associations, while the council owns just fewer than 9,000 rented and 3,000 leasehold homes, managed by Brent Housing Partnership (BHP).

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B. PURPOSE OF GROUP

This task group was initially prompted by the departure of Genesis Housing Association from the arena of providing for social and affordable rent, ostensibly as a result of policy changes contained in the 2015 Budget and associated legislation. The Housing Association is large and influential with a 33,000 home portfolio, and its exit from the market could have profound effects which we may see repeated elsewhere. The stability of the housing association form in providing high quality social and affordable tenancies may come into question, particularly with the Right to Buy having been extended in an altered form into the sector.

Within the longer term context of a housing market in which supply is not keeping up pace with demand, particularly in the area of affordable family accommodation, the pressures acting on housing associations and how they respond had already been an issue worthy of examination for some time.

It is necessary for the public and policy makers in Brent to have an understanding of the effect that combined pressures are likely to have on Housing Associations of different sizes and their strategies for general provision as well as long term sustainability. The task group will seek recommendations to help us assist Housing Associations in delivering their obligations, and to mitigate any potential negative effects resulting from demographic and social trends, or government policy.

A Council Members' task group chaired by an elected member and coordinated by a council Scrutiny officer was set up in February 2016. Sponsored by the Scrutiny Committee, the aim of task group is to collate, review and evaluate evidence gathered from various sources. The format for the task groups work should consist of three sessions of oral evidence by invitation, and be open to short written submissions from local stakeholders according to set structure laid out by the task group.

Invitees will include:

- Housing associations operating locally,
- Brent Housing Partnership,

- Senior council officers and the cabinet member for housing and development; and
- Local third sector partners as deemed appropriate by the task group.

The panel will consist of four elected members including the achier, and two external appointees.

C. AIM & OBJECTIVES

The task group will seek to examine the fast changing demographic, social and legislative environment that housing associations find themselves in, their planned responses, and the particular implications this will have for residents and policy makers in Brent.

- **Aims**

  The aims of the task group form three main themes

  - To explore how legal and sector developments will affect Brent's provision for housing at affordable and social rent

  - To understand the current context for customer services and how the changing business environment for providers will affect this

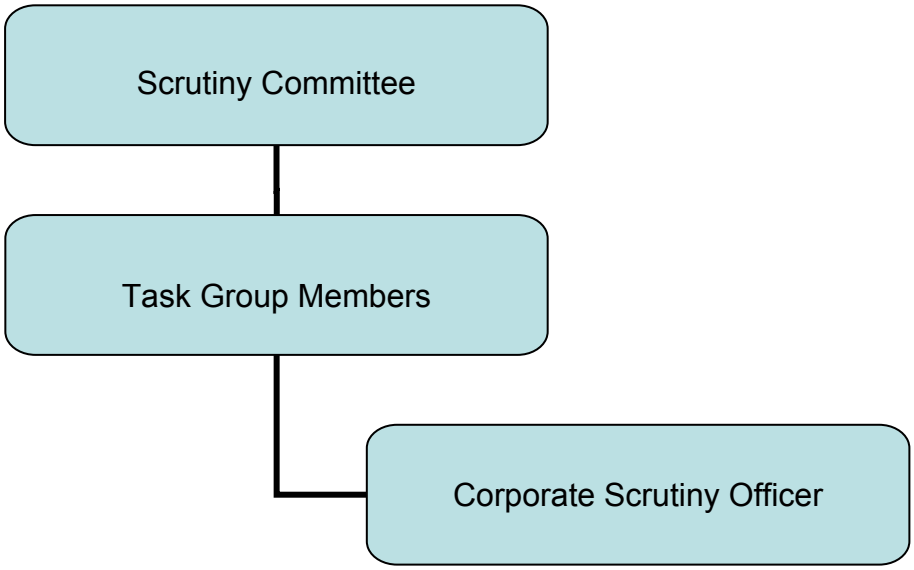
  - To identify areas where adaptation is required, efficiencies can be made, more effective and impactful working can be introduced, and how policy can encourage this.

- **Objectives**

The review is expected to deliver a number of outcomes as listed below:

  - Viable methods for the council to engage with Housing Associations and the local community; with a view to improve partnerships and accountability to residents and councillors.
  - Options for supporting Housing Associations to remain viable providers of local affordable and socially rented homes.
  - Means to ensure that the impact of adverse changes do not unduly target vulnerable or minority groups.
  - Possible solutions for the Housing Associations, the council and the local community work to ensure good quality, efficient repairs etc.
  - Identify the priorities for policy making.
  - Determine how the council uses the task group's findings to improve future work.

D. GOVERNANCE & ACCOUNTABILITY



E. MEMBERSHIP

1. Cllr Tom Miller (Chair)
2. Cllr J Mitchell-Murray
3. Cllr Long
4. Cllr Duffy
5. Cllr Perrin
6. Mr Robin Sivapalan
7. Ms Jackie Peacock

Panellists:

1. Cllr Arshad Mahmood
2. Cllr Collier

Kisi Smith-Charlemagne – Scrutiny Officer

Other key stakeholders would be invited as appropriate.

F. QUORUM & FREQUENCY OF MEETINGS

There should be at least 2 members present at each meeting. A minimum would be the Chair, and another member of the task group. The task group will meet twice per month or approximately every two weeks with sub meetings held between the chair and the Scrutiny Officer as required.

G. DATE OF REVIEW

Start: February/March 2016
End: Scheduled for presentation to the Scrutiny Committee on 26 April 2016.

Brent

NHS Brent Clinical Commissioning Group

Scrutiny Committee

09 February 2016

Report from:
NHS Brent Clinical Commissioning Group and Brent Council

Wards affected:
ALL

Child & Adolescent Mental Health Services in Brent: Current provision and future developments

1. Introduction

1.1. This report provides an overview of the current Child and Adolescent Mental Health Services (CAMHS) available in Brent, and the improvements and investments identified in the CAMHS Local Transformation Plan (Appendix1, attached) as a response to 'Future in Mind'.

1.2. Nationally, only 25%-35% of children and young people with diagnosable mental health conditions access support. Failure to support children and young people with mental health needs costs lives and money. Mental health problems in young people can result in lower educational attainment, and are strongly associated with risk taking behaviours. Early intervention avoids young people falling into crisis, and avoids expensive, longer-term interventions in adulthood.

1.3. In response to the government's 'Future in Mind' initiative, the CAMHS Local Transformation Plan was developed and approved by NHS England in December 2015. Feedback indicated it to be one of the strongest submissions received. The work will be taken forward in Brent by a joint CAMHS Transformation Group chaired by the CCG and reporting to the Children's Trust.

2. Recommendation

2.1. The Overview and Scrutiny Committee is asked to note the content of this report and attached CAMHS Local Transformation Plan, and provide comments on taking forward the CAMHS Local Transformation Plan in Brent in 2016/17.

3. Response to Future in Mind

3.1. *'Future in Mind'* was published in March 2015 following work by the Government-led Children and Young People's Mental Health and Wellbeing Taskforce, across education, health and social care. This provided a moral and economic case for change.

Five key themes were:

- Promoting resilience, prevention and early intervention;
- Improving access to effective support – a system without tiers;
- Care for the most vulnerable;
- Accountability and transparency;
- Developing the workforce.

3.2. Guidance was published in August 2015 to help CCGs and Local Authorities develop Local Transformation Plans for Children and Young People's Mental Health and Wellbeing.

3.3. **Young People's Involvement**
Engagement with young people and key partners was coordinated from September 2015 by a collaboration of North West London CCGs into a mental health strategy team ('Like Minded'). The Like Minded CAMHS programme was chaired by Dr Sarah Basham (Clinical Director, NHS Brent CCG). Engagement workshops with young people were led by Rethink (the national mental health campaigning charity) to develop priorities for the plan; this included a workshop with young people in Brent. Efforts were made to seek a range of views, although records of diversity were not taken in all meetings. No young person attended a workshop without support being available from Rethink together with either teachers or clinicians. Rethink staff advocated young people's views in Like Minded meetings where draft plans were developed and reviewed.

3.4. Development of the CAMHS Local Transformation Plan in October 2015 was led by the NHS Brent CCG Clinical Director of Children and Mental Health, with input from Brent Council (Strategic Director of Children's Services, Director of Public Health, Director of Adult Social Care, and elected members involved in the Health and Well-being Board). Coordination and production of a combined plan across the eight boroughs in North West London was via the Like Minded team. Every borough plan and the combined plan were signed off by the respective CCG Chair and Council Leader. The Brent plan was approved by the Leader of Brent Council on 14th October 2015, and by the Chair of the NHS Brent Clinical Commissioning Group on 15th of October 2015 (see Appendices

3.5. Confirmation of additional funding from NHS England was received on 17th December 2015. This funding provides an additional £573,052 to NHS Brent CCG for each of the financial years 2015/16, 2016/17, 2017/18, and 2018/19.

4. Current CAMHS in Brent

4.1. Current investment in CAMHS in Brent 2015/16

NHS Brent	NHS England	Brent Council
£2,471,000	£403,629	£370,751*

* In addition to this figure, 17 schools are paying a total of £161,600 in 2015/16 for the TAMHS (Targeted Mental Health in Schools) project, with the Local Authority funding £105,000 towards this service. Public Health also gave a one off grant of £30,000 for a Mental Health in Schools Programme for 2015/16 to include training for school staff and workshops for parents.

4.2. Child and adolescent mental health services (CAMHS) range from universal services for every child and family, to highly specialised services for small numbers of children. In Brent CAMHS includes the following:

Access to psychiatric inpatient services for under 18s	*Commissioned by NHS England on a national basis* *Provided outside Brent by various providers*
Out-of-hours psychiatric assessment services	*Commissioned by NHS Brent CCG* *Provided by Central and North West London NHS Foundation Trust (CNWL)*
Specialist community CAMHS	*Commissioned by NHS Brent CCG* *Provided by CNWL*
• Targeted Mental Health in Schools	*Commissioned by Brent Council* *Provided by CNWL*
• Additional psychotherapy input	*Commissioned by NHS Brent CCG* *Provided by Brent Centre for Young People*
Services for children Looked After by the Local Authority	*Commissioned by Brent Council* *Provided by West London Mental Health NHS Trust*
Special Educational Needs and Disability support for children and families	*Commissioned by Brent Council and NHS Brent CCG* *Provided by CNWL and West London Mental Health NHS Trust*
Clinical Input to the Inclusion & Support team	*Commissioned by Brent Council* *Provided by Anna Freud Centre*

In addition, all professionals working with children have a duty to support mental health and wellbeing through the Working Together statutory guidance 2015.

4.3. **In-patient Services**

Concerns about timely access to general CAMHS inpatient services continue, with older children from Brent occasionally being admitted temporarily to adult wards, being reported as a Serious Incident. In addition, there have been instances in the past year of families refusing to give consent to a young person being placed outside of London. Risk Management Plans to support the family at home are used, but are limited given the current configuration of services.

Since April 2015, there have been four occasions when a Brent child in crisis was unable to access a CAMHS inpatient bed:

- One child was admitted to an adult psychiatric ward for 10 days before being transferred to a CAMHS inpatient service;
- One child was admitted to an adult psychiatric ward for one night before being transferred to a CAMHS inpatient service;
- One child was admitted to an adult learning disability facility for four weeks before being discharged home;
- One child was admitted to an adult psychiatric ward for one night before being discharged home.

4.3.a. CAMHS inpatient services have, since April 2013, been commissioned directly by NHS England. The majority of these services admit young people aged 13-18 years with a range of mental health problems. A 2014 review of this service by NHS England identified demand was higher than the commissioned number of beds, and that demand was often due to a lack of alternative community CAMHS resources, particularly out-of-hours. Delayed discharges were most commonly due to social care issues or a lack of alternative provision.
https://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf

4.3.b. CNWL monitor the number of children unable to be placed in CAMHS inpatient beds, and reports these as part of the contract monitoring arrangements with NHS Brent CCG. NHS England is working on ways to improve timely access to CAMHS inpatient beds. The CAMHS Local Transformation Plan seeks to improve out-of-hours alternatives to inpatient admission, and increase the options and resources available to local CAMHS.

4.4. **Out of Hours Services**

A CAMHS out-of-hours pilot is currently underway, following initial recruitment delays. The evaluation will inform further crisis pathway developments, as part of the CAMHS Local Transformation Plan. The pilot has been commissioned by NHS Brent CCG (in collaboration with other CCGs in North West London) and provided by CNWL. This delivers:

- CAMHS Specialist Registrars in hospitals, with consultant psychiatrist advice;
- Psychiatric nurse community-based assessments 16:00-09:00;
- Psychiatric nurse community-based assessments and treatment on weekends.

4.4.a. The CAMHS Local Transformation Plan will create a better link between adult mental health crisis care pathways and CAMHS out-of-hours care.

4.5. **Caseload and Demand**

The specialist community CAMHS caseload in January 2016 was 802. This service was extended in 2014/15 to accept children with learning disabilities and children Looked After by the Local Authority, following changes to the Brent Council funded service.

4.5.a. Demographic data and demand, capacity, and waiting time data are given in the CAMHS Local Transformation Plan (appendices 1 to 3).

4.5.b. The current caseload is divided as follows:

CNWL specialist community CAMHS element	Caseload as a proportion of the overall service
Child and Family Team	59%
Targeted Mental Health in Schools	13%
Adolescent Team	11%
Challenging behaviour	9%
Developmental Progress Team (including support for Autistic Spectrum Disorders)	5%
Looked After Children – Brent Council	2%
Looked After Children – Other Local Authorities	1%

4.5.c. Targeted Mental Health in Schools is used by 17 schools in Brent. In addition, Brent Centre for Young People have reported providing some support directly to schools, although this is not part of the service commissioned by Brent Council or NHS Brent CCG.

4.5.d. Known areas for improvement in specialist community CAMHS are as follows:

Conduct disorders	Currently accepted if comorbidity present. Planned improvements are training in Multi-Systemic Therapy. This would support work with some gang members, and would offer more intensive parenting support.
Emerging personality disorders	Currently referred to services outside Brent. Plan to explore development of Dialectical Behaviour Therapy. This would support work with victims of abuse.

4.5.e. The current specialist community CAMHS caseload demographic data is highlighted as follows:

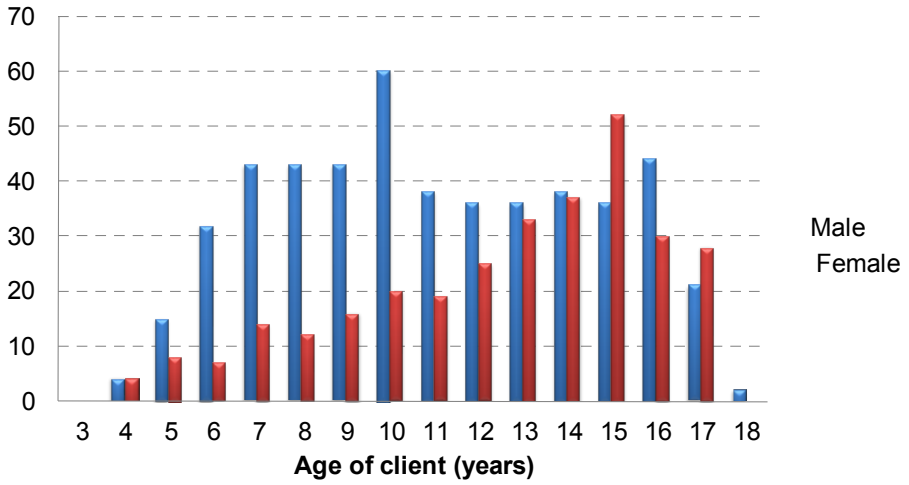
- Current Age profiles (see below) show a common pattern for CAMHS,

with more boys being referred at a young age compared to girls.

- Current ethnicity monitoring (see below) shows the largest ethnic group receiving a service is white British, followed by Black/Black British Caribbean, and Black/Black British African.

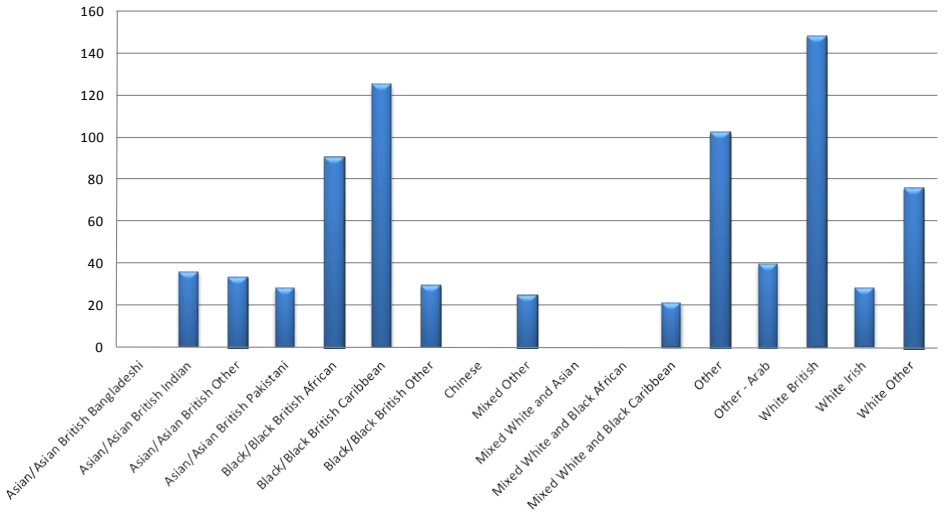
- Hyperkinetic disorders (such as attention deficit hyperactivity disorder) and pervasive developmental disorders (such as autism spectrum disorders) are the most common diagnoses in the current caseload.

CNWL specialist CAMHS in Brent
January 2016 caseload demographics
Age



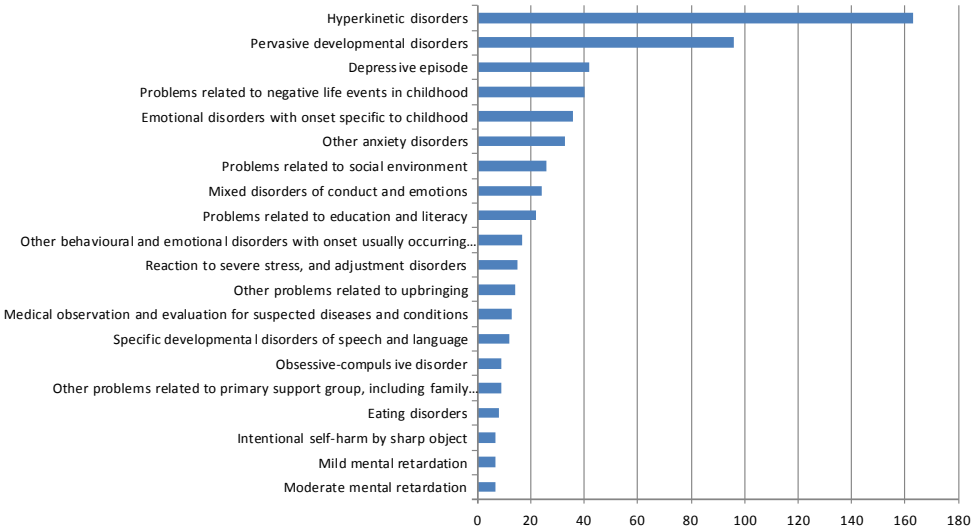
Indicative data from CNWL

CNWL specialist CAMHS in Brent
January 2016 caseload demographics
Ethnicity



Indicative data from CNWL

CNWL specialist CAMHS in Brent
January 2016 caseload
Top 20 Diagnosis categories



Indicative data from CNWL

4.5.f. **Service-User Feedback**

Feedback from young people and families is gathered using structured tools (including the Commission for Health Improvement – Evaluation of Service Quality, CHI-ESQ). General feedback has been very positive. 75% of children felt listened to, 75% felt treated very well. Over 90% of parents felt they could talk easily to staff, and over 80% felt their worries were taken seriously. Areas for improvement have been identified around high thresholds for access, long waiting times, recent staff turnover, and lack of evening and weekend appointments. Only 30% of children and around 50% of parents thought appointments were at a convenient time. Thresholds for accessing different types of service, and seven-day working will be a key area of pathway redesign in the CAMHS Local Transformation Plan. Waiting times will be addressed in the initial phase of implementing the CAMHS Local Transformation Plan.

4.5.g. **Inspection of CAMHS services**

In June 2015, the Care Quality Commission inspected Central and North West London NHS Foundation Trust (the report is available publicly online, http://www.cqc.org.uk/provider/RV3). The inspection identified a number of areas of good practice with the Brent CAMHS service. There were no areas highlighted for improvement as 'must dos'. There was recognition of limited resources, and how demand for the service was managed with the following identified as key points:

- The CNWL targeted mental health in schools (TaMHS) programme provided 17 schools with advice and consultation from a CAMHS professional.

- Incident reporting and learning from incidents was apparent across teams. This is done through local and service line wide Care Quality and Clinical Effectiveness Groups.

- Young people referred to teams were seen by a service that enabled the delivery of effective, accessible and holistic evidence-based care.

- Staff were found to clearly demonstrate their commitment to high quality, proactive care.

- Service users actively participated in service development and staff recruitment for all levels of clinical and non clinical staff.

- Crisis planning was robust, and details of the out-of-hours crisis line and service were provided to all service users and families.

5. CAMHS Services commissioned by the Local Authority

5.1. Services for disabled children and children Looked After by the Local Authority have been delivered since July 2014 by the West London Mental Health Trust (WLMHT).

5.2 The focus of the service is to provide support to social work practitioners who work with children and young people with emotional and behavioural difficulties and/or disabilities.

5.3 Negotiation is currently taking place with Adult Social Care Services regarding the extension of this provision to include those young people aged 14 to 18 who receive a service from the Transitions' Team.

5.4 WLMHT provide advice, guidance and consultation to build the confidence and skills of practitioners, foster carers and adopters (pre-adoption) to provide low level interventions for children and young people at risk of escalating problems. This includes regular surgeries, advice, guidance and consultation for practitioners and bespoke training programmes.

- For children Looked After by the Local Authority, all work is undertaken with the carer or social worker with the intention to improve the stability of placements.

- Direct behaviour management and therapeutic work is provided by the CAMHS service with disabled children and young people and their families working with the Disabled Children's Team. The primary purpose is to ensure parents can appropriately manage their children with complex and at times extremely challenging behaviour within their families and thereby remain in the community.

- In the quarter September to December 2015, the team had 100 contacts either with service users, or their carers/social workers, with a caseload varying from 35 to 40 at any one time. Feedback from the Disabled Children's social work team regarding the contribution of the CAMHS team is highly positive.

5.5 The local authority also commissions a service from the Anna Freud Centre to provide clinical input into the multidisciplinary Inclusion Support Team which supports pupils (and their families) at risk of exclusion from school. Interventions and support take place within schools, alternative provisions/PRUs, family homes and community based children's centres. The Inclusion and Alternative Education team who commission the Anna Freud Centre have had a lot of very positive feedback from schools and families about this specialised service. Positive outcomes of the Inclusion Support team are demonstrated with regards to reducing schools exclusions; during the previous academic year only 3 pupils referred to the panel for support were subsequently permanently excluded.

5.6 Public Health in Brent commissions a young peoples integrated service called Adaption Evolve. This service covers all aspects of young people's health including sexual health, substance misuse, gang involvement and low level mental health interventions.

6. CAMHS improvement challenges – Future in Mind

6.1. Implications for statutory agencies of Future in Mind's recommendations were to move away from thinking about mental health in a purely clinical manner and to challenge any barriers in the system that prevented change.

6.1.a. *Challenge to schools:*

- Develop knowledge about mental health, identify issues when they arise and offer early support;
- Encourage more and better use of counselling in schools;
- Improve access to specialist support for children who need it.

6.1.b. *Challenge to social care:*

- Adopt a whole child and whole family approach, where we are promoting good mental health from the earliest ages, and preventing mental ill health;
- Make it much easier for a child or young person to seek help and support in non-stigmatised settings, particularly those who are most vulnerable (for example children who have been sexually exploited; children at risk from deprivation, disability, or due to parental vulnerability).

6.1.c. *Challenge to health:*

- Recognise that need is rising and investment and services haven't kept up;
- Steer a middle course of improvement between having too narrow a focus on clinical matters (leading to over-medicalising our children), and lacking sufficient focus to set clear priorities.
- Bid to make best use of additional funding made available by NHS England.

6.2. The CAMHS Local Transformation Plan priorities to address these challenges were agreed with input from young people. Actions for each priority are given in the CAMHS Local Transformation Plan (appendices 1 to 3).

6.3. Future in Mind and CAMHS Transformation is one of the priorities of Like Minded – the wider NWL CCGs strategy for Mental Health and Wellbeing. Brent Health and Well-being Board members contributed to the development of the plan, and have formally recognised the need to make mental health (all ages) an area of focus. Brent Children's Trust has agreed to establish a new sub-group for CAMHS to deliver the Local Transformation Plan. A revised commissioning framework has been agreed.

6.3.a.

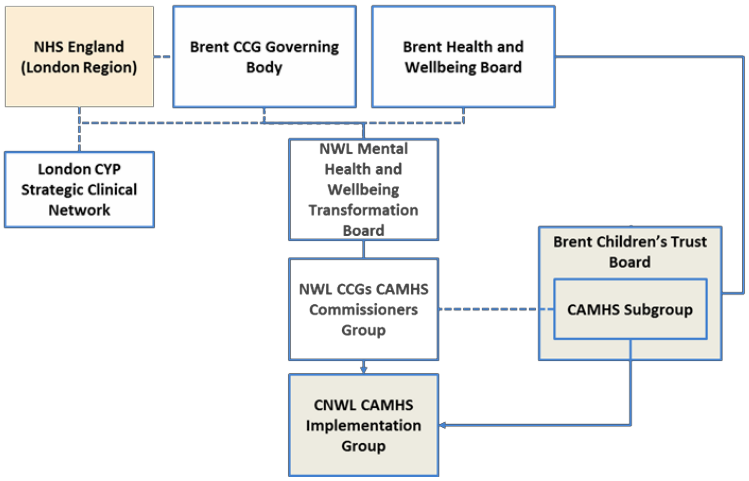


Diagram of governance arrangements for the CAMHS subgroup of the Brent Children's Trust Board.

Governance arrangements were put in place to allow the Brent CAMHS Local Transformation Plan to align with the work streams in Brent Children's Trust,

and the common work streams across the eight borough and CCGs in North West London.

6.4. **Immediate next steps, (January to March 2016):**

- Appointment of a Joint CAMHS Strategy Manager, development of detailed implementation plans including consideration of alignment spending and structures to achieve this;

- Formation of the Brent Children's Trust Board CAMHS Subgroup, confirmation of standing and invited members, and on-going support from the Like Minded team;

- Award a contract following procurement of support for the detailed needs analysis;

- Plan on-going engagement activities with support from Brent HealthWatch;

- Begin phased delivery of a community CAMHS eating disorder service from existing specialist CAMHS providers.

- New investment into CAMHS will see the recruitment of a dedicated mental health worker to support local Youth Offending Services. Recruitment will take place in this period with the worker being based from the 1st April in the YOS.

7. Financial implications

7.1. There are no plans to disinvest in CAMHS in Brent. The CAMHS Local Transformation Plan will review existing arrangements with the intention of reshaping and improving the use of resources. Existing investment from schools, Brent Council, NHS Brent CCG, and NHS England is around £3.4m in 2015/16.

7.2. NHS England has supported the CAMHS Local Transformation Plan funding provides an additional £573,052 to NHS Brent CCG for each of the financial years 2015/16, 2016/17, 2017/18, and 2018/19.

8. Legal implications

8.1. The delivery of individual statutory duties of Brent Council, NHS Brent CCG and other statutory partners in regard to children's mental health and well-being are coordinated through the Brent Children's Trust, including links to the Brent Children's Safeguarding Board.

9. Diversity implications

9.1. The CAMHS Local Transformation Plan recognises the vulnerability of children at risk of mental illness. As a group at risk of inequality, the CAMHS Local Transformation Plan includes provision for on-going engagement with children,

young people and families.

- A revised version of the plan will be produced aimed at children, young people and families.

- A detailed 'asset-based' needs analysis involving communities in across Brent will be undertaken as part of the CAMHS Local Transformation Plan. Data across the eight boroughs and CCGs will be shared to gain greater insights into areas of similar concern, and to coordinate responses to less common conditions.

- Brent HealthWatch has been invited to be involved relevant aspects of engagement.

- Brent Children's Trust has developed guidance for best practice engagement with children who are Looked After, as well as those with special educational needs and disabilities.

- NHS Brent CCG has worked with Brent Council to establish a more robust approach to engagement to inform commissioning and service development.

10. Infrastructure implications

10.1. CNWL is developing proposals for non-recurrent infrastructure improvements. A multi-agency training needs analysis will be undertaken as part of the CAMHS Local Transformation Plan.

Appendices

Appendix 1 - CAMHS Local Transformation Plan
Appendix 2 – Brent annex to CAMHS Local Transformation Plan
Appendix 3 – Supplementary plan information

Named leads

Brent Council: Gail Tolley, Director of Children's Services
NHS Brent: Dr Sarah Basham, Clinical Director and Vice Chair

ANNEX A: BRENT CCG

Local information and implementation plans for Brent CCG and Brent Council

1. Background

In March 2015 the government published *Future in Mind*, their strategy for promoting, protecting and improving our children and young people's mental health. With the guidance comes funding to invest in children and young people's mental health services. In order to access this funding, CCGs have been tasked with developing local transformation plans, in collaboration with their local authority colleagues, which clearly outline how this money will be invested.

Across North West London we are collaborating, with support from the Like Minded team, to submit a single plan that defines where we have joint priorities, and where we will undertake specific local work to respond to local needs and current service configuration.

The priorities outlined in the document above are the key steps to transforming current services. In producing a joint vision that has diverse stakeholders, we can bring together resources, capacity and expertise to develop collaborative solutions.

Collaboration is at the core of how we will work – but we recognise that each borough has specific local needs. These are outlined in this Annex. For clarity we are not proposing that there is any cross-subsidisation across North West London. The funding described below, ear-marked for each CCG, will be invested locally in the children and young people in that CCG.

Our ambition for this transformation plan is that by the end of 2020 the children and young people of North West London will see transformed services that better suit their needs, and they will be able to access services at the right time, in the right place and with the right offer in a welcoming environment. We want our new model to be sustainable beyond 2020 – to ensure that future children and our future workforce continue to receive and provide the best quality care we know makes a significant difference.

We will firstly get the basis right – embedding co-production, refreshing our needs assessments and undertaking workforce needs analysis. We will then reduce the waiting times for specialist Child and Adolescent Mental Health Services (CAMHS), ensure a crisis and intensive support service is in place in each borough, develop a comprehensive learning disability (LD) service for children with challenging behaviour and autism, and improve access to community eating disorder services.

We will enhance the role of schools and further education establishments in emotional well-being and commissioning services such as counselling, to support them in their role as the first line response to many children and young people in need.

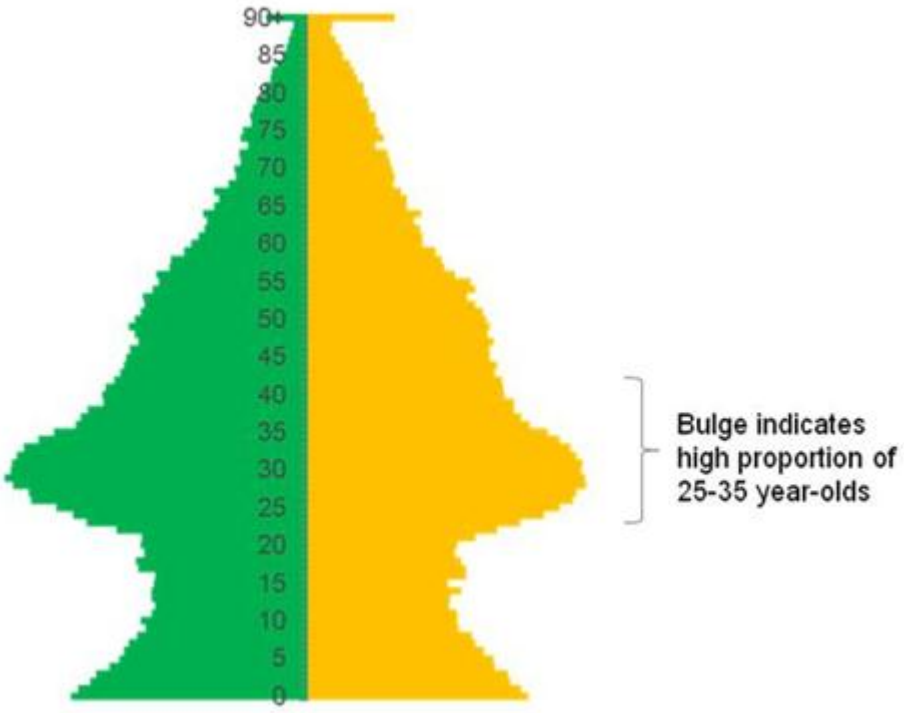
In combination we will take large strides to deliver a fundamental change – as described in *Future in Mind* – and reiterated in the voices of our children and young people in NWL.

The financial allocation for North West London and Brent CCG specifically, is as follows:

	Eating Disorders 15/16	Transformation Plan 15/16	Recurrent uplift
Brent	£163,584	£409,468	£573,052
Central London	£91,557	£229,176	£320,732
Ealing	£211,543	£529,514	£741,057
Hammersmith and Fulham	£100,744	£252,173	£352,918
Hillingdon	£149,760	£374,863	£524,623
Hounslow	£152,983	£382,931	£535,913
Brent	£121,785	£304,840	£426,625
West London	£116,621	£291,914	£408,534
Total	**£1,108,577**	**£2,774,879**	**£3,883,454**

2. Population information

The Brent 2014 Joint Strategic Needs Assessment showed that a quarter (25%) of the population in Brent is below the age of 16. Brent's population in the age group 0-15 years was 73,325 in 2013 (Table 1), 50,142 of who are school age. A total of 33,537 or 92% of school children in Brent are from minority ethnic groups. The percentage of children (aged 16 and under) living in poverty in Brent in 2011 was 28%. This is higher than both the London (26.5%) and England (20.6%) averages.



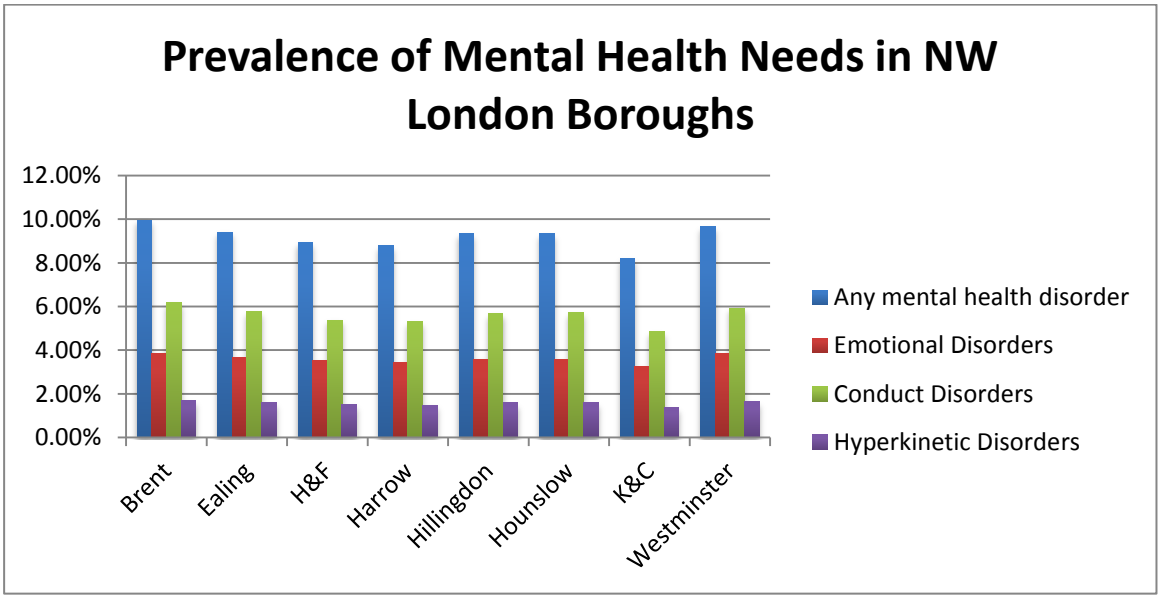
Source of data: GLA SHLAA based population projected population for Brent 2014 (female = yellow, male = green).

Hospital admissions in Brent due to mental health conditions were lower than the England average in 2012/13 among individuals aged 0-17 years. There were a total of 45 admissions for mental health conditions in Brent in 2012/13 among children and adolescents. This represents a crude rate of 62.8 per 100,000 of the population. The England rate was 87.6 per 100,000 of the population.

There were 65 hospital admissions for self-harm related incidents in Brent in 2012/13. This represents a crude rate of 110.9 admissions per 100,000 of the population. The England rate was 346.3 per 100,000 of the population.

The rate of hospital admissions due to alcohol related harm in Brent was lower than the England average during the period 2010/11 to 2012/13. During this period, there were 11 admissions in Brent which represents a rate of 16.1 per 100,000 under 18 years. The England average rate was 42.7 per 100,000 under 18 years of age.

Key population details 2013		
	Brent CCG	**Total NW London**
Number of children	73,325	444,210
Number of school children	50,142	327,072
Rate of LAC	48	48



CAMHS Activity	Brent	NWL
Number of admissions for mental health conditions 2014/15 [1]	66	338
Admission rate per 10,000 children	9.0	7.6

[1] SUS 2014/15. Patients aged 0-17 admitted with a primary diagnosis in ICD Chapter F (Mental and Behavioural Disorders)

Referrals made 2014/15 [2]	1548	9003
Referrals accepted 2014/2015[3]	1137	7118
Referrals per 10,000 children	211	203
First Attendances	1,280	6,745
Follow Up Attendances	5,066	42,516
Total Attendances [4]	**6,346**	**49,261**
First Attendances per 10,000 children	175	152
Follow Up Attendances per 10,000 children	691	957
Total Attendances per 10,000 children	**865**	**1,109**
WAITING TIMES[5]		
Referral – Assessment: Under 4 weeks	16 (29.6%)	97 (35.1%)
Referral – Assessment: 5 - 11 weeks	16 (29.6%)	93 (33.7%)
Referral – Assessment: over 11 weeks	22 (40.7%)	86 (31.2%)
Assessment – Treatment: Under 4 weeks	23 (79.3%)	112 (68.7%)
Assessment – Treatment: 5 - 11 weeks	3 (10.3%)	35 (21.5%)
Assessment – Treatment: over 11 weeks	3 (10.3%)	16 (9.8%)

3. Our local offer

Current Investment in Children and Young People's Mental Health			
	Clinical Commissioning Group	NHSE (Tier 4 CAMHS)	Local Authority
Brent	£2,471,000	£403,629	£235,751
Total	**£3,110,380**		

[2] WLMHT and CNWL Referrals dataset. Includes rejected referrals.
[3] WLMHT and CNWL Referrals dataset.
[4] All attendance data source: Trust Minimum Data Set.
[5] CNWL and WLMHT Monthly Information Return, June 2015

4. Children and young people's mental health transformation plan

As a collaboration of CCGs, we have 8 shared priorities. The table below outlines the shared components of our plans, as well as local detail specific to Brent CCG/Brent Council.

Priority	Priority Description	Implementation Plans	Allocated Investment
1	Needs Assessment	**North West London Common Approach:** The current prevalence, need, services and interdependencies will be mapped out in detail, by either working with Public Health colleagues to refresh existing JSNAs, or commissioning new analysis of local need and provision. This will enable the individual CCGs and boroughs to further develop and refine service requirements for years Two to Five (2016-2020). All CCGs will also work with local Public Health teams to update the assessments if and when new data is available throughout the 5 year period.	
		Brent CCG/Brent Council Local Approach: **Brent** recognises a number of key local priorities (child sexual exploitation, Female Genital Mutilation, and gangs) that warrant further analysis, and will undertake a comprehensive asset based needs assessment[6] to build on existing strengths and social capital within the borough, consider the whole system of children's mental health and wellbeing, and identify opportunities to promote good mental health. In addition Brent, in	2015/2016: £36K No investment in future years.

[6] Foot, J., & Hopkins, T. (2010). A glass half-full: how an asset approach can improve community health and well-being. Local Government Improvement and Development, 32.

		partnership with other CCGs and acute providers, will seek to improve identification of self-harm incidents[7] using a statistical model that draws on the existing Clinical Record Interactive Search system for electronic health records used in A&E departments (linked to Hospital Episode Statistics, HES). This approach has been shown to more than double the number of self-harm incidents that could be identified. This is still likely to be a four-fold under estimate of the level of self-harm, as not all cases are seen by A&E. However, this will give more insight into areas where self-harm and suicide prevention work could be targeted most effectively. This is likely to include targeted awareness raising and training for health and other professionals.	
2	Supporting Co-Production	**North West London Common Approach:** Across the 8 boroughs, we propose to fund local organisations (to be agreed) with particular relevance to local needs, and needs of specific under-served groups, to support young people, parents, and other key stakeholders to be involved in co-production. We will build on the current approach in Hammersmith and Fulham with Rethink – training and supporting young people cross NWL to engage in all children and young people's (CYP) development projects. This will include a youth-led conference on Young People's Mental Health to be held in 2016. We will also build on the good work of our two current Mental Health Trusts in developing and supporting young people who will engage with their peers and input into our transformation work. Working as a collaborative of CCGs, we will share the learning from each area to understand which co-production approach works best with our local communities, and will work jointly with our shared service providers to deliver co-production, where appropriate, on a large scale to reduce duplication.	

[7] following the work of Polling, C., Tulloch, a., Banerjee, S., Cross, S., Dutta, R., Wood, D. M., Dargan, P., Hotopf, M. (2015). Using routine clinical and administrative data to produce a dataset of attendances at Emergency Departments following self-harm. **BMC Emergency Medicine**, 15(1), 15.

		Brent CCG/Brent Council Local Approach: Brent will follow its new public and patient engagement strategy[8] to invest £32,000 in the remainder of year one in improving its multi-agency systems for insight, outreach and communication to children and parents in different segments of its large and very diverse population, and will invest £12,000 annually to sustain engagement and co-production specifically to support the voice of the child in Brent through a combination of in-borough work (involving outreach supported by Brent Council for Voluntary Services), and NWL-wide initiatives.	2015/2016: £32K 2016/2017: £12K 2017/2018: £12K 2018/2019: £12K 2019/2020: £12K
3	Workforce and Training	**North West London Common Approach:** Workforce development and training is one of the eight priority areas for the Children and Young People's Transformation Plan. All 8 CCGs have noted that there is a need for non-specialist training to support greater awareness of mental illness and the ways to identify and support early signs, as well as more specialist needs for particular teams (e.g. eating disorders specialised training for CAMHS staff to increase capacity and reduce recruitment burden). Our workforce development and training plan has three components: 1. Needs analysis – to understand the skills gaps in the current workforce (including voluntary sector). To be completed in 2015/16. 2. Review of current training programmes and packages and commissioning of appropriate options for local needs. To be completed in 2015/16. 3. Delivery of training to workforce and parents (to ensure parents feel confident to recognise signs of mental health needs and seek support). To be commenced in 2016/17 and continued until 2020. A key element of the training packages will be the delivery of a "train the trainer" component to ensure that the local NWL workforce can continue to train their colleagues and peers in how to recognise and respond to mental health needs. This will ensure	

[8] Coulter, A. (2014) Independent Review Of Brent Clinical Commissioning Group's Arrangements For Meeting Its Statutory Duties On Equality, Diversity And Engagement. NHS Brent CCG

		sustainability of this workforce development. As the training needs analysis is completed, this plan may be amended to incorporate learning from this analysis. Each CCG has earmarked a funding allocation for training and development from the Transformation Plan funding, as per the table below.	
		Brent CCG/Brent Council Local Approach: **Brent** recognises the need for multi-systemic training to address the multi-systemic nature of problems for many vulnerable young people involved in gangs and other complex situations that limit their use of mainstream services. The CCG will arrange training (such as AMBIT) to improve inter-agency network effectiveness and evidence-based practice. This training would involve professionals across agencies, and include staff from relevant voluntary sector organisations. Refresher training in future years will be a combination of in-house and bought in sessions. Future years training will also address local priorities that have been identified. It is anticipated that competencies for the managing post-traumatic stress disorder associated with human trafficking, Female Genital Mutilation, and asylum seeking will be a key area. Building on previous work around 'Mellow Parenting', Brent will commission multi-systemic training to deal with the complex needs of younger children and families, particularly when fostering or adopting a child with emotional or mental health issues, is also an area of development, and Brent will work with multi-agency partners to use the training (such as the Solihull Approach) to train-the-trainer. In 2016/17, Brent will consider the findings of work on deliberate self-harm identified in A&E (in Priority One) to consider the particular training needs of A&E staff[9], as their perceived willingness to help is a known factor influencing whether young people go on to seek further help. Funding also will be available to draw on the local training framework to address other priorities that emerge in future years.	2015/2016: £41K 2016/2017: £33K 2017/2018: £33K 2018/2019: £33K 2019/2020: £33K

[9] Mackay, N., & Barrowclough, C. (2005). Accident and emergency staff's perceptions of deliberate self-harm: Attributions, emotions and willingness to help. British Journal of Clinical Psychology, 44(2), 255–267.

		In parallel, Brent CCG will be submitting a bid to Health Education North West London to develop a skills escalator to encourage volunteering to lead to work in voluntary organisations.	
4	Community Eating Disorder Service	**North West London Common Approach:** A new, separate eating disorders service will be developed that will have care pathway provision and seamless referral routes to ensure quick, easy access to and from the current CAMHS service providers, and from referrers outside of CAMHS. This service will be developing to reflect the new national specification for eating disorder services, offering a 7 day service for young people aged 18 or under who have a suspected or confirmed eating disorder diagnosis of: ▪ anorexia nervosa, ▪ bulimia nervosa, ▪ binge eating disorder, ▪ atypical anorexic and bulimic eating disorder The proposed model will include: • Family interventions to be a core component of treatment required for eating disorders in children and young people. • CBT and enhanced CBT (CBT-E) in the treatment of anorexia nervosa, bulimia nervosa and related adolescent presentations. In order to commence this much-needed service quickly we will work with our current providers, CNWL and WLMHT, to commence service provision in 2015/16. As a NWL collaborative, we are developing a tender waiver to share across our CCGs that will specify the need to mobilise services this year, and our intention to market test this service in 2016/17. We will also work with our current providers to develop specialisms of team members who work full time in ED within the current CAMHS service, so that patients can be seen within the current model in addition to the specialist service.	

		Brent CCG/Brent Council Local Approach: Brent CCG, led by Harrow as the contract lead, will work with CNWL to develop the design, skills mix and cost of the service utilising the skills and expertise of existing staff currently working on eating disorders[10]. The commissioners will adapt the national specification and the CCG mental health contract manager will work on the contract variation. A local Transformation Implementation Board will be set up to oversee the implementation of the community eating disorder service. Brent recognises that it has a large 10-29 year old population (the highest risk group for eating disorders), and that while eating disorders have an associated high risk of mortality they are often unrecognised and under diagnosed. Engagement and co-design with young people and frontline professionals in Brent would follow the principles outlined in Priority Two, and would be supported by staff training, and awareness raising, including GP refresher training.	2015/2016: £163,584 2016/2017: £163,584 2017/2018: £163,584 2018/2019: £163,584 2019/2020: £163,584
5	Transforming Pathways – A Tier free system	**North West London Common Approach:** We will move away from tiered services to services that meet the needs of the child/young person and the family. To do this we will need to address particular pinch points - as well as building a new overall model without tiers. Broadly, our proposed model will include: • A Single Point of Access (SPA) across each CCG area or where there is a common provider across several CCG areas, a central SPA • Referral, assessment, treatment, discharge that is evidence based • School based work – both to develop emotional wellbeing and resilience and to identify and support young people with mental health needs • Maintenance – it is crucial to include continued maintenance even after discharge	

[10] Espie, J., & Eisler, I. (2015). Focus on anorexia nervosa: modern psychological treatment and guidelines for the adolescent patient. Adolescent Health, Medicine and Therapeutics, 6, 9–16

		to prevent a young person being re-referred into a CAMHS service The redesigned service will seek to address existing quality and capacity concerns regarding access and **transition**. Providing for a seamless provision a young person is more likely to remain engaged in the service, which will enable them to participate further in education, training or employment. We will continue the roll out of **CYP IAPT** services across NWL, ensuring that all young people have equitable access to this support. We will ensure that our pathways and referral routes incorporate all CYP IAPT providers. All assessment and treatment options will be evidence based, and delivered by a trained and competent workforce who specialise in working with children and young people.	
		Brent CCG/Brent Council Local Approach: In Brent local providers will hold complex case meetings to share learning and agree protocols for collaborative working. Brent also recognises a need to improve targeted services from 2016/17 onwards supporting schools and youth groups, ideally through the voluntary sector who can build on the social capital identified in the asset based assessment (in Priority One). By joint/aligned health and social care commissioning, and reviewing existing investments, mental health advice can be provided to communities and schools and teachers. Brief clinical input can help children cope with mental illness, and reduce the risk of exclusion related to mental health, emotional and behavioural problems. Helping schools improve the pastoral care they offer can reduce the risk of relapse for some children, and support improved wellbeing across the school. The model will be developed with schools and young people (Priority Two) and draw on the experiences of other services supporting schools in NWL. In the context of wider CAMHS system changes, the skill mix of the existing Brent CAMHS team will be reviewed, with consideration of ways to have greater diversity of clinical approaches and professional backgrounds. Where specialist skills are required, there would be consideration of the critical mass across neighbouring CCGs. In addition £134,500 will be allocated for CAMHS waiting list reduction and associated caseload throughput, with particular attention on children Looked After by the Local Authority.	2015/2016: £154,468 2016/2017: £106K 2017/2018: £106K 2018/2019: £106K 2019/2020: £106K

		Joint/aligned health and social care commissioning will be essential for specialist pathways for post-traumatic stress disorder associated with abuse[1112] (particularly that associated with Child Sexual Exploitation, Female Genital Mutilation, and the emotional trauma of seeking asylum). Brent will review with other CCGs the demand for out-of-area therapy for emergent personality disorder, and explore options to instead develop Multi-Systemic Therapy capability closer to home. Brent will draw on the North West London shared experience to promote awareness to Brent schools, parents and young people of self-help resources (such as Banardo's free 'Wud U?' app to raise awareness, identify and reduce the risk of child sexual exploitation).	
6	Enhanced support for Learning Disabilities and Neuro Development Disorders	**North West London Common Approach:** We will develop an enhanced service within each of the 8 CCGs, streamlining the current service offering and filling the gaps. We will: ▪ **Map local care pathways** and where appropriate reconfigure services or commission additional local provision, commissioning an integrated service from CAMHS and Community Paediatrics; ▪ Develop an **effective strategic link** between CAMHS LD/ND services and special educational needs (SEN) departments, to ensure coordinated assessment and planning of education, health and care (EHC) plans where necessary, and effective transitions for young people with LD/ND across health and education. Multi-agency agreements and monitoring arrangements will be defined with close working amongst frontline services, clearly defined lead professionals and shared care plans. ▪ **Enhance the capacity of CAMHS** to meet the increasing demand for ASD and	

[11] Mulongo, P., Hollins Martin, C., & McAndrew, S. (2014). The psychological impact of Female Genital Mutilation/Cutting (FGM/C) on girls/women's mental health: a narrative literature review. Journal of Reproductive & Infant Psychology, 32(5), 469–85.

[12] Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The Relationship of Trauma to Mental Disorders Among Trafficked and Sexually Exploited Girls and Women. American Journal of Public Health, 100(12), 2442–2449.

		ADHD assessments. In some areas this will involve adding additional staffing resource to specialist neurodevelopmental teams. ▪ **Provide advice and support to special schools and specialist units** to support early identification of mental health difficulties, advise on behavioural management strategies, and signpost to specialist support if needed. ▪ Develop be clear agreements in place between specialist services and primary care to **support shared care** for young people with LD/ND who require medication. ▪ Connect with **local voluntary sector services** and support groups for young people with LD/ND and their families (e.g. parent-run ASD support group). This will be determined over the course of the first year of funding. In year (15-16) the current service and interdependencies will be mapped out in detail and a service specification will be developed. In Year Two (16-17), the service will be revised and redeveloped to become uniform across the 8 CCGs taking into account providers and models of commissioning. Year Three (17-18) to Year Five (19-20) will be used to embed the model, develop sustainability and further refine according to borough need.	
		Brent CCG/Brent Council Local Approach: In 2015/16, all NWL CCGs will fund short-term additional staffing capacity to address long waiting times for neurodevelopmental assessments. In the remaining years of the plan, the majority of CCGs will continue some investment in additional capacity for LD and ND pathways to enable sustained improvements in access and post diagnostic treatment and behaviour management plans. Through the 2015/16 planning work, we anticipate that this pathway will align with Priority 5 & 7 and will form part of the joint Emotional Health and Wellbeing Targeted Service as well as the SPA and developing pathways work across NWL. Brent will ensure there is sufficient dedicated clinical capacity for joint paediatric and CAMHS case-management, and appropriate processes and systems for the transition of children and young people into adult services. We will develop a consistent and co-ordinated multi-agency approach to health and social care support for children and young people with SEND from age 0-19 and age 19-25. A SEND joint commissioning strategy has been agreed between health, social care and education to improve the quality of	2015/2016: £96K 2016/2017: £60K 2017/2018: £60K 2018/2019: £60K 2019/2020: £60K

		services and provision for children and young people age 0-25 with SEND with and without an EHC plan.	
7	Crisis and Urgent Care Pathways	**North West London Common Approach:** We aim to ensure that our local offer of support and intervention for young people reflects the Mental Health Crisis Care Concordat. We will also implement clear, evidence-based pathways for community-based care, including home treatment treats and crisis response services to ensure that unnecessary admissions to inpatient care are avoided. We will develop an enhanced service across all 8 CCGs to prevent a crisis leading to inpatient admission and deliver home treatment to children and young people, streamlining the current service offering and filling the gaps. A new service will comprise crisis response and home treatment services and will build on existing work to develop a complete urgent care pathway. We will also work with colleagues in locality authority, public health, and schools to ensure that the prevention of self-harm and crisis avoidance via good mental health promotion forms part of this pathway. Where possible, we will look to work with existing home treatment teams to incorporate CAMHS skills and training into existing services. This would reduce unnecessary duplication, and ensure child/parent issues were effectively covered.	
		Brent CCG/Brent Council Local Approach: Brent will enhance the existing CAMHS-out-of -hours service to develop a multi-agency crisis intervention and home treatment capability[13], linked with adult crisis and home treatment services, paediatric liaison, and youth offending services, and working across CCGs for cost efficiency where appropriate.	2015/2016: £10K 2016/2017: £108K 2017/2018: £108K 2018/2019: £108K 2019/2020: £108K

[13] Boege, I., Corpus, N., Schepker, R., Kilian, R., & Fegert, J. M. (2015). Cost-effectiveness of intensive home treatment enhanced by inpatient treatment elements in child and adolescent psychiatry in Germany: A randomised trial. European Psychiatry: The Journal Of The Association Of European Psychiatrists, 30(5), 583–589.

8	Embedding Future in Mind Locally	**North West London Common Approach:** In addition to the collaborative priorities described above, across all 8 CCGs we will also: - Drive forward delivery of the **CYP IAPT** programme. Within our CQUINs and within Trust plans team members are already working to release staff to attend training increase deliver of CYP IAPT; - Invest in developing more robust **data capture and clinical systems** to enable teams to have a better understanding of current activity; - Link with **specialised commissioning teams for Youth Offending** to understand the levels of youth offending in each borough and the local offer for this group of young people. We will then develop a strategy for ensuring young offenders needs are met by our NWL mental health care and support pathways; - Develop new **perinatal** specifications and implement new parental mental health services. Work is already underway in Hammersmith and Fulham, Brent, and Hounslow where new best practice, NICE compliant pathways will launch in March 2016 and outcomes-based contracting models are being considered. Across NWL we will draw on the learning from these areas.	
		Brent CCG/Brent Council Local Approach: Brent is the exception in North West London for not having a CAMHS-lead role jointly appointed by the CCG and Local Authority; this is a strategic weakness locally. Developing this post will allow us to draw on the economies of scale offered by the North West London 'Like Minded' strategy. In 2015/16, Brent CCG will allocate £40,000 for interim support for the remainder of the year (October to April) to build the links between Brent Children's Trust and the North West London Like Minded Strategy Group, and establish and progress work streams for each priority area in Brent. From 2016/17, Brent CCG would contribute £30,000 annually towards a joint fixed-term post to drive a joint approach to CAMHS development, and provide dedicated commissioning support and capacity. In 2016/17 Brent CCG will provide £60,000 to support a dedicated CAMHS clinical capacity to support young offenders.	2015/2016: £40K 2016/2017: £90K 2017/2018: £90K 2018/2019: £90K 2019/2020: £90K

5. Consultation

On 19 March 2015, the Brent Health and Wellbeing Board held a public event to promote and help develop the Like Minded strategy. This included table discussions on children's mental health services. An update was provided to the Health and Wellbeing Board in June 2015.

Brent Children's Trust was formed to help align commissioning plans between Brent CCG and Brent Council. The Children's Trust has explored issues of mental health in a local context, reflecting local priorities around child sexual exploitation, Special Education Needs and Disabilities.

Brent CCG and Brent Council are members of the Mental Health Transformation Board. In July 2015 the Like Minded Mental Health and Wellbeing Strategy for North West London was presented. It was recognised by the NW London Transformation Board and the Like Minded team that much of the young people's agenda for change is clearly articulated in the Future in Mind report and there was no need to repeat this work. Therefore the work on Future in Mind CAMHS transformation would constitute the children and young people's element of the NW London Like Minded Strategy.

In light of this it was agreed at the NW London Mental Health Transformation Board on 19th August 2015 that the 8 CCGs across NW London will work together to develop one Local Transformation Plan, which will include a high level strategy for NW London as well as local priorities for each of the boroughs.

Draft plans were discussed with NHS England on 02 October 2015, and the feedback shared with members of the Health and Well-Being Board on 05 October 2015. The NW London joint plan, and the local annex were discussed, with an opportunity for clarification, and to agree sign off arrangements.

6. Next Steps

1. All CCGs and Health and Wellbeing Boards will be asked to sign off the joint North West London Transformation Plan by Thursday 15th October.
2. Like Minded will submit the joint North West London submission to NHSE on Friday 16th October.
3. Feedback will be received from NHSE in November, either requesting further information or approving the plan.
4. If approved, funding will be released to CCGs in November 2015.
5. A local Transformation Implementation Team will oversee the commissioning and delivery of the improvement described in the plan.
6. An update report will be provided to the Brent Health and Wellbeing Board before the end of 2015/16.

North West London Clinical Commissioning Groups

Children and Young People's Mental Health and Wellbeing Transformation Plan

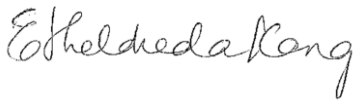
In response to *Future in Mind*

October 2015

Supported by Like Minded – The Mental Health and Wellbeing Strategy for North West London

Declarations of Support

Brent

Name: Dr Etheldreda Kong Position/Organisation: Chair, NHS Brent CCG and Vice Chair of Brent Health & Well Being Board Date: 15/10/2015 	Name: Cllr Muhammed Butt Position/Organisation: Chair of Health and Wellbeing Board for Brent Date: 14/10/2015 

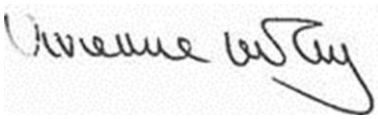
Central London

Name: Matthew Beazley Position/Organisation: Managing Director, Central London CCG Date: 15/10/2015 	Name: Cllr Rachael Robathan Position/Organisation: Chair of Health and Wellbeing Board for Westminster Date: 16/10/2015 
Name: Andrew Christie Position/Organisation: Tri-borough Executive Director for Children's Services Date: 15/10/2015 	

Ealing

Name: Dr Mohini Parmar Position/Organisation: Chair, Ealing CCG Date: 16/10/2015 	Name: Councillor Julian Bell Position/Organisation: Leader of Ealing Council and Chair of Ealing Health and Wellbeing Board for Ealing Date: 6/10/2015 

Hammersmith and Fulham

Name: Cllr Sue MacMillan Position/Organisation: Lead Member for Children and Young People, The London Borough of Hammersmith and Fulham Date: 15/10/2015 	Name: Cllr Vivienne Lukey Position/Organisation: Chair of Health and Wellbeing Board for Hammersmith and Fulham Date:15/10/2015 
Name: Janet Cree Position/Organisation: Managing Director, NHS Hammersmith and Fulham CCG Date: 15/10/2015 	Name: Andrew Christie Position/Organisation: Tri-borough Executive Director for Children's Services Date: 15/10/2015 

Harrow

Name: Dr Amol Kelshiker Position/Organisation: Chair of Harrow CCG Date: 16/10/2015	Name: Cllr Anne Whitehead Position/Organisation: Chair of Health and Wellbeing Board for Harrow Date: 14/10/2015

Hillingdon

Name: Cllr Ray Puddifoot Position/Organisation: Leader of London Borough of Hillingdon and Chair of Health and Wellbeing Board Hillingdon Date: 14/10/2015	Name: Dr Ian Goodman Position/Organisation: Chair of Hillingdon CCG Date: 15/10/2015
Name: Jeff Maslen Position/Organisation: Chair of Hillingdon Healthwatch Board Date: 14/10/2015	

Hounslow

Name: Cllr Steve Curran Position/Organisation: Leader of the London Borough of Hounslow Date: 15/10/2014	Name: Sue Jeffers Position/Organisation: Managing Director, NHS Hounslow CCG Date: 15/10/2015

West London

Name: Louise Proctor Position/Organisation: Managing Director, NHS West London CCG Date: 15/10/2015	Name: Cllr Mary Weale Position/Organisation: Chair of Health and Wellbeing Board for Kensington and Chelsea Date: 15/10/2015
Name: Cllr Elizabeth Campbell Position/Organisation: Lead Member for Children and Young People, The Royal Borough of Kensington and Chelsea Date: 15/10/2015	Name: Andrew Christie Position/Organisation: Tri-borough Executive Director for Children's Service Date: 15/10/2015

1.0 Supporting improved mental health and wellbeing for children and young people in North West London

The 8 Clinical Commissioning Groups (CCGs) in North West London (NWL) are committed to improving mental health and wellbeing for their populations in the widest sense. In February 2015 they launched the development of Like Minded – the NWL strategy for Mental Health and Wellbeing. The publication of *Future in Mind* was timely – and the CCGs have framed their work on Children and Young People to focus on how we implement *Future in Mind* across our 8 boroughs.

To that end we are submitting a single plan – which defines where we have joint priorities, and where we will undertake specific local work to respond to local needs and current service configuration. Through working together we can learn from good practice – and ensure best value and flexible services for our populations.

The priorities outlined in this document are the key steps to transforming current services. In combining a joint vision that has diverse stakeholders we can unite to bring together resources, capacities and expertise to develop collaborative solutions.

We have agreed shared priorities – but also principles for how we work: addressing inequalities and responding to specific needs across our diverse populations, co-producing, working jointly where possible and focusing on clear outcomes.

Collaboration is at the core of how we will work – but we recognise that each borough has specific local needs. For clarity we are not proposing that there is any cross-subsidisation across NWL. The money described below, ear-marked for each CCG, will be invested in the children and young people in that CCG.

We have joined together as a collaboration of 8 CCGs in NWL as we see a number of clear benefits from working together on our mental health priorities. These include:

- An over-arching perspective of the picture across NWL: instead of reviewing the health needs and services available for young people in one borough, we can get a clear picture of the situation across our wider geographical area. This gives us a richer understanding of the demands on our services, the challenges we face, and the different areas in which we can benefit from working closely with our neighbouring boroughs with similar needs;
- Economies of scale: allowing us to pool our resources and jointly invest in project management, commissioning of needs assessments, and buying of services such as communication campaigns;
- Sharing of learning: we can draw on the experience of other CCGs, learning from Harrow and Hillingdon's recent needs assessments, and from the Child and Adolescent Mental Health Services (CAMHS) school link pilot in Hammersmith and Fulham;
- Reduction of duplication: instead of each borough developing draft specifications for new CAMHS services, we can work as one to develop services that reflect the needs of all our children and young people which reduces duplication and ensure consistency of

approach across boroughs. This is particularly beneficial for our transient young population;
- Equity in provision across NWL: by working together to ensure our CAMHS services, crisis response offers, and Eating Disorder (ED) services are all working to the same specifications, we can ensure that young people in NWL receive good quality mental health care and support, irrespective of which borough they live in;
- Collaborative working with our 2 mental health trusts: working together to develop ED services that cover several boroughs not only makes sense in terms of footprint coverage, but also frees up time and resource for our trusts to deliver services rather than negotiate contracts and performance management with 8 different CCGs;
- Links to the Like Minded Mental Health Strategy for NWL: working in collaboration with the Like Minded team, we can ensure that any of the developments we are planning for children and young people are both informed by, and also inform the development of the NWL strategy.

Alongside our collaborative approach, we continue to keep a local focus to ensure the specific needs of each borough are reflected in our overall plans. The 8 priorities of our Transformation Plan are shared across our CCGs; the individualised approaches to delivering these priorities are summarised in each section of this report and in further detail in each CCG's local annex. For more detail on each CCGs local plans, please refer to:

- Annex A: Brent CCG
- Annex B: Central London CCG
- Annex C: Ealing CCG
- Annex D: Hammersmith and Fulham CCG
- Annex E: Harrow CCG
- Annex F: Hillingdon CCG
- Annex G: Hounslow CCG
- Annex H: West London CCG

Following the recent report of the Children and Young People's Mental Health Taskforce, *Future in Mind*, the Government announced increased funding for children's mental health services to the total of £1.25 billion over five years. The allocation for NWL is below:

	Eating Disorders 2015/16	Transformation Plan 2015/16	Recurrent uplift
Brent	£163,584	£409,468	£573,052
Central London	£91,557	£229,176	£320,732
Ealing	£211,543	£529,514	£741,057
Hammersmith and Fulham	£100,744	£252,173	£352,918
Hillingdon	£149,760	£374,863	£524,623
Hounslow	£152,983	£382,931	£535,913
Harrow	£121,785	£304,840	£426,625
West London	£116,621	£291,914	£408,534
Total	**£1,108,577**	**£2,774,879**	**£3,883,454**

It is important to note that this Transformation Plan is an evolving document; as we produce our needs assessments and begin our implementation planning, the details of what, how, and when we deliver against each work stream may change to reflect new information, new approaches, and new constraints. We will work flexibly within these priorities to ensure that the overall objectives of each of our priorities are met for the 5 years of this plan. Once agreed with NHSE, we will publish our plans and updates on our Healthier NWL website.

2.0 Our Ambition and Vision for the Future

We want to be bold about the need for change for our children and young people. We recognise the unique opportunity to design a new system which, in 5 years, looks substantially different from our current services – and addresses the needs and issues our young people tell us currently exist. We want to resist being constrained by traditional boundaries – of tiers, organisations, funding mechanisms and criteria – and develop clear, co-ordinated, whole system pathways that improve co-ordination between agencies and stop young people falling through the gaps.

We are working in partnership across NWL to capitalise on shared learning, improve co-ordination, and benefit from economies of scale. Jointly we believe that our plans will mean that by the end of 2020 the Children and Young People of NWL will see a transformed service that better suits their needs, and they will be able to access services at the right time, right place with the right offer in a welcoming environment. We want our new model to be sustainable beyond 2020 – to ensure that future children and our future workforce continue to receive and provide the best quality care we know makes a significant difference.

The core principle of our single Transformation Plan has been to work together on a joined up approach, whilst always ensuring we recognise and build on specific local needs and differences in current service provision across health, education and social care. In taking a new and ambitious approach we will need to ask some challenging questions:

- About the age of young people within our services – can we extend services to young people up to 25 years of age?
- About the provision of inpatient beds currently funded via NHS England – can we ensure that our inpatient beds are used only by our local young people?
- About the potential for smoother pathways through joined up commissioning and management – can we work together to remove the barrier between organisations and funding streams?
- About the extent to which Local Authorities (LAs) continue to fund the range of services to which they have historically committed – can we ensure that our CCGs and LAs work together on these plans to develop new, innovative approaches rather than plugging funding gaps created by budget cuts?

We have asked ourselves these questions and developed our plans to reflect our shared commitment to a co-ordinated, whole system pathway for children and young people's mental health.

Our priority areas reflect both some short-term immediate areas of impact – and a commitment to an ambitious programme of transformational change. We provide detailed plans for our work in 2015/16 and into 2016/17. This work will inform our future models and our proposed funding and associated resource will be further refined for future years as we continue to co-produce new ways of working across the system.

We will firstly get the basis right – embedding co-production, refreshing our needs assessments and undertaking workforce needs analysis. We will then reduce the waiting times for specialist CAMHS, ensure a crisis and intensive support service is in place in each borough, develop a comprehensive learning disability (LD) service for children with challenging behaviour and autism, and improve access to community ED services.

We will enhance the role of schools and further education establishments in emotional well-being and commissioning services such as counselling, to support them in their role as the first line response to many children and young people in need.

In combination we will take large strides to deliver a fundamental change – as described in *Future in Mind* – and reiterated in the voices of our children and young people in NWL.

3.0 Understanding local needs

In NWL, ensuring good mental health and wellbeing for our children and young people is a priority. We know there is a need to reach out to more young people and to improve the services children and young people receive when they have mental health needs. A snapshot of mental health needs across the UK shows us that:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class[1];
- 75% of mental health problems in adulthood (excluding dementia) start before 18 years[2];
- Between 1 in 12 and 1 in 15 children and young people deliberately self-harm[3];
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time[4].

Our population for children and young people is described below. For 6 of our 8 NWL CCGs, the CCG and borough boundaries are coterminous. West London CCG covers the borough of Kensington and Chelsea, and the Queens Park and Paddington areas of Westminster. Central London CCG covers the remainder of Westminster.

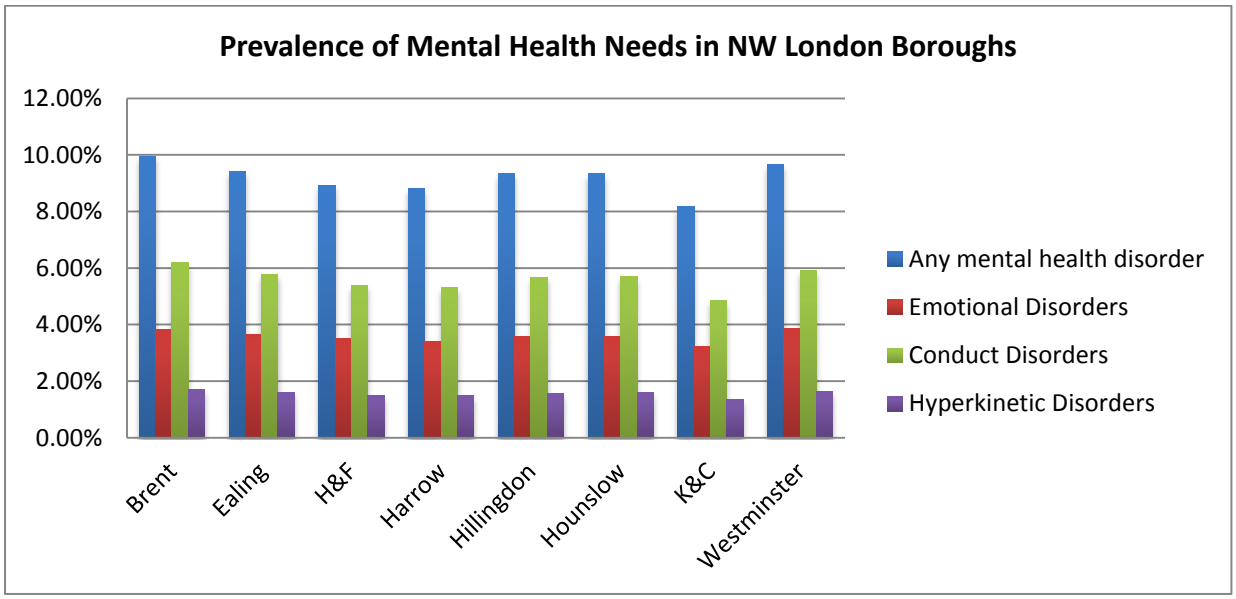
Key population details									
	CLCCG	**WLCCG**	**H&F**	**Ealing**	**Hounslow**	**Hillingdon**	**Brent**	**Harrow**	**TOTAL NWL**
Number of children [5]	27,480	40,175	33,705	80,520	61,945	69,860	73,325	57,200	444,210
	W'minster	**K&C**	**H&F**	**Ealing**	**Hounslow**	**Hillingdon**	**Brent**	**Harrow**	**TOTAL NWL**
Number of children[6]	35,288	27,322	33,328	80,520	61,945	69,860	73,325	57,200	444,210
Number of school children[7]	22,460	25,935	20,071	57,682	43,273	53,993	50,142	38,316	327,072
Rate of LAC[8]	46	36	60	49	53	55	48	30	48

[1] Green, H., McGinnity, A., Meltzer, H., et al. (2005). *Mental health of children and young people in Great Britain 2004*. London: Palgrave.
[2] Future in Mind (2015)
[3] Mental Health Foundation (2006). *Truth hurts: report of the National Inquiry into self-harm among young people.* London: Mental Health Foundation.
[4] Kim-Cohen, J., Caspi, A., Moffitt, TE., et al (2003): *Prior juvenile diagnoses in adults with mental disorder*. Archives of general psychiatry, Vol 60, pp.709-717.
[5] ONS 2012 based population projection for 2015, children aged 0-17
[6] For Westminster, K&C and H&F: ONS mid-year projections: Table SAPE15DT8: Mid-2013 Population Estimates for 2013 Wards in England and Wales, by Single Year of Age and Sex (experimental statistics). For all other boroughs: ONS 2012 based population projection for 2015, children aged 0-17
[7] For Westminster, K&C and K&F: DfE School rolls 2015. For all other boroughs: DfE SFR16/2015 pupils by Local Authority January 2015 Census
[8] DfE SFR36/2014 Number of looked after children aged 0-17 per 10,000

In 6 of our 8 NWL CCG areas, we do not have up-to-date information on the health, educational, and social care needs of our children and young people. We are therefore committed to investing some of our Transformation Plan funding in producing needs assessments to further guide our local priorities. In the meantime, we have based our proposals and priority areas for 2015/16 on our understanding of local needs from consulting with our children, young people, parents, and professionals, and drawing on prevalence data.

Estimates for NWL suggest that around 25,000 5-16 year olds will have a mental health disorder[9]. The most common mental health issues in boys are conduct and hyperkinetic disorders, whereas emotional disorders are more common amongst girls.

Estimated Numbers of Mental Health Disorders (Public Health England, 2014)									
	Brent	**Ealing**	**H&F**	**Harrow**	**Hillingdon**	**Hounslow**	**K&C**	**West-minster**	**TOTAL NWL**
Any mental health disorder	4572	4692	1828	3171	4051	3468	1440	2417	**25639**
Emotional Disorders	1763	1819	723	1232	1560	1327	569	964	**9958**
Conduct Disorders	2842	2877	1104	1909	2466	2123	852	1482	**15654**
Hyperkinetic Disorders	781	798	307	533	688	593	239	408	**4346**



Self-harm is also more common amongst young people with mental health needs. Among 11-16 year olds, over a quarter of those with emotional disorders and around a fifth of those with conduct or hyperkinetic disorders or depression said that they had tried to harm themselves[10]. Deliberate self-harm is more common among girls than boys[11]. Between

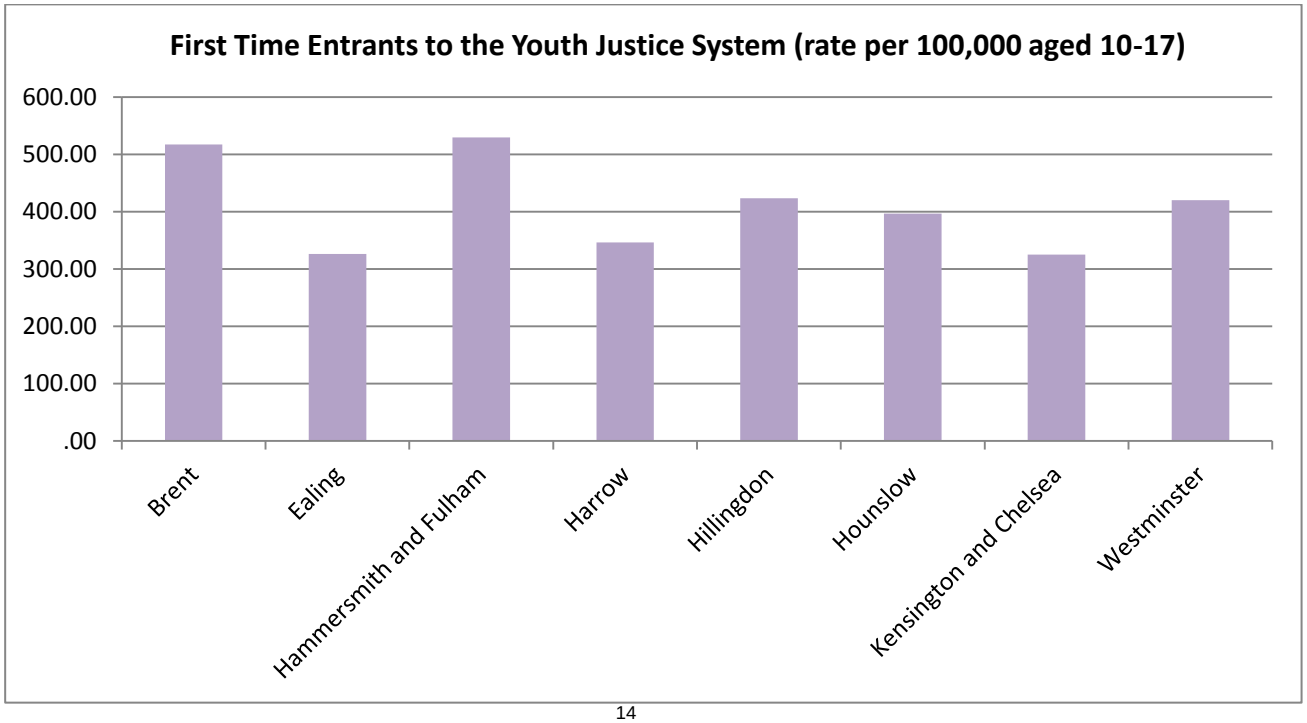
[9] Public Health England Fingertips Tool (2014). Accessed at http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/9/gid/1938132753/pat/6/par/E12000007/ati/102/are/E09000005

[10] ONS (2005). Mental Health of Children and Young People in Great Britain. Accessed at http://www.hscic.gov.uk/catalogue/PUB06116/ment-heal-chil-youn-peop-gb-2004-rep2.pdf.

[11] Royal College of Psychiatrists (2015). http://www.rcpsych.ac.uk/mentalhealthinfoforall/problems/depression/self-harm.aspx

2001/02 to 2010/11, rates of hospital admission due to deliberate self-harm have increased nationally by around 43% among 11-18 year olds (to around 17,500 in 2010/11)[12].

There are a number of specialised areas of mental health need that are relevant in certain areas of NWL. For example, some areas have large number of looked after children. The rates of looked after children vary by borough from 55 in Hillingdon to 30 in Harrow; the national rate is 60 and for inner London is 64[13]. National research has found that among Looked After Children, 38%-49% (depending on age) have a mental health disorder. Mental health problems are also more common among young offenders. This is thought to be associated with the offending behaviour, in over three-quarters of the young people who had a full assessment in 2014/15. Rates for first time entry to the youth justice system across NWL are shown in the graph below.



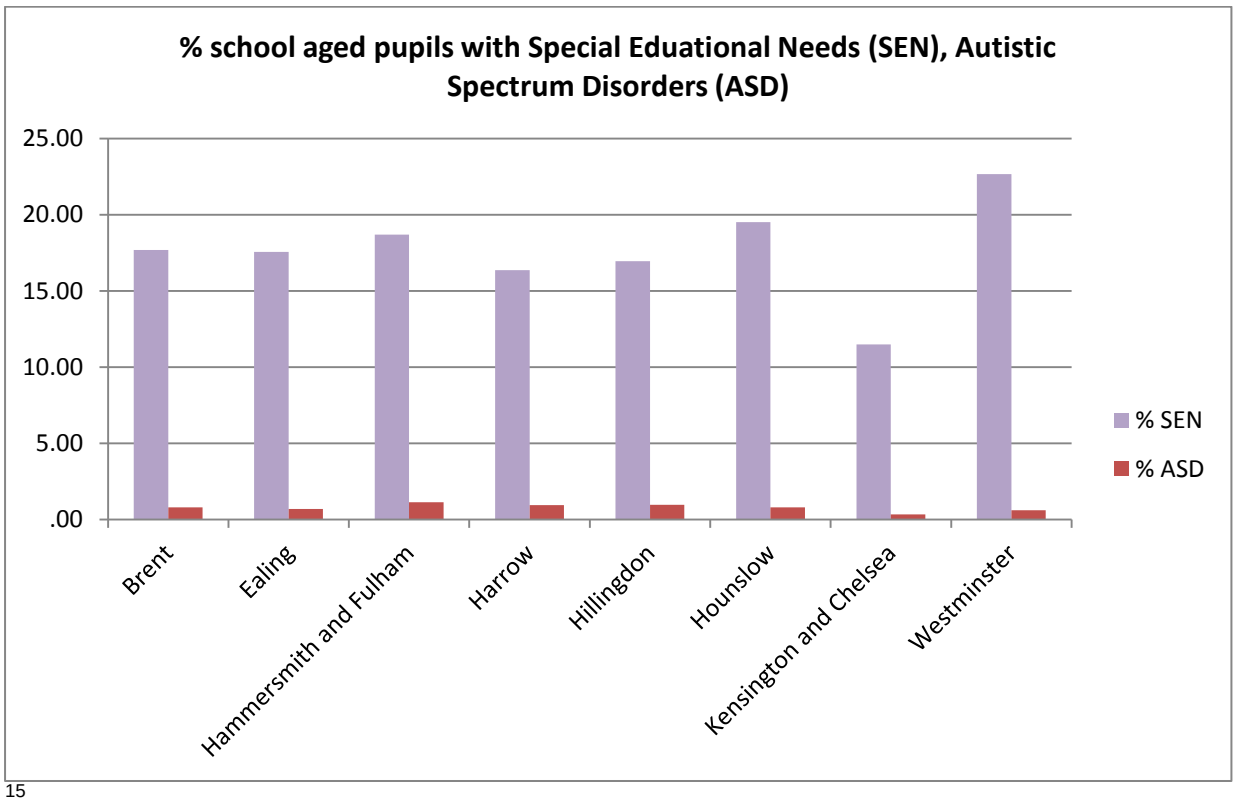
[14]

Children with special educational needs may be at higher risk of developing mental health needs. Across NWL, the percentage of school aged children with special education needs, including autistic spectrum disorders, ranges widely as demonstrated in the graph below.

[12] Hospital episode statistics. Sourced from chimat.org.uk.

[13] DfE SFR36 2014 Number of Looked After Children aged 0-17 per 10,000

[14] Public Health England Fingertips Tool (2014). Accessed at http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/9/gid/1938132753/pat/6/par/E12000007/ati/102/are/E09000005



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4.0 Current Service Provision

4.1 Current Services

To support the development of this plan we have collated details on our current services in each borough (Annexes A-H). What is clear, and reflected in *Future in Mind* recommendations, is that we do not always have easy access to the information we need to assess the quality of the services available across the entire pathway. Instead, below we describe the services currently available in all NWL boroughs to provide background for the proposed changes that make up our Transformation Plan.

4.1.1 Core Service - Children and Adolescent Mental Health Services (CAMHS)

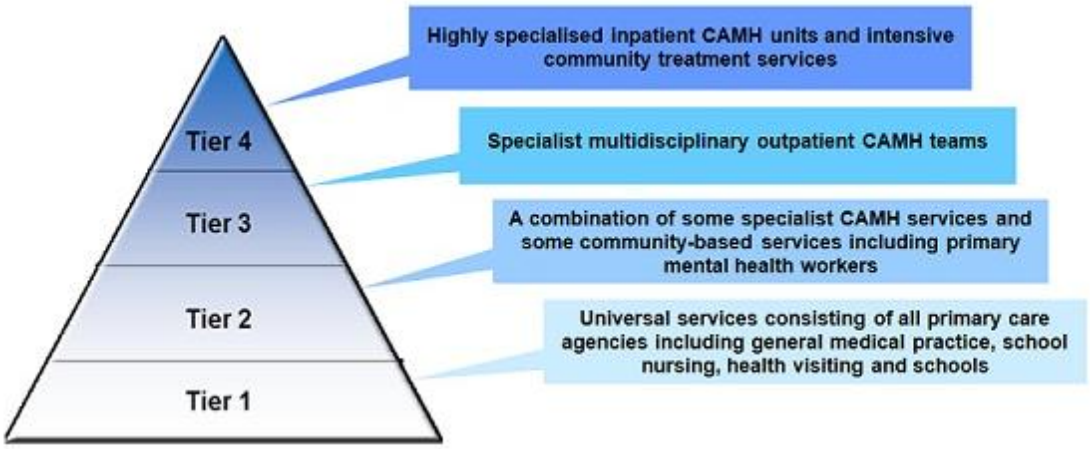
CAMHS provide a specialist service for children and young people up to the age of 18 years where there is likelihood that the child or young person has a severe mental health disorder and/or where symptoms, or distress, and degree of social and/or functional impairment are severe. CAMHS services assess and treat children and young people who are experiencing serious risks to their emotional and psychological wellbeing and development. The current threshold for referral to specialist CAMHS is that the suspected mental health difficulties are urgent, persistent, complex or severe.

CAMHS teams are multidisciplinary and consist of consultant child and adolescent psychiatrists, clinical psychologists, child psychotherapists, systemic family therapists, clinical nurse specialists and junior doctors from the CAMH training scheme. The teams

[15] Public Health England Fingertips Tool (2014). Accessed at http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/9/gid/1938132753/pat/6/par/E12000007/ati/102/are/E09000005

provide a range of therapeutic and psycho-pharmacological interventions, consultation and liaison with other services including the paediatric liaison, and out of hours services. Referrals can be made to CAMHS by any professional working with a child, young person or their family.

CAMHS have traditionally been described in 4 'tiers', which have primarily been defined by how the service is provided. Tier 4 includes highly specialised inpatient CAMH units, commissioned by NHS England.



Increasingly this approach is seen to promote a dis-integrated approach to service provision. Alternative models have been proposed which are framed around needs and resources rather than services.

4.2 Other Support for Mental Health

In NWL we have a number of other providers and services that support our CAMHS teams, providing community and schools based support for mental health needs. The full offer in each borough is outlined in Annexes A-H.

In addition to the CAMHS described above, other local mental health support includes:

- Early intervention in psychosis services to offer quick identification of the first onset of a psychotic disorder and appropriate treatment including intensive support, crisis intervention, assertive outreach and home treatment in the early phase.
- Specialist learning disability services
- Looked After Children (LAC) services
- Youth Offender Team (YOT) services

Across NWL, the provision of these services differs from borough to borough; further information can be found in the annexes of local services.

Public mental health services are also commissioned by local authorities across NWL, focusing on health promotion.

Many agencies and providers – and many of our universal services have contact with children and young people who may have risk factors for mental illness or have mental illness. This includes primary care, schools, leisure services, voluntary sector providers, acute hospital services, health visiting etc. The support offered by each of these agencies and providers also contributes to the local mental health support network across NWL.

4.3 Activity Levels

The table below outlines the activity data for our core mental health support services in NWL, providing an indication of the demand for services in each NW London borough or CCG area. Our core services provide the majority of local activity, and hence this activity data is used to give an indication of local demand.

	CLCCG	WLCCG	H&F	Ealing	H'slow	H'don	Brent	Harrow	TOTAL NWL
Number of admissions for mental health conditions 2014/15 [16]	26	33	45	51	31	55	66	31	338
Admission rate per 10,000 children	9.5	8.2	13.4	6.3	5.0	7.9	9.0	5.4	7.6
Referrals made 2014/15 [17]	579	975	897	1741	1213	1114	1548	936	9003
Referrals accepted 2014/15[18]	467	808	748	1533	856	785	1137	784	7118
Referrals per 10,000 children	211	243	266	216	196	159	211	164	203
First Attendances	606	850	662	824	627	689	1,280	1,207	6,745
Follow Up Attendances	4,118	6,052	5,156	7,181	6,088	4,546	5,066	4,309	42,516
Total Attendances [19]	**4,724**	**6,902**	**5,818**	**8,005**	**6,715**	**5,235**	**6,346**	**5,516**	**49,261**
First Attendances per 10,000 children	221	212	196	102	101	99	175	211	152
Follow Up Attendances per 10,000 children	1,499	1,506	1,530	892	983	651	691	753	957
Total Attendances per 10,000 children	**1,719**	**1,718**	**1,726**	**994**	**1,084**	**749**	**865**	**964**	**1,109**

[16] SUS 2014/15. Patients aged 0-17 admitted with a primary diagnosis in ICD Chapter F (Mental and Behavioural Disorders)

[17] WLMHT and CNWL Referrals dataset. Includes rejected referrals.

[18] WLMHT and CNWL Referrals dataset.

[19] All attendance data source: Trust Minimum Data Set.

CAMHS Waiting Times June 2015[20]									
	CLCCG	WLCCG	H&F	Ealing	H'slow	H'don	Brent	Harrow	TOTAL NWL
Referral – Assessment: Under 4 weeks	26 (66.7%)	17 (60.7%)	15 (55.6%)	3 (25%)	2 (7.7%)	10 (21.3%)	16 (29.6%)	8 (18.6%)	97 (35.1%)
Referral – Assessment: 5 - 11 weeks	7 (17.9%)	10 (35.7%)	10 (37%)	4 (33.3%)	9 (34.6%)	9 (19.1%)	16 (29.6%)	28 (65.1%)	93 (33.7%)
Referral – Assessment: over 11 weeks	6 (15.4%)	1 (3.6%)	2 (7.4%)	5 (41.7%)	15 (57.7%)	28 (59.6%)	22 (40.7%)	7 (16.3%)	86 (31.2%)
Assessment – Treatment: Under 4 weeks	30 (83.3%)	12 (60%)	17 (68%)	6 (66.7%)	8 (57.1%)	11 (45.8%)	23 (79.3%)	5 (83.3%)	112 (68.7%)
Assessment – Treatment: 5 - 11 weeks	5 (13.9%)	6 (30%)	5 (20%)	1 (11.1%)	6 (42.9%)	9 (37.5%)	3 (10.3%)	0 (0%)	35 (21.5%)
Assessment – Treatment: over 11 weeks	1 (2.8%)	2 (10%)	3 (12%)	2 (22.2%)	0 (0%)	4 (16.7%)	3 (10.3%)	1 (16.7%)	16 (9.8%)

4.4 Current Staffing

In NWL we have 2 NHS providers who provide the majority of our CAMHS service:

Central and North West London NHS Foundation Trust

West London Mental Health NHS Trust

They predominantly provide services for Central, West, Harrow, Hillingdon and Brent (CNWL) and Hammersmith & Fulham, Ealing and Hounslow (WLMHT). The staffing component for each area is outlined in the table below. This table shows total staffing levels (WTE) for each service, irrespective of funding source.

Our Mental Health Trusts currently undertake training needs analysis for their staff on a regular basis to facilitate the on-going professional development of their workforce. However we recognise that to deliver transformational change for children and families we need to work across the whole system of health, education and social care to develop a better understanding of skills gaps and requirements for development – and fully engage the voluntary sector. We have outlined our ambition and plans for this workforce development in priority 3.

[20] CNWL and WLMHT Monthly Information Return, June 2015

Staffing headlines (WTE) – CNWL and WLMHT								
Position	**Central London**	**West London**	**H&F**	**Ealing**	**Hounslow**	**Hillingdon**	**Brent**	**Harrow**
Medical Staff (Consultant Psychiatrists, SHOs, Staff Grade)	7.9	3.3	4	13.4	7.4	2.8	5	5.1
CNS	1	1				1.6	3	5.3
Nursing	6.4	1.6	1	8.83	6.52	0.73		0.8
Play Therapist							1	
Psychotherapists	3.8	2.6	2.3	1	0.8	1.6	2.4	1.5
Family Therapy			3.17	8.8	6.61	1.9	2.8	1.6
Psychologists	2.6	9	6.0	29.73	11.75	3.2	7.2	4.5
Systemic Therapist	3.9	4.37				0.8		
CAMHS Practitioner			5.8					
Support Worker							1	1
Social Worker						0.7		
Art Therapist		2.6						
AHP (Dietitian, SALT)			0.05	0.8	0.1			
OTs				0.6		0.7	0.4	0.4
Participation worker	0.5	0.5						
Admin and Managerial	6.4	5	6.6	6.15	5.8	4	6	5.8
Rate (per 10,000) for ALL WTE staff	**11.83**	**7.46**	**8.58**	**8.61**	**6.29**	**2.58**	**3.93**	**4.55**
Rate (per 10,000) for CLINICAL WTE staff	**9.32**	**6.09**	**6.62**	**7.84**	**5.36**	**2.01**	**3.11**	**3.53**

4.5 Current Investment in Services

The following is described by borough showing specific investment into mental health services for children and young people and is shown in each borough appendix and collectively below.

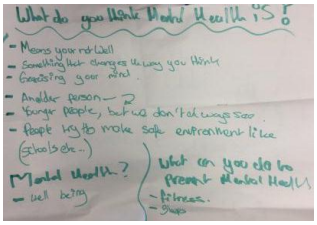
Current Investment in Children and Young People's Mental Health			
North West London Area	**Clinical Commissioning Group**	**NHSE (Tier 4 CAMHS)**	**Local Authority**
Brent	£2,471,000	£403,629	£235,751
Ealing	£2,300,000	£464,145	£1,824,971
Harrow	£1,600,000	£366,564	£270,000
Hillingdon	£2,079,226	£388,866	£667,700
Kensington & Chelsea	£2,762,562	£403,040 (West London CCG)	£379,328
Westminster	£1,631,347	£389,130 (Central London CCG)	£638,420
Hammersmith & Fulham	£2,010,863	£409,212	£512,000
Hounslow	£2,629,659	£74,009	£717,000
Total	**£17,484,657**	**£2,898,595**	**£5,245,170**

Although not reflected in the table above, each CCG acknowledges the contribution made by Public Health to the mental health of children and young people through health visiting, school nursing, and other health promotion initiatives.

5.0 Identifying needs through co-production and capturing service user view

In addition to reviewing data we have committed to a process of co-production in the development of our plans. This builds on innovative work across the 8 boroughs such as work led by the Council in Hammersmith and Fulham working with Rethink.

There's now much less stigma about Mental health – but still a lack of knowledge



In April, May and July, the Like Minded team facilitated three co-production workshops for NW London, focussing on children and young people's mental health services. The workshops were well attended with representatives from health services (CAMHS), public health, local authority, schools, as well as local young people and parents (both those using local services, and those not engaged with services). The workshops focussed on *Future in Mind*'s recommendations and took on board feedback from participants to identify high priorities for immediate action and longer term priorities. More detail on these events can be found at http://www.healthiernorthwestlondon.nhs.uk/mental-health. This feedback has influenced the choice of priorities in our transformation plan.

Both at an NWL level and locally we have sought to work with colleagues in social care and wider local authority services, schools, voluntary sector – and critically young people, their families and carers.

The development of this plan collaboratively across the 8 CCGs has been led by a working group of CAMHS commissioners – supported by the NWL Mental Health and Wellbeing Transformation Board. Local leads have ensured that their local governance forums (see Annexes A-H for further details) and multi-agency forums have had the chance to input to priority areas formulated below.

6.0 Key interdependencies

Key to the success of our Transformation Plans is joint working – between agencies, across sectors, and beyond traditional boundaries. For this reason, we are working together as a collaboration of NWL CCGs and Local Authorities to develop this plan. This joint working encourages us to share learning, work together with our providers that cross borough boundaries, achieve economies of scale by, for example, procuring needs assessment or training requirements across several boroughs, and develop a more equitable service offer for our young people.

In developing this plan we have been mindful of the complex environment and key supporting work streams nationally, across London and locally as well as the current funding restrictions that our partner organisations are facing. Our plans take into consideration the following aligned or interdependent developments:

- Like Minded: The Mental Health and Wellbeing Strategy for NWL, with particular links to the Wellbeing and Prevention work stream that will focus on supporting parents of children with conduct disorder
- Crisis Care Concordat and commitments to change across NWL
- Parity of Esteem, increasing mental health funding
- Further roll out of CYP IAPT
- Local development of CQUINs and other joint commissioning arrangements
- The seven day NHS
- Development of Adult Mental Health services through Like Minded and within our providers
- Planned restructuring of Local Authority commissioned service to respond to funding reductions
- School based services
- Re-commissioning of public mental health services by our Public Health teams
- Implementation of the paediatric review of children's sexual abuse services

In addition to the above, there is extensive work underway in NWL to improve perinatal mental health, including the development of new perinatal specifications and parental mental health services. Work is already underway in Hammersmith and Fulham, Ealing, and Hounslow where new best practice, NICE compliant pathways will launch in March 2016 and outcomes-based contracting models are being considered. We recognise the interdependency of this work with our Transformation Plan and we will draw on the learning from these areas.

The priorities outlined in this document are the key steps to transforming current services. In combining a joint vision that has diverse stakeholders we can unite to bring together resources, capacities and expertise to develop collaborative solutions. It is by the adoption of a clear, shared agenda that we can improve the mental health of young Londoners in our boroughs.

7.0 Equality and Health Inequalities

Our approach to defining our common priorities has been bottom-up, meaning they are based on locally identified need reflected in shared solutions. We know that our formal assessments of need (and the prevalence of risk factors that can drive need) are mostly out of date. We stress as our first priority the need to better understand our populations – and their needs. This will enable our teams across the 8 boroughs to more accurately commission and provide services targeted at those with the greatest need.

That not-withstanding, we do have good local intelligence on the needs of our communities and the groups that our current services under-serve. We know this because of what our partners tell us – from schools, voluntary sector and of course from young people themselves. We know that good mental health and flourishing mental wellbeing are not equally distributed across our population. Similarly, mental health problems and mental illness are not randomly distributed across populations. We have benefited from good input from our public health teams to develop our plans – ensuring we build on assets within our community and reflect the need to develop resilience across our population as much as expanded service provision.

To engage with our population in its widest sense, we have worked via local groups building on existing work (with Health Watch, schools via the Healthy Schools Partnership and current service providers' user groups). We know this does not enable us to reach a

representative view of our wider population, and so our second priority reflects our commitment to support and further develop local co-production.

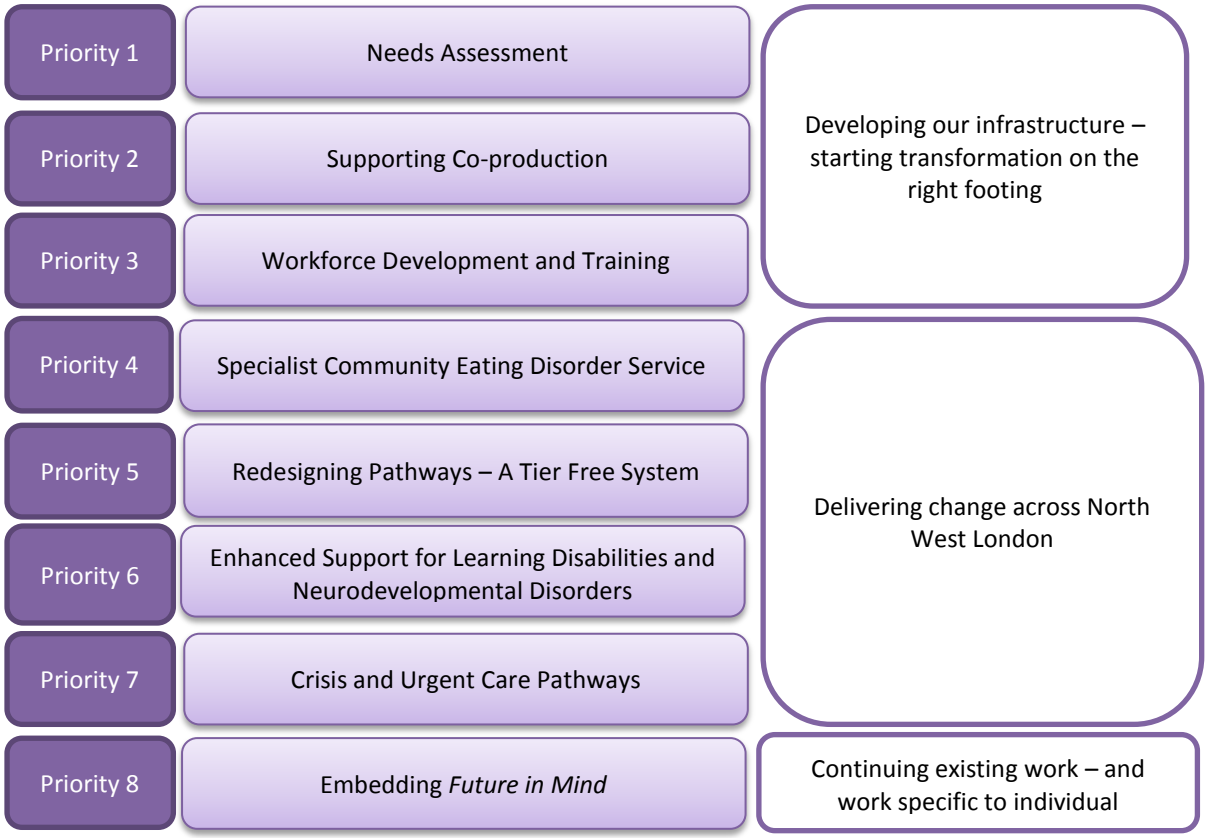
Across NWL we undertake Equalities Impact Assessments when we undertake large change programmes. At this stage in the programme we have completed the screening phase of this process which provides a structure to address firstly who our changes will impact and any gaps in our plans, and secondly how we have worked with a representative community to develop our plans (as outlined above). Our screening assessment reflects the needs of certain groups, but also highlights that some of the real challenges are hidden within our available data; bulimia prevalence in Brent, the increased migrant population in Hounslow and challenges specific to deprivation across all our boroughs. We recognise that our boroughs have specific groups of young people who are more vulnerable to mental health concerns, including young offenders and looked after children. Our plan outlines how our universal services respond to the specific needs of vulnerable groups in our approach to workforce development in priority 3 and in local initiatives in priority 8.

8.0 Our common priorities across NWL

Through a process of understanding specific local needs and shared priorities we identified considerable overlap in the areas we want to develop.

A core principle has been to always ensure that within a single overall plan we recognise and build on specific local needs and differences in current service provision – across both health and social care.

Our priority areas reflect both some short term immediate areas of impact – and a commitment to an ambitious programme of transformation change. It needs to be noted that the detailed plans for year on year spend will be formulated over the coming months. These can be supplied at a later date once the development phase is complete.



8.1 Priority One: Needs Assessment

Needs Assessment to update understanding of the populations we serve.

8.1.1 Why we have chosen this area

All boroughs currently undertake some analysis of Children and Young People's Mental Health requirements each year, but this priority is dedicated to reviewing the data for Children and Young People's Mental Health trends over time and gaps in commissioning of services. The current prevalence, need, services and interdependencies will be mapped out in detail, by either working with Public Health colleagues to refresh existing JSNAs, or commissioning new analysis of local need and provision. We will ensure that the needs of emerging vulnerable groups such as refugees and asylum seekers are addressed in this assessment process. This will enable the individual CCGs and boroughs to further develop and refine service requirements for years Two to Five (2016-2020).

8.1.2 The Ambition

The development of needs assessments that concentrate wholly on Children and Young People's Mental Health needs.

8.1.3 Realising the Ambition

We can underpin effective commissioning of both health and other non-health services, including those from education, children's services and public health, with robust data. This will enable us to map need, commission more effectively and monitor outcomes and impact.

Working as a collaboration of 8 CCGs and LAs, we can share learning on what approaches to needs analysis have worked best for the complex landscape of children's services, we can commission support on a larger scale across several boroughs, we can take a more strategic view of services that cover several boroughs, and we will develop a clearer NWL picture that will support collaborative delivery of our transformation plans.

8.1.4 Key Milestones

2015/16	2016/17	2017/18	2018/19	2019/20
Needs assessments completed	Updates made to needs assessment as new data sources are published.			

8.1.5 What we will achieve

- Pooling our assessment information across North West London to show patterns of need across a larger population, helping to identify opportunities to align a pan-borough response to common issues (such as suicide prevention);
- Identification of joined up services, and gaps in joint working where collaborative commissioning approaches between CCGs, local authorities and other partners can enable all areas to accelerate service transformation;
- Identification of the skill mix required to address lower level support as part of a preventative programme of support, and identification of services providing prevention and wellbeing services;
- Assurance that all commissioned treatment is evidence based;

- Development of further understanding of the requirements of transitional services.

8.1.6 Funding

	2015/16	2016/17	2017/18	2018/19	2019/20
Central	£25,000	£0	£0	£0	£0
West	£25,000	£0	£0	£0	£0
H&F	£25,000	£0	£0	£0	£0
Ealing	£25,000	£0	£0	£0	£0
Hounslow	£25,000	£0	£0	£0	£0
Hillingdon	£0	£0	£0	£0	£0
Harrow	£0	£0	£0	£0	£0
Brent	£36,000	£0	£0	£0	£0

8.1.7 Localising Joint Priorities

Brent recognises a number of key local priorities (child sexual exploitation, Female Genital Mutilation, and gangs) that warrant further analysis, and will undertake a comprehensive asset based needs assessment[21] to build on existing strengths and social capital within the borough, consider the whole system of children's mental health and wellbeing, and identify opportunities to promote good mental health. In addition Brent, in partnership with other CCGs and acute providers, will seek to improve identification of self-harm incidents[22] using a statistical model that draws on the existing Clinical Record Interactive Search system for electronic health records used in A&E departments (linked to Hospital Episode Statistics, HES). This approach has been shown to more than double the number of self-harm incidents that could be identified. This is still likely to be a four-fold under estimate of the level of self-harm, as not all cases are seen by A&E. However, this will give more insight into areas where self-harm and suicide prevention work could be targeted most effectively.

A **Harrow** Mental Health Needs Assessment was completed in 2014 along with an updated JSNA. Harrow CCG will work with Harrow Public Health colleagues to refresh this data in 2015/16 and in the following years will update and revise the JSNA in line with the CAMHS Transformation.

Hillingdon have recently completed new CAMHS specific JSNAs.

The **Ealing, Central London, Hammersmith and Fulham, Hounslow and West London** are committed to investing in a collective resource to conduct a comprehensive needs assessment, following the examples of Brent, Hillingdon and Harrow to ensure any work enables comparison across the 8 CCGs. The added value of work across North West London as part of the Like Minded strategy will be to pool intelligence generated and inform strategic commissioning plans for the remaining years of this Transformation Plan.

All CCGs will also work with local Public Health teams to update the assessments if and when new data is available throughout the 5 year period.

[21] Foot, J., & Hopkins, T. (2010). A glass half-full: how an asset approach can improve community health and well-being. Local Government Improvement and Development, 32.

[22] following the work of Polling, C., Tulloch, a., Banerjee, S., Cross, S., Dutta, R., Wood, D. M., Dargan, P., Hotopf, M. (2015). Using routine clinical and administrative data to produce a dataset of attendances at Emergency Departments following self-harm. **BMC Emergency Medicine**, 15(1), 15.

8.2 Priority Two: Supporting Co-production

Supporting service users, carers and family members to engage with and co-produce support services.

8.2.1 Why we have chosen this area

The importance of co-production is widely recognised across the full range of public services, not just social care and health in NWL. This demonstrates the widespread acknowledgement that each individual has a vital role to play in achieving positive outcomes from public services; especially mental health services.

Emerging outputs of the National Mental Health Taskforce demonstrate the benefits of fully engaging with our population to develop services – as well as supporting on-going monitoring of quality and experience.

We have worked with stakeholder, including children, young people, parents, clinicians, teachers, and youth services to develop this transformation plan. This has ensured that our plans reflect what our service users and key partners want. Now we need to ensure that all the work we take forward continues to reflect their views and opinions.

Implementing co-produced service redesign is challenging and complex. It involves looking at every aspect of how an organisation works from a wide variety of perspectives. This approach enables the views from a wide range of sources including managers, practitioners, people who use services and carers to shape and develop mental health services that are accessible and achieve the outcomes that stakeholders have identified as important.

8.2.2 Our Ambition

Our ambition is to develop a mental health support offer for NWL that has been designed by the children, young people, and parents who will use it and reflects the opinions of the clinicians and professionals who will work within it. Each borough will also aim to have at least one young persons' Mental Health representative at relevant NWL meetings to ensure co-production is embed in on-going service evaluations and future commissioning. We will consider how best to do this for children of different ages. We will seek advice and specialist input into the most effective approaches to engaging all our stakeholder groups, especially our vulnerable groups including young offenders, looked after children, and care leavers.

8.2.3 Realising our Ambition

Across the 8 boroughs, we propose to fund local organisations (to be agreed) with particular relevance to local needs, and needs of specific under-served groups, to support young people, parents, and other key stakeholders to be involved in co-production. Although we have had good engagement for the purposes of developing this plan, we recognise that we have not at the moment got a systematic, on-going way for co-producing with parents for example. We would aim to develop this further by reviewing co-production for different groups, learning from the work done in other boroughs across NWL and sharing our learning on the engagement approaches that work best for different groups of children, young people, and parents. This funding will enable us to work with local organisations to ensure that this becomes sustainable and that their input is embedded into our mental health work across the 8 CCGs.

We will build on the current approach in Hammersmith and Fulham with Rethink – training and supporting young people cross NWL to engage in all children and young people's (CYP) development projects. This will include a youth-led conference on Young People's Mental Health to be held in 2016.

We will also build on the good work of our two current Mental Health Trusts in developing and supporting young people who will engage with their peers and input into our transformation work. Working as a collaborative of CCGs, we will share the learning from each area to understand which co-production approach works best with our local communities, and will work jointly with our shared service providers to deliver co-production, where appropriate, on a large scale to reduce duplication.

8.2.4 Key Milestones

This priority area will be taken forward with a single approach across NWL – but recognising where local differences warrant a different local implementation plan.

2015/16	2016/17	2017/18	2018/19	2019/20
Scope potential support partners + procure	Continue funding + Evaluate	Continue funding		Continue funding + Evaluate

8.2.5 What we will achieve

- Children, young people and parents are engaged with the development of new pathways and services.
- Co-design arrangements are understood and used effectively by all stakeholders.
- Children, young people, parents, and professionals know about support options for children and young people's mental health needs, know how to access them, and feel confident and comfortable in seeking support when it is needed.
- Children, young people and parents report improved experience in using mental health support services.

8.2.6 Funding

The funding outlined below reflects different local approaches to delivering our shared objective.

	2015/16	2016/17	2017/18	2018/19	2019/20
Central	£14,175	£27,175	£27,175	£27,175	£27,175
West	£24,913	£34,913	£34,913	£34,913	£34,913
H&F	£28,000	£28,000	£32,000	£32,000	£32,000
Ealing	£40,000	£40,000	£34,514	£34,514	£34,514
Hounslow	£10,000	£35,000	£35,000	£35,000	£35,000
Hillingdon	£25,000	£25,000	£25,000	£25,000	£25,000
Harrow	£20,000	£10,000	£10,000	£10,000	£10,000
Brent	£32,000	£12,000	£12,000	£12,000	£12,000

8.2.7 Localising Joint Priorities

All NWL CCGs are committed to investing in co-production of children and young people's mental health support services, working with service users, parents, carers, and colleagues in the CCGs and local authorities. Where individual CCG plans have been further developed, these are outlined below.

Brent will follow its new public and patient engagement strategy to invest £32,000 in the remainder of year one in improving its multi-agency systems for insight, outreach and communication to children and parents in different segments of its large and very diverse population, and will invest £12,000 annually to sustain engagement and co-production specifically to support the voice of the child in Brent through a combination of in-borough work (involving outreach supported by Brent Council for Voluntary Services), and NWL-wide initiatives.

Ealing will invest funding for improving communication with the public utilising young people friendly communication processes and focussing on mental health promotion, information about services and conditions and peer support.

Hammersmith and Fulham, Central London and **West London** will also undertake co-production work incorporating peer support pilots, transformation champions, training, co-production in commissioning and service redesign, and personal budget pilots for young people's mental health. A Young People's Emotional Wellbeing Conference is also planned to focus on co-produced service redesign. Investment is identified for development of new technology, including apps and online advice.

Harrow CCG will invest funding for improving communication with the public utilising young people friendly communication processes and focussing on mental health promotion, information about services and conditions and peer support.

In **Hillingdon** this will involve working with local organisations to support co-production in the design of children and young people's mental health pathways. All carers will be offered a carer's assessment.

In **Hounslow**, some of this resource will be invested in Hounslow CAMHS to support the Young People's Panel and the exciting projects already underway (such as the LGBTQ group) by providing staff backfill and a budget for resources, and some will be used to commission co-production support from an independent organisation such as Rethink or Young Minds, informed by the positive work recently completed by Rethink in Hammersmith & Fulham.

8.3 Priority Three: Workforce Development and Training

Developing training and support for parents and all professionals in contact with children and young people to identify and respond to mental health needs.

8.3.1 Why we have chosen this area

In developing this plan and working with local young people, CAMHS teams, GPs and schools, the common theme we heard was that there is a need for development – in the broadest sense. This includes non-specialist training to support greater awareness of mental illness, and the ways to identify and support early signs. It also spans more specialist needs for particular teams – for example following the development of the Community Eating Disorder Service ensuring that all members of CAMHS teams have the required competence to support eating disorders within lower tier services.

We also know from work with our public health colleagues that the evidence base for investment in certain development activities is strong. Below we demonstrate the life time savings – which are of particular importance as we strive to influence the whole life outcomes of our young people, and the current impact of mental ill-health on all aspects of our communities.

Intervention	Total return for every £1 spent[23]	Savings to public sector (excluding NHS)	Saving to non-public sector[24]	Saving to NHS
School based social and emotional learning programmes	£84	£17.02	£57.29	£9.42
GP training for suicide prevention	£44	£0.05	£43.88	£0.08

Recent research carried out by Amplify (the Children's Commissioner's young people's advisory group) highlighted that although most young people seek support from their friends for mental health worries, other common sources of support are parents (43.7%), mental health professionals (40.9%), teachers (20.2%) and school nurses (18.1%)[25]. Teachers and staff in the voluntary sector tell us that they often lack confidence in broaching the subject of mental health and emotional difficulties partly due to stigma and partly due to lack of expertise and support.

The Department of Education has recently issued guidance (*Counselling in schools: A blueprint for the future)*[26] for the appointment of counsellors in schools highlighting the importance of teaching coping skills for those with sub-clinical emotional health and wellbeing issues and increased effectiveness of a whole school approach. In our schools

[23] Rounded to nearest pound

[24] E.g. voluntary sector, victim and crime costs not attributable to public sector, workforce productivity

[25] Children's Commissioner (2015). *Everyone has a mental health: A project looking at what young people want if they, or someone they know, have a mental health need or worry.* Accessed at http://www.childrenscommissioner.gov.uk/sites/default/files/publications/amplify-mental-health-report.pdf.

[26] Department for Education (2015). *Counselling in schools: A blueprint for the future.* Accessed at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416326/Counselling_in_schools_-240315.pdf.

locally there are great examples of close working with specialist teams – there are also gaps and challenges as the workload on teachers can be challenging.

Our two local Mental Health Trusts have recently worked closely with their service user groups to redesign their websites and the information available; there is however no comprehensive communication strategy in NWL around how to access CAMHS, or information on mental health for children more generally.

Health Education NWL (HENWL) is also very involved in considering, planning, and delivering health service training in a number of areas related to CAMHS, including GP leadership programmes. HENWL support our proposals and will be a key player in the delivery of this work stream. Also in NWL, the Imperial College Health Partners Academic Health Science Network will be involved in monitoring and evaluating the impact of different training approaches. There is much interest in developing a local offer that can meet the needs of professionals who work with young people, and parents, to improve mental health outcomes.

8.3.2 Our Ambition

Our ambition is that we have a workforce (directly engaged in CAMHS, but also all those who have contact with children and young people) who are confident to identify and support mental illness, who have the right level of specialist training, and who know how to access more support when needed. We are committed to supporting a step change in the way services are delivered for children and young people by supporting our workforce to work differently, using their specialist knowledge and skills in more joined-up ways. We also aim to provide training and support for parents in identifying and responding to signs or symptoms of mental distress in their children and their peers.

We also see huge opportunities for peer support work to empower young people but we know this is only safe and effective when peer support workers have the right training and support – we will ensure this is embedded in any new service models. By investing in training and development of young people, professionals and parents, we can support achievement of all the ambitions within this transformation plan.

8.3.3 Realising the Ambition

As a first step we will ensure that we have a better understanding of the skills gap across the workforce. Our Mental Health Trusts currently undertake training needs analysis however we recognise that to deliver transformational change for children and families we need to work across the whole system of health, education and social care – and fully engage the voluntary sector.

A review of the current skills, training and development programmes that are available to multiple partners and stakeholders will take place over the remainder of this financial year. A project manager will be employed to oversee the development of this work. The training programme will address professional competencies relevant to health providers and all 8 CCGs, as well as the wider range of social care and education agencies that have contact with children and their parents. Where appropriate, professional bodies and Royal Colleges will be involved to advise and support professional development. Parents will also be consulted, as part of our co-production plans, on the education and support that could be beneficial in identifying and responding to mental health concerns in children and young people.

Available training packages and approaches will be reviewed, drawing on the existing evidence base for mental health training in CAMHS including local examples from neighbouring London boroughs such as the CYP IAPT wave 4 training delivered in Brent and Harrow. Training and development programmes (for workforce and for parents) will be then be agreed and commissioned and will be available from 1st April 2016.

Working together as 8 CCGs allows us to join resources to fund joint needs assessments and project management resource for this element of our plan. However, we remain cognisant of the fact that different boroughs have different needs, so we will develop a framework that local providers can draw down on. Where different boroughs do adopt different approaches to address local needs, the experiences can be shared across NWL, and the potential costs and benefits understood.

The resulting packages of workforce development are likely to have multiple elements including, but not limited to:

- how to recognise signs of children and young people requiring mental health and well-being support, what services are available and how to access them, different referral and acceptance criteria
- how to cope and support children/young people who have challenging behaviour
- first line interventions and/or support for Children and Young People whilst referrals are in process
- peer support roles
- specialist mental health training

For parents, this package will address:

- how to recognise signs of children and young people requiring mental health and well-being support, what services are available and how to access them, different referral and acceptance criteria
- how to cope and support children/young people who have challenging behaviour
- how and where to access parenting support programmes

These training packages will be available to all professionals who work with young people in NWL, as well as parents. We will specifically reach out to the following audiences:

- School staff
- Children's Centre staff
- Social care staff
- Youth services staff
- Parents/carers
- GPs
- Allied Health Professionals including school nurses and health visitors
- Agency leaders – CCG MDs, Cllrs, SC Directors
- Voluntary sector

A key element of the training packages will be the delivery of a "train the trainer" component to ensure that the local NWL workforce can continue to train their colleagues and peers in how to recognise and respond to mental health needs. This will ensure sustainability of this workforce development.

As the training needs analysis is completed, this plan may be amended to incorporate learning from this analysis.

8.3.4 Key Milestones

We propose developing a single training and development framework across NWL - where different boroughs will then be able to draw down on a range of development activities for different roles within the overall pathway.

2015/16	2016/17	2017/18	2018/19	2019/20
Scope available providers – working with HEE/ HENWL, professional bodies, and procure providers	Deliver T&D	Deliver T&D and Evaluate	Deliver T&D	

8.3.5 What we will achieve

- Development of a training and development programme that is accessed by multiple partners, stakeholders and parents;
- A demonstrable improvement in stakeholders knowledge and confidence in accessing CAMHS.
- Application of a common 'train-the-trainer' approach across NWL to create the critical mass of CAMHS expertise in frontline teams to sustain future training.

8.3.6 Funding

	2015/16	2016/17	2017/18	2018/19	2019/20
Central	£30,000	£30,000	£30,000	£30,000	£30,000
West	£30,000	£35,000	£35,000	£35,000	£35,000
H&F	£30,000	£35,000	£35,000	£35,000	£35,000
Ealing	£88,200	£40,000	£40,000	£40,000	£40,000
Hounslow	£95,000	£0	£0	£0	£0
Hillingdon	£30,000	£10,000	£10,000	£10,000	£10,000
Harrow	£20,000	£4,840	£4,840	£4,840	£4,840
Brent	£41,000	£33,000	£33,000	£33,000	£33,000

8.3.7 Localising Joint Priorities

All boroughs will invest in a training needs analysis and project resource in 2015/16 to identify the demand, available options, and develop a NWL framework. Each borough may then take a localised approach to delivering training. The description below highlights any further specific needs that boroughs have identified at this stage.

Brent recognises the need for multi-systemic training to address the multi-systemic nature of problems for many vulnerable young people involved in gangs and other complex situations that limit their use of mainstream services. The CCG will arrange training (such as AMBIT) to improve inter-agency network effectiveness and evidence-based practice. Refresher training in future years will be a combination of in-house and bought in sessions. Future years training will also address local priorities that have been identified. It is anticipated that competencies for the managing post-traumatic stress disorder associated with human trafficking, Female Genital Mutilation, and asylum seeking will be a key area.

Multi-systemic training to deal with the complex needs of younger children and families, particularly when fostering or adopting a child with emotional or mental health issues, is also an area of development, and Brent will work with multi-agency partners to use the training (such as the Solihull Approach) to train-the-trainer. In 2016/17, Brent will consider the findings of work on deliberate self-harm identified in A&E (in Priority One) to consider the particular training needs of A&E staff, as their perceived willingness to help is a known factor influencing whether young people go on to seek further help.

In parallel, Brent CCG will be submitting a bid to Health Education North West London to develop a skills escalator to encourage volunteering to lead to work in voluntary organisations.

Ealing are investing in training for the social care and SAFE skills mix children's workforce. This training is commissioned from SLAM/Anna Freud centre and will train 80 members of the skills mix teams in children's emotional health and wellbeing and engagement skills and techniques. In the following years, training resource will be used for the wider children's workforce.

Hammersmith and Fulham, Central London and West London have allocated funding for 12 events, including clinical backfill to encourage attendance, and training will also cover Dialectical Behaviour Therapy skills. The package will build on the work of the NHSE and H&F CCG CAMHS schools link project.

For **Harrow**, this will be a localised priority with Harrow LA, PH, VCS and providers, with the possibility to buy-in from cross borough training offer. Locally they will plan to develop and deliver training and support for parents and all professionals in contact with children and young people to identify and respond to mental health needs.

For **Hillingdon**, this will involve undertaking a training needs analysis to inform a plan to develop and deliver training and support for parents and all professionals in contact with children and young people to identify and respond to mental health needs.

Hounslow will procure a programme of training informed by the needs analysis in year one, with training to be delivered across the local workforce in subsequent years.

8.4 Priority Four: Community Eating Disorders (ED) Service

Specialist Community ED service for children and young people

8.4.1 Why we have chosen this area

- There is limited access to services for people with eating disorders across NWL.
- There is currently variable provision of lower intensity specialist Eating Disorders services for residents.
- Well-regarded specialist multidisciplinary tertiary and inpatient services are funded for residents at various locations; however, the distance by public transport makes the service inaccessible for many and somewhat impractical for the provision of outpatient treatments.

The new national specification demonstrates the journey NWL must complete to deliver a best practice service, despite some good local work.

Initial analysis suggests:

- Lack of a community ED services in most area
- Inconsistent input from Paediatricians
- Lack of capacity for work with atypical eating disorders, which are one of the most common presentations in young people;
- Lack of capacity to provide cognitive behavioural therapy and family interventions, both are which are indicated by NICE as effective interventions;
- Limited capacity for input from dieticians;
- Provision on weekdays only

8.4.2 Our Ambition

We want to provide the right pathway for children, young people and their families – based on need, provided locally and with the right escalation for those children who need it. As with all our CYP services, ensuring a safe transfer from into suitable adult services will be an important part of this pathway.

We want to have consistent standards and outcomes for our population - against the measures in the recent guidance, but also using patient reported measures.

Access is critical and a core part of our new model will be ensuring that the wider system knows about the availability of support – for all levels of need – and that services are available at times and locations that work for the children, young people, and parents who need them.

8.4.3 Realising our Ambition

At present children and young people with eating disorders are seen within the CAMHS service. A new, separate eating disorders service will be developed that will have care pathway provision and seamless referral routes to ensure quick, easy access to and from the current CAMHS service providers, and from referrers outside of CAMHS. This service will be developing to reflect the new national specification for eating disorder services,

offering a 7 day service for young people aged 18 or under who have a suspected or confirmed eating disorder diagnosis of:

- anorexia nervosa,
- bulimia nervosa,
- binge eating disorder,
- atypical anorexic and bulimic eating disorder

The proposed model will include:

- Family interventions to be a core component of treatment required for eating disorders in children and young people.
- CBT and enhanced CBT (CBT-E) in the treatment of anorexia nervosa, bulimia nervosa and related adolescent presentations.

In order to commence this much-needed service quickly we will work with our current providers, CNWL and WLMHT, to commence service provision in 2015/16. As a NWL collaborative, we are developing a tender waiver to share across our CCGs that will specify the need to mobilise services this year, and our intention to market test this service in 2016/17. We will also work with our current providers to develop specialisms of team members who work full time in ED within the current CAMHS service, so that patients can be seen within the current model in addition to the specialist service.

Whilst our work in 2015/16 will continue to refine the pathway with our two local NHS providers, we have developed an outline plan for our full service from 2016/17 that will include the following:

- Rapid, single point of low-threshold access to community eating disorder services.
- Comprehensive assessment and care planning for people with suspected / confirmed eating disorders guide in line with the providers.
- Evidence-based treatments for people with anorexia nervosa, bulimia nervosa and binge eating disorder who can be treated safely and effectively close to home and without recourse to the specialist multidisciplinary team.
- Advice, information and sign-posting to people with eating problems who do not wish to access treatment services (or who are not eligible for treatment under the current funding arrangements).
- Specialist consultancy to GPs whether or not the service is able to offer treatment.
- Seamless onward referral to treatment services for people whose needs cannot be met within a primary care-based service (e.g. those at higher risk or requiring multi-disciplinary treatment and care).
- The service will be administered from a central point with clinical delivery dispersed to possibly satellite clinics based in Primary Care / GP Surgeries.
- Appointments will be available at each of the satellite clinics on a weekly basis and provide both assessment and treatment services.
- Close partnership with GPs to ensure comprehensive physical and psychological care.
- Services will operate using a shared care model: physical health will be managed by the client's GP (with support and guidance from NPCEDS); psychological care will be managed by eating disorder service.
- There will be a focus on comprehensive, specialist assessment and early intervention.
- Referrals to crisis services and specialist multidisciplinary eating disorder services will be constrained.

- The assessment process will determine whether the client's needs and preferences are best provided for within the eating disorder service or by onwards transfer to the specialist MDT.
- The service will be compliant with NICE Guidance (CG9).
- The service will employ a stepped care model informed by the client's readiness to engage in treatment and provide interventions based on motivational state, need, clinical severity and prior treatment outcomes.
- Cognitive behavioural therapy and other evidence based treatment will be offered.
- Appointments will be proactively managed to reduce waiting times, enhance attendance, and maximise delivery.
- Clinical measurement tools will be used strategically at key points to assess outcomes, processes and client satisfaction.
- The service will liaise effectively with other providers and partners to ensure joined-up care.
- The service will develop a recruitment and retention strategy and robust training plans.

In developing our model, we will consider the research into ED services and consult with other London services, including the Royal Free, to understand their models and key enablers. We will also use our co-production resources identified in Priority Two to ensure that the community eating disorder model for 2016/17 reflects the needs and preferences of our local young people and parents.

We will evaluate the new service against a range of performance indicators, including patient experience and demonstrated ability to free up capacity within the core CAMHS service to support urgent access and self-harm. Whilst we will have a consistent agreement on outcomes and standards across NW London, there is likely to be some local variation within the service in response to specific local needs. For example, Brent recognises that it has a large 10-29 year old population (the highest risk group for eating disorders), and that while eating disorders have an associated high risk of mortality they are often unrecognised and under diagnosed. Engagement and co-design with young people and frontline professionals in Brent would follow the principles outlined in Priority Two, and would be supported by staff training, and awareness raising, including GP refresher training.

8.4.4 Key Milestones

We propose a joint NWL approach to delivering services in 2015/16, using dedicated project management aligned to our two existing NHS providers. This will allow for timely mobilisation and avoidance of duplication across a range of providers over the 8 NWL boroughs. Utilising existing providers also allows us to keep a local focus, using the current local expertise to inform the new service. In 2015/16 we will further develop our plans and approach for the remaining four years, using co-production to develop a service model and reviewing our procurement options.

2015/16	2016/17	2017/18	2018/19	2019/20
Review of the current services and pathways. Commence recruitment and delivery of new service	Market testing. Procurement and mobilisation (if required). On-going phased implementation.	Evaluation and service development	Evaluation and service development	Evaluation and service development

8.4.5 What we will achieve

- Develop a clear care pathway for eating disorders – agreed with key stakeholders
- Improve access to services at the earliest point for ED
- Improve the referral to treatment time for this service
- Improve the treatment to discharge time by providing care closer to home and right time, right offer, right place
- Offer a choice of treatment options which the child/young person will want to access
- Improve the support to parents/carers

8.4.6 Funding

	2015/16	2016/17	2017/18	2018/19	2019/20
Central	£91,557	£91,557	£91,557	£91,557	£91,557
West	£116,621	£116,621	£116,621	£116,621	£116,621
H&F	£100,744	£100,744	£100,744	£100,744	£100,744
Ealing	£211,543	£211,543	£211,543	£211,543	£211,543
Hounslow	£152,983	£152,983	£152,983	£152,983	£152,983
Hillingdon	£149,760	£149,760	£149,760	£149,760	£149,760
Harrow	£121,785	£121,785	£121,785	£121,785	£121,785
Brent	£163,584	£163,584	£163,584	£163,584	£163,584

8.4.7 Localising Joint Priorities

Ealing, Hounslow and Hammersmith & Fulham are working together to commission the new model from WLMHT. In year one, each CCG will contribute £15,000 for project resource and a further £10,000 to backfill clinical input into the service design. The remaining budget will be used for staffing, training, publicity and other costs related to the new model. In the following years, the annual allocation will be used for running the new service. In years two to five, the whole of the allocation for eating disorders will be invested in the local service. Managers at WLMHT have already completed preliminary work on the design, and skills mix and cost of the service utilising the skills and expertise of existing staff currently working on eating disorders. The commissioners will adapt the national specification and the CCG mental health contract manager is working on the contract variation with WLMHT. The three CCGs, working with WLMHT and the three relevant Local Authorities, have set up a local Transformation Implementation Board which has met three times to date and for which the implementation of the community eating disorder service will be a key early deliverable.

Brent CCG, Central London CCG, Harrow CCG, Hillingdon CCG and West London CCG will work with CNWL in a similar way as outlined above. An initial planning meeting has taken place, and Harrow CCG (as contract lead) will consider the experience of Ealing in working with WLMHT in developing CNWL implementation plans. CNWL are working to have a service operational within 2015/16. Market engagement will take place during 2016/17 to further develop and co-design the model with local people.

8.5 Priority Five: Redesigning pathways – a tier free system

8.5.1 Why we have chosen this area

The single greatest cause of concern amongst our young people and the professionals they interact with is about the barriers between different parts of the system – the unnecessary hurdles to get to the support needed and the lack of a clear understanding about what is available, and where.

In recent years we have sought to augment the current system; we have schools commissioning a wide variety of counselling and other support; local authorities funding on a non-recurrent basis different 'add-ons' to address particular needs; and health services seeking to improve – both face to face care and also the data we have available.

What Future in Mind tells us, is that this tinkering is not going to be enough – rather we need to start a fresh with an approach which is meaningful for children and young people.

8.5.2 The Ambition

In this significant piece of work we will seek to address the following:

- How can we keep prevention and reduction of risks factors at the core of our approach?
- How do adult services need to work differently to get transition right?
- Is the age that we transition young people right? Could we extend the age of young people's service to 25 years?
- What does 'no-wrong door' really mean – and how can the whole of the community respond to needs?
- Do we need a single point of access for CAMHS – or children's services more broadly?
- How do we work differently with critical partners in schools and primary care?
- Access is critical – what opportunities do digital solutions provide?
- When we think about children's needs we have to address the parental and family needs – how can this be reflected?
- Do current funding approaches help or hinder joined up working?
- When our children need inpatient care how can we make this a more integrated part of the joined up pathway?

Ultimately we want children and young people to report a substantially better experience of their mental health care and support. And more boldly we want to shift where we prioritise funding to invest in early interventions and prevention, where we know we can most impact on the whole life experience of our population as a whole and individual children and their families.

8.5.3 Realising the Ambition

We will take a Whole Systems approach to CAMHS and connected services – meaning we need to think differently about how we commission across education, social care and health. Importantly we will also think about the wider context and impact on children, young people and their families – access to leisure services and parental mental health for example.

We will move away from tiered services to services that meet the needs of the child/young person and the family. To do this we will need to address particular pinch points - as well as building a new overall model without tiers. Broadly, our proposed model will include:

- A Single Point of Access (SPA) across each CCG area or where there is a common provider across several CCG areas, a central SPA
- Referral, assessment, treatment, discharge that is evidence based
- School based work – both to develop emotional wellbeing and resilience and to identify and support young people with mental health needs
- Maintenance – it is crucial to include continued maintenance even after discharge to prevent a young person being re-referred into a CAMHS service

The redesigned service will seek to address existing quality and capacity concerns regarding access and **transition**. Providing for a seamless provision a young person is more likely to remain engaged in the service, which will enable them to participate further in education, training or employment.

We will launch a phased approach for the **Single Point of Access** from 1st April 2016, within each of our two providers and across 8 boroughs and will look to triage referrals quickly, efficiently and also ensure that patients receive a service that is right first time. We will work with our providers to ensure seamless transfer of referrers between adults and children's services as a fundamental element of this SPA.

More importantly there will be '**no wrong front door',** with clear pathways between services and an ethos of working together to meet the needs of children and young people, particularly during transition to adult services.

We will continue the roll out of **CYP IAPT** services across NWL through the collaborative (including CNWL and WLMHT), ensuring that all young people have equitable access to this support. We will ensure that our pathways and referral routes incorporate all CYP IAPT providers. All assessment and treatment options will be evidence based, and delivered by a trained and competent workforce who specialise in working with children and young people.

We can intervene earlier to **prevent the development** of more serious or chronic mental health problems by working with families in partnership with a wide range of universal services, including across schools, children's centres, youth services, GP surgeries and VCSOs. We will also link up with the work underway on early years/early help initiatives commissioned by our NWL local authorities. Alongside this, children and young people with a higher level of need, including looked after children, should be provided with immediate access to specialist services.

Young people who do not meet the threshold for adult mental health services may be best **supported by primary care,** other agencies such as Youth Counselling services, or may be discharged with a clear plan which tells them and their families what to do if they become unwell. Currently, many receive no such plan and are left to re-contact primary care services if further advice, treatment or care is required.
Based on our planning to date, we expect our new model to include:

- **Clear navigation** and pathway referrals with simple access to the appropriate service;
- **No duplication** of services or gaps between services;

- **Common pathways and standards** across all services to reduce variation in quality of services;
- Service providers **working together** effectively in support of individual needs whilst continuing to recognise the statutory duties of each organisation and ensuring that these are met;
- More people **avoiding unnecessary hospital admissions** by being supported in the community and those that do go into hospital are supported to return home quickly following admission;
- Adequate staffing to support a **flexible engagement** and appointment approach to young people (extended evenings and Saturday mornings);
- A strong and well defined **school service** out reaching into local schools and colleges with the flexibility to integrate with local authority 'early help' services, which may be based within Education;
- **Increased clinical capacity** to respond to young people with complex and life threatening conditions e.g. clinical capacity to locally deliver dialectical behaviour therapy;
- Support for **new roles** within the Young People's Community Mental Health Service;
- Strengthening the prevention and early intervention support available to young people by in collaboration with Local Authorities and Public Health, commissioning the **Voluntary Sector** to provide easy access services aimed at providing emotional support to young people, but with clear and active links to the Community Mental Health Service, should young require additional expertise.

8.5.4 Key Milestones

The proposed outcomes of this work stream will require significant lead time to deliver – whilst some aspects of the pathway can be transformed more quickly.

Within 2015/16 we propose commencing some elements of a new model but committing time and resource – especially clinical backfill and support - to developing the right foundation and looking at different options for a radically different model of CAMHS.

2015/16	2016/17	2017/18	2018/19	2019/20
Commence SPAs Develop Whole Systems approach to CAMHS	Implement increased capacity to underpin future change	Agree ways of working across NHSE for Tier 4 integration		

8.5.5 What we will achieve

- Clear navigation and simple access to the appropriate service;
- No duplication of services or gaps between services;
- Service providers working together in different ways in support of individual needs
- A range of preventative initiatives that promote resilience and actively target people at risk of ill health and reduce the disease burden;
- A wide range of primary care, intermediate and rehabilitation services leading up to hospital care.
- More people avoiding an unnecessary hospital admission and being supported to return home quickly following admission

8.5.6 Funding

	2015/16	2016/17	2017/18	2018/19	2019/20
Central	£60,000	£60,000	£60,000	£60,000	£60,000
West	£88,000	£88,000	£88,000	£88,000	£88,000
H&F	£56,000	£56,000	£56,000	£56,000	£56,000
Ealing	£150,000	£105,000	£120,000	£120,000	£120,000
Hounslow	£127,930	£142,930	£142,930	£142,930	£142,930
Hillingdon	£120,000	£140,000	£140,000	£140,000	£140,000
Harrow	£170,000	£270,000	£270,000	£270,000	£270,000
Brent	£154,468	£106,000	£106,000	£106,000	£106,000

8.5.7 Localising Joint Priorities

Working as a NWL collaborative, we will map the current pathways across our 8 boroughs, and will work collaboratively with our two mental health trusts to quickly implement some access initiatives in 2015/16 – beginning with a single point of access for mental health services and reductions in waiting times through increased funding for staffing. It is out aim that by April 2016, no NW London child or young person will have to wait longer than 1 week for an urgent assessment and 4 weeks for a routine assessment.

In **Brent** local providers will hold complex case meetings to share learning and agree protocols for collaborative working. Brent also recognises a need to improve targeted services from 2016/17 onwards supporting schools and youth groups, ideally through the voluntary sector who can build on the social capital identified in the asset based assessment (Priority One). By joint/aligned health and social care commissioning, and reviewing existing investments, mental health advice can be provided to communities and schools and teachers. Brief clinical input can help children cope with mental illness, and reduce the risk of exclusion related to mental health, emotional and behavioural problems. Helping schools improve the pastoral care they offer can reduce the risk of relapse, and support improved wellbeing across the school. The model will be developed with schools and young people (Priority Two) and draw on the experiences of other services supporting schools in NWL.

In the context of wider CAMHS system changes, the skill mix of the existing Brent CAMHS team will be reviewed, with consideration of ways to have greater diversity of clinical approaches and professional backgrounds. Where specialist skills are required, there would be consideration of the critical mass across neighbouring CCGs. In addition funding will be allocated for CAMHS waiting list reduction and associated caseload throughput in 2015/16, with particular attention on children looked after by the Local Authority. This will facilitate pathway redesign in 2016/17 onwards.

Joint/aligned health and social care commissioning will be essential for specialist pathways for post-traumatic stress disorder associated with abuse (particularly that associated with Child Sexual Exploitation[27], Female Genital Mutilation[28], and the emotional trauma of seeking asylum).

[27] Hossain, M., Zimmerman, C., Abas, M., Light, M., & Watts, C. (2010). The Relationship of Trauma to Mental Disorders Among Trafficked and Sexually Exploited Girls and Women. *American Journal of Public Health*, **100**(12), 2442–2449.

[28] Mulongo, P., Hollins Martin, C., & McAndrew, S. (2014). The psychological impact of Female Genital Mutilation/Cutting (FGM/C) on girls/women's mental health: a narrative literature review. *Journal of Reproductive & Infant Psychology*, **32**(5), 469–85.

Brent will draw on the NWL shared experience to promote awareness to Brent schools, parents and young people of self-help resources (such as Banardo's free *'Wud U?'* app to raise awareness, identify and reduce the risk of child sexual exploitation).

Hillingdon will do further investigation into the current emotional health and wellbeing support in schools, and then further develop commissioning of these services in schools and colleges. They also plan to embed the outcomes based model into the CNWL CAMHS contract; develop a directory of services for children and young people with emotional, behavioural and mental health issues; and develop a localised pathway and model of care (drawing on the NWL framework) for a primary care service for time limited interventions, advice and support for CYPS/professionals that will be commissioned in 2016/2017.

Hammersmith and Fulham, Central London, and West London will draw on the work done to date by NHSE and H&F CCG on the CAMHS School Link Pilot to inform their transformed CAMHS model. In addition, **Central London** will pilot a CAMHS Connected Care GP village project that will involve integrating young people's mental health into primary care and paediatric planning for young people with complex health care. In developing their local offer, these CCGs will explore with local authority partners whether there is a clear business case to develop and/or contribute to a **Young People's Hub** or **Drop in Service**, where clusters of health, voluntary and council services (including access to sports and leisure pursuits) could be accessed by families. This builds on ambitions emerging in both Hammersmith & Fulham and Westminster City Council and the ground breaking Connected Care for Children approach which brings paediatricians out of hospitals to support young people with complex needs in primary care.

Hounslow will invest £10k in year one and £25k in year two towards project resource to develop and implement the 'Tier-free' model and single point of access. The main resource for this priority is allocated to adding staffing capacity at the 'early help' end of the mental health pathway which is a major priority for Hounslow; in year one this will involve allocating £100k for recruiting temporary staff to address waiting lists in the existing Tier 2 CAMHS service, and from year two onwards £110-135k will be spent on delivering a new model for early help which is closely linked with schools and primary care. The remaining resource, £17,930 in year one and £7,930 in subsequent years, will be ear-marked for digital technology projects to improve accessibility and support health promotion. Hounslow will also invest in digital/technology projects to improve access and engagement from children and young people. There is currently a SPA to early help services in Hounslow and another key part of this work will be to develop this so that there is a SPA into the mental health pathway. This development should not incur any additional costs.

Ealing are committed to working with schools for the duration of this funding to develop and embed a whole school approach to children's emotional health and wellbeing.

In **Harrow** transition is a joint and local priority. Their ambition is to increase the transition age up to 25years. Harrow CCG will commit funding for a joint project resource to plan this priority and to scope possibility to join cross-borough and to work with Adult Mental Health. Harrow CCG will commit further funding for the following years to implement and deliver Transition up to 25years.

Harrow has a further local priority to develop a joint Emotional Health and Wellbeing Targeted Service (Tier 2/2.5). This will be an early intervention/prevention provision, offering open access for young people with an identified need. Working to target identified vulnerable children and young people in Harrow such as: Children in Need, Children Looked After, and

children and young people with challenging behaviour, bereavement, life events, school exclusion, OCD, difficulties with eating/sleeping, ADHD and ASD. To initiate this work Harrow CCG will commit funding in 2015/16 for a Tier 2 clinician (pilot piece) to begin assessments and for project management of this local priority and the other priorities stated. In the following years, the annual allocation will be a contribution to implement and run the new service. This service will be jointly commissioned with the Local Authority with buy-in from local schools. Further investment from the CCG is planned through service redesign, the Local Authority and Schools. Harrow CCG will also work with local stakeholders to plan and deliver an Integrated Single Point of Access across Harrow, that will intake and triage referrals quickly, efficiently and ensure that patients receive a service that is right first time.

8.6 Priority Six: Enhanced support for learning disabilities (LD) and neurodevelopmental (ND) disorders

8.6.1 Why we have chosen this area

As outlined in our introduction, learning disabilities and neurodevelopmental disorders such as autistic spectrum disorders (ASD) and attention deficit hyperactivity disorder (ADHD) are prevalent in NWL to varying degrees across our 8 CCGs. People with learning disabilities who have mental health needs experience a wide range of problems and therefore require a wide range of services. They can have the full range of mental illnesses seen in the general population such as schizophrenia, bipolar disorder, depression, anxiety disorders, specific phobias, agoraphobia, obsessive compulsive disorder and dementia.

Some of the main drivers for change include:

- The increased prevalence of mental health problems among people with learning disabilities, compared to the general population;
- The large number of people with LD and mental health problems that have behaviours described as challenging, developmental disorders, or other conditions;
- The critical need for improvements in services for people with learning disabilities;
- The current limited capacity of LD services to cope with increasing demand;
- The significant cost of current LD/ND services to health, social care and education providers and commissioners.

8.6.2 The Ambition

We will develop an enhanced service within each of the 8 CCGs, streamlining the current service offering and filling the gaps. The design of the service locally will vary because the starting position is different and the needs of each borough differ somewhat based on prevalence and population. The NWL approach will ensure consistent quality and shared learning.

8.6.3 Realising our Ambition

We will **map local care pathways** for children and young people with learning disabilities and mental health difficulties to ensure a seamless experience of care for all children in their local area. This may involve reconfiguring services or commissioning additional local provision where there are gaps, commissioning an integrated service from CAMHS and Community Paediatrics.

As well as working closely with Community Paediatrics when screening referrals and undertaking assessments, there should be an **effective strategic link** between CAMHS LD/ND services and special educational needs (SEN) departments, to ensure coordinated assessment and planning of education, health and care (EHC) plans where necessary, and effective transitions for young people with LD/ND across health and education. Multi-agency agreements and monitoring arrangements will be defined with close working amongst frontline services, clearly defined lead professionals and shared care plans.

We will **enhance the capacity of CAMHS** to meet the increasing demand for ASD and ADHD assessments. In some areas this will involve adding additional staffing resource to specialist neurodevelopmental teams.

Specialist support embedded in the network - In some areas such as Ealing the model of co-located services for children with disabilities enables fast access to specialist mental health practitioners for advice, consultation and joint working. This model should be explored in other areas and if physical colocation of entire services is not feasible we will consider embedding mental health practitioners in services that work closely with children and young people with LD.

Specialist mental health practitioners should be available to provide **advice and support to special schools and specialist units** to support early identification of mental health difficulties, advise on behavioural management strategies, and signpost to specialist support if needed.

Vulnerable groups including those with disabilities can find it more difficult **to access specialist services** when they need them, so it is crucial that all measures included in the wider plan to improve accessibility of specialist mental health services (such as single point of access, user involvement etc.) apply equally to young people with LD and neurodevelopmental difficulties.

We will ensure that specialist services for children and young people with learning disabilities, neurodevelopmental disorders and mental health difficulties are **sufficiently resourced** to enable efficient access in line with national waiting time targets, to a workforce with the right expertise to meet their needs.

The **crisis pathway** (Priority 7) developed through this NWL Transformation plan should ensure access to support from staff who are appropriately trained to work with young people with LD, whether through direct access or a consultation model. This will ensure that admissions to residential care are avoided wherever possible and that discharge back to the community is well supported.

There should be clear agreements in place between specialist services and primary care to **support shared care** for young people with LD/ND who require medication.

CCG commissioners will connect with **local voluntary sector services** and support groups for young people with LD/ND and their families (e.g. parent-run ASD support group).

This will be determined over the course of the first year of funding. In year (2015/16) the current service and interdependencies will be mapped out in detail and a service specification will be developed. In Year Two (2016/17), the service will be revised and redeveloped to become uniform across the 8 CCGs taking into account providers and models of commissioning. Year Three (2017/18) to Year Five (2019/20) will be used to embed the model, develop sustainability and further refine according to borough need.

8.6.4 Key Milestones

We propose that due to the importance of local pathways and links with local agencies that this priority is taken forward by each CCG – the CAMHS commissioners group provides a forum for sharing learning and joining up pathways where needed.

2015/16	2016/17	2017/18	2018/19	2019/20
Map current provision and identifiable gaps. Develop service specification.	Revise and redevelop new service. Commence service.	Embed the model, develop sustainability, evaluate and further refine.		

8.6.5 What we will achieve

- Children and young people access assessment and treatment for LD and ND in a timely manner.
- Children and young people with LD or ND achieve improved health and educational outcomes.
- Children, young people and parents report an improved experience of engaging with LD or ND services.

8.6.6 Funding

	2015/16	2016/17	2017/18	2018/19	2019/20
Central	£52,000	£52,000	£52,000	£52,000	£52,000
West	£30,000	£30,000	£30,000	£30,000	£30,000
H&F	£79,174	£79,174	£79,174	£79,174	£79,174
Ealing	£94,314	£60,000	£75,000	£75,000	£75,000
Hounslow	£91,000	£55,000	£55,000	£55,000	£55,000
Hillingdon	£100,000	£100,000	£100,000	£100,000	£100,000
Harrow	£54,840	£0	£0	£0	£0
Brent	£96,000	£60,000	£60,000	£60,000	£60,000

8.6.7 Localising Joint Priorities

In 2015/16, all NWL CCGs will fund short-term additional staffing capacity to address long waiting times for neurodevelopmental assessments. In the remaining years of the plan, the majority of CCGs will continue some investment in additional capacity for LD and ND pathways to enable sustained improvements in access and post diagnostic treatment and behaviour management plans. Through the 2015/16 planning work, we anticipate that this pathway will align with Priority 5 & 7 and will form part of the joint Emotional Health and Wellbeing Targeted Service as well as the SPA and developing pathways work across NWL.

Brent will ensure appropriate processes and systems are in place for the transition of children and young people into adult services by developing a consistent and co-ordinated multi-agency approach to health and social care support for children and young people with SEND from age 0-19 and age 19-25. A SEND joint commissioning strategy has been agreed between health, social care and education to improve the quality of services and provision for children and young people age 0-25 with SEND with and without an EHC plan**.**

Harrow CCG with local stakeholders will develop an integrated pathway for challenging behaviour, ASD and ADHD. Harrow CCG will allocate funding in year 2015/16 to specifically concentrate on mobilising the pathway for ASD and ADHD across Harrow Health and Social Care to prevent escalation of need and offer project resource capacity to the cross-borough, to support alignments where possible in the five years.

Hillingdon CCG will be working with LBH and a number of Special Schools to develop a Joint team to work with children and young people with MH/LD/AD/complex needs. The service will focus upon those children and young people at risk of family breakdown; residential school/care, hospital admission due to their challenging behaviour.

8.7 Priority Seven: Crisis and Urgent Care Pathways

Development of a new 24/7 crisis and urgent care pathway

8.7.1 Why we have chosen this area

Even with the best possible mental health care and support, there will always be children and young people who experience mental health crises. During a crisis, quick access to support and treatment is vital to improve mental health outcomes.

Evidence from the UK suggests that families benefit from having an alternative choice to inpatient admission; European evidence suggests that treatment effectiveness can be equivalent to inpatient care in some cases, and that costs are lower for those cases[29]. Although there are no direct financial savings to the CCG, we recognise that the ability to offer seven-days-a-week CAMHS capacity as part of the local home treatment rapid response service would reduce inappropriate admissions to adult wards, and provide less restrictive care options for children.

There have been issues identified for service users in accessing mental health services. This is an on-going issue and NHSE have identified that despite policies and protocols being in place, these often do not appear in practice. Across NWL, we are committed to improving urgent care and support options for children and young people experiencing a mental health crisis, at any time of the day.

8.7.2 The Ambition

We aim to ensure that our local offer of support and intervention for young people reflects the Mental Health Crisis Care Concordat. We will also implement clear, evidence-based pathways for community-based care, including home treatment treats and crisis response services to ensure that unnecessary admissions to inpatient care are avoided.

NWL has recently agreed a new urgent care and assessment pathway for adults. This demonstrates an excellent collaborative approach across commissioners and providers, with service user input and involving wider stakeholders such as the LAS and Metropolitan Police. In addition since 2012 we have been working to deliver a CAMHS Out of Hours model across all NWL boroughs.

We now want to build on these successes – and associated learning – to ensure we have a robust and sensitive approach for any child or young person in crisis. To avoid unnecessary duplication, and to make best use of the learning from the recent adult service redesign, where clinically appropriate, the CAMHS crisis and urgent care pathway will be aligned or part of the adult mental health teams.

[29] Boege, I., Corpus, N., Schepker, R., Kilian, R., & Fegert, J. M. (2015). Cost-effectiveness of intensive home treatment enhanced by inpatient treatment elements in child and adolescent psychiatry in Germany: A randomised trial. European Psychiatry: *The Journal Of The Association Of European Psychiatrists*, **30**(5), 583–589.

8.7.3 Realising the Ambition

We will develop an enhanced service across all 8 CCGs to prevent a crisis leading to inpatient admission and deliver home treatment to children and young people, streamlining the current service offering and filling the gaps.

A new service will comprise crisis response and home treatment services and will build on existing work to develop a complete urgent care pathway. We will also work with colleagues in locality authority, public health, and schools to ensure that the prevention of self-harm and crisis avoidance via good mental health promotion forms part of this pathway. Where possible, we will look to work with existing home treatment teams to incorporate CAMHS skills and training into existing services. This would reduce unnecessary duplication, and ensure child/parent issues were effectively covered.

The CAMHS, adult mental health services (AMHS) and early intervention services (EIS) services will work together to benchmark themselves against the processes and standards below. They will be expected to identify new policies and procedures where required and an action plan to work towards having the processes in place.

- Co design the care pathways with CAMHS, EIS and AMHS young people and families and the receiving service in designing and reviewing the transition pathway to ensure timely referral needed for a safe and smooth access and transition;
- Include GPs in the pathway development to ensure GPs have the relevant information to support people (and their parent carers) during and after treatment;
- Agree the aim and goal of interventions with service user or parent and carer, where appropriate and monitor the changes to agreed and shared goals and to symptoms, amending therapeutic interactions as a result to deliver the best possible outcome;
- Provide information at all stages of the pathway about interventions or treatment options to enable service users and families to make informed decisions about their care appropriate to their competence and capacity;
- Co-produce the care plan and ensure a copy is given to the service user /parent / carer. The care plan should include clear written information not only on their current care plan and named professional contacts but also how to access the services routinely and in a crisis;
- Provide written assessments, care plans etc. that are jargon free (where any technical terms defined);
- Ensure that people leaving the service have a written and agreed discharge plan that supports self-management where possible and explains how to access help if this becomes necessary.
- Where a person is moving to another service, whether to adult mental health services or to a different service, the provider will ensure that the agreed transition protocol is followed with, as a minimum, a joint meeting between the provider and new service that includes the service user and/or family member, a written discharge summary, followed up after six months to check the transition has proceeded smoothly.

8.7.4 Key Milestones

We propose investing project management resource to support the development of this pathway across NWL, linking to local teams across all boroughs – recognising that models of care are likely to be specific to our two mental health trusts. Implementation will occur through two different teams – facing each trust.

2015/16	2016/17	2017/18	2018/19	2019/20
Scope current provision and identifiable gaps.	Design and consult on new service. Commence service.	Evaluate and continue with service provision		

8.7.5 <u>What we will achieve</u>

- Reduction of inappropriate admission of under 18s to adult wards when CAMHS beds are unavailable, and reduced demand for CAMHS beds.
- Viable alternatives to inpatient care for some cases.
- Supported discharge from CAMHS beds by allowing contingency plans to include crisis team response.
- Children and young people in crisis or with significant needs remain at home where possible.
- Parents and other carers are supported to look after young people in crisis.
- Reduction of A&E attendances and admissions acute hospital due to deliberate self-harm or overdose.

8.7.6 <u>Funding</u>

Funding will be included for each CCG – as locally determined based on current needs.

	2015/16	2016/17	2017/18	2018/19	2019/20
Central	£0	£60,000	£60,000	£60,000	£60,000
West	£65,000	£104,000	£104,000	£104,000	£104,000
H&F	£0	£50,000	£50,000	£50,000	£50,000
Ealing	£42,000	£170,000	£170,000	£170,000	£170,000
Hounslow	£34,000	£150,000	£150,000	£150,000	£150,000
Hillingdon	£100,000	£100,000	£100,000	£100,000	£100,000
Harrow	£40,000	£20,000	£20,000	£20,000	£20,000
Brent	£10,000	£108,000	£108,000	£108,000	£108,000

8.7.7 <u>Localising Joint Priorities</u>

All CCGs will use 2015/16 to review their current urgent care pathways and develop a plan for the remaining years to improve urgent care and crisis support pathways. Ultimately we are all aiming to develop a multi-agency crisis service, linked to existing paediatric liaison and out of hours services to ensure a seamless crisis pathway for children and young people. In some CCGs, existing funding for crisis care will be used for this work, and in other CCGs further work will be done in 2015/16 to pilot proposed approaches to care pathway redesign, as outlined below.

Brent will enhance the existing CAMHS-out-of -hours service to develop a multi-agency crisis intervention and home treatment capability, linked with adult crisis and home treatment services, paediatric liaison, and youth offending services, and working across CCGs for cost efficiency where appropriate.

Ealing will commit a further £32,000 to out-of-hours services provided by WLMHT on behalf of Ealing, Hounslow and Hammersmith and Fulham CCGs.

Hammersmith and Fulham, Central London and West London have some indicative plans for years 2 to 5 including re-integrating provision of in-patient beds (possibly to be explored on a pilot basis) for young people with psychiatric conditions, and resuming local commissioning and performance management through a re-constituted NWL Consortium. This would strengthen the admission and discharge links (step and step down), significantly improve engagement with local schools and Social Care services, reduce the fragmentation of commissioning and re-establish the local incentive to develop alternatives to hospital admission: e.g. building on our Out of Hours nursing capacity, developing Home Treatment Team(s).

Harrow will develop an early intervention pathway for personality disorder and align with the integrated pathways for challenging behaviour and other identified needs. We anticipate that this pathway will align with Priority 5 & 6 and will form part of the joint Emotional Health and Wellbeing Targeted Service as well as the SPA and developing pathways work across NWL.

Hillingdon CCG will develop a self-harm crisis and intensive support service. Hillingdon has the highest level of self-harm in NW London and was highlighted as a significant issue in the JSNA and Healthwatch report in 2015.

Hounslow will invest £24k of year one funding to supplementing the CAMHS Out of Hours pilot which is currently being commissioned from WLMHT, and £10k towards project resource to develop and implement a comprehensive multi-agency crisis pathway in the borough. From year two onwards Hounslow will spend £150k on adding capacity to the crisis pathway, which will tie together the Out of Hours service, existing paediatric liaison functions, and a model for crisis support and home treatment.

West London plans to develop psychiatric paediatric liaison at Imperial Hospital to complement Out of Hours developments and fill a current gap in provision.

8.8 Priority 8: Embedding *Future in Mind* Locally

Continuing and building on existing good work – to address specific local needs

8.8.1 Why we have chosen this area

In the preceding 7 priorities, we have outlined our plans to deliver on *Future in Mind*'s main areas of focus. In this priority, we recognise that across NWL, our CCGs are working hard on a range of projects and programmes that support the development of children and young people's mental health that may not be reflected above. These programmes have been developed based on local engagement with stakeholders and understanding of local needs from activity and prevalence data. We are using this priority to demonstrate the work we plan to do in addition to the priorities above that is localised and based on each borough's specific needs, and that will support the delivery of *Future in Mind* and reinforce the development of a comprehensive mental health support offer across NWL.

8.8.2 The Ambition

By describing our local priorities here, we are aiming to develop a comprehensive mental health support offer across NWL that reflects the needs of our local populations, whilst also allowing for joint working across our 8 CCGs and local authorities.

Importantly, we are working closely with our local authority colleagues to ensure that our transformation plans create innovative solutions to local issues, rather than filling gaps that have resulted from reduced local authority funding. We hope that by working collaboratively, we will address the systemic barriers that we face across health and social care, and by outlining our local priorities we can develop a needs-led, comprehensive, joined up mental health pathway for children and young people in NWL.

8.8.3 Realising the Ambition

In addition to the collaborative priorities described above, across all 8 CCGs we will also:

- Drive forward delivery of the **CYP IAPT** programme. Within our CQUINs and within Trust plans team members are already working to release staff to attend training increase deliver of CYP IAPT;
- Invest in developing more robust **data capture and clinical systems** to enable teams to have a better understanding of current activity;
- Link with **specialised commissioning teams for Youth Offending** to understand the levels of youth offending in each borough and the local offer for this group of young people. We will then develop a strategy for ensuring young offenders needs are met by our NWL mental health care and support pathways;
- Develop new **perinatal** specifications and implement new parental mental health services. Work is already underway in Hammersmith and Fulham, Ealing, and Hounslow where new best practice, NICE compliant pathways will launch in March 2016 and outcomes-based contracting models are being considered. Across NWL we will draw on the learning from these areas.

We will continue to work together across the 8 CCGs to deliver on our commitments to the *Future in Mind* implementation in NW London. We will also progress local projects in parallel,

sharing learning with our NWL colleagues and linking up local projects with NWL projects where possible. These local projects are outlined below.

8.8.4 Key Milestones

2015/16	2016/17	2017/18	2018/19	2019/20
Deliver on local projects. Evaluate pilots and link local projects to NWL projects.	Continue funding good practice models and projects			

8.8.5 What we will achieve

- Effective links between borough level actions and NWL-wide strategy development
- Locally owned strategic plans that draw on and are supported by the Like Minded strategy

8.8.6 Funding

	2015/16	2016/17	2017/18	2018/19	2019/20
Central	£48,000	£0	£0	£0	£0
West	£29,000	£0	£0	£0	£0
H&F	£34,000	£0	£0	£0	£0
Ealing	£90,000	£114,514	£90,000	£90,000	£90,000
Hounslow	£0	£0	£0	£0	£0
Hillingdon	£0	£0	£0	£0	£0
Harrow	£0	£0	£0	£0	£0
Brent	£40,000	£90,000	£90,000	£90,000	£90,000

8.8.7 Localising Joint Priorities

In 2015/16, **Brent** will allocate resource for project management support to build the links between Brent Children's Trust and the NWL Like Minded Strategy Group, and establish and progress work streams for each priority area in Brent. In addition funding will be allocated for CAMHS waiting list reduction and associated caseload throughput, with particular attention on children Looked After by the Local Authority. From 2016/17, Brent CCG will contribute £30,000 annually towards a joint fixed-term post providing support a link and joint commissioning support. In 2016/17 Brent CCG will provide £60,000 to support a dedicated YOS-CAMHS worker.

Ealing will allocate for each year of this plan:

- £40,000 for specialist CAMH input into young people in the youth justice system, including those who have offended and those at risk of offending and working closely with other team members focussing on physical health and substance misuse;
- £50,000 for commissioning and project management capacity for the whole transformation programme and supporting the work of the CCG and Local Authority.

Hammersmith and Fulham will fund a short term project to map and implement improvements in data accuracy and collection. This will include timely and high quality provision of reports for education health care plans.

Harrow will continue to embed CYP IAPT in Harrow and support the perinatal priority led by adult mental health.

The priorities in **Hounslow** and **Hillingdon** are incorporated within the previous 7 priorities.

West and Central London also plan to deliver a short term project looking at early years, attachment, and early intervention, working with CNWL. The outcomes and learning from this project will inform future commissioning.

9.0 How We Will Deliver this Plan – Governance and Risks

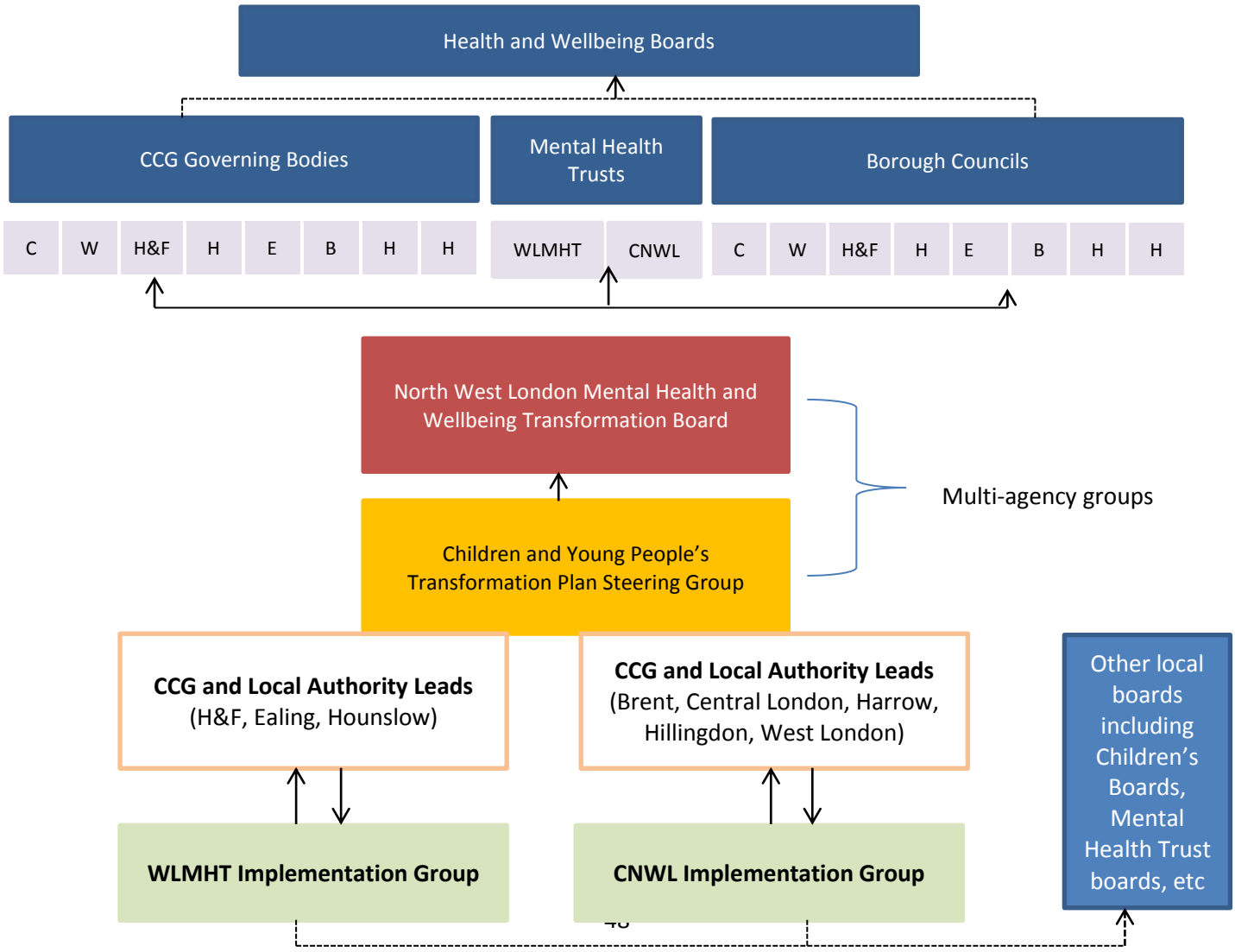
The Steering Group supporting the development of this plan has brought together the key representatives from the 8 boroughs – as well as tasking the leads to engage locally with the wider teams not represented at the table. The Steering Group reports formally to the NWL Mental Health and Wellbeing Transformation Board – which is accountable to its constituent CCGs and Health and Wellbeing Boards. The Board is multi-agency and has oversight of the entirety of mental health and wellbeing strategic development across NW London.

We propose that during 2015/16 this Steering Group continues to meet to oversee the transition from developing plans into implementation – and quickly onto business as usual.

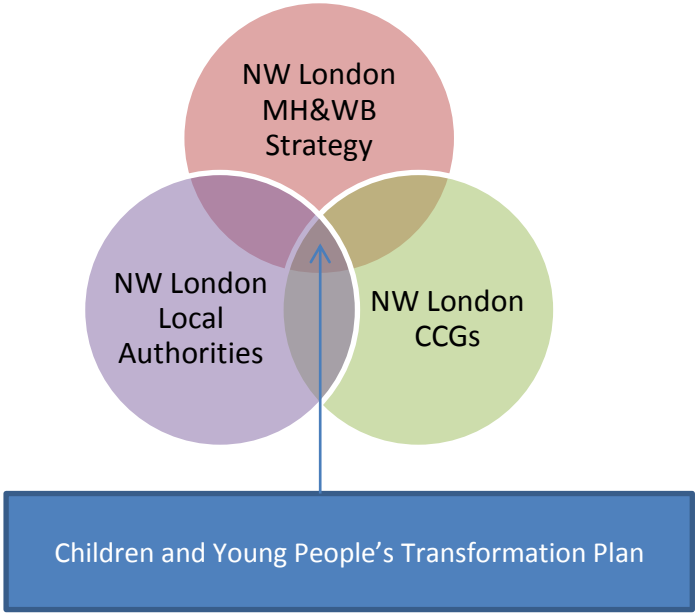
We have also formed (or re-started) 2 dedicated multi-agency implementation groups to support the development and delivery of projects with our local mental health trusts:

- WLMHT facing CCGs (Ealing, Hammersmith & Fulham and Hounslow)
- CNWL facing CCGs (Brent, Central London, Harrow, Hillingdon and West London)

As well as reporting to the Steering Group, these groups will have a clear link to local governance structures.



Our over-arching governance model links the NWL Mental Health and Wellbeing Strategy with the 8 NWL CCGs and Local Authorities, with clear governance and reporting to ensure shared ownership of delivery of our transformation plans (as shown below).



As with the wider NWL transformation programmes, we will continue to focus on a robust process of risk management. Our current risks are outlined in the table below:

RISK REGISTER					
	Description	**Impact**	**Inherent Risk Rating**	**Avoidance / Mitigation**	**Residual Risk Rating**
R1	The wider context of risks of funding cuts to CCGs and LAs will impact on activity and resource for Transforming mental health services for children and young people.	We will not achieve the level of transformational change required to improve the quality of care for children and young people whilst ensuring financial sustainability across the system.	12	Working with multi-agency colleagues to ensure we describe a joined up approach but ensuring we do not dilute the ambition through funding gaps in service rather than transformation.	12
R2	Need to commence Eating Disorders service in 2015/16	Doing so requires dedicated resource and quick implementation	6	Both trusts already working with local commissioners to commence work. TP should enable additional funding for this work. A single tender waiver sought to enable continued work with current providers and rapid service development.	6
R3	Skill shortage/lack of appropriate staffing for ED services due to national investment in CYP ED services and associated recruitment.	We may not be able to staff new, dedicated CYP ED services with appropriately specialised staff. This may delay implementation.	16	We are working with current MH trust staff who treat ED to train other CAMHS staff. We will consider relocating ED trained CAMHS staff and recruiting other CAMHS practitioners to fill this gap.	12
R4	Short timescales for spending 2015/16 financial allocation means we don't secure maximum benefit from 15/16 funding.	If we do not access all available funds, we may not set appropriate foundations for transformation in the coming years.	12	We are working with existing providers to agree arrangements for funding projects in year and agreeing tender waivers with our CCGs and have commenced early planning for new work in 15/16.	9

ANNEX A: Brent CCG (attached as a separate document)

ANNEX B: Central London CCG (attached as a separate document)

ANNEX C: Ealing CCG (attached as a separate document)

ANNEX D: Hammersmith and Fulham CCG (attached as a separate document)

ANNEX E: Harrow CCG (attached as a separate document)

ANNEX F: Hillingdon CCG (attached as a separate document)

ANNEX G: Hounslow CCG (attached as a separate document)

ANNEX H: West London CCG (attached as a separate document)

ANNEX I – Consultation Log

In the development of this plan we have consulted widely with our Children and Young people, their parents and carers, our and key partners across schools, social care and health teams. Evidence can be supplied on request. The table describes the key groups and populations we have actively engaged with – however at a local level our developments have been informed by on-going discussions with a far greater range of people.

Brent CCG
Central London CCG
Ealing CCG
Hammersmith & Fulham CCG
Harrow CCG
Hillingdon CCG
Hounslow CCG
West London CCG
NHS England Specialised Commissioning (CAMHS)
NHS England Mental Health Team
Brent Council
Westminster City Council
The Royal Borough of Kensington and Chelsea
The London Borough of Hammersmith and Fulham
Ealing Council
Harrow Council
The London Borough of Hillingdon
The London Borough of Hounslow
Healthwatch Brent
Healthwatch Central London
Healthwatch Ealing
Healthwatch Hammersmith and Fulham
Healthwatch Harrow
Healthwatch Hillingdon
Healthwatch West London
Central and North West London Mental Health Trust
West London Mental Health Trust
Health Education North West London
Youth Justice Teams
Healthy Schools Partnerships
Rethink Young People
Imperial College Healthcare NHS Trust
Central London Community Healthcare NHS Trust

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North West London Clinical Commissioning Groups

Children and Young People's Mental Health and Wellbeing Transformation Plan – Supplementary Clarifications

30th November 2015

Supported by Like Minded – The Mental Health and Wellbeing Strategy for North West London

- Brent CCG
- Central London CCG
- Ealing CCG
- Hammersmith and Fulham CCG
- Harrow CCG
- Hillingdon CCG
- Hounslow CCG
- West London CCG

Summary of updated plans

We are naturally keen to update plans for local publication – but for the purpose of providing rapid assurance of the areas raised in our feedback we have collated this supplementary information pack.

Once plans are agreed the details here will be confirmed through local governance processes and slotted into the main Transformation Plan document and CCG specific documents.

The table below cross references feedback where actions required – and the pages in this supplementary document and original submission where detail can be found:

Feedback	Supplementary information	Transformation Plan reference
○ **Engagement and partnership** – The plan could be further strengthened with inclusion of specific examples of work with Specialised Commissioning and Health in Justice Teams in NHS England as well as work with Youth Justice and the Police.	Page 5	Page 15
○ **Governance** – More detailed governance information for each individual CCG is required.	Page 26	Page 48
○ **Finances** – Further detailed financial information is needed, for example a clear breakdown of costs, current levels of investment in services and a mitigation strategy for any potential underspend.	Page 16 and trackers	Trackers
○ **Perinatal service development** – Further clarification should be provided in relation to the £1.25 million allocated by Ealing CCG for perinatal health.	Page 11	Not covered
Engagement and partnership		
Inclusion of plans of how North West London plan to continue engagement in the future as well as opportunities for further engagement would be beneficial.	Page 7	Not covered
The assurance team felt that the plan could have included more detail on joint commissioning - particularly for Hounslow and West London CCGs), and on Crisis Care and IAPT.	Page 12	Not covered
The assurance team would also like to see evidence that Youth Justice and the Health and Justice team in NHS	Page 5	Not covered in detail

England were involved in the development of the transformation plan.		
Transparency		
Current investment in services is set out in section 4.5. This is broken down by CCG, NHS England specialised commissioning and the Local Authorities. It is suggested that this section of the plan be furthered strengthened as the funding breakdown does not reflect the contribution of Public Health funding or that of funding via youth justice or schools.	Page 16 onwards	Not covered
Level of ambition		
The plan should contain specific references to Transforming Care and how the principles will be reflected throughout the CAMH service.	Page 12	Not covered
Governance		
The governance of the North West London plan is set out in section 9.0, including clear diagrams setting out the formal and informal links. Further detail could be included about how specialised commissioning, youth justice and service users feed into the governance structure.	Page 5	Not covered
Harrow CCG sets out a clear governance structure, representing governance arrangements schematically is helpful in clarifying structures and monitoring risks. However, it is the only CCG who has included this in the individual annexes. Assurers would like to see this information for each CCG.	Page 26	Not covered
Measuring outcomes (Progress)		
Quantifiable information and baselines should be added to those KPIs where it is not included, if that information is not available, the plan should give an indication of when it will be.	Page 15/ Tracker updated	Trackers
The assurance team understands that agreeing KPIs will be an ongoing process, but KPIs could be improved to reflect patient reported outcome measures, goal based outcomes and clinical measures.	Tracker updated	Trackers
Accurate up-to-date information on performance against the CYP IAPT programme should be available and included. It is expected that this data is used to set KPI baselines.	Page 13	Not included
Ealing CCG is requested to clarify the KPI stating that “A new evidence based perinatal pathway is developed and	Page 10	

operations".		Not covered
Finance		
Further detail is required on the following: ○ Given a large proportion of spend is allocated for the Oct-Dec (Q3) period, there is a significant risk of underspend. The assurance team would like to see a mitigation strategy within the plan for any potential underspend ; ○ Spend should be identified as recurrent or non-recurrent costs; and ○ A summary of baseline (current investment) information for each local priority should be provided.	Page 22 Page 18 – limited updates to address this point Page 18	Not covered Page 14
Reviewing the Tracker		
• It is suggested that the evidence base for priority 8 in the tracker *Embedding Future in Mind* Locally should be clarified. • Ealing CCG has allocated £1.25 million funding for improvements to perinatal health services. Given the size of this figure, the assurance team would like further information on how this funding will be used. • Hillingdon CCG has identified priority number 10 in the tracker *Reducing long waiting times for assessment and treatment in Tier 3 CAMHS*. It is request that this priority is reflected in the action plan.	Trackers Page 12 Page 15	Tracker Tracker Tracker
Eating Disorders		
The assurance team would like to see more quantifiable milestones and goals for the eating disorder service. For example: ○ Baseline figures; and • Quantifiable milestones and goals, for example the number of people the service is planning on treating.	Page 8	Page 28

Engagement with Specialist Commissioning and health in justice teams

In addition to the extensive coproduction identified in our original submission we provide below a summary of additional work specifically to address feedback on engagement and partnership:

We have benefitted from Specialist Commissioner input on the steering group progressing this work this far – and now moving into implementation. In addition NHS England has had a seat on the overall Mental Health and Wellbeing Transformation Board for North West London to ensure a good link to central teams.

We recognise that further work is needed with Health and Justice teams and welcome recent offers of input from the central team. Within 'Priority 5 – redesigning pathways' we need to ensure developing models are fully integrated with key services including Liaison and Diversion, Feltham YoI (and other all ages sites such as Wormwood Scrubs) and police custody.

We detail below borough specific work both with health in justice teams and specialist commissioning:

Brent Children's Trust Board provides a multi-agency governance structure for coordinating work on children's services, and has agreed to establish a new sub-group for CAMHS to deliver the Local Transformation Plan. A revised commissioning framework has been agreed. The Health and Well-being Board members contributed to the development of the plan, and have formally recognised the need to make mental health (all ages) an area of focus.

Contact has been made Angela Chigwell (Head of Youth Support Services) to progress development of the YOS-CAMHS role (psychiatric nurse working across the YOS and specialist CAMHS teams). This builds on existing discussions.

The potential to improve children's safeguarding (such as enhancing out-of-hours CAMHS) has been discussed with Mike Howard (Local Safeguarding Children Board Chair) to ensure appropriate multi-agency involvement and overview. This builds on developments in the Local Children's Safeguarding Board governance arrangements.

An existing school counselling service has offered to help engage individual schools in delivering the plan. This builds on their existing infrastructure and relationships.

The local specialist CAMHS team has been involved in developing the proposals, and is supportive of the plan. A further exceptional meeting has been set with the Natalie Fox (Brent Borough Director, Central and North West London NHS Foundation Trust) to consider the immediate local issues for 2015/16, and local proposals for 2016/17, for CAMHS and other services in Brent. This builds on existing discussions on CCG investments and delivery.

Coordination of the joint CAMHS Local Transformation Plan will have dedicated support, and work is in progress to ensure immediate capacity is put in place ahead of substantive recruitment.

Across **Triborough (Central London CCG, West London CCG and Hammersmith and Fulham CCG)** in 2015-16 there have been a series of meetings with NHS E Specialist Commissioning Managers to improve admission and discharge planning and co-ordination. This has included presentations to the Central West Hounslow Hammersmith and Fulham and Ealing (CWHHE) Quality Committee and plans have been made to develop a MOU to improve communication and pathways between inpatient and community provision.

NHS England Case Managers have also met regularly with NWL commissioners as part of the Future in Mind Transformation Plan preparation and also assist regularly with problematic admissions or bed shortage issues.

A CAMHS professional is embedded in each of the three Youth Offending Teams and their roles were reviewed in 2014-15. This work now needs to be revisited in the light of Future in Mind and contact has been established with Betty McDonald the Tri-B Youth Offending Manager with this objective.

The Youth Offending Service (YOS) is also heavily involved with the Tri-B Multisystemic Therapy (MST) team and provides a significant proportion of the referrals. YOS managers are part of the steering group.

Rethink Mental Illness have also competed a piece of work with the YOS to look at co-production and priorities for young people using the service who have MH issues.

The Tri-B CAMHS Commissioner has also been attending the Tri-B Suicide Prevention Group, led by Central London CCG which involves regular discussion and planning with the Police, Public Health and national and local voluntary groups (e.g. CALM, Samaritans etc).

The Tri-B CAMHS Commissioner has also been closely involved in developing the use of Care and Treatment Reviews with NHS England, Senior CCG Managers, LA social care staff, Police and independent and local clinicians and GPs.

Ealing CCG is represented by the Head of Children's Commissioning (Maggie Wilson) on the local performance management board and has worked with the team to devise a health action plans.

The CCG is also represented by the Head of Children's Commissioning on the Think Family Board which has overall responsibility for managing the Troubled Families Programme.

The CCG is represented on the local Vulnerable Adolescents Panel which takes a problem solving/risk sharing approach to planning for vulnerable young people, who are often at risk as victims or as perpetrators.

Ealing Youth Justice Team, NHS England and the CCG have recently met to agree how the new Liaison and Diversion role will support the YJS. A nurse has taken up this role which is being funded by NHS England. Tier three specification for WLMHT is being developed to continue the pathway once young people have been screened and assessed by the Liaison and Diversion nurse. Details of treatment and care planning by WLMHT are to feed in to the YJS integrated plan and enhanced school services. There is also a new complimentary bid to MOPAC to fund alternative places for police interview outside of custodial settings.

The Ealing CCG CAMHS Commissioner has met with Specialised Commissioning, WLMHT and CAMHS Commissioners from Hounslow and Hammersmith and Fulham to solve

problems and share information about processes. The new youth offending project will streamline referral processes for young offenders requiring tier 4.

Harrow CCG currently has a joint funded post with the Local Authority for a CAMHS nurse that is based in the Youth Offending Team. Both the CCG and the Local Authority have agreed to continue to fund this post.

Harrow has a Youth Justice Board (YJB) with good attendance from CAMHS and health safeguarding, going forward the CCG commissioner will attend this board and work with the YJB on planning and implementing the transformation priorities. A member from Harrow YJB will also attend the Emotional Behavioural Mental Health Board in Harrow, which has been identified as the working group for the transformation work in Harrow.

Harrow CCG has put in place a data sharing agreement with Tier 3 services: Tier 3 services gain and share the Step-up (Tier 4) & step- down (Tier 3) of patients with Harrow CCG. The CCG Commissioner has formed a working relationship with the new dedicated Case Manager for NWL (Tier 4), this has already proven to help in assuring appropriate placements for Harrow patients.

The CCG Commissioner also attends and is part of the Troubled Family Programme.

Hillingdon CCG fund 0.5 CAMHS post within the Youth Offending Team and the CCG are represented on the Youth Offending Team Board.

Hounslow CCG is represented by the Joint Commissioner for Children on the Hounslow Youth Crime Management Board and has worked with partners to address key priority areas including commissioning a mental health nurse into the YOS in 2015, and overseeing delivery of the new Liaison and Diversion provision in partnership with NHS England.

The Joint Commissioner for Children works closely with the Case Manager from NHS England Specialised Commissioning regarding Tier 4 placements; trouble-shooting difficulties in identifying suitable placements, jointly attending CTRs for young people with LD/ASD, and planning discharge arrangements for children and young people with complex needs.

Ongoing future engagement with partners

To ensure delivery of our ambitions we will continue to engage

- As NWL through the wider Like Minded programme
- Through co-production with young people and their families (see priority 2)
- Through formal governance arrangements incorporating key local agencies

Specific service additional information

Eating Disorders

Since submitting the original Transformation Plan 6 weeks ago considerable work has taken place with our local providers – and working across North West London. This means we are in a better position to provide additional details of planned services – activity, staffing and models.

	CNWL				
	Brent	**Central London**	**Harrow**	**Hillingdon**	**West London**
Current number of patients with ED on caseload (month snapshot)	9	11	15	22	12
Number of appointments used for CYP with ED (month snapshot)	11	25	23	31	37
Average number of appointments per patient	1.2	2.3	1.5	1.4	3.1

	WLMHT		
	Ealing	**H&F**	**Hounslow**
Current number of patients with ED on caseload (month snapshot)	26	11	17
Number of appointments used for CYP with ED (month snapshot)	56	24	36
Monthly average number of appointments used for CYP with ED (av over M1-M6 15/16)	224	95	147
Average number of appointments per patient	2.2	2.2	2.1
Current number of referrals per annum to CYP ED services	24	6	16
Predicted number of patients with ED on caseload (per month) in 16/17 when new service is operational	39	16	26
Predicted number of appointments used for CYP with ED (per month) in 16/17 when new service is operational	335	142	219

Predicted number of referrals per annum to ED service	36	9	24

Please note activity occurs within CAMHS clinics and is not routinely captured.

Based on expected prevalence for the 5 CNWL boroughs we would anticipate c.120 cases per year. Similar data for the WLMHT 3 CCGs would suggest 70 cases – therefore a total of c. 190 cases across North West London.

Current WLMHT staffing for ED services:	**Ealing and Hammersmith and Fulham**	**Hounslow**
WTE Consultants	0.6	0.1
WTE SPR	1.3	0
WTE Paediatrician	0	0
WTE Clinical Nurse Specialists	0	0.1
WTE Family therapists 8B	0.6	0.4
WTE Family therapists 8A	1	
WTE Psychotherapists	0.2	
WTE Dietitian	0.3	0.2
WTE Admin	0	
TOTAL WTE Staff	4	0.8

Ealing, Hounslow, Hammersmith & Fulham **Proposed WLMHT staffing for ED services:**	**Band**	**WTE**	
Service manager	8b	0.1	
Consultants	Cons	0.1	
Specialty Dr	Sp Dr	0.5	
Clinical Psychologist	7	1.6	
Assistant Psych/Admin	4	1	
Family therapist	7	1	
Nurse	7	1	
Nurse	6	1	
Dietitian	6	0.4	
TOTAL Staff		6.7	£370.562
		Non-pay	£20,938
		Overheads	£74,112
		TOTAL	**£465,613**

Proposed CNWL Staffing based on *Access and Waiting Time Standard for Children and Young People with an Eating Disorder. Commissioning Guide. NHSE. July 2015.*

The workforce below describes plans during ramp up phase to establish team

Proposed CNWL Workforce	WTE
Consultant Psychiatrist	1
Paediatric Consultant	0.2
Team Manager & Therapy lead (8b)	1
Therapy Lead (8a)	1
Therapists (7)	3
Dietician	0.5
Admin	1
	7.7

Perinatal

The original Transformation Plan submission was not clear that the new investment is part of the WLMHT contract held by Ealing CCG, but supports delivery of a new service across Ealing, Hammersmith & Fulham and Hounslow. We provide full details below

Ealing, Hammersmith and Fulham and Hounslow CCGs are working together to commission a perinatal mental health service for local women.

This will be a brand new service for Ealing but will build on existing but small scale services in the other two CCG areas.

The full year equivalent investment is as follows:

- Ealing CCG £501,414
- Hammersmith and Fulham CCG £197,220
- Hounslow CCG £360,297
- Total: £1,058,932.

The differential in the financial contributions bears a relationship to live annual birth rates which are as follows (based on 2013 data):

- Ealing 5,845
- Hammersmith and Fulham 2,299
- Hounslow 4,200

For Ealing, the aim is to fund this service recurrently - though the model may change as a result of lessons learnt from and evaluation of the model.

For Hammersmith and Fulham £100k of the committed funding is recurrent

The service will be delivered by West London Mental Health Trust via a contract variation and will be trialling a community based model of intervention using a multi-professional team approach. A hub and spoke model will be used with administrative bases in each of the three areas and community based service delivery points.

Key milestones achieved

- The specification is agreed
- Staff are very actively being recruited – with successful recruitment taking place in mid-November
- Administrative and service delivery bases are being negotiated
- A communications plan has been developed

The aim is to have the service fully operational for February 2016

Perinatal services in CNWL
Central and West London CCG are enhancing the current service provision with additional resources as an interim measure whilst a full service review is taking place. A series of co-production workshops are in process with the aim of developing a new service model by quarter 2, 2016.

Hillingdon CCG have reviewed the existing service and as a consequence of the review increased the resource to the service to ensure demand meets capacity. Hillingdon provide £153K for perinatal services.

Brent and Harrow have a limited perinatal outreach service from Coombe Wood which was in place prior to NHSE assuming commissioning responsibility for Tier 4 services and this provision continues to be in place.

The NWL Perinatal Innovation and Design Group is working across NWL to share learning from new service developments with commissioners and key stakeholders.

Learning Disabilities and Transforming Care
As part of our redesign of LD and ND services, we will ensure that the principles of Transforming Care are incorporated into our new pathway and service models. Explicitly, we will develop pathways that ensure that when a hospital admission is required for a person with LD or ND, all providers will first ensure that there is no other alternative to admission. Once this challenge has been passed, the person will have an agreed discharge plan developed at the point of admission to ensure they are discharged into community settings as soon as possible. We will also ensure that care and treatment reviews form a fundamental part of our LD and ND pathways and services.

Service Users, providers and commissioners recently came together at an all day workshop to look at adults Learning Disability provision – a key theme of the day is the need to ensure transition is well managed and supported. 35 of the participants volunteered to be part of a network addressing transition issues – reflecting the commitment to change.

Joint Commissioning – Hounslow and West London
The Joint Commissioning Team has been in place in **Hounslow** since November 2014. The Joint Commissioner for Children leads on the commissioning of CAMHS in Hounslow and coordinates the Hounslow CAMHS Partnership Group and Hounslow Children's Delivery Board which bring together the key partners across health, social care, public health, education, the voluntary sector and the local providers to address all issues relating to children and young people and to oversee delivery of the Joint Children and Young People's Strategy, in which mental health is a priority area. The Joint Children's Commissioner works closely with the Joint Commissioners for Children in Ealing and Hammersmith & Fulham to ensure a joined-up approach to commissioning from the local CAMHS provider, and also works closely with the Joint Commissioner for adult mental health in Hounslow to ensure a joined-up approach regarding areas such as perinatal mental health.

West London CCG as part of arrangements with West London and Hammersmith & Fulham CCGs - within the 3 boroughs of Westminster, Kensington & Chelsea and Hammersmith & Fulham has an integrated Joint Commissioning team. In addition to CAMHS commissioning the team also supports wider Childrens joint commissioning.

CYP IAPT

Current performance is described below:

	CNWL				
	Brent	**Central London**	**Harrow**	**Hillingdon**	**West London**
Number (and %) of supervisors trained in the use of outcome measures for CYP IAPT	2	4	3		5
Number (and %) of clinicians trained in the use of outcome measures for CYP IAPT	3	5	4	*see narrative	7
Funding received for CYP IAPT implementation	£355k*	£415K	*jointly funded	NIL	£370K
Funding utilised for CYP IAPT implementation	£355k*	£325K	*	NIL	NIL

	WLMHT		
	Ealing	**H&F**	**Hounslow**
Number (and %) of supervisors trained in the use of outcome measures for CYP IAPT	0	0	1 = 30%
Number (and %) of clinicians trained in the use of outcome measures for CYP IAPT	4.5 = 100%	4.5 = 100%	3 = 100%
Funding received for CYP IAPT implementation	£292k		£85k
Funding utilised for CYP IAPT implementation	£292k		£85k

CORC training has also been used to support teams to roll out use of ROMS as part of CYPIAPT training for those staff who did not go on formal 1 year trainings therefore the numbers do not reflect what has been supported in the teams. CNWL have 5 people who completed CYPIAPT leadership training specifically. With natural churn and move of staff within London, CNWL have 4 trained staff who have subsequently moved to other Trusts meaning the need to provide ongoing training has an impact on the service. Likewise for WLMHT there have been 8 trained supervisors who have since left the service.

Crisis Care
As part of NWL's Crisis Care Concordat plans a number of developments support an improved crisis response. For adults we have agreed plans for a Single Point of Access phone number 24/7, 365 days of the year. CAMHS out of hours services were developed as part of the previous NWL mental health strategy and service are being implemented in both Trusts.

This includes dedicated CAMHS nurse during extended evening hours whilst 24/7 demand is assessed. The aim is to develop and set up a nursing team which will provide the first point of contact for Children and Young People with mental health problems presenting out of hours. The service will cover all paediatric services in the acute hospitals in the trust area including A&Es.

The service will also be the first point of contact for Urgent Care Centres, 136 suites, GPs, other stakeholders OOH, and adult mental health wards where young people are admitted. The service will provide training to staff working in Paediatric services and an advice and support service to Paediatric services where there may children in need of mental health support on the wards who do not meet the threshold for a referral to a community CAMHS team. The service model was coproduced with Young People who had used Out of Hours services previously.

CAMHS Baseline Waiting times

	CNWL				
	Brent	**Central London**	**Harrow**	**Hillingdon**	**West London**
Current referral to treatment waiting time (in days) for general CAMHS services	79	60	68	77	39
Current referral to treatment waiting time (in days) neurodevelopmental disorder assessment	260				
Current referral to assessment waiting times for emergency referrals (in hours)	4	4	4	4	4
Current referral to assessment waiting times for urgent referrals (in hours)	24	24	24	24	24
Current number of CYP on CAMHS waiting list				228*	

*Hillingdon will use funding from 2015/6 to employ a band 7 nurse to undertake treatment for those on the waiting list at Tier 3 CAMHS. He will see 25 patients per week, on average. There are 49 CYPs on the current waiting time for treatment, with waiting times of 46 weeks. In the tracker document this is referred to as priority 10

Response times are in hours - emergency response to A&E are within 1 hour

Waiting for specific presentations eg neurodevelopmental is described by outlier as CNWL focus on those exceptions.

IT systems - we have the issue of double entry for COMMIT and JADE (CNWL clinical system) however we do have the ability to enter ROMS on the clinical Ipads purchased with CYPIAPT budget. The Trust is moving to SystmOne next year and the CYPIAPT/COMMIT IT needs has been raised and is being worked with as that project moves forward.

	WLMHT		
	Ealing	**H&F**	**Hounslow**
Current referral to treatment waiting time (in days) for general CAMHS services	28	14	28
Current referral to treatment waiting time (in days) neurodevelopmental disorder assessment	365	182.5	365
Current referral to assessment waiting times for emergency referrals (in hours)	4	4	4
Current referral to assessment waiting times for urgent referrals (in hours)	24	24	24

Outcomes

Waiting times are a critical outcome for Service Users – but we recognise that more work is needed with our Service Users and other stakeholders to define the right measures for our services – Patient Reported measures and meaningful outcomes. Our KPIs listed in the Tracker suggested where we believe our early work should focus and on some 'outputs' from 2015/16. We believe a refreshed set of outcomes will be needed as we move into future years of service planning and delivery

Activity and financial position – mitigation strategies

In our original submission we provided some information in the Tracker document – this has been updated (see attached) but we also provide more detail below – and our agreed plans to fill the gaps working jointly across the system, where data is not routinely collected and we do not have easy access to the information we need

In particular we provide more detail in Eating Disorder as this is the area that we have been pushing to make rapid strides on in the short term to enable the new service to commence on a solid footing as soon as possible:

We described the overall current spend on Children and Young People's Mental health services:

Current Investment in Children and Young People's Mental Health			
North West London Area	**Clinical Commissioning Group**	**NHSE (Tier 4 CAMHS)**	**Local Authority**
Brent	£2,471,000	£403,629	£235,751
Ealing	£2,300,000	£464,145	£1,824,971
Harrow	£1,600,000	£366,564	£270,000
Hillingdon	£2,079,226	£388,866	£667,700
Kensington & Chelsea	£2,762,562	£403,040 (West London CCG)	£379,328
Westminster	£1,631,347	£389,130 (Central London CCG)	£638,420
Hammersmith & Fulham	£2,010,863	£409,212	£512,000
Hounslow	£2,629,659	£74,009	£717,000
Total	**£17,484,657**	**£2,898,595**	**£5,245,170**

We have been working to establish more detail – including clarifying with Local Authority which includes Public health to clarify planned changes to investment in 2016/17 and beyond. It is fair to say that we have more detail from some CCGs/boroughs than from others. It is recognised that we need to have a comprehensive understanding of spend across all sectors and we have commitment from our Directors of Childrens Services to work with us to develop this fuller picture. There is considerable sensitivity about releasing information. Where we have joint commissioning functions it has been possible to secure more details – see Harrow example below – but this is not always the case.

Harrow example		
Public Health	**Youth Justice**	**Schools**
£110,000	£32,000 (CCG & LA)	£400,000 (unconfirmed)

We provide below details of existing spend (in addition to Transformation Plan Funding). We recognise that there are still gaps from schools and also public health. There is currently some reluctance from some local authorities to release details of funding which may be subject to significant change. We have requested funding details from youth justice teams and are working with public health teams. School based provision will be a longer term piece of work since this requires conversations at a school based level.

Timeline to establish full current spending:

	Target date	Note
Public Health	January 2016	Details provided by below where possible
Education and schools	Ongoing	Challenging due to individual nature of funding decisions at school level
Youth Justice	December 2015	
Local authority – plans for 2016/17	January 2016 following agreement in December	Details provided by Ealing, Westminster, K&C and H&F

Triborough information:

Public Health have no dedicated CAMHS preventative spend. There are a series of initiatives that impact on CAMHS, and Public Health have consulted with local clinicians and commissioners. This includes

1. Re-commissioning school nursing
2. PH report of training needs and YPs Mental Health
3. Re-commissioning Substance Use Services
4. Prevention of Suicide Group

Youth Offending Teams across the three CCGs have an embedded CAMHS worker supporting young offenders.

There are almost 200 schools across the three local authorities. A 2014 Triborough Task and Finish Group engaged with schools in all three Las and found a mixed picture. Schools, on an ad hoc basis, have purchased input from counsellors, art therapists, family therapist and psychotherapists. These are individually contracted arrangements between schools and individuals. Mapping these initiatives (and spend) accurately with significant school autonomy is difficult if not impossible.

Brent detail

17 schools are paying a total of £161,600 in 2015/16 for the TAMHS project The Local Authority is paying £105,000 towards this service.

Public Health gave a one off grant of £30,000 for a Mental Health in Schools Programme for 2025/16 to include training for school staff and workshops for parents.

15 schools in the borough have The Place to Be (cost unknown by LA)

Many schools have their own school counsellors employed, and use a range of agencies for CAMHS support: e.g.Brent Centre for young people, Anna Freud Centre (cost of these unknown by LA)

Current spend in each CCG (without planned additional investment from Transformation Plans)

Priority	Harrow 15/16	Hillingdon 15/16	Hounslow 15/16	Ealing 15/16	Brent 15/16	Central 15/16	West 15/16	H&F 15/16
2. Co-production						Investment with Rethink Mental Health to support young champions across all three CCGs. £25k		
3. Workforce training and development				Annual Young People's health conference for health professionals. Spring conference 2016 to promote integrated whole school approach to emotional wellbeing and mental health needs.				H&F local authority fund joint Educational Psychology and CAMHS training for school staff and other professionals . £33k
4. Eating disorders	£104k (approx)							
5. Redesigning Pathways		Waiting lists £120k	Schools fund 31% of the Youth Counselling Service at present (total budget £280k so approx. £86,800) and	The Local Authority/CCG funded healthy schools team works on a number of mental health related issues. For example				

			the education department employs 4 specialist teachers as part of the CAMHS team.	suicide and self harm guidance has been developed for schools. An emotional resilience pack is also being developed for schools. FGM guidance and training has been provided to schools as well as guidance on radicalisation.				
6. ND and LD	£97k (approx.)	£199k		LA funded team providing intensive support to families (DGV) CCG funding is contained within block contract £94k	The LA commission WLMHT to provide direct interventions for children with LD and support to carers of Children Looked-After (CLA) in a single contract, this has been broken-down on very approximate activity basis. PH £0 LA £200K CCG £130k	LD and ND services are delivered by both CNWL and WLMHT as part of their block contract. In each CCG area 1-2 staff are dedicated to LD and ND work. Figures provided are therefore indicative: £70,000 to 100,000 for each CCG area. £225k to 300k		

7. Crisis and urgent care	£104k (approx)	OOH services £330k		CCG funds CNWL to provide out of hours support. £42,000	CCG £140k	NWL CCGs committed to improving out of hours crisis care in 2015-16. CL, WL and H&F CCG have increased investment with CNWL and WL MHT to provide waking psychiatric nurses in the evenings, weekends and bank holidays. Services are still being developed (recruitment underway) by CNWL and WL MHT. Figures are indicative. £99k (HF) £89k (CL) £82k (WL)	
8. Embedding Future in Mind			In 2015/16 Hounslow CCG has invested £133k in a new CAMHS Out of Hours model, £87k in CAMHS Paediatric Liaison, £58k in a CAMHS Nurse in the YOS, £93k in adding capacity to the neurodevelopmental service, £15k in adding	The Liaison and Diversion role in the Ealing YJS is funded by NHS England and is one FTE Band 7 nurse post (about £50k).	£10938 is the support to carers of CLA and the children's social workers £40,512 is CAMHS input to a Family assessment service (now decommissioned) provided by Tavistock & Portman Trust	CL & WL plan to deliver a joint short term project on early years, attachment, and early intervention, working with CNWL. Short term scoping work on utilising new technologies and social media opportunities will also be undertaken. £48k (CL) £29k (WL)	HF will fund short term project to map improvements in data accuracy and opportunities presented by new technologies and social media. This will include timely and high quality provision of education health and care plans. 34,000 (HF)

			capacity in the Youth Counselling Service, £25k in a public health Resilience programme (all funded through parity of esteem investment) – posts still in recruitment so spend not expected until Q4.					
CYP IAPT	NHSE £22k (approx.)			NHS E £28k	NHSE £26.5k			
General points		The remaining CCG spend is the block contract of £1.43M		LBE Public Health spend focusses on adult mental health not children's mental health services.				

Mitigation plans for 2015/16 spend

In addition to the overarching mitigation plan detailed below each CCG has adapted this to address specific local challenges. The approach described reflects the dispersed leading we have applied to progressing priorities locally, across the MHT patches and across NWL.

In the original Transformation Plan we provided details of risks to delivery – the table below is a subset of our overall risk register which specifically addresses the risks relating to in year spend. The risks register is a dynamic document and as such may not be appropriate to publish within the final Transformation Plan.

The monthly CAMHS Steering Group reviews the risk register – and financial projections and actuals.

Priority No	Element	Risk	Probability	Severity of Impact	Impact Rating	Status	Date Logged	Owner	Mitigation Plan/Status
1. Needs Assessment	JNSA for CYP for 5 CCGs (excludes Brent, Hillingdon & Harrow)	Appropriate provider unable to complete detailed JNSA within timescales	2	1	2	Open	23/11/2015	Like Minded	Like Minded have drafted specification for comment. Once agreed, provider to be procured through existing routes. Possibility to extend period for completion of the assessment in to Q1 2016/17
2. Co-production & Engagement	Co-production	Infrastructure or resource to meet specification requirements not agreed	2	3	6	Open	23/11/2015	Local CAMHS Commissioners	Discussions taking place with local organisations within each CCG. A spec drafted to support these discussions and ensure rapid agreement.

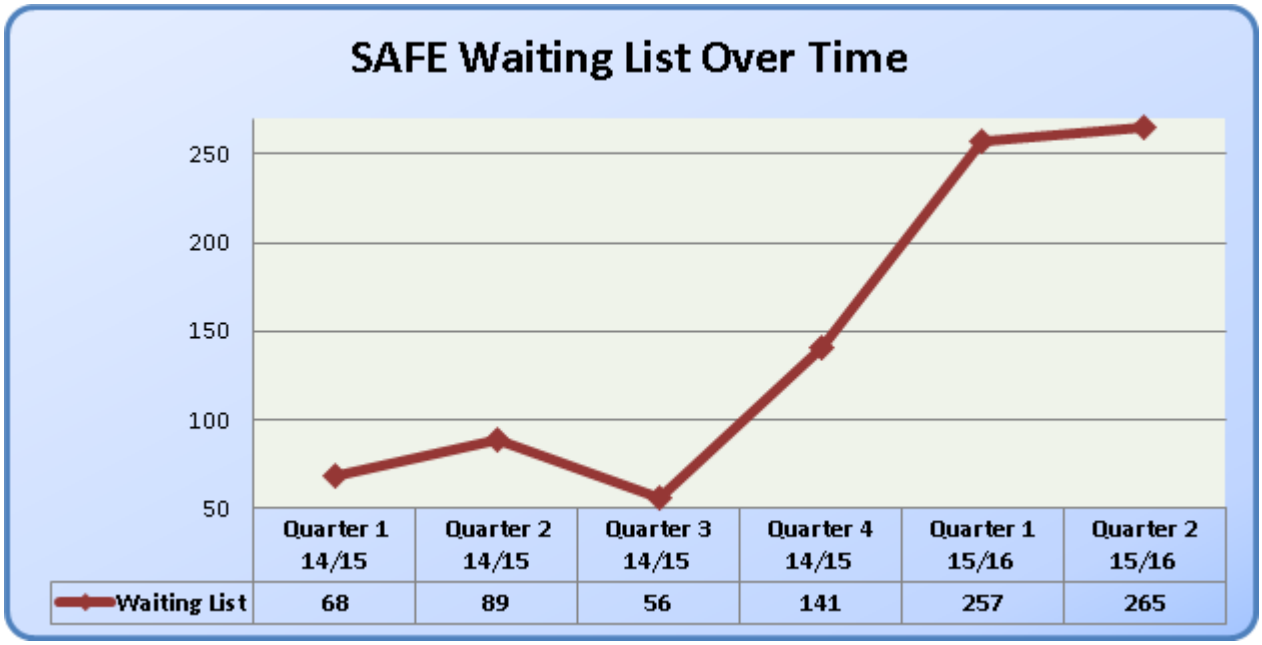
3. Workforce & Training	Training needs analysis & training programme review	Appropriate provider unable to complete detailed TNA and programme review within timescales	2	1	2	Open	23/11/2015	Like Minded	Like Minded have drafted specification for comment. Once agreed, provider to be procured through existing routes. Possibility to extend period for completion of the assessment in to Q1 2016/17. Any developing short fall will be considered for a short term primary care preventative young people's mental health initiative.
3. Workforce & Training	Selected number staff to be trained	Training does not cover wide enough spread	3	4	12	Open	23/11/2015	Local CAMHS Commissioners	Staff training starts on booked in 15/16. Discussion to take place with providers/voluntary sector providers re provision.
4. Community Eating Disorder Service	New eating disorder service to be commissioned by 3 CCGs from WLMHT and 5 CCGs from CNWL.	Lack of baseline activity from WLMHT will impede contractual process Baseline activity received from CNWL.	4	3	12	Open	23/11/2015	WLMHT /CNWL/ Local CAMHS Commissioners	Plan in place to gather baseline data and set clear expectations re service delivery in Q3/Q4.
4. Community Eating Disorder Service	New eating disorder service to be commissioned by 3 CCGs from WLMHT and 5 CCGs from CNWL.	Inability to recruit staff to work within ED service will impact on new service development	3	4	12	Open	23/11/2015	WLMHT /CNWL/ Local CAMHS Commissioners	Agency staff to be employed on interim basis. Providers to consider hiring on an interim basis a Project Manager, administrator and psychology assistant(s) to support

									data processing and service outcomes in 2015/16
5.Transforming Pathways	Redesign of CAMH pathways	Scoping exercise is not completed satisfactorily within given timescales	2	2	4	Open	23/11/2015	Like Minded/ Local CAMHS Commissioners	Like Minded have drafted a specification for the pathway redesign project.
5.Transforming Pathways	Clearing waiting lists	Inability to recruit staff to reduce waiting lists	3	4	12	Open	23/11/2015	Local CAMHS Commissioners	A plan is being negotiated presently to address recruitment issues and waiting list targets for community CAMHS.
6. Learning Disabilities & Neuro Development Disorders	Clearing waiting lists	Inability to recruit staff to reduce waiting lists	3	4	12	Open	23/11/2015	Local CAMHS Commissioners	A plan is being negotiated presently to address recruitment issues and waiting list targets. Agency staff to be utilised to speed up delivery.
8. Embedding Future in Mind Locally	CAMH input in to youth offending	WLMHT Specialist Tier 3 Practitioner not in post until end of March 2016 CNWL YOT plans for increased capacity not realised	3	4	12	Open	23/11/2015	CNWL/ WLMHT /SB/AC/ TP	Specification to be finalised by end November 2015. 20K allocated for agency cover on interim basis, including money for resource development across the Trusts/LA for client electronic record systems.
8. Embedding Future in Mind Locally	CYP IAPT programme continues and delivers robust data capture and clinical delivery.	CYP IAPT programme stalls. Data collection is inadequate.	2	2	4	Open	23/11/2015	CNWL/ WLMHT /SB/AC/ TP	Across the Tri-borough, 45K allocated for 2 WTE Assistant Psychologists for manual data collection, whilst robust data systems are further developed.

Ealing example of local mitigation – priority 5

100K 15/16 funding to be used over 13 weeks Q4

1. Employ interim staff – 2.5 wte Band 7 Clinical Psychologists plus 1 wte Band 3 Administrator
2. Waiting list currently in SAFE



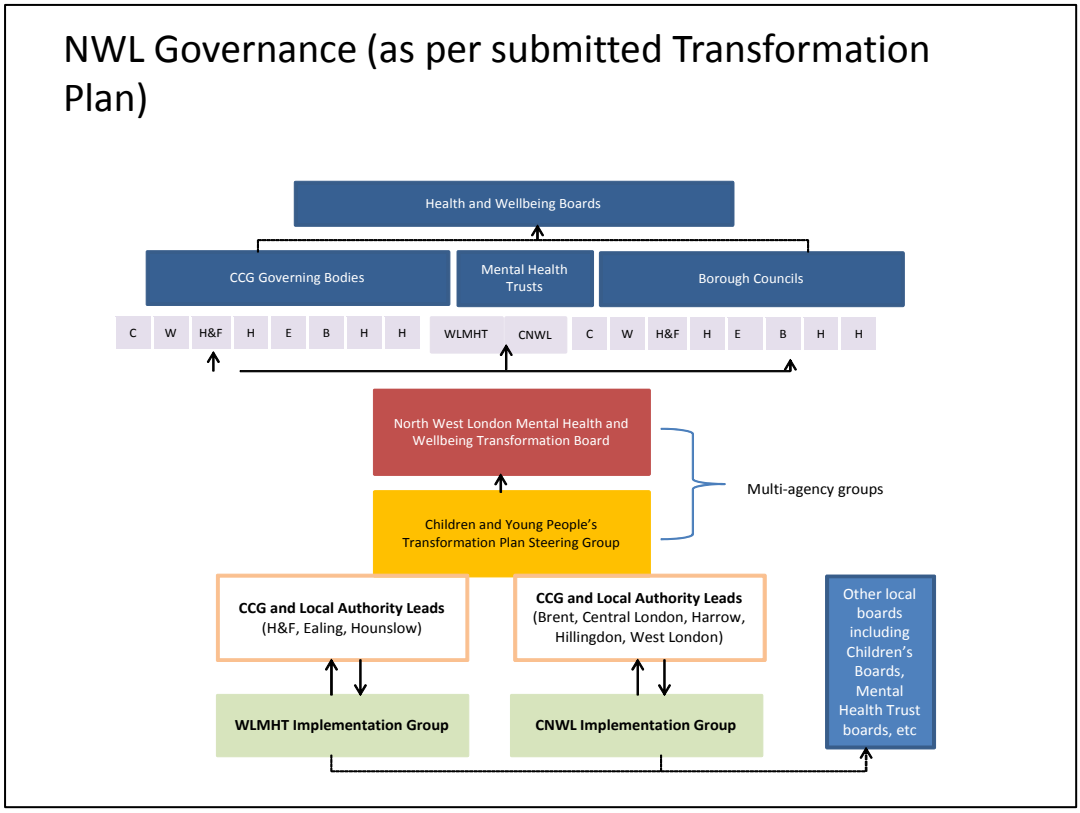
3. Reduce the waiting list down from current 6 months to 28 day target
4. Enable the service to re-organise its practices to focus on throughput

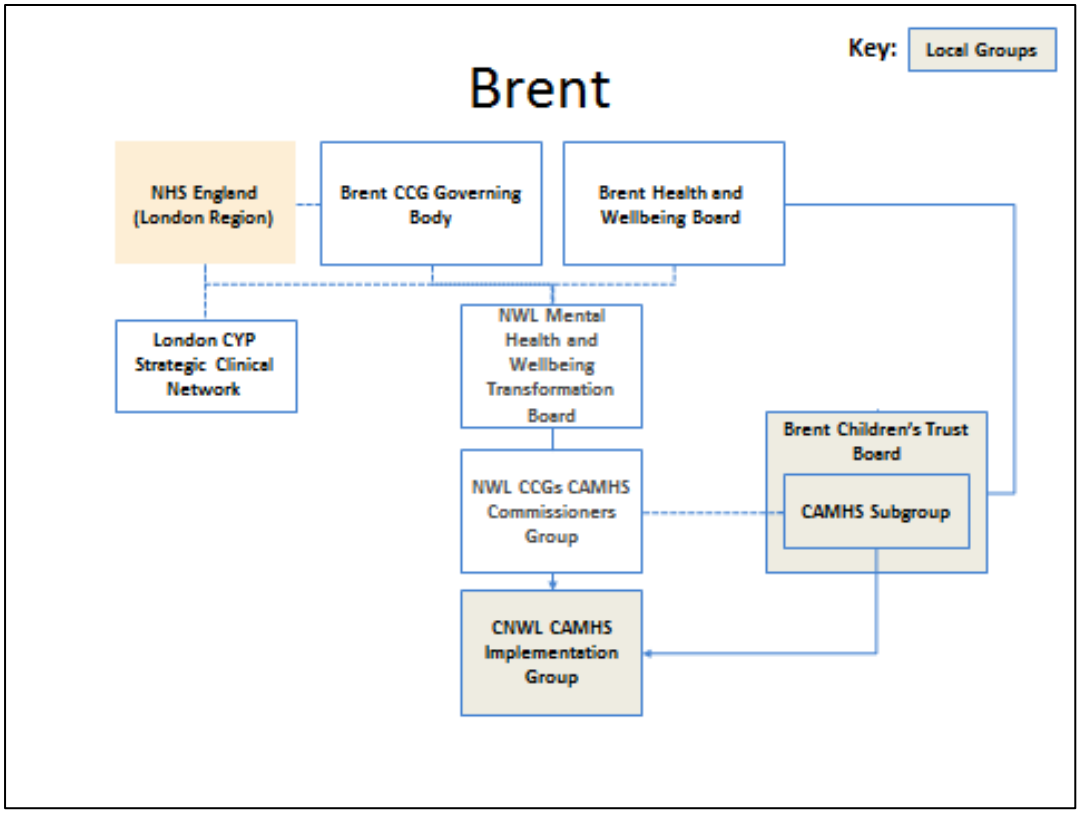
9.0 <u>Governance – NWL and locally</u>

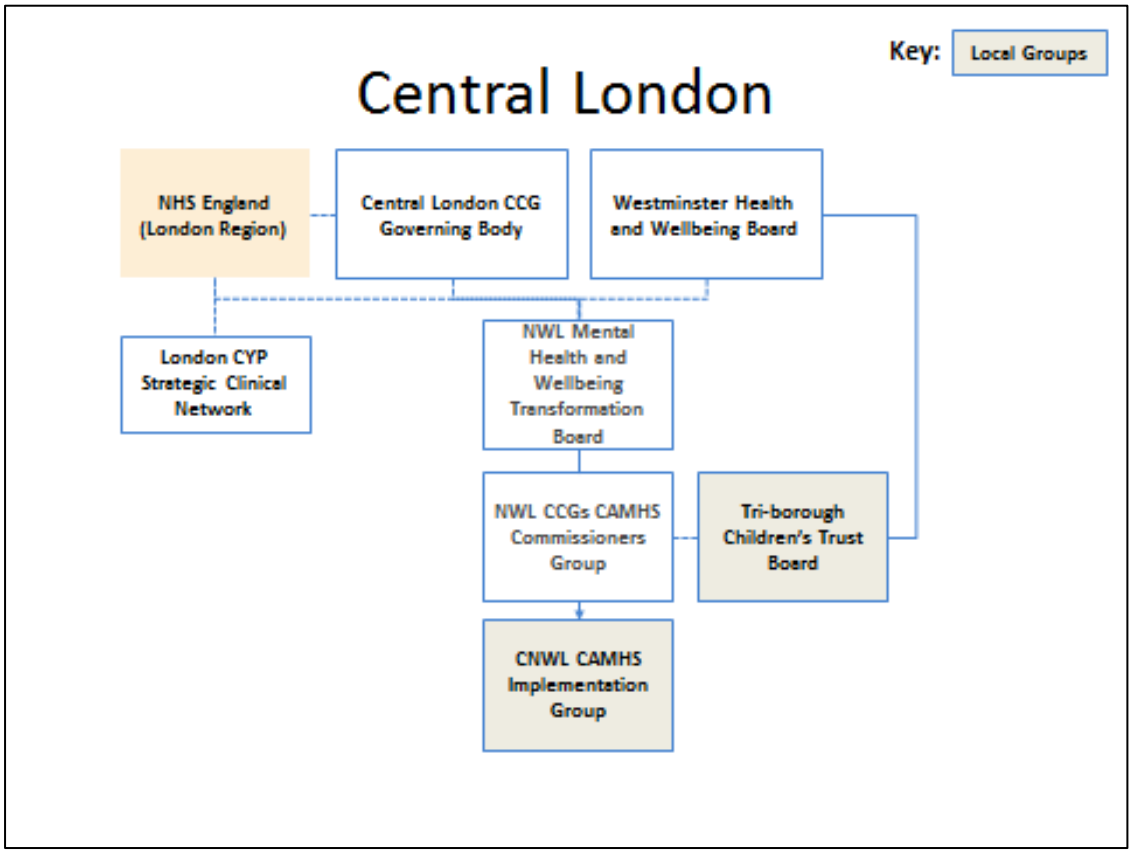
In developing our plans – and in ensuring we continue to work collaboratively across North West London - we have a clear governance structure at the NWL level. We also know that transformation happens at the local level and much of our plans will be delivered locally. Each CCG has a clear structure for engaging different agencies in delivering change – these ensure connections to local decision making bodes in CCGs and Local Authorities as well as the right links to wider Childrens work and Mental health developments:

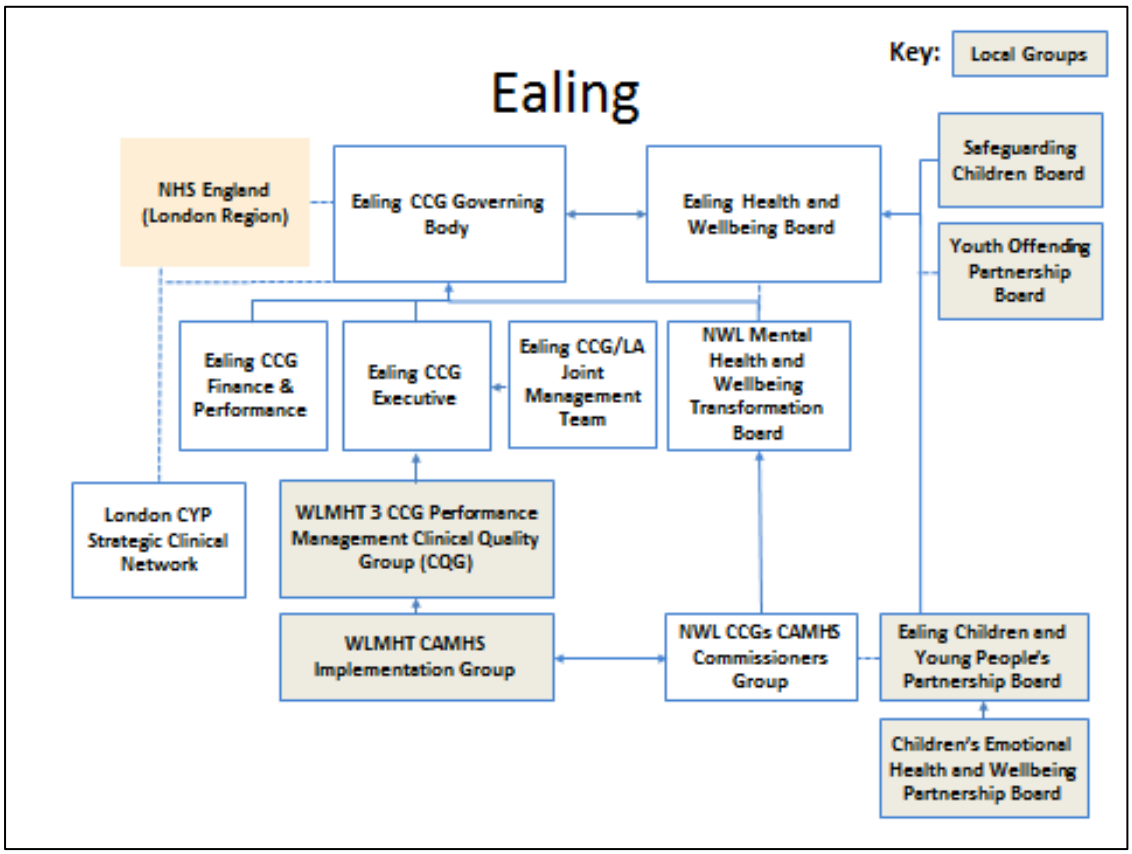
The Transformation Board at a NWL level has NHS England representation providing a clear link to specialist commissioning and Health in Justice teams.

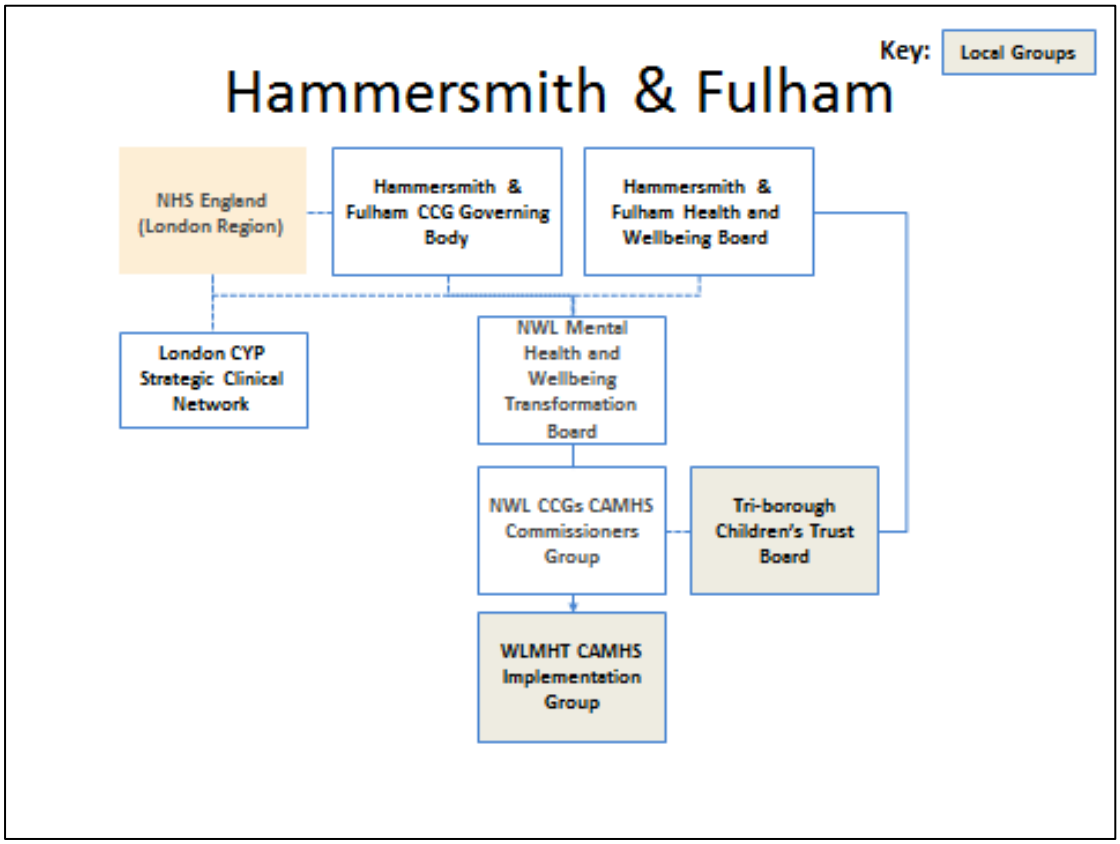
We provide below local governance charts (excluding Harrow that was previously submitted) for each CCG/borough in NWL.

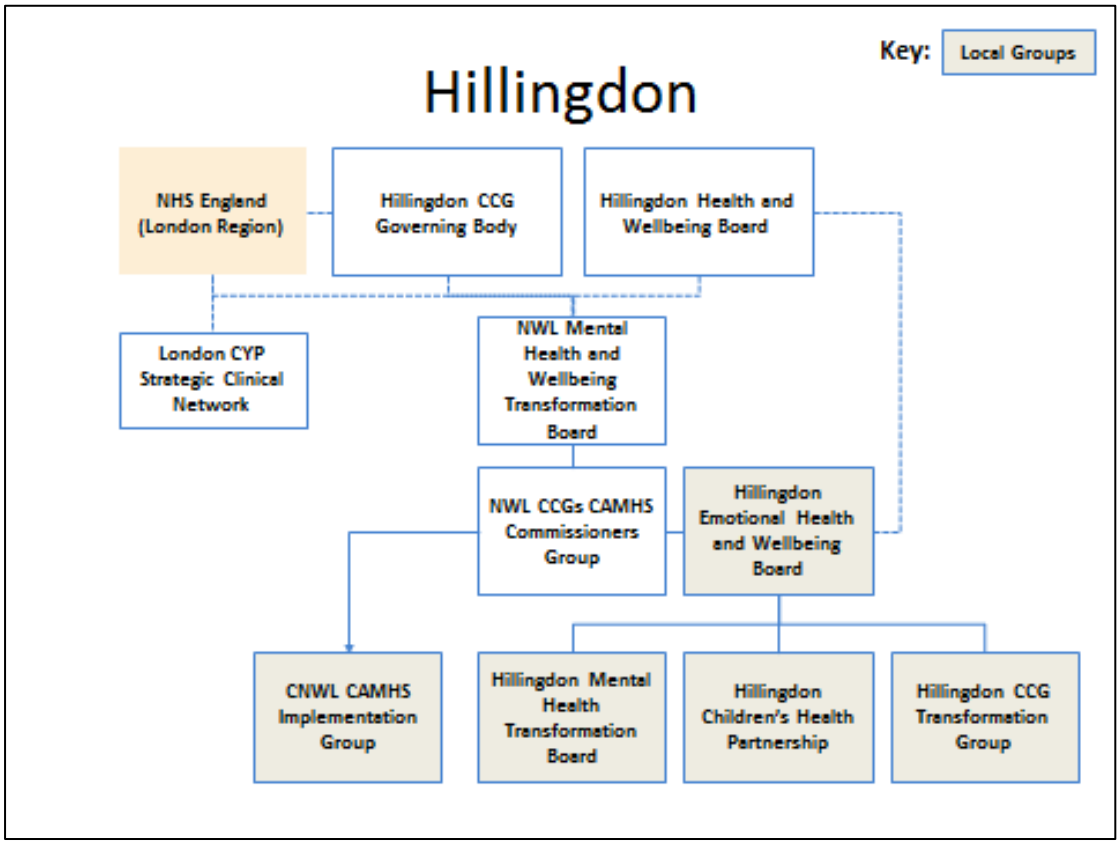


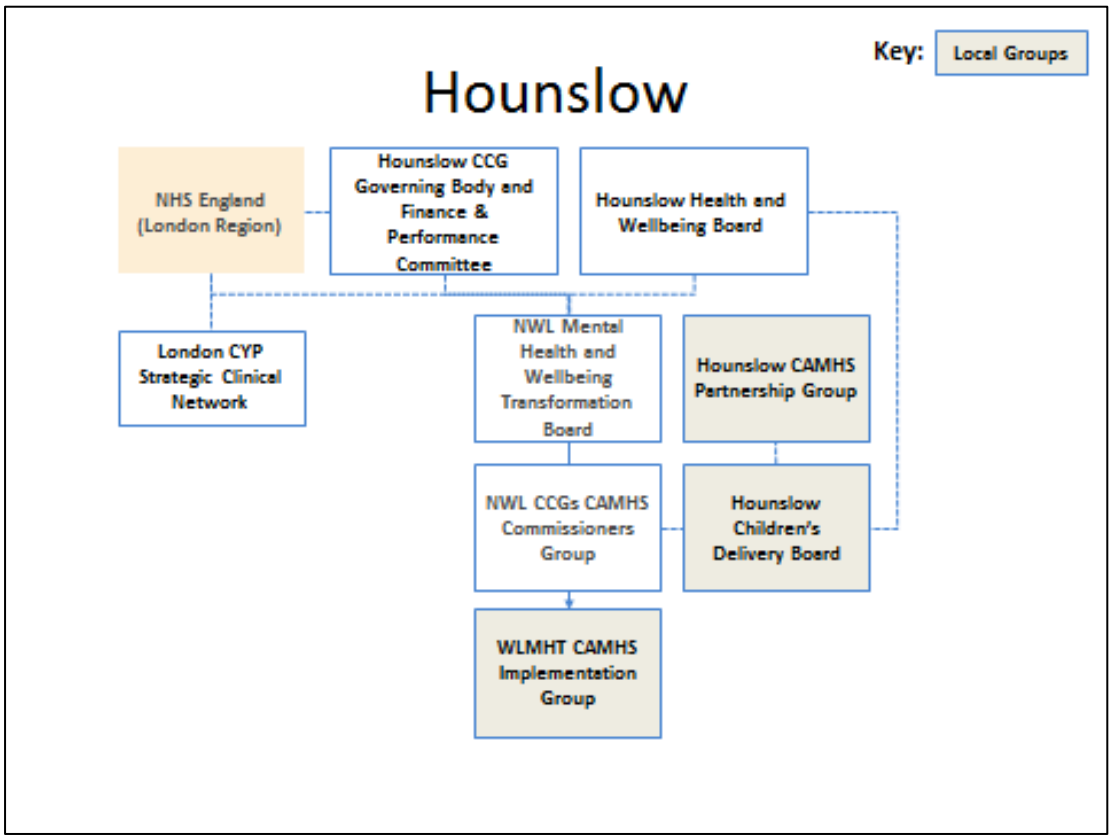



Key:
Local Groups
Central London
NHS England (London Region)
Central London CCG Governing Body
Westminster Health and Wellbeing Board
London CYP Strategic Clinical Network
NWL Mental Health and Wellbeing Transformation Board
NWL CCGs CAMHS Commissioners Group
Tri-borough Children's Trust Board
CNWL CAMHS Implementation Group


Key:
Local Groups
Ealing
NHS England (London Region)
Ealing CCG Governing Body
Ealing Health and Wellbeing Board
Safeguarding Children Board
Youth Offending Partnership Board
Ealing CCG Finance & Performance
Ealing CCG Executive
Ealing CCG/LA Joint Management Team
NWL Mental Health and Wellbeing Transformation Board
London CYP Strategic Clinical Network
WLMHT 3 CCG Performance Management Clinical Quality Group (CQG)
WLMHT CAMHS Implementation Group
NWL CCGs CAMHS Commissioners Group
Ealing Children and Young People's Partnership Board
Children's Emotional Health and Wellbeing Partnership Board


Key:
Local Groups
Hammersmith & Fulham
NHS England (London Region)
Hammersmith & Fulham CCG Governing Body
Hammersmith & Fulham Health and Wellbeing Board
London CYP Strategic Clinical Network
NWL Mental Health and Wellbeing Transformation Board
NWL CCGs CAMHS Commissioners Group
Tri-borough Children's Trust Board
WLMHT CAMHS Implementation Group


Key:
Local Groups
Hillingdon
NHS England (London Region)
Hillingdon CCG Governing Body
Hillingdon Health and Wellbeing Board
London CYP Strategic Clinical Network
NWL Mental Health and Wellbeing Transformation Board
NWL CCGs CAMHS Commissioners Group
Hillingdon Emotional Health and Wellbeing Board
CNWL CAMHS Implementation Group
Hillingdon Mental Health Transformation Board
Hillingdon Children's Health Partnership
Hillingdon CCG Transformation Group


Key:
Local Groups
Hounslow
NHS England (London Region)
Hounslow CCG Governing Body and Finance & Performance Committee
Hounslow Health and Wellbeing Board
London CYP Strategic Clinical Network
NWL Mental Health and Wellbeing Transformation Board
Hounslow CAMHS Partnership Group
NWL CCGs CAMHS Commissioners Group
Hounslow Children's Delivery Board
WLMHT CAMHS Implementation Group

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	Scrutiny Committee 9 February 2016 **Report from the Chief Executive's Department**
For Action	Wards Affected: ALL

Safer Brent Partnership Annual Report 2015

1.0 Summary

1.1 This covering report accompanies the Annual Report 2015 from the Brent Safer Partnership. The Safer Brent Partnership is the statutory community safety partnership under section 5 of the Crime and Disorder Act 1998. Under the act the council has a legal responsibility to consider the impact of crime and disorder in relation to council services and to collaborate with local partners to reduce crime, disorder, substance misuse and reoffending.

1.2 The Partnership produces a strategy and annual report to guide its work and focus resources on those areas of need. In additional a number of operational sub-groups of the main Partnership Board lead on implementing specific priorities within the strategy.

1.3 The Scrutiny Committee is legally required to consider the work of the Safer Brent Partnership at least once during each municipal year.

2.0 Recommendation

2.1 Members of the Scrutiny Committee are requested to consider the annual report from the Safer Brent Partnership and to comment as appropriate.

3.0 Detail

3.1 The Safer Brent Partnership is the statutory community safety partnership for the Borough. The Partnership is composed of the following 'Responsible Authorities' under the Crime and Disorder Act 1998.

- London Borough of Brent

- Metropolitan Police
- London Fire Brigade
- National Probation Service
- Community Rehabilitation Company
- NHS Brent Clinical Commissioning Group

3.2 The Safer Brent Partnership has agreed to co-opt the Chair of Brent's Safer Neighbourhood Board, Brent Housing Partnership, the Brent Council for Voluntary Services and Victim Support as members of the Board. This will bring an additional level of knowledge and experience to the partnership and provide access to the broader resources of the voluntary sector, as well as bringing greater understanding of the needs and perceptions of the community.

3.3 The Safer Brent Partnership are responsible for undertaking an annual assessment of the crime and disorder issues in the borough and setting strategic priorities for the reduction of crime and disorder. Its work is supported by a number of operational subgroups. The Safer Brent Partnership is chaired by the Chief Executive of Brent Council, Carolyn Downs. Members of the Safer Brent Partnership will be in attendance at the Scrutiny meeting to answer Member's questions.

3.3 The work of the Safer Brent Partnership during the period 2015 was focused on six priorities. These were:-

- Violence against Women and Girls
- Gang-related offending
- Anti-Social Behaviour
- Reducing Reoffending
- Preventing Radicalisation
- Child Sexual Exploitation

3.4 Members of the Scrutiny Committee are requested to consider the annual report from the Safer Brent Partnership and the outcomes from their work.

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Safer Brent Partnership

Annual Report 2015

Introduction

This report describes the activities of the Safer Brent Partnership in support of its 2014-17 crime and disorder reduction strategy.

What is the Safer Brent Partnership?

The Safer Brent Partnership is the statutory community safety partnership under s5 of the Crime and Disorder Act 1998. It confers a legal responsibility on the agencies named below to consider the impact on crime and disorder of everything that they do, and to jointly create a strategy to reduce crime, disorder, substance misuse and reoffending in Brent. Those agencies – known as "Responsible Authorities" are:

- London Borough of Brent
- Metropolitan Police
- London Fire Brigade
- National Probation Service
- Community Rehabilitation Company
- NHS Brent Clinical Commissioning Group

Each of these partners is bound under section 17 of the Crime and Disorder 1998. The Act states each authority needs to do all it reasonably can to prevent crime and disorder and to ensure services give due regard to crime and disorder. More information on the role of each individual agency can be found below.

The partnership has agreed to co-opt the Chair of Brent's Safer Neighbourhood Board, Brent Housing Partnership, the Brent Council for Voluntary Services and Victim Support as members of the Board. This will bring an additional level of knowledge and experience to the partnership and provide access to the broader resources of the voluntary sector, as well as bringing greater understanding of the needs and perceptions of the community.

The **London Borough of Brent** is responsible for co-ordinating the partnership through the Community Safety team. The Chief Executive chairs the partnership and senior Directors representing strategic links to other partnership boards (Local Safeguarding Children's Board, Health and Wellbeing Board, Safeguarding Adults Board) also attend to provide co-ordination across the piece. The Leader and Lead Member attend providing clear democratic accountability. As well as co-ordinating the partnership, the council can bring a wide range of services to bear to tackling the priorities of the partnership.
The **Metropolitan Police** provide the majority of the visible presence of the partnership, and have the broadest range of dedicated community safety resource, with over 600 police officers allocated to Brent borough and a vast array of centralised specialist services when required.

The **London Fire Brigade** bring a focus on prevention and risk to the partnership, providing resource for working with vulnerable people and premises and a strong set of opportunities for community engagement.

The **National Probation Service** oversees the rehabilitation of the most prolific and high-risk offenders. Their role in the partnership is to support the strategic objectives by working with those offenders who most contribute to the detriment of community safety.

The **Community Rehabilitation Company** works with the remaining 80% of offenders requiring supervision – those who are low and medium risk. This will include the majority of offenders brought to the notice of the partnership.

The **Clinical Commissioning Group** is responsible for commissioning healthcare services in the borough. On the CSP the CCG plays a vital role, as health (and especially mental health) provision underpins a great deal of offending behaviour; similarly, the impact of crime and disorder creates substantial levels of demand on healthcare services. Developing preventative work in partnership can have a huge impact on reducing demand on services

Representatives from the responsible authorities meet bimonthly to oversee the work of the partnership. This group is responsible for undertaking an annual review of current crime and disorder issues, called a 'strategic assessment', to ensure that the partnership can focus resources where they are most needed.

Attendance of statutory partners at Safer Brent Partnership meetings in 2015

	Brent Council	Brent Police	London Fire Brigade	National Probation Service	Community Rehabilitation Company	Clinical Commissioning Group
2 Dec 14	✓	✓	✓	✓	✓	✓
24 Feb 15	✓	✓	✗	✗	✗	✗
21 May 15	✓	✓	✗	✗	✓	✗
16 Jun 15	✓	✓	✗	✓	✗	✗
8 Sep 15	✓	✓	✗	✓	✓	✗
10 Nov 15	✓	✓	✓	✗	✗	✓

To address this each senior representative from a statutory agency has been contacted to discuss the board and their responsibilities therein.

Priority areas are identified from the strategic assessment process and a partnership plan is produced to outline how the issues will be tackled. Operational work is co-ordinated through a range of partnership sub-groups which identify relevant actions to address each priority area; these are captured in action plans.

Priorities 2014-17

The Safer Brent Partnership agreed a new strategy on 3 December 2014. This strategy runs for three years (2014-17) and will be refreshed annually. The strategy describes a new model of community safety for the Safer Brent Partnership, focussed less around tackling individual crime types and with a greater focus on:

- Reducing demand
- Identifying and addressing the needs of the most vulnerable
- Integrating better with other processes to be more efficient

- Making communities more resilient.

The work of the partnership adheres to the HIPE model:
Harm-focused

Intelligence-led

Problem-oriented

Evidence-based

The strategy set six priorities:

- Violence against Women and Girls
- Gang-related offending
- Anti-Social Behaviour
- Reducing Reoffending
- Preventing Radicalisation
- Child Sexual Exploitation

Violence against Women and Girls - *supporting victims of these crimes and bringing the perpetrators to justice:*

- Domestic violence
- Female genital mutilation
- Sexual exploitation (incl. trafficking & prostitution)

Gang-related Offending - *identifying those affected by gangs and encouraging exit through diversion or enforcement*

- Dismantling criminal networks
- Tackling violent crime

Anti-social behaviour – *tackling ways of behaving that make people feel uncomfortable or unsafe in our shared public spaces*:

- Protecting vulnerable locations
- Managing prolific offenders of ASB
- Safeguarding vulnerable victims

Reducing Reoffending – *managing the needs of the most prolific offenders to reduce offending rates*

- Managing the Integrated Offender Management programme
- Supporting the Youth Offending Team
- Integrating offender management with the Troubled Families programme

Preventing Radicalisation – *safeguarding those most at risk of radicalisation*

- Managing the Channel and Prevent Case Management programmes
- Commissioning Prevent projects to develop community support and understanding
- Delivery training to frontline workers

Child Sexual Exploitation – *protecting those most at risk of ongoing sexual abuse*

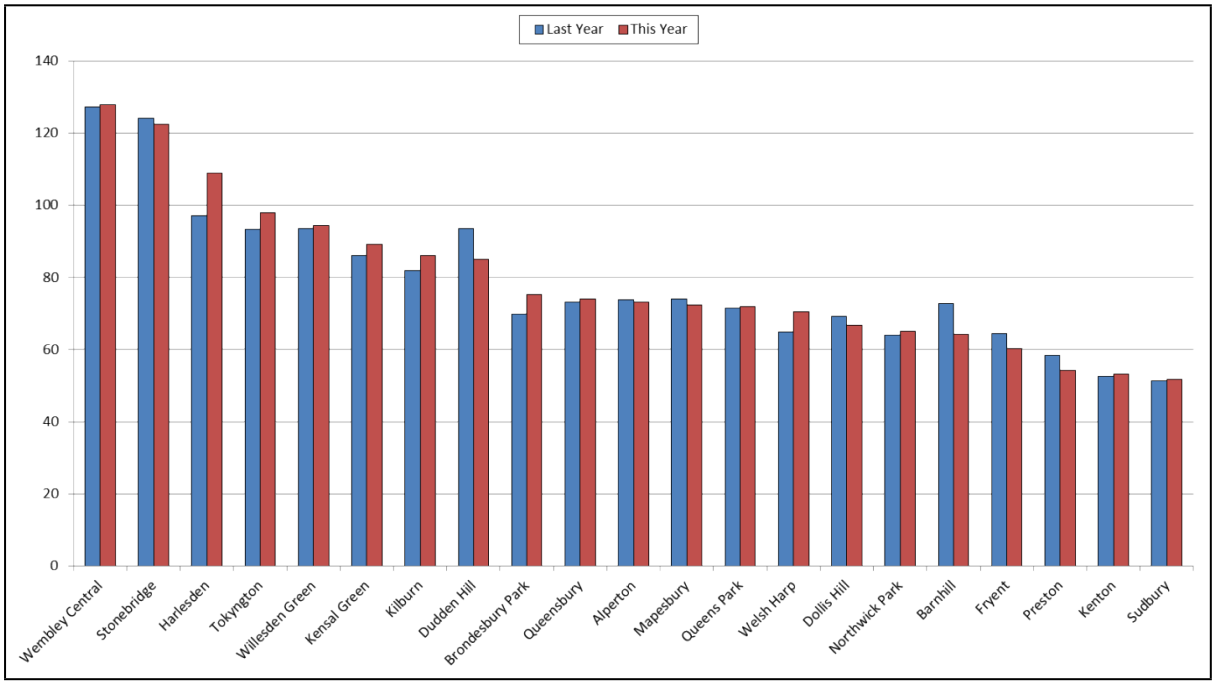
- Understanding the scope of the issue in Brent
- Working together to disrupt perpetrators and bring them to justice
- Identifying those at risk and safeguarding them

Performance 2015

The Safer Brent Strategy 2014-17 outlines the following outcomes for the partnership.

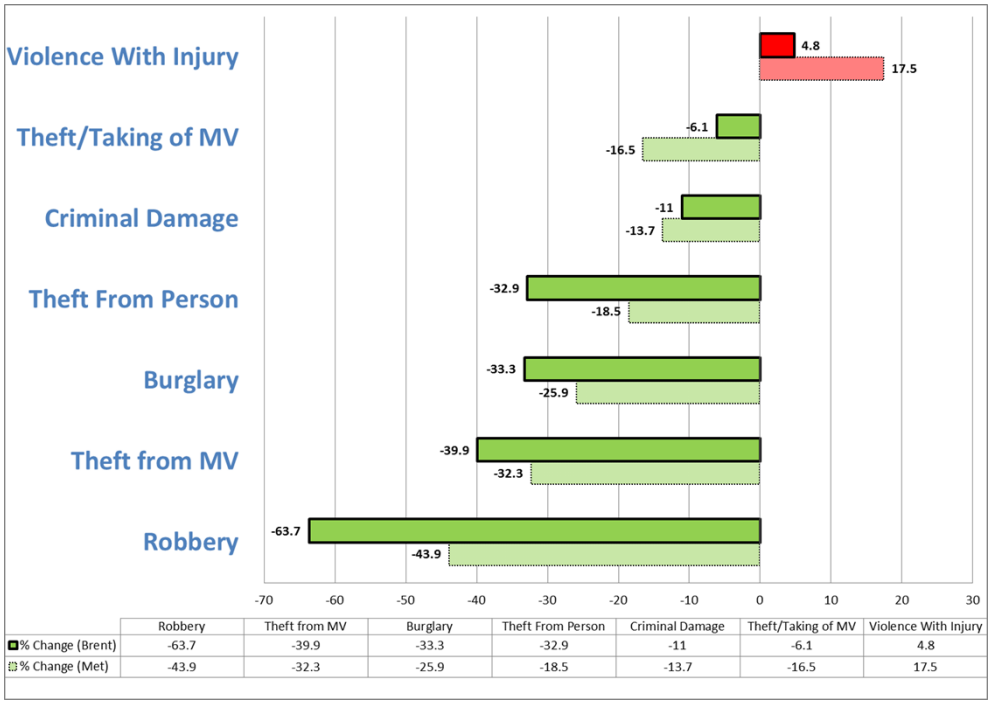
What will we do?	How will we measure it?	How are we progressing?
We will aim to be in the lowest third of our Most Similar Group cluster for the overall crime rate	Total Notifiable Offences per 1000 population, as per Home Office approved statistics	We are currently in the bottom (lowest) third of our Most Similar Group – 5th from 15
We will reduce the harm caused to the most vulnerable victims of domestic abuse	Comparative risk assessments undertaken before and after intervention	90% of survivors in our service report reduced risk following our intervention
We will reduce the risk of vulnerable young people being sexually exploited	Number of young people being victims of sexual offences	This data is not available
We will increase resident's feelings of safety	Resident's Survey	6% feel unsafe in daytime 27% feel unsafe at night. This survey has not been repeated in the past 12 months
We will improve the public confidence in the ability of the police and partners to tackle issues that matter in their area	MPS Public Attitude Survey	The extent to which the questions "To what extent do you agree that the local police are dealing with the things that matter to people in this community" has fallen over the past 12 months.
We will increase the number of gang nominals successfully exiting gang and criminal activity	Gang nominals exiting PMAP having not come to notice or been convicted of criminal offences within six months	The number of gang nominals exiting PMAP and not coming to notice has fallen.
We will reduce offending of those gang members targeted through the "call-in" process	Ministry of Justice reoffending measure applied to those gang members invited to call-in sessions	We do not yet have conviction data for this cohort. There is a requirement for a minimum of 18 months between intervention and measure.
We will reduce the risk to the most vulnerable people referred to our Community MARAC	Comparative risk assessments undertaken before and after intervention	The average risk score for a referral to the CMARAC has fallen 35.7%
We will reduce the anti-social behaviour caused by the most prolific perpetrators	Comparative risk assessments undertaken before and after intervention	The average risk reduction score for the whole cohort is 24.8%.
We will reduce the offending rates of the most prolific offenders	Ministry of Justice reoffending measure	The reoffending rate of the IOM cohort has fallen -47.4%

Total Notifiable Offences recorded by Brent Police by ward



The number of Total Notifiable Offences – all crimes – in Brent has fallen from 25,678 to 25,208, a fall of 68 offences. Harlesden has seen the largest increase and Barnhill the largest decrease.

Brent/Met MOPAC 7 comparison – current % change (21/10/2015) since financial year 11/12

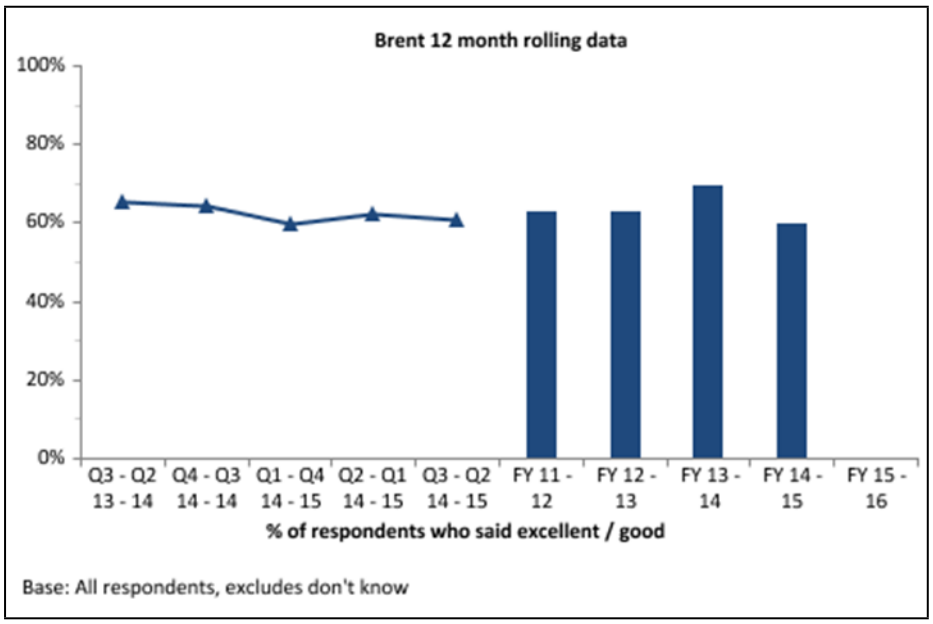


	Robbery	Theft from MV	Burglary	Theft From Person	Criminal Damage	Theft/Taking of MV	Violence With Injury
% Change (Brent)	-63.7	-39.9	-33.3	-32.9	-11	-6.1	4.8
% Change (Met)	-43.9	-32.3	-25.9	-18.5	-13.7	-16.5	17.5

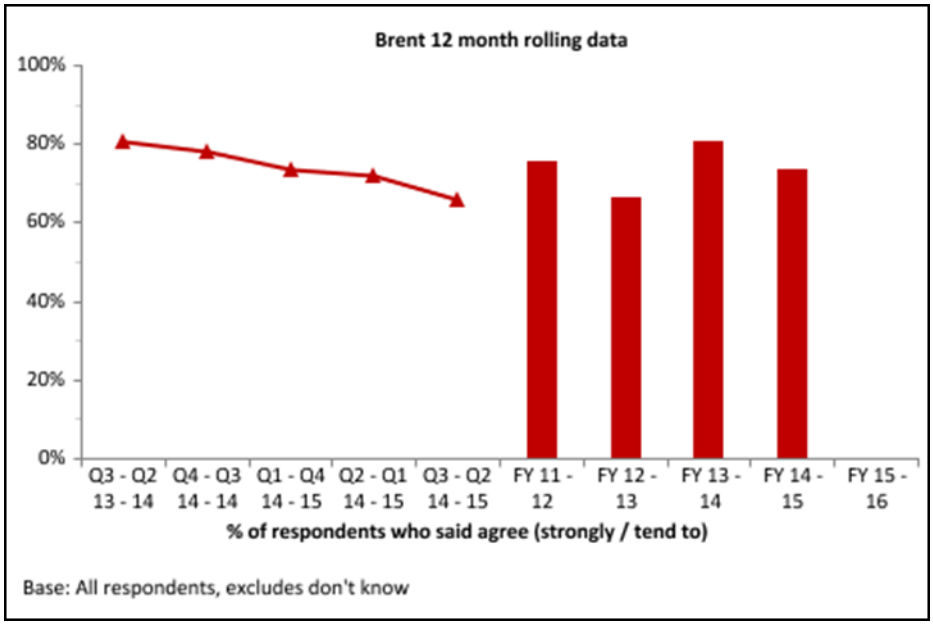
Brent is performing well against the rest of London in the MOPAC 7 crime basket.

Public Confidence in Policing

Taking everything into account, how good a job do you think the police in this area are doing?



To what extent do you agree that the local police are dealing with the things that matter to people in this community?



The two measures included above demonstrate a fall in public confidence in policing in Brent since 2013. This is more marked in the question regarding local police dealing with the things that matter; this may be a reflection of the perceived reduction in Safer Neighbourhood policing by the public over this period. Falls in confidence in policing can also be linked to media coverage of policing in other areas, and the general perception of the Metropolitan Police's performance and conduct in high-profile issues (for example, policing public order events or reports of historic events such as undercover policing tactics). It is

also worth noting that performance here is on a relatively small sample size with large confidence intervals.

Information Sharing

Information is shared across the Safer Brent Partnership through the s115 Information Sharing Protocol, which allows for the sharing of both personalised and depersonalised information across agencies for the purposes of crime prevention and reduction. This protocol is reviewed each year. The 2016 review has found no requirement for alteration. Other boroughs have used the protocol as a template for their own and have recognised it as good practice. An information commissioner's inspection in 2015 found no issues with the protocol.

Priority 1: Violence against Women and Girls

Why was it a priority?

Violence against women and girls (VAWG) is a key issue for Brent and requires a multi-agency approach to tackle it successfully. VAWG is not simply a synonym for domestic abuse, although domestic abuse is a key part of a successful VAWG strategy. VAWG incorporates domestic abuse, sexual violence, stalking, prostitution, female genital mutilation (FGM), honour-based violence (HBV), forced marriage (FM) and human trafficking. We aim to tackle these issues through a three-pronged approach of *Prevention, Protection and Prosecution.*

What did we do?

1. Raise public awareness about Violence against Women and Girls, providing guidance and support where necessary.

- Reviewed strategy for 2015-2017 to develop action plans and enhance support.
- Communications strategy developed within the overarching VAWG strategy 2015-2017 to improve access to information, signposting and referrals for victims and survivors.
- Annual White Ribbon Day event organised and coordinated by the community safety team, in collaboration with partner agencies to promote the White Ribbon Campaign. This helps to raise the awareness of domestic abuse and promotes men to challenge violence and make a stand against male violence. This year our White Ribbon Day Event reached 158 people from the community.
- Developed Information material in a diverse set of Eastern European languages to ensure a wider range of victims get the support they need.
- Worked collaboratively with the Equalities team and partners to coordinate International Women's Day event and a Lesbian Gay Bisexual Transgender (LGBT) Awareness Day to raise awareness of domestic abuse and more specifically LGBT victims. More than 90 people attended International Women's Day and over 60 attended the LGBT event.

2. Change attitudes and behaviours that may foster domestic abuse, especially among young people.

- A coordinated response by partners to raise awareness around Honour Based Violence (HBV), Forced Marriage (FM) and Female Genital Mutilation (FGM), and associated health risks via workshops that have taken place throughout the year to almost 400 practitioners.
- A Domestic Abuse worker has been going into Brent schools to raise awareness to 250 young people regarding the definition change and what is acceptable and not acceptable regarding relationships.
- Ending Gang & Youth Violence programme delivered in schools/Pupil Referral Units to include awareness training for sexual exploitation and violence against girls have delivered training to over 2800 pupils.

3. Deliver services that are appropriate for Brent's diverse community.

- Brent MPS Community Safety Unit received specialist FGM, HBV and FM training with continued bite size training weekly. All of their 20 police officers received this training.
- This years' White Ribbon Day focused on FGM, working to raise awareness regarding the support available across the community and for front line practitioners.
- Ensured support leaflets available in a number of languages and available across the community in a variety of locations including now at Wembley Police station and other support services.
- Supported the Brent Voluntary sector domestic abuse forum, aiding specialist services to develop, advice around commissioning and offer services where possible.
- Developed domestic abuse awareness training to create community champions within minority Eastern European community groups in collaboration with Refuge. Four set training days for community members are scheduled to go ahead before April 2016.

4. Ensure perpetrators are held to account and brought to justice.

- Continued to develop and strengthen the co-ordinated approach to detection, arrest, conviction and effective sentencing of perpetrators for domestic violence.
- We continue to focus on the top 10 perpetrators, maximising safeguarding for repeat victims. The Metropolitan Police Service (MPS) have increased resources in to the Community Safety Unit to deal with uplift in reporting, creating a safeguarding hub to further ensure maximum safeguarding relating to all VAWG issues.
- Increased the number of prolific Domestic Abuse (DA) perpetrators on the Integrated Offender Management cohort to aid DA offender management, targeting a wrapped response to repeat offending.

5. Protect survivors.

- Police and DV providers aware of definition change and working to increase victim reports.
- Since December 2015, IDVA support services now support male victims of domestic abuse, increasing support available for men in Brent. This has increased male referrals into support services.
- In January 2015 we introduced a new operating procedure for screening more police incidents to offer increased support to victims, working to intervene earlier and prevent escalation. The number of victims being supported has been doubled since introducing this new procedure.
- Brent MPS received training on Clare's Law and Domestic Violence Perpetrator Orders (DVPO's) increasing the number of safety options being used for victims.
- Family team within Children's Social Care (CSC) continue to work with the whole family holistically. The social workers receive monthly bite size training opportunities from the Independent Domestic Violence Advocates (IDVAs) since May 2015.
- Support interventions and structured treatments in place and offered to decrease number of sex workers. Operations have developed over the past year to incorporate support for both on street and 'off street' sex workers. Operations have therefore allowed support to an extra 24 'off street' sex workers.

6. Support perpetrators to change their abusive behaviour, as an individual or within a family unit where appropriate.

- Developed the Multi-Agency Risk Assessment Conference (MARAC) to ensure actions relating to perpetrators are also incorporated into the multi-agency action plan, ensuring the perpetrator is also accessible to services to help reduce offending and abusive behaviour. Previously, perpetrators were not focused on.
- Continued to commission a domestic abuse perpetrator programme offering a change programme to perpetrators who wish to change their abusive behaviour. 39 perpetrators have entered into a change programme this year, increasing referrals to the project by 80% over the past 12 months. Those completed the programme have shown a 100% reduction in repeat victimisation.

7. Work together with all agencies and improve multi agency working and information sharing.

- Developed a new data sharing template for all Delivery Group members to report back on quarterly, sharing information on victims being supported to create a greater understanding of the problem profile in Brent – incorporating statutory and non-statutory service information. This has created a wider view of the Domestic Abuse problem in Brent and the potential gap in needs.
- Developed a MARAC steering group to ensure appropriate governance of MARAC performance and operational protocols. This has increased the repeat rate from 7% to 15% to become closer to the best practise guidance figures for London.
- Training developed to offer to all frontline practitioners in Brent relating to MARAC training and Risk Assessment training, increasing domestic abuse awareness and knowledge. Dates have now been set for 2016.
- Training has been developed to offer all GPs in Brent, raising awareness about domestic abuse and what services are on offer, increasing support pathways to victims. Dates have now been set for 2016.

How successful have we been?

Indicator	Last Year	This year	% change
% of survivors who report feeling safer after using the Services compared with intake	86%	91%	5%
% of survivors who feel confident in knowing how and when to access help and support compared to intake	96%	94%	-2%
% of survivors whose risk is reduced during and after using the Services	74%	90%	16%
% of clients engaged in safety planning	88%	88%	0%

Measure	Definition	2014	2015
Domestic abuse incidents	All offences between adults who are or have been intimate partners or are family members, regardless of gender or sexuality reported to the police and flagged as a domestic incident	2,560	2,588 (+1.1%)
Sanctioned Detection rate	Sanctioned detection rate for domestic offences as collated by Brent Police	38.9%	36.7% (-2.2 percentage points)

The above measures highlight how the improved operating procedures between the partners have enabled us to increase safety and reduce risk for more victims of domestic abuse; despite a rise in overall domestic abuse figures across London. The overall increase in victims feeling safer and risk being reduced results. This highlights that although support services have offered support to double the amount of victims, increasing victim safety and decreasing their risk has not been compromised; therefore the number of victims we have made safer has increased. There has been a slight drop in victims feeling confident in knowing how to access help, however we are hoping the training being delivered this year will increase victim and practitioner awareness moving forward. Further developments to current operating procedures between Police and providers will further increase the number of victims being supported in the coming year.

Furthermore, through the partnership we have started to develop more of a wider picture of VAWG in Brent. We have started to collect data from a varied source, including voluntary sector groups to enrich our data intelligence, better informing our strategy moving forward and highlighting any gaps in Brent needs. We hope this will specifically start to develop our intelligence regarding FGM, HBV, FM and other harmful practices throughout the year ahead.

Police response:

Sanction Detection rates have slightly dropped over the 12 month period; however, a drive to increase Sanction Detections has been set centrally across the MPS. Despite this small reduction, there has been an increase in prosecutions to domestic abuse perpetrators and a reduction in cautions – highlighting how the MPS and the Crown Prosecution Service view domestic abuse perpetrators. We hope to develop this further throughout the year as the partnership develops a greater cohesive response to VAWG issues. New operating procedures ensure more preventative work is being completed throughout partner agencies, working to prevent escalation of risk. Such work will develop within the partnership over the coming year.

Priority 2: Gang related offending

Why is it a priority?

The Home Office has identified Brent as one of 30 boroughs in England and Wales with a significant national-level gang issue. Brent has over 250 individuals named on the London Gangs Matrix and a further thousand or so are known locally to be involved or linked to gang activity.

The Safer Brent Partnership defines a 'gang' as:
A relatively durable, predominantly street-based group of young people who:

(1) See themselves (and are seen by others) as a discernible group, and
(2) Engage in a range of criminal activity and violence.

They may also have any or all of the following features:
(3) Identify with or lay claim over territory
(4) Have some form of identifying structural (or labelling) feature
(5) Are in conflict with other, similar, gangs.

Gang membership in Brent is not entirely a youth issue, although the youngest individual known to be linked to gangs in Brent was eight years old, and many of the street-level dealers are in their teens. The average age of a Brent gang member on the London Gang Matrix is 24 years old and the oldest member known to authorities is 61. Only 6% of gang members in Brent on the Matrix are under the age of 18. This is unusual across London and indicates a more sophisticated level of gang activity than in other areas, with a closer relationship to organised crime rather than the general activity associated with urban street gangs

Brent's gangs are responsible for the supply and distribution of drugs into (and out of) the borough; violent crime between and within gangs; and disproportionate levels of violence against women and girls. Brent's open drugs markets are controlled by gangs, who in turn are supplied with narcotics by national-level organised crime groups. In recent years a more muscular partnership response to this activity in Brent has seen Brent gangs extend operations into other parts of the country down so-called "County Lines". These involve gang members identifying vulnerable individuals and taking over their premises to sell drugs from. This phenomenon is increasingly common across London and the National Crime Agency has identified that gangs often use Looked-After Children and those who are regularly reported missing to sell the drugs in these locations, trafficking them across the country and using coercive measures including violence, blackmail and sexual exploitation to ensure compliance. Brent appears to have "county lines" in Dorset, Hampshire and Sussex, Surrey and Kent although gang members have been identified as operating in 22 police force areas across the country.

What did we do?

1. Implement the Gangs Strategy.

- Gangs strategy reviewed for 2015-2017, developing joined up informed partnership approach to a new action plan, offering operational oversight and implemented of the strategy.

- Greater links have been made across community safety priorities, linking the Gangs strategy with the VAWG and CSE strategy, highlighting synergies and increased collaborative working across the agendas.

2. Identify and target interventions at gang members and those at risk.

- Through the Integrated Offender management programme, 20 prolific gang member offenders are offered interventions to reduce their offending and enhance job offer opportunities. Through the partnership approach there was 30-40% reduction in reoffending.
- Greater information sharing has occurred with children's social care through their MASE panels, Missing panels, LAC, Fast Team etc. to ensure resources and interventions are targeting those most in need and at risk.
- Increased referrals to Safe and Secure via partner agencies, offering gang exit interventions 5 gang members who were most at risk.
- Enhanced evidence based approach to highlighting individuals most at risk via developed data analysis through increased collaborative working with the Regional Organised Crime Units and the National Crime Agency. This has resulted in a restructuring of our gangs' partnership hub to better share information on a weekly basis and bring information together to plan more rapidly around individuals at risk.

3. Source funds and commission projects to support gang exit and diversion.

- Continued to monitor and manage the Your Story contract whereby they have largely increased the number of school workshops they have completed compared to last year, engaging more than 4000 school children in activities highlighting the risk of gang related offending.
- Although a lack of commissioning budget across the partnership has prevented the commissioning of further support, diversion, mentoring and exit programmes, the partnership has made good links with the Safer London Foundation who are coordinating a new programme of gang exit and diversion projects in Brent through the London Community Fund, as well as accessing opportunities commissioned elsewhere, for example through St Giles' Trust.
- Increased community engagement throughout Harlesden has increased diversion and support opportunities for gang affected individuals in some communities.

4. Help those at risk of gang-related offending exit lifestyle through our PMAP process.

- Number of PMAP referrals have increased by 25%, as well as the throughout to ensure a more efficient forum to discuss concerning cases, increasing the number of gang effected individuals being supported.
- Increased attendance from our partner agencies with increased contributions and intelligence being shared across the sectors.
- Despite this, PMAP has seen poor performance in terms of exiting gang members, with only three reported successes in the past 12 months. As a result PMAP will be abolished and replaced with a weekly gangs intelligence sharing and risk planning meeting, running alongside a

monthly gangs disruption project group, focusing on disrupting the most high-harm gangs.

5. Implement and manage the "call-In" violence reduction project, ensuring the involvement of all appropriate partner agencies.
    - Three Gang Call in projects have taken place so far this year, with around 35 gang members and their families attending the events, offering exit support for the most gang affected individuals in identified hotspot areas.
    - Increased partner agency support has occurred over the last 12 months, creating a more rapid collaborative response when required.
    - Developed an alternative operating protocol to ensure enhanced community engagement to support these interventions resulting from community and partner's feedback and lessons learnt throughout the year.
    - However there are fewer opportunities to provide employment and housing support for gang members. The partnership needs to consider opportunities for accessing alternative funding and/or provision of support moving forward, or the gangs programme will end up being entirely enforcement-led.

How successful have we been?

Offences reported to the Metropolitan Police containing gang flag:

Last year (22/12/13 - 21/12/14)	This year (22/12/14 - 21/12/15)
54	47

Gang flagged offences in Brent have reduced year on year by seven offences. It should however be noted that the flagging of offences is often left to the reporting officer's interpretation of what should be flagged as a gang offence. Gang flagging is not privy to the same standards as Home Office crime types; hence there is an element of subjectivity prevalent in this.

Gang nominals exiting PMAP having not come to notice or been convicted of criminal offences within six months:

Year on year comparison (6 month lag)

Successfully Exited	Last year (May 13 - April 14)	This year (May 14 - April 15)
Yes	5	3

We recognise that there are issues with the effectiveness of the PMAP for exiting gang members from gang activity. The Borough Gang Delivery Group have agreed to implement a two-tier system including a weekly intelligence hub to plan against immediate risk, and a monthly gang disruption meeting to plan the dismantling of criminal networks in partnership.

The partnership approach to gangs has seen some great planning and reactive integrated work over this past year, developing our cohesive approach. A review of the overall Gangs strategy and action plan will take place this year to ensure the partnership are focusing on the correct cohort of gang affected individuals, and those that are causing the most harm to our communities; including the links to Organised Crime Groups moving forward. Closer links are being made throughout the partnership and across departments, integrating our resources and information for enhanced operational interventions.

Priority 3: Reducing Anti-Social Behaviour

Why is it a priority?

Anti-social behaviour (ASB) is highlighted as a key concern for residents of Brent. Visible evidence of disorder through unchallenged anti-social behaviour leads to less secure communities, and can impact negatively on feelings of safety and mental health. Environmental ASB is expensive to react to and leads communities to consider their neighbourhoods negatively, which in turn leads to social disorganisation.

There are three main partnership approaches to tackling ASB in Brent. There are three **Local Joint Action Groups** (LJAGs) which deal with locality-based problems through a multi-agency, evidence-led problem oriented approach. These are co-terminous with police cluster boundaries and cover Kilburn, Harlesden and Wembley. LJAGs have the ability to direct mobile CCTV resources.

The **ASB Perpetrator Panel** (APP) meets monthly to discuss those individuals who cause the most alarm, harassment and distress to residents in Brent. This includes prevention through diversion and support, and utilising enforcement options where necessary.

The **Community MARAC** (CMARAC) brings agencies together on a monthly basis to discuss those who are most vulnerable in Brent. This can include victims of ASB, hoarders, and those being exploited who do not reach Safeguarding thresholds.

What did we do?

1. Draft and Agree Terms of Reference for ASB Delivery Group by April 2016.
    - The Terms of Reference for the ASB Delivery Group have been drafted and a member list identified. There are plans to implement this in April 2016 following a reorganisation of approaches to ASB.

2. ASB Delivery Group in place by April 2016

    - The ASB Delivery Group is on track to be implemented.

3. Quarterly monitoring reports on ASB Strategy and Local Joint Action Group (LJAG), ASB Perpetrator Panel (APP) and Community MARAC performance.

    - Performance targets for Community MARAC are on schedule and are monitored quarterly by the Public Health Team. Project milestones are on schedule to be delivered by March 16. Details can be seen below.
    - Quarterly monitoring of LJAGs, APP and C MARAC is undertaken by the ASB and Crime Manager. A summary of that performance is detailed in this report.
    - There were 68 cases of ASB reported to the ASB Localities Officers in Brent between April 2015 and June 2015. 84% of those cases were closed within 3 months.
    - There were 72 cases of ASB reported in the second quarter (July 2015 - Sept 2015). 78% of those cases were closed within 3 months.

- The predominant issues by theme for each locality area are as follows:

Harlesden	Kilburn	Wembley
Neighbour Dispute	Drug / substance misuse & dealing	Neighbour Dispute
Noisy neighbours	Individuals Congregating	Street drinking
Loitering	Noisy neighbours	Vehicle related nuisance & Inappropriate vehicle use
Drug / substance misuse & dealing	Urinating in public	Noise

4. Review the ASB partnership with Brent Housing Partnership (BHP) by February 2016, with a view to integrating services with a shared ASB remit using the new tools and powers granted by the ASB, Crime and Policing Act 2014.

    - An ASB peer review in February 2015 highlighted the need for more integration between the Community Safety team and BHP's ASB Team.
    - BHP have been made aware of Brent's Cabinet-agreed processes for ASB Enforcement.
    - BHP are included in the core membership of the APP, LJAG and C MARAC, where localised protocols for ASB enforcement are enacted. The ASB panels make ongoing use of enforcement tools and powers.
    - Joint training sessions for the casework management system were organised by the ASB and Crime Manager for Brent ASB staff and BHP ASB staff in October 15 to develop uniformity in data standards.
    - A further training session for the ASB tools and powers introduced by the 2014 Act was organised by BCST and delivered to services across Community Services and BHP in November 15.
    - There are ongoing plans for more integration within the partnership review, on schedule for February 2016. This will commence with a joint workshop between the ASB team, BHP and Brent Police to ensure better standardisation of approach across agencies to those reporting ASB.

5. New model of service delivery agreed and in place by April 2016.

    - An internal ASB Audit was conducted in September 2015 which made a number of recommendations to improve the delivery.
    - The ASB policy was finalised in November 2015
    - Brent Community Safety Team has already developed localised protocols on the use of PSPOs, CPNs, Closure Notices and CBOs under the ASB, Crime and Policing Act 2014.
    - In-house training was organised by BCST for the use of Civil Injunctions in November 15 and there are plans to develop the Absolute Grounds of

Possession protocol with BHP which will ensure all protocols available under the Act are finalised and ready by April 16.

- Work is already underway to develop council Key Performance Indicators, to be implemented in April 16. This will be based on case management, enforcement activity and customer satisfaction as measured by the council's corporate performance team.
- There is ongoing work to improve and unify data entry and intelligence gathering using the casework management system. This will include improving performance management opportunities.
- We are exploring further synergies between noise, waste enforcement and ASB, including possible commissioning of a private enforcement team.

6. Community MARAC programme reviewed by December 2015

- The Community MARAC coordinator was appointed in April 15 and was set a performance target of reducing the risk of harm to vulnerable residents by 20% through the Community MARAC, as measured in the risk assessment matrix.
- A review in December 15 showed that 57 cases have been referred to the Community MARAC since April, and 29 cases have been closed. The average risk reduction score for the whole cohort is 35.7%.

7. Monthly impact reports through Community MARAC

- Entry and Exit risk scoring for all referrals implemented April 15.
- The Community MARAC Coordinator has delivered presentations raising awareness of the Community MARAC to CRI, Kingswood Centre, Mental Health, BHP, WDP, Addaction, The Junction, Peaceful Solutions, Ealing Mediation, Victim Support, Brent Mind, CVS, LFB, Noise Nuisance Team, Start Plus, Troubled Families, Probation, St Mungos, Look Ahead and the Brent Advocacy.
- 8 residential fire safety checks through the C MARAC.
- 2 hostel fire safety and hoarding educational visits with Pound Lane Hostel and Livingstone House Hostel.
- Raised awareness of Community MARAC pathway to Brent GPs.
- GPs notified of all referrals.
- Collaborated with police and housing to facilitate a "safe and secure" transfer of a young woman away from gang violence.
- Coordinated an "out of borough" housing transfer of a single mother with threats to her life.
- Brent Community Safety Team are currently working with other London Boroughs in developing the implementation of a pan-London Community MARAC forum. Brent is considered as good practice in the administration of a community MARAC and several other boroughs have sent representatives to learn from Brent.

8. Review ASB Prevention Panel process by December 2015, and implement review recommendations from January 2016.

    - The ASB Prevention Panel Coordinator was appointed in April 15 and was set a performance target of reducing reoffending rates of individuals by 20% through the APP, as measured in exit risk assessment matrix.
    - A review in December 2015 has shown 22 cases referred to the ASB Prevention Panel since April, and 12 cases closed. The average risk reduction score for the whole cohort is 24.8%.

9. Quarterly reports on impact and effectiveness of APP.

    - All meetings have been held monthly since April.
    - The ASB Panel Coordinator has delivered presentations, raising awareness of the APP to Family Solutions and Junction Project, Richmond CST, Brent Mental Health Team, CRI, Brent Private Housing, Genesis Housing, Family Solutions, Plias, Addaction, CRI, Hyde Housing, St Mungos, Living Room (Employment Project) and St Raphael's Tenants Association.

    - Since April, use of enforcement powers through the APP stands at:
        - Notice Of Seeking Possession (Eviction) = 4
        - Criminal Behaviour Order (CBO) = 2
        - Community Protection Notices (CPN) = 1

10. LJAGs using ASB hotspot mapping from April 2015.

    - The use of hotspot maps for scanning for ASB issues was introduced to all three LJAGs in September 2015. The new process now allows for an evidence-based approach to effectively prioritise ASB hot spot areas in the borough.

    - The first quarterly review of the use of ASB hotspot maps will be conducted at the end of December 2015. This will measure the effectiveness of the LJAGs in taking action in the hotspots identified.

11. Quarterly reviews of LJAG ASB hotspots at the ASB Delivery Group.

    - The quarterly review of the LJAG hotspots has been conducted by the ASB and Crime Manager in the absence of the ASB Delivery Group. These hotspots show the main areas of demand for ASB in each cluster area. The information below highlights performance to date across the three LJAGs.

    - Harlesden main hotspot areas, has seen a 20% year on year reduction in ASB call incidents to the Police. This can be attributed in part to the LJAG tackling long-standing specific issues identified from the data, for example drug dealing and loitering in Harlesden Gardens/ Park Parade.

- Some hotspots identified, including Athelstan Gardens and Princess Avenue (South Kilburn), saw large reductions in ASB calls of 92% and 85% respectively following partnership action co-ordinated through the LJAG.

- Kingsbury High Road, another hotspot area which has been a persistent ASB problem, has also seen a month-on-month reduction of 74%.

  A list of cases dealt with by each LJAG can be found below:

Harlesden LJAG

Talbot Walk / Heron Close	Ref: Nov 14	Still Open
Lynton Close	Ref: Nov 14	Closed Oct 15
St Thomas Road	Ref: Nov 14	Closed May 15
Ace Café	Ref: Nov 14	Still Open
St Thomas Road	Ref: Dec 14	Closed May 15
Braemar Ave / Kelly Close	Ref: Apr 15	Closed Oct 15
Clifford Court	Ref: Apr 15	Still Open
Harlesden Plazza	Ref: May 15	Closed Oct 15
Robin Grove	Ref: Jun 15	Closed Jul 15
Armstrong Road	Ref: Aug 15	Closed Nov 15
Craven Park / Tunley Road	Ref: Aug 15	Closed Dec 15
Neasden Shopping Centre	Ref: Aug 15	Still Open
Tavistock Road	Ref: Dec 15	Still Open

- **CCTV**: deployment– Ace Café x2 ,Clifford Court, Church Rd/ Conley Rd, Park Parade, Mitchell Brook

- **Enforcement**: 14 Community Protection Notice (CPN) warnings and 3 Closures since April 16.

Kilburn LJAGs

Gladstone Park	Ref. May 15	Closed Aug 15
Mapes House	Ref. Mar 15	Closed Jul 15
Chichele Road (Labour Market	Ref. Mar 15	Still open
Landau House	Ref. Mar 15	Closed Jul 15
Hassop Road	Ref. May 15	Still open
Unity Close	Ref. Jun 15	Closed Nov 15
Tennyson Road	Ref. Jun 15	Closed Sept 15
Tiverton Green	Ref. Aug 15	Closed Sept 15
Peel Precinct	Ref. Aug 15	Still open
Athlestan Gardens	Ref. Aug 15	Closed Oct 15
45 Mapesbury Road	Ref. Aug 15	Closed Sept 15
James Stewart House	Ref. Oct 15	Still open
Waterloo Passage	Ref. Oct 15	Still open

- **CCTV**: Longley Way; Hassop Road; Chichele Road; Walm Lane/Blenheim Gardens; Tennyson Road; Athelstan Gardens; Unity Close.

- **Enforcement:** 1 Public Space Protection Order (PSPO) implemented; 10 warnings; 2 Fixed Penalty Notices (FPNs); 2 CPN warnings; 1 CPN.

Wembley LJAG

Case	Referral Date	Status
Hastings Close	Ref Dec 14	Still open
Monks Park Service Road	Ref Dec 14	Still open
Honeypot Lane & B &Q casual labour market	Ref Dec 14	Still open
Burnaby Court	Ref Dec 14	Closed June 15
Woodcock Park	Ref April 15	Closed July 15
Quadrant Court	Ref Oct 14	Closed July 15
One Tree Hill	Ref April 15	Closed Sept 15
De Havilland Road	Ref April 15	Still open
Halford Close	Ref April 15	Still open
Wealdstone Court	Ref Nov 15	Still open

- **CCTV**: Swan public house; Queensbury Ward
- **Enforcement**: 1 PSPO implemented; 21 Warnings; 4 FPNs.

Public Spaces Protection Orders

Brent implemented a Public Spaces Protection Order (PSPO) in and around both Cricklewood Broadway and Honeypot Lane on 21 September 2015 for the duration of 6 months, after many years of nuisance attributed to illicit labour markets in those areas. The order gave Brent Council the ability to issue Fixed Penalty Notices, or begin court proceedings against, anyone picking up labourers in those areas, in order to remove the incentive for people to gather there in large numbers looking for work. It also gave the Council the ability to penalise unauthorised coaches for stopping and disembarking passengers within those areas.

For a number of years there have been complaints from residents and businesses about groups of casual labourers congregating in the street who block pavements, block access for cars, harass and intimidate passers-by, and enact other ASB such as street drinking and loitering in the area. They are attracted to DIY shops, builders yards and similar, where they tout for employment on a casual basis. An effect of some of these problems is increased rough sleeping in Brent's parks. This in turn results in increased reports of street drinking and a spike in offences such as public urination/defecation, criminal damage and burglary, which intelligence suggests is linked to the cohort of rough sleepers in the parks. This is having a significantly adverse impact on the community. The Roma Community from Eastern Europe have been identified as the main cohort in both areas. B&Q in Honeypot Lane has as a result employed extra security.

The PSPOs have been policed by police officers, in plain clothes or in uniform, and/or Brent Council ASB officers, patrolling the area to detect and identify breaches. Analysis of the people picking up individuals for casual work has shown them to be predominantly small roofing or home improvement companies, with some would-be employers travelling from outside London.

Intelligence over the years has shown that the cohort looking for work in the area normally return to their country of origin for the festive season before returning; numbers are likely to increase in the summer.

Cricklewood

There have been 16 PSPO warnings issued. The policing of prohibition B was initially challenging as people can be spread over a large area looking for work, but numbers have shown a steady decline over 3 months. In August 2015 there was an average of 20 to 30 individuals seeking work, with numbers falling to an average of 10 to 12 in December 2015.

No enforcement was taken against coach companies, but continued education from the local police team seems to have encouraged them to move operations into Barnet.

In the period of 21/09/2015 to 03/01/2016, there have been 65 ASB calls made to the police in the Cricklewood PSPO area. In the corresponding period last year, when the PSPO was not in force (21/09/2014 to 03/01/2015), the police received 138 ASB calls to this area. This amounts to a 52.8% decrease in ASB calls.

Honeypot Lane

17 PSPO warnings have been issued for breach of prohibition 2. The policing of this prohibition has been very successful as most of this activity is concentrated around Selco and B&Q. In August 2015 there was an average of 40 to 50 individuals seeking work, with numbers now at an average of 10 to 15 in November and December 15.

There has been less success with prohibition 1. 4 PSPO warnings have been issued, and 4 FPNs. However, a £75 FPN does not seem to be an effective deterrent, as they pay the fines and continue with the same behaviour. An alternative approach is needed, potentially the use of Community Protection Notices, which carry an unlimited fine and can result in vehicles being seized.

In the period of 21/09/2015 to 03/01/2016, there have been 23 ASB calls made to the police in the Honeypot Lane PSPO area. In the corresponding period last year, when the PSPO was not in force (21/09/2014 to 03/01/2015), the police received 27 ASB calls to this area. Since the ASB implementation, the Honeypot Lane area has seen a **14.8%** decrease in ASB calls.

PSPO Extension

The Brent Community Safety Team and Brent Police have agreed to recommend a consultation to extend the PSPOs in both areas for a further 9 months. Brent will work closely with Barnet and Harrow to mitigate the related ASB in neighbouring boroughs.

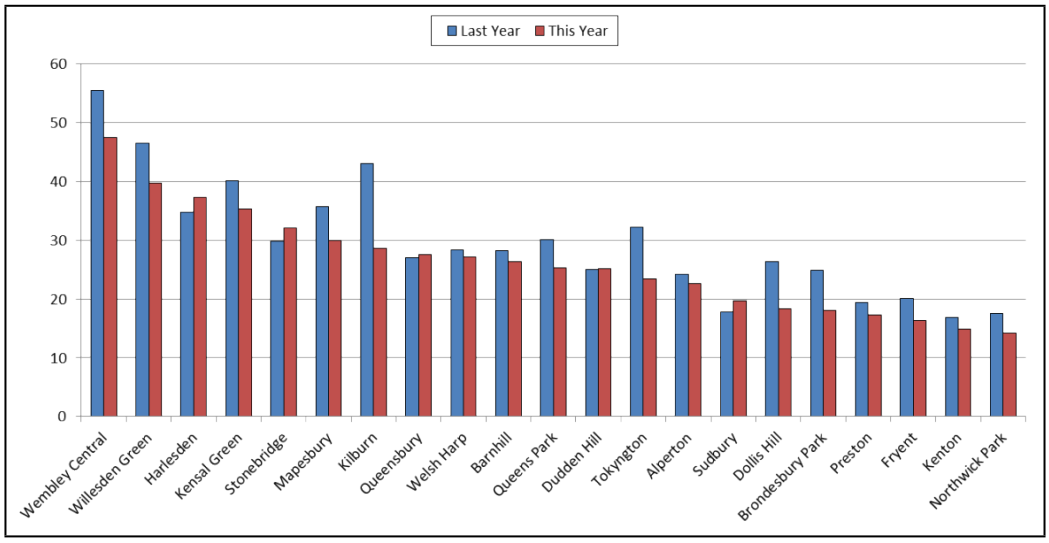
A review at Brent LJAGs have shown that there has not been a significant displacement of the cohort looking for work into other areas, as the builders' merchant companies such as B&Q are the main reason the labour markets were established in these areas; and there are no other such areas a labour market would be displaced to. There have been other reported areas of coach drop-offs in the Harlesden Cluster, but there is a lack of sufficient nuisance to consider a variation of the prohibition to extend to other areas within Brent.

How successful was it?

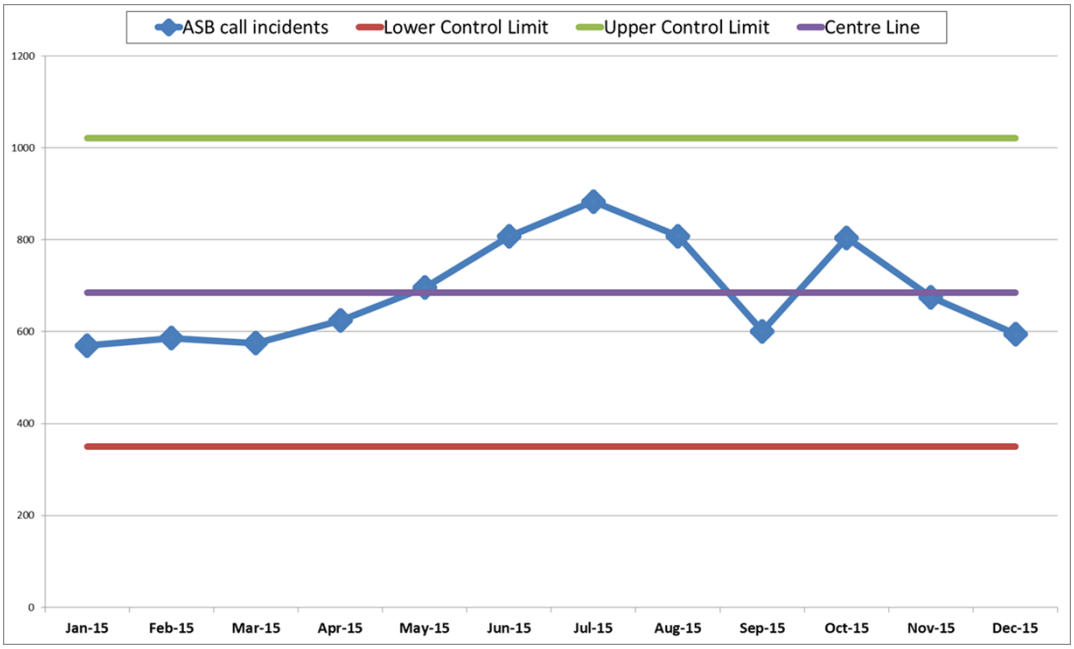
Since April 15, performance against anti-social behaviour has been strengthened. The use of police, council and partnership data by the BCST crime analyst to generate evidence-based hotspot maps has led to intelligence led approach to tackle crime and asb drivers. There are also plans to integrate police Tactical Tasking Co-ordination Group (TTCG) and police Safer Neighbourhood based priorities into the LJAGs.

ASB calls to the police have fallen by 11.8%, from 10,322 to 9,100 calls. Only Harlesden, Stonebridge and Sudbury wards show a slight increase, however any increases have not exceeded upper control limits (see control chart below) at any time.

Anti-Social Behaviour Call Incidents recorded by Brent Police by ward:



Control Chart: Anti-Social Behaviour Call Incidents recorded by Police for the last 12 months



Recent LJAG problem solving training in November 2015 was delivered to all LJAG members to ensure that the appropriate referrals are coming to the LJAGs. Deployment of mobile CCTV through the LJAGs has been implemented successfully and there is now an effective process around deployment and review.

There is also on-going promotion by the Panel coordinators to raise awareness around the C MARAC and APP. Both panels are on target to achieve the 20% risk and offender reduction measure.

Localised protocols around most of the ASB tools and powers are finalised and there is already current use of the Closure, CBO, CPN and PSPO as highlighted in the report.

Recent training around data entry on the casework management system will improve standards and once the ongoing work around key performance Indicators and performance management is established will be an even more improved template of working going into 2016.

Appraisal objectives have also been set to ensure that the LJAG productivity and case standards are measured to shape meaningful key performance indicators for the next fiscal year. Over the coming year greater focus will be given on working closer with Brent residents, empowering them to problem solve more effectively issues which affect them most. There will also be wider use of the tools and powers under the ASB legislation to expediently deal with emerging issues to enhance public trust.

Priority 4: Reducing Reoffending

Why is it a priority?

It is estimated that around 80% of crime is committed by 20% of offenders. Of this 20%, a fifth of these individuals are responsible for a further four-fifths of that crime. Managing these offenders should therefore have a multiplier effect on crime levels. Between 2011 and 2014, London's top 2,093 offenders were responsible for 53,267 offences costing £163m.

Integrated Offender Management (IOM) is an overarching framework which helps local delivery partners to jointly develop strategies and interventions to reduce crime, reoffending and to tackle the social exclusion of offenders and their families. The development of IOM aims to address potential overlaps between existing programmes and approaches and align the work of criminal and social justice agencies. The Safer Brent Partnership recognises the need to coordinate strategic and operational practices across agencies into one coherent structure to reduce reoffending.

What did we do?

- Implement and co-ordinate the multi-agency Integrated Offender Management programme.
    - Developing a strong partnership approach to the delivery of the IOM programme
    - Establishing key membership at the quarterly delivery group, monthly operational meeting, and weekly red meeting. Partners included in this are London National Probation Service (NPS), London CRC, Substance Misuse partners, DWP, Police, housing and the services that we have commissioned through the IOM budget which are PLIAS and Air sports Network. All partners work jointly in tackling the offending rates of those on the IOM cohort.
    - Ensuring that key strategic elements are discussed at the delivery group to allow for the smooth running at operational level
    - Building up the cohort so it is representative of Brent's local needs; this includes domestic abuse perpetrators and gang members. We currently have 21 gang nominals on the cohort, which include those on the police gang matrix, as well as 12 domestic abuse perpetrators. Work is taking place with NPS, CRC and police to continue to increase these figures.
    - Commissioning relevant services that can meet the needs of the cohort and reduce reoffending
    - Ensuring that the partnership can evidence a reduction in reoffending by achieving the quarterly Key Performance Indicators
    - Implementing a co-located team to allow for services users to meet all IOM services in one place and for information to be shared real time and to allow for stronger partnership working
- Link current VAWG and Gang priorities to the IOM programme to help reduce Domestic Abuse (DA) reoffending
    - Ensuring that the cohort includes domestic abuse perpetrators and gang members

- Attending the Pathways Multi-Agency Partnership (PMAP) and Borough gang delivery group to ensure that IOM is supporting the priorities and there is no duplication of work, and those opportunities for intelligence sharing are met.
- Certifying that we have the correct DA perpetrators and gang members on the cohort and cross referencing those offenders with relevant agencies

How successful was it?

There are currently 125 prolific offenders on the Integrated Offender Management programme, but this can change regularly with new referrals being discussed at the monthly operational meeting, and offenders that are no longer offending and have been ragged Green for more than six months removed from the scheme. Each offender has their offending behaviour monitored on a quarterly basis before and after the intervention – entry to the programme – commences. This is measured on two scales – the overall reoffending rate (measured as the percentage of offenders who reoffend), and the frequency of reoffending (measured as the percentage change in the total number of offences committed by the cohort). These are the standard performance measures used across the country and recommended by the Ministry of Justice.

	2014-15	2015-2016		
	Qtr 4	Qtr 1	Qtr 2	Qtr 3
Overall reoffending rate reduction	-16.80%	-19.17%	-34.27%	-40.37%
Frequency	-51%	-43.69%	-6.44%	-23.95%

The frequency of offending can change quite often as this is measured on how many convictions the offenders have 12 months prior to joining the scheme, and then whilst being on the scheme. This overall figure can be impacted by how many of our most prolific offenders are in custody, how many are released and offend soon after release and are convicted and any new referrals as well as those removed from the scheme. In Qtr 2 we had a significant drop in the frequency of reoffending and when this was evaluated it was due to six offenders on the cohort, amassing the most convictions and therefore impacting on the results.

As Gang-related offending and Domestic Violence are priorities for the partnership, we have agreed to prioritise the inclusion of these offenders on the IOM cohort. We report separately on this cohort:

		2014-15	2015-2016		
		Qtr 4	Qtr 1	Qtr 2	Qtr 3
Gang offenders	Overall reoffending rate reduction	-10%	-17.49%	-21.62%	-27.63%
DV offenders	Overall reoffending rate reduction	-34%	-12%	-30.77%	-53.33%

We have been able to achieve the positive outcomes due to strong partnership work to tackling the reoffending rate. This has included commissioning interventions that can assist the cohort with a variety of needs such as housing, ETE, mental health, mentoring and positive activities, as well as working with other agencies such as WDP.

Frequency of reoffending is the area that we have had difficulties with and as mentioned above, this is due to how many convictions the offenders receives and our lowest figure was due to a small number of offenders. Partners worked together to ensure that this did not continue to happen and action plans were devised. To ensure that this does not happen again over the next 12 months, the KPIs will be monitored regularly by the partnership ensuring quick responsive action takes place, reducing impact on our overall KPIs.

Moving forward the partnership approach to IOM remains with the focus of reduction in reoffending for the IOM cohort, however we are apprehensive as to how the figures will compare this year to last due to having less funds to commission services to support the offenders through the nine pathways of reoffending. Last year we had enough funds to commission four different interventions; this year we have only been able to commission one. Plans are in place for the partnership to seek additional funds for 2016/2017 over the next 3 months.

The partnership have made it a priority for 2016/2017 to increase the numbers of domestic abuse perpetrators and women offenders so it is more reflective of Brent's needs.

The partnership are also aware of the restraints in funding moving forward, and that the scheme is only funded by MOPAC until March 2017. We are therefore looking into the possibility of creating a CIC/social enterprise, which focuses on creating employment for the IOM cohort. This is in the early stages but all partners are keen to develop this with the hope of this being completed and ready for implementation by March 2017.

Priority 5: Reducing Radicalisation

Why is it a priority?

Brent is one of 43 PREVENT Priority Boroughs identified by the Home Office. The Prevent strategy forms part of the Government's CONTEST strategy to tackle terrorism, with Prevent being focused on identifying and tackling radicalisation in communities. Brent receives funding and a co-ordinator post in order to deliver a local programme. In Brent this is focused on safeguarding those most at risk of radicalisation and supporting communities in challenging radicalisation in all its forms.

Prevent works alongside the three other strands of the CONTEST strategy:

- **Protect** strengthening borders, infrastructure, buildings and public spaces from an attack;
- **Prepare** reduce impact by ensuring effective response mechanisms are in place; and
- **Pursue** to disrupt or stop terrorist attacks.

Prevent is focused on four types of domestic extremism:

- Al-Qaeda inspired extremism
- Far right extremism
- Northern Ireland-related extremism
- Animal rights extremism

Each of these is assessed through a Counter Terrorism Local Profile, which informs the level of risk for Brent. Currently Al-Qaeda inspired extremism – including the role of Daesh/Islamic State – is considered the principal risk in Brent.

What did we do?

Prevent in Brent is delivered across four strands, which are overseen by the Prevent Delivery Board. The delivery structure can be seen below:

Channel is the multi-agency case conference, chaired by the local authority, which meets monthly to discuss those who are most at risk of being drawn into extremist or terrorist behaviour. Channel is for individuals of any age who are at risk of exploitation by extremist or terrorist ideologues who agree to participate in the process in a voluntary basis. Early

intervention can prevent individuals being drawn into terrorist-related activity in a similar way to criminal activity such as drugs, knife or gang crime.

If a Channel intervention is required, the Panel works with local partners to develop an appropriate individualised support package. Partnership involvement ensures that those at risk have access to a wide range of support. The support package is monitored closely and reviewed regularly by the Channel Panel. Channel interventions are delivered through local partners and specialist agencies. Support could include mainstream health, education, employment or housing services through to specialist mentoring or appropriate faith guidance and wider diversionary activities such as sporting activities.

Prevent Case Management is a multi-agency partnership which meets monthly to discuss managing the risk of those who have been radicalised to such an extent that they will not respond to the types of intervention commissioned by Channel. This might include returning foreign fighters, hate preachers, or those who lead far-right groups. Prevent Case Management can also include working with venues known for hosting extremist speakers.

Prevent Projects are funded by the Home Office and seek to provide a range of activities, including digital resilience (protecting people from being radicalised online), providing “safe spaces” for discussion and debate for young people from conflict backgrounds, family support for the relatives of those who have been radicalised, and working to protect supplementary schools from the impact of radicalisation.

WRAP (Workshop to Raise Awareness of Prevent) training is a programme of classroom based training for frontline workers to help understand the signs of safety when someone vulnerable is in the process of being radicalised, and find the correct referral pathways through which they can find support.

Brent has developed a Stronger Communities strategy which seeks to explore the commonalities of grooming across a range of vulnerabilities including radicalisation, gangs, female genital mutilation and other harmful practices and child sexual exploitation. It will do this by empowering communities to understand these agendas, recognise signs of safety, utilise referral pathways and develop community resilience to prevent grooming from taking place in the first instance.

Priority 6: Child Sexual Exploitation

Why is it a priority?

Analysis has highlighted Child Sexual Exploitation (CSE) as a high-risk issue. There are close links across the Gang and Violence against Women and Girls agendas and it is vital that community safety partners are aware of risks and able to access referral pathways when a vulnerable young person comes to notice. 20.3% of all sexual offences in Brent have a victim under 18, and 13.1% have a victim under the age of 16. A vulnerability-centred approach is likely to highlight issues of CSE. We will work with the Local Children's Safeguarding Board to develop pathways to identify and refer victims of CSE, take appropriate action in managing offenders (through MAPPA or other processes) and work through our VAWG sub-strategy to raise awareness of sexual violence and change cultural acceptance, in particular through our Ending Gang and Youth Violence strategy.

What did we do?

1. Proactively support the development of a CSE strategy and plan.
- Governance of the CSE agenda in Brent remains with the Safer Brent Partnership, with the safeguarding element through the Local Safeguarding Children's Board.
- The Deputy Head of Community Safety has attended all CSE subgroup meetings directly supporting and contributing to the development of the CSE strategy and action plan. This group also monitors and manages the action plan monthly via a multi-agency partnership approach.

2. Link current VAWG and Gang priorities to the CSE agenda.
- Both Gang and VAWG strategies have been linked to the CSE agenda, implementing operational actions via the multi agency strategic action plans.
- The PMAP monitors any possible links of concern to CSE, referring directly to the MASE if needed. The new gangs structure will continue this.
- All commissioned IDVAs and social workers have been trained by a specialist CSE worker to enhance their knowledge on CSE.

3. Identify vulnerable individuals at risk of CSE.
- Our CCTV department have been collating images of girls being seen with known gang members and asking partner agencies to identify and note possible links and concerns of vulnerabilities to CSE.
- The CS analyst conducted a large piece of analysis cross referencing a number of databases to identify those most at risk of CSE, also those at risk of perpetrating CSE, as well as possible prevalence.
- Enhanced data collection methods and data fields have been advised for the MASE to develop moving forward. This will allow for improved intelligence and analysis which will develop a more evidence based approach for the future.

Police response:

- Brent Officers have had CSE training to identify risk factors of CSE, particular focus was given on cases of missing children. If a report is placed on the system regarding a child indicating elements of CSE then the MASH team quality assure the report and ensure a crime report is also added. If the MASH team are notified of a CSE case via social care this team creates the crime report. All cases of CSE received from social services for allocated children are referred via CAIT who create the crime report. The gangs team are focussed on reviewing and identifying cases of CSE within the cohort of people they manage / work with.

4. Identify the prevalent group, and those at risk of, perpetrating CSE.

- The CS analyst conducted a large piece of analysis cross referencing a number of databases to identify those at risk of perpetrating CSE, as well as those most prevalent.
- Further analysis has taken place on known perpetrators of CSE, highlighting common factors and possible crime patterns. This data source is currently minimal however the initial work has been completed and passed to the CSE analyst to continue monitoring, to create more valid theory and offender profiles.

Police response:

- SCO17 (who deal with the most serious sexual offences of CSE) SET proactive team and Brent CID hold joint proactive development projects on identified CSE subjects. Once intelligence from debriefs is available a plan is added to CRIMINT. Subjects are debriefed by SCO17 Case handler and Level 2 Brent Handler. Lateral targeting of Gang members for drugs, weapons and other criminality will be actioned from intelligence gained.

5. Take action to tackle hot spots.

- Analysis of possible hotspot areas has taken place, address and incident areas have been documented, to build up the data set to enable enhanced hotspot maps. The data is currently very small to effectively theorise, however data sets and templates have been developed and passed to the CSE analyst in CSC to help capture this moving forward.
- All information captured will be shared to Police and a multi-agency response will be actioned.

6. Support prosecutions.

- This is largely governed by the police intervention; however information was obtained from the central MPS CSE unit to analyse, highlighting potential issues in their prosecution data – all info passed to CSC CSE analyst to continue monitoring.
- The Safer London Foundation Worker has offer support to victims of CSE over the past 9 months, and has had her contract extended to enable increased support fro CSE victims in Brent moving forward. This will help to inform and develop our strategy moving forward.

Police response:

- SCO17 deal with the most serious sexual offences (Rape allegations etc) involving CSE victims. Borough level 1 cases do not have crime allegations for the CSE element. If there is a crime report then this is investigated by the borough CID. Cases are referred to the CPS for charging advice and prosecuted accordingly. The Jigsaw team deal monitor and prosecute ViSOR (Violent and Sex Offender Register) subjects who may be suspected or involved in CSE.

Moving forward the Police aim to shape their gang strategy to have the biggest impact on CSE offenders. Such work will be developed and work in conjunction with the wider multi-agency approach through the borough partnership approach.

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Scrutiny Committee
Forward Plan 2016
28 January 2016

Date of Committee	Agenda items	Responsible officers
Tuesday 9 February 2016	• Safer Brent Partnership – update on progress • Children and Adolescent Mental Health Services • Task group scopes for agreement - Housing associations - Use of Section 106 Funding and Community Infrastructure Levy (CIL)	Carolyn Downs, Chief Executive and Chair of Safer Brent Partnership Gail Tolley, Strategic Director of Children and Young People and Brent CCG Cathy Tyson, Head of Policy and Scrutiny

Date of Committee	Agenda items	Responsible officers
Wednesday 24 February 2016	• School Achievement Report and update on Brent Education Commission. • SEND reforms and Implementation update • Changes to Parking Charges. • Adult Social Care Local Account • Adult Safeguarding Annual Report	Gail Tolley, Strategic Director Children and Young People Gail Tolley, Strategic Director Children and Young People. Lorraine Langham, Strategic Director of Regeneration and Environment Phil Porter, Strategic Director Community and Well-being. Phil Porter, Strategic Director Community and Well-being.
Tuesday 5 April 2016	• Adoption – implications of changes to national policy guidance. • Access to affordable childcare • CIL/S106 Task Group Report • Equalities and HR Policies and Practices Review – update on implementation of the recommendations • Current Status of Systems Resilience Group and Winter Pressure update – Request moved to 5th April	Gail Tolley, Strategic Director Children and Young People Gail Tolley, Strategic Director Children and Young People Chair of task group Stephen Hughes, Strategic Director of Resources NHS London and Brent CCG – Phil Porter Strategic Director of Community Wellbeing

Date of Committee	Agenda items	Responsible officers
Tuesday 26 April 2016	• Annual Report of Scrutiny Committee • Housing Associations Task Group Report • Overall impact of the Benefit Cap in Brent after two years of implementation • Housing pressures in Brent • Employment Skills and Enterprise Strategy update on progress	Cathy Tyson, Head of Policy and Scrutiny Chair of Task group Lorraine Langham, Strategic Director of Regeneration and Environment Phil Porter, Strategic Director of Community and Well-being Lorraine Langham, Strategic Director of Regeneration and Environment
Tuesday June 2016 (TBC)	• Unemployment and Work Programme providers • Environmental Sustainability Agenda • Update on Customer Access Strategy	Lorraine Langham, Strategic Director of Regeneration and Environment Lorraine Langham, Strategic Director of Regeneration and Environment Stephen Hughes, Strategic Director of Resources

Date of Committee	Agenda items	Responsible officers
Wednesday July 2016 (TBC)	• Update - Central and North West London NHS Foundation Trust - Care Quality Commission report and action plan • Complaints Annual Report 2014-15	NHS London and Brent CCG Peter Gadsdon, Director of Policy, Partnerships and Performance.

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2014-15 Scrutiny Committee Meetings – Key Comments, Recommendations and Actions

Meeting Date	Item	Comments and Recommendation	Action
6th August 2014	Central Middlesex Hospital Closure Assurance Transforming Healthcare in Brent	That an update be provided on the Central Middlesex Hospital A&E closure assurance at a future meeting of the committee. That a further report updating the committee on the progress made in relation to transforming healthcare in Brent be submitted to a future meeting of the committee.	Clearer understanding of the action plan proposed. Further transparency of plans between the CCG and Brent Council.
	Call In - Changes to Recycling and Green Waste Collections	An outline of the suggested course of action of the Scrutiny Committee is to: • Seek a report responding to the concerns outlined. • Question lead member and senior officers and the leader. • If necessary, set up a very brief task finish group to examine these issues in more depth. (i) that the decisions made by the Cabinet on 21 July 2014 regarding changes to recycling and green waste collections be noted; (ii) that a review be held following a period of 9 months; (iii) that efforts should be made to ensure the removal of the green waste bins be as close as possible to 1 March 2015 to minimise inconvenience to residents.	More consideration given to the impact of residents. Ensure that longer consultation is considered for such matter in the future.
	Scope for Promoting Electoral Engagement Task Group	The scope and timeline for the task group on Promoting Electoral Engagement as set out in Appendix A to the report was agreed.	
	Budget Scrutiny Panel - Terms of Reference	The terms of reference for the Budget Scrutiny Panel as set out in Appendix A to the report was agreed.	
9th September 2014	Closure of A&E at Central Middlesex Hospital	That an update on performance at Northwick Park Hospital Accident and Emergency Department to be provided to the committee in six months time.	Further information on the progress and performance of NPH and A&E services. Holding these services to account on improved performance for residents.
	Parking Services Update	That Cabinet be requested to reappraise the existing arrangements for visitor parking permits, taking into account the serious concerns expressed by the Scrutiny Committee	Equality impact assessments to be reconsidered

		and members of the public.	
	Proposed Scope for Scrutiny Task Group on the Pupil Premium	It was proposed that the task group also examine qualitative data regarding the activities undertaken by schools. He advised that holistic activities which aimed to meet emotional as well as academic needs were also very important for a child's development and attainment. It was emphasised that some enrichment activities did not deliver immediately observable results and that this should be considered when looking at the period of study. It was further suggested that the task group engage with parents and children to discuss their experiences. The scope and time scale for the task group on the use of the Pupil Premium, attached as Appendix A to the report was approved with the condition that the recommendations be incorporated.	Recommendations made were incorporated in the tasks group's scope of work.
1st October 2014	North West London Hospitals Trust Care Quality Commission inspection compliance action plan	• Members asked for further information on plans in respect of major emergencies and emphasised the importance of ensuring key roads were open as is this had been an issue, for example, during the 7 July 2005 London bombing incidents. • Members also asked whether the planned additional beds at NPH had happened and if so how many. The committee sort views with regard to the progress made since the CQC inspection and how confident was the Trust that the action plan would achieve the objectives and within the timescales set. The Chair requested that a report be presented to the committee in about two months' time updating them on progress with the action plan, including whether the measures listed were on target to be achieved within deadlines set. In addition, any members who had questions requiring specific details were to submit these to Cathy Tyson (Head of Policy and Scrutiny, Assistant Chief	

		Executive Service) who coordinate responses from NWLHT.	
	Local Safeguarding Children Board annual report	The Chair stated that a briefing note updating the work of the task group on the Pupil Premium would be provided to members. He emphasised the importance of safeguarding children and welcomed the report.	Gaps in the report which the committee raised have been considered and will be included in the next annual report
	Draft school places strategy	• Whilst members appreciated the opportunity the presentation gave for pre-scrutiny prior to a report going to Cabinet, enquired whether officers were confident that primary schools could maintain educational standards as they got larger. • Members also asked whether placing Special Educational Needs (SEN) pupils was relatively trouble free. A question was raised as to whether schools in the north of the borough were taking more pupils than those in the south and where could details be found of pupil numbers throughout the borough. Another member asked whether school expansion posed risks in terms of whether there was sufficient infrastructure in place. The Chair concluded discussion by acknowledging the large interest from members and other councillors on this item and in noting the improvement in placing pupils in the last two years. However, he emphasised the need to sustain progress and requested that school places be considered at a Scrutiny Committee meeting in around two months' time.	
	Children's centres	• Member suggested that the children centres were concentrated in a particular area and neglected the north of the borough. Members sought advice on what members should be focusing on in view of the fact that the report had already been approved by Cabinet. • A member sought clarity that the children's centres provided for those children up to and including four years of age. In noting that children were entitled to nursery places between two to three years of age, she sought further reasons for how children's centres were being	

		used. • In respect of the Barham Park building, it was noted that there were proposals for a nursery to be included; however sought clarity on this matter as Barham Park Trust had stipulated that the building was for community use only and the lack of consultation on this proposal had also angered residents. The Chair commented that the long term future of the children's centres would be clearer in around four months time and he requested that an update be provided to the committee at around that time.	
3rd November 2014	Employment, Skills and Enterprise Strategy consultation	The Chair acknowledged the substantial work that had been undertaken in developing the strategy and the progress made so far. He requested that a progress report on the strategy be presented to the committee in two to three months' time.	
	Overall impact of the Benefit Cap in Brent after one year of implementation	• Member asked if any lessons had been learnt since the OBC had been introduced and had there been any surprising developments. • Members also asked if there were any strategic issues that needed consideration in the future. In respect of resource issues, comments were sought about how significant these were and what were the expectations in the medium term. A question was raised as to where customers who moved out of the borough were moving to. • A member asked if the council was able to assist Brent CAB in dealing with the increased demand that they were struggling to cope with and was there any help for single under 35 year olds on Benefits. The Chair explained that this item had been requested shortly before the meeting and this is why a presentation had been given. The importance of continuing to engage with residents about welfare reforms was emphasised and it	

		was requested that the committee receive regular updates on this issue.	
26th November 2014	Care Quality Commission Quality Compliance and Quality Improvement Action Plan	• Members sought an update was sought on Delayed Transfers of Care, responding to the committee's queries NWLHT advised that the CQC had commented on the open and frank culture amongst staff. That an update on the progress made in addressing the recommendations of the CQC be presented to a future meeting of the committee.	
	Local Impact resulting from Changes to maternity, neonatal, paediatric and gynaecology services at Ealing Hospital	The committee questioned what contingency plans were in place if it was found that the proposals were not feasible or appropriate. It was questioned whether similar modelling had been undertaken regarding the anticipated dispersal of service pressures for A&E units following the closure of the unit at Central Middlesex Hospital (CMH). That the committee be provided with an update on the implementation of the proposed changes to maternity, neonatal, paediatric and gynaecology services at Ealing Hospital at a future meeting.	
	Developing Central Middlesex Hospital	• The committee sought further information regarding the provision of in-patient mental health service at the Park Royal site. Queries were raised regarding the consultation activities undertaken, including the number held and how they were advertised. • Further details were sought regarding the services available in the North of the borough and the procedures in place to deal with large scale health emergencies. A view was put that consultation on changes to primary care had been poor. Councillor Daly requested that details of the number of beds to be removed across North West London under SaHF be provided to her in writing. (i) That the update report be noted	

		(ii) That further information regarding the proposals for Central Middlesex Hospital be provided to the committee in writing and include a breakdown of the financial implications of the proposals.	
	Promoting Electoral Engagement - Scrutiny Task Group report	That the recommendations of the 'Promoting Electoral Registration' task group as detailed in the report be endorsed.	Since the report was agreed by service areas, the Programme Management Office has been tasked with developing a project to support the implementation of the recommendations. The Project started in January 2015 with an advertising campaign. The team have completed promotional activities and are now focusing on outreach and community engagement activities. Since the beginning of the project voter registration has increased by 2768.
6th January 2015	Safer Brent Partnership Annual Report 2013 - 2014	The Chair welcomed the SBP report and stressed the need to continue dialogue between the partners in the SBP and the community. He requested that the committee receive an update on the work of the SBP in around six months' time.	Refocus on VAWAG stats, number may be going up, but this is due to more confidence in reporting and better recording of incidents.
	Interim feedback from the Budget Scrutiny Task group	Members suggested that the Investments and Pensions Manager be invited to the next Budget Scrutiny Task Group meeting. The Chair concluded by stating that there was still much work to do before the final task group report and the recommendations it would make.	The Cabinet responded positively to the concerns raised and the debates held by the Budget Panel Task Group of the Scrutiny Committee. . The Budget Panel's report and recommendations were included as part of the Final Budget Report which was agreed by the meeting of Full Council in March 2015.
10th February 2015	Current Status of Systems Resilience Group and Winter Pressure Update	• The committee commented that they had been told at previous meetings that transferring staff from the closed A&E at CMH to NPH would lead to improvements in staffing levels and clarification was sought as to whether this had been demonstrated. • An explanation of the difference between bank and agency staff was requested and members asked what the	

		ring fenced grant in respect of delayed transfers of care was specifically for and what was the size of the grant. • Members added that he had a positive personal experience when he had needed to visit the A and E at NPH around Christmas time and the service he received was efficient. The Chair added that in some reports, the information was provided was not always as clear as it could be and was difficult to explain to residents and he asked that this be taken into account in future reports. He asked that an update on the SRG be provided at a future meeting.	
	Brent Education Commission - six month update on the implementation of the Action Plan	(i) that the contents of the report be noted and that a further update be received in the autumn of 2015; (ii) that the introduction of a proportionate approach to school improvement and the more robust challenge offered to schools at risk of underperforming be welcomed; and (iii) that the local authority's role in progressing a shared approach to supporting schools with its key educational partners, including Brent Schools Partnership and the two Teaching School Alliances be welcomed.	
	Annual report academic year 2013-14: Standards and achievement in Brent schools	The Chair requested that an update on this item be presented to the committee at a meeting in the autumn of 2015. (i) that the priorities proposed for 2014-15 intended to accelerate improvement be noted; and (ii) that the progress made in the overall performance of Brent's primary schools in 2013-14 be welcomed.	
11th March 2015	Update on Customer Access Strategy	• Members asked whether the testing would be undertaken borough wide and it was commented that the triage system had worked well to date and asked whether there was training for staff in dealing with particularly complex issues. • Members also asked what would be ideal way in which residents would describe the service they had	

		experienced as far as the council was concerned. • Members sought further information on what service areas had been underperforming and how was misdirecting of calls by the switchboard being monitored or picked up. In terms of calls reported as misdirected, it was asked if this was formally recorded. • Comments were made regarding a danger of making the council too remote from the community by shifting access via IT and telephony channels and removing opportunities for direct contact with residents The Chair requested an update on this item for the December 2015 Scrutiny Committee meeting. That the progress being made in implementing the aims of the new Community Access Strategy be noted	
	Housing pressures in Brent	• Member stated that issue of extensions in rear gardens needed to be investigated more. • Another member queried whether information held on landlords was confidential and • Member commented that it was regretful that the large housing stock the council had in the 1980s had been eroded by selling a significant proportion to housing associations at lower cost over the past few decades. It was added that he felt that the council's Pension Fund should invest more in housing. The Chair requested an update on this item in six months' time, including details of the number of people who were leaving the borough. That the report on housing pressures in Brent be noted.	
	Unemployment and Work Programme providers	The Chair emphasised the importance of the non disclosure agreement being reached between the Work Programme providers and the council. He added that it would be useful	The issue of cooperation with work programme providers has been highlighted and a greater urgency to

		if there could be more information on how the council could assist Work Programme providers and their clients and that there needed to be a more joined up approach. He requested that the committee receive updates on unemployment levels and Work Programme providers on a quarterly basis. That the report on unemployment levels in Brent and the Work Programme be noted.	resolve some of the minor partnership issue is now at the forefront to the committee's agenda. Non disclosure agreements are being completed.
30th April 2015	Environmental Sustainability Agenda	• In the subsequent discussion, the committee queried the ways in which the council could effect behavioural change regarding waste and recycling amongst residents and businesses. • The committee also questioned how retailers could be encouraged to reduce packaging and the financial benefit for the council of improved recycling rates. • Members sought further details regarding relationships with partner agencies, such as TFL and Northwest London Hospitals Trust. With regard to the former, it was queried what work had been done to identify pollution hotspots in the borough, whether there was any correlation with bus routes and how active reporting could be encouraged when buses were left running whilst parked. • The committee raised several queries regarding air pollutants and the use of diesel fuel, seeking information on when TFL would be introducing non-diesel buses, how the council would encourage the use of non-diesel private and commercial vehicles, how traffic flow could be improved across the borough and the number of charging points provided in Brent for electric vehicles. • Further information was sought regarding the work done with property developers across the borough, in recognition of the challenges for the existing infrastructure of increased road users. • Officers were also asked to comment on whether consideration had been given to seeking an extension of	Highlight to the committee the work undertaken across key service areas to address the issue of sustainability. Focusing on five key areas: transport and travel; air quality; in-house carbon management; street lighting and parking; public realm and waste; and parks and biodiversity.

		the Mayor of London's bike hire scheme. • Members requested details of the number of staff responsible for addressing issues of sustainability and whether these were sufficient to support progress in this area. That an update on the Environmental Sustainability Agenda be to the committee in six months time.	
	Future Commissioning intentions of Brent Clinical Commissioning	• Members questioned the quality of engagement with community groups, emphasised the failure to meet national performance standards in the previous year, questioned what was being done differently to address these issues and sought specific timescales for achieving improvements. • Members queried what action was being taken to raise awareness of dementia amongst different communities, including the provision of materials in a variety of languages. • Members sought clarity regarding Brent CCG spending for 2014/15, noting that having accounted for commissioning for acute and community care there remained approximately a further £80m unaccounted for. • Members further queried the 2014/15 spending on enhanced GP services and the work undertaken to evaluate their success. That an update be provided to a future meeting of the committee	
	Use of Pupil Premium Grant Scrutiny Task group	(i) that the recommendations of the task group be endorsed (ii) that subject to Cabinet agreement of the recs, an update on the implementation of the task group's recommendations be provided to a future meeting of the Scrutiny Committee The recommendations of the Pupil Premium Task Group be endorsed, subject to Cabinet approval. The committee	To date, the work done by the task group has raised the profile of the Pupil Premium. It has also encouraged further partnership working by the council, schools, Children Centres, parents, children and all educational providers. The task group has opened up the

		receive an update on the implementation of the Task Group's recommendations at a future meeting of the committee.	discussions for innovative use of the PPG in Brent.
	Scrutiny Annual Report 2014/15	Committee members were invited to submit feedback on the draft report which would be finalised for the end of May 2015. The draft Annual Scrutiny Report 2014/15 was noted.	The Annual report highlights the work that the scrutiny committee has undertaken this year. Focussing on the part that the committee has played in key council decisions which have lead to improved outcomes and services for residents.
	Equalities and HR Policies and Practices Review and draft Action Plan	• Concerns were raised regarding the number of staff failing to receive supervisory appraisals, the implications this had for staff progression and whether managers were using the appraisals as an effective tool to support staff. • Clarity was sought on the policy for medical appointments and assurance was requested that this was not considered a reasonable adjustment for disabled employees. • The issue of unconscious bias was raised and it was strongly suggested that this form a core element of any training provided around recruitment. • Further details were requested regarding the training and support provided to members appointed to the Senior Staff Appointments Sub Committee. • With regard to BME representation at senior management, members queried how the council compared to other boroughs and whether there was an opportunity to learn from the practices of other local authorities. The Chair highlighted the importance of ensuring that there was robust monitoring of the action plan and the committee agreed that an update should be provided on the progress achieved in six month's time.	
16th June 2015	Paediatric Services - CCG	• Members requested a copy of the data modelling which was used by Shaping a Healthier Future to assure the CCG of the projections of demand to underpin the case for	Joint report produced on behalf of Brent Clinical Commissioning Group (CCG) and London North West Healthcare NHS Trust

		transfers of services from Ealing to Northwick Park and the future bed capacity required in the paediatric services at NWP. They also requested the data that will be used to inform reassurance decisions next March. • Members request that the Accountable Officer – CCG, provide further details of the financial costs set out in the table at para 2.2 regarding how the same level of paediatric service would be achieved within reduced costs. The committee requested that they receive a further update from the CCG on the information used to reach assurance on the safe and smooth transfer of services at their meeting in February 2016. CCG /NWLHT agreed to this request.	(LNWHT). Provide insight into the Paediatric Services and current provision provided to Brent residents. Highlight the potential impact on Northwick Park Hospital with regards to the impending changes to paediatric services at Ealing Hospital taking place on 30 June 2016.
	Access to GP services Interim Task Group Report	The committee requested that the final report on the access to GP services should include further information on:- • Details of the location of GP hubs, public awareness of the GP hub mechanism and any evidence of the public's confidence in their GP. • How the future publicity campaign for GP hubs will be delivered. • Members requested information on how many GP's were sited in single GP practices or in practices with more than one GP. The also requested information on the numbers of GP's who are approaching retirement age. • Information was requested on how many GP practices were experiencing difficulties in recruit trained staff and if this was related to housing costs. Any information on how GP's are addressing recruitment problems. • Information on the numbers of people registered with a GP, number of people not registered and those who may still be registered with a GP in Brent but have moved away. Members requested that the additional information	Interim feedback on the work of the Scrutiny Task Group focused on Access to Extended GP Services and Primary Care in Brent. Provided an outline of the task group scope, methodology and an overview of emerging findings and recommendations.

		requested is included within the final report of the task group on GP services which will be considered at the July meeting of the Committee.	
	Brent Public Health Update	• Members requests that the financial return for Public Health expenditure made to the Department of Health is also circulated to scrutiny. • Members asked for a detailed breakdown of the numbers of people offered and accepting a health check update by GP practice • It was requested that a breakdown of the drugs and alcohol budget with numbers of patients in treatment by type of treatment is provided to the committee. This should include the indicative figures for the range of spend per patient for different types of treatment packages. • The number of people who have been helped to stop smoking by GP practice. • There was also a request for some future work to be undertaken on the school nurse service. This has only recently come under the councils contracting responsibilities and further work is being undertaken on the future contractual priorities. Members commented that the report while outlining the expenditure and priorities for improving public health did not provide a picture of the impact made in tackling health inequalities. Would like further information on the actual change in prevalence of preventable health conditions.	Highlight new local authority Public Health responsibilities and how the Council is discharging this responsibility as a result of the Health and Social Care Act 2012.
	Access to affordable childcare	• Members requested further information on the use of discretionary housing payments to support childcare costs for people moving into employment who have been affected by changes in welfare benefit payments. • It was asked if any work has been undertaken to assess the impact of support given to parents to access employment.	Focused look at the challenge of providing access to affordable and quality Childcare.

		Members asked to receive an update on the implementation of the overall Child Poverty strategy in 2016.	
14th July 2015	Brent Housing Partnership - Performance	• Questions were asked on the cost of BHP modernising its computer systems, income from leaseholder charges and details of where the charges had been defended against legal action. • Members of the committee questioned the delays in job completions. • Members also asked how cases of anti social behaviour and illegal sub-letting were handled. • Members requested further information from BHP on Void times, complaints, communication with residents, seeking possession and illegal sub-letting.	An overview of BHP 2014/15 performance, providing a demonstration of how it works to deliver objectives set out by the council.
	Developing Scrutiny Work Programme 2015/16	It was confirmed that the Budget scrutiny panel would be reconvened to consider the budget for 2016/17. • The committee asked that a briefing paper be provided on how the protection of pubs had been incorporated into the Development Management Plan. • That a briefing paper be provided on the admissions policies adopted by different types of schools. • That the chair, education co-opted members and a senior officer from the Children and Young People's department meet to discuss the education related topics. (i) That the arrangements and principles for the effective operation of the Scrutiny Committee, as set out in paragraphs 3.1 – 3.6 of the report submitted, be noted; (ii) That the proposed process for defining the annual work programme for scrutiny detailed at paragraphs 3.10-3.14.	Arrangements of the future operation of the Scrutiny Committee and the process for developing a robust work programme.
12th August 2015	The Councils future Transport Strategy	The Committee expressed concern that the strategy was too brief and lacked ambition. Members felt that it lacked evidence in places whilst making certain assertions and was rooted in the possibilities as they related to Transport for	An opportunity for the Scrutiny Committee to review and comment on the councils draft Long Term Transport Strategy (LTTS) before it is submitted to Cabinet.

		London (TfL) and the availability of funding rather than going beyond this into areas where the Council needed to send out strong messages and councillors needed to lobby to address some of the major transport concerns in the borough. • Scrutiny Committee recommends that Cabinet defer taking a decision on approving the Long Term Transport Strategy for Brent so that fuller consideration can be given to the points raised on it by the Committee; • Scrutiny Committee requests that Cabinet note the comments made by the Committee and agrees to the recommendations below being more fully addressed in the finally agreed strategy: i. The strategy needs to be more ambitious and incorporate reference to schemes on which the Council might need to lobby in order to see them progress. ii. The strategy should not be restricted to only those schemes and improvements that might be supported by TfL and included in LIP submissions, especially bearing in mind the forthcoming London Mayoral Election when a new Mayor will be elected who might have different priorities. There is a need for the serious public transport issues and road usage problems to be addressed. iii. Reference should be included of the Dudden Hill rail line and it's potential. iv. The possibility of a conflict of approach with neighbouring boroughs and the need to develop shared visions with other boroughs on those transport issues at the borough boundary should be articulated. v. Greater focus should be given on equality of access from the different geographical areas of the borough (North/South – East/West).	The LTTS has been developed to provide strategic direction to the transport investment throughout the borough over the next 20 years (2015-2035)

		vi. A review of the document should be undertaken to remove some of the assertions made or support them with more evidence based statements and give a clearer focus to the strategy, bearing in mind that many of the 'daughter' strategy papers have yet to be written. vii. The strategy should include demographic evidence and have a greater focus on access to primary locations such as hospitals, schools, leisure centres etc. viii. Greater prominence should be given to the work being undertaken with schools to improve safety and congestion around schools. ix. A stronger message should be included on the health effects of diesel and the implications of this around the movement of freight.	
	Food Standards Audit	• Members of the committee questioned Officers and the lead member on structure and staffing of the team. Members made inquire about the numbers and the profile of Brent businesses, with emphases on the risk categories. Members were keen to know what penalties the council could face if improvements are not made. • Members wanted to know how the budget for the services was currently being spent and how this related to the improvements required. • One Member questioned how the present situation impacted on the health of local residents. The findings of the Food Standards audit carried out in July 2014, the issues arising, response to date and the planned actions were noted.	A detailed look into the July 2014 Food Standards Authority audit of the Councils discharge of its Food Safety Act 1990 duties. The report further highlighted the audit reports findings and the Councils responses including the action plan the Council is using to monitor progress.
9th September 2015	Central and North West London NHS Foundation Trust - Care Quality Commission report and action plan	• Members were most concerned with the mental health services ad questioned the savings and cuts made by CNWL and where these cuts had been made. • Members were concerned with the number of patients absconding from units and asked for further clarification on patients who were subject to section 17.	The published Care Quality Commission (CQC) report on the quality of services provided by Central North West London NHS Foundation Trust and an action plan has been developed by the Trust to respond to the findings of the inspection.

		• Members questioned how long children where waiting form CAMHS appointments from referrals and how referrals were made for children with Attention Deficit Hyperactivity Disorder (ADHD). • Questions were asked about the numbers of restraining incidents, how many took place at Park Royal which was of particular concern and how many were recorded as being supine restraint. Reference was also made to the use of rapid tranquilisation restraint. The committee requested a progress report in 6 months and a separate report in 3 months on the redesign of services in light of saving cuts.	
	Scrutiny task group on Access to extended GP services and primary care in Brent	• Task group members explained that they had not been able to look into the optimum size for a practice but it was clear that there was a range of varied opening hours and gaps in service during lunch hours and Wednesday and Thursday afternoons. • It was the decision of the GP on hours of service and the task group had not been able to obtain full information on what out of hour's service there was. Members expressed surprise that communication plans were not integral to the delivery of services. • It was the understanding of the task group members that the CCG would consider the recommendations of the task group and make a formal response. The task group would meet again in six months time to consider the response of the CCG and progress with implementation of their recommendations. That the recommendations made by the task group be approved and an action plan developed across partner organisations to take them forward; That a progress report on implementation of the	The committee received the report of the task group that had been established to review the primary care element of Brent CCG's transformation programme and assess the extent of the changes and investment made in the Brent GP networks and primary care services.

		recommendations be submitted to the committee in six months time.	
	Terms of reference for task groups on Fly Tipping and CCTV	That the scope, terms of reference and timescale for the task group on CCTV in Brent, as set out in the appendices attached to the report submitted, be agreed. That the scope, terms of reference and timescale for the task group on fly tipping in Brent, as set out in the appendices attached to the report submitted, be agreed.	The reports set out the proposed scope for the Scrutiny task group on Fly Tipping in Brent on Close Circuit Television (CCTV) in Brent
	Scrutiny forward plan and key comments, recommendations and actions	The Chair circulated a proposal for a task group on school governance and invited members of the committee to suggest issues to be included in its scope. The Chair suggested the following further items to be subject to scrutiny: • school admission policy • children and young people mental health • adoption • the Council's budget setting (to be the work of a task group) • housing associations • section 106 and CIL That the scrutiny forward plan and the key comments, recommendations and actions be noted.	
8th October 2015	2015 Parking Strategy	• It was suggested that the strategy could include more on changes that could made in the future, the impact of parking restrictions on businesses and how to amend CPZs. • Also raised was the impact of planning permission for developments without parking spaces in the south of the borough and the amount of income from parking enforcement.	The Committee received a report on the 2015 Parking Strategy. The strategy draws together existing policy into a single document, with the aim of providing a clear statement of the council's strategy intent with regard to parking services, which will inform the development of future individual policies. The Scrutiny committee was asked to consider and

		• Members questioned who was the focus of the council's vision? Residents or visitors? Enforcement of traffic schemes and CPZs was also raised. • Questions were raised on parking enforcement outside schools and the need for more analysis of opening and closing times, school expansions and the need for more improved signage for parking restrictions. • Members queried comparison with other local authorities and the arrangements in place to work with neighbouring boroughs on shared boundaries. • The committee agreed that the north and south of the borough experienced different problems given the shortage of off-street parking and relatively small parking spaces between houses in the south compared with the north of the borough's commuter parking problems. • Concern was also expressed over parking around schools and the likelihood of accidents and the need for parking arrangements to be in place for visitors to places of worship. • Members suggested a need for a hierarchy of on-street street parking. It was suggested a distinction be drawn between parking 'need' and parking 'demand', citing the example of people with disabilities who depended entirely on the use of their cars. Additionally, local businesses should be prioritised and also essential workers and care workers should not be given a lower priority than residents. • It was felt that a one hour parking restriction in a particular area would help alleviate the impact of CO2 emissions. Views were expressed in support of children being encouraged to walk to school and parking charges being reduced to encourage shoppers into the borough.	comment on the strategy and forward their comments to the Cabinet for their consideration at the meeting on 16th November 2015.

		• Questions were also raised on modern camera technology and whether efforts had been made to generate income. The view was also put that the Strategy should be less optimistic in tone so as to manage expectations, given the council's financial position. That the 2015 Parking Strategy be noted and comments forwarded to the Cabinet for their consideration at the meeting on 16 November 2015.	
	Complaints Annual Report 2014-15	• Concerns were expressed at the relatively high number of complaints fully or partly upheld at first stage and also at final stage. • Members questioned the possible reasons behind findings of poor customer care, the extent to which it was attributable to a lack of training or low staff morale and whether there were patterns between services. • Members also questioned the response times and heard that most were resolvable within the 20 days target and questioned whether straightforward cases where the council was at fault were accepted and apologies issued at an early stage. • Members requested justification for the view expressed in the report that customers resorted to the complaints process as a means of having a negative decision reviewed. • Members also questioned what action was being taken to compensate cases where homeless families have been kept in bed and breakfast accommodation longer that the maximum six weeks. • Concern was also expressed at complaints over Veolia staff behaviour suggesting the need for independent audit. Members agreed on the need for improved communication with the public.	The scrutiny committee received an overview of the corporate complaints received by the council during the period April 2014 to March 2015.

		• Concern was also expressed at the length of time taken to complete repairs and questioned why this was the case especially for urgent cases involving residents' safety. • The Committee suggested that staff should be more empathetic and less judgemental of complainants. • The committee suggested that there was a democratic deficiency with many residents not aware of the council. A change in terminology from customers to residents was suggested to help bring about an attitudinal change. RESOLVED: (i) that the council's performance in managing and resolving complaints be noted; (ii) that the actions being taken to improve response times to complaints and reduce the number of complaints which escalate to the final review stage be noted; (iii) that a progress report be submitted in six months' time.	
	Fly Tipping task group scope	RESOLVED: that the scope be noted.	The Committee considered the proposed scope for the Scrutiny task group on Fly Tipping in Brent. The task group had been requested by the Scrutiny members in response to communicated concerns from Brent residents.
5th November 2015	Brent Local Safeguarding Children Board Annual Report	• Members of the committee asked a series of questions regarding the OFSTED inspection concerns. • Members enquired about the funding cuts faced by the Metropolitan Police and how this would impact on the work of the Board. • Members asked question regarding data on FGM and work on anti radicalisation. Members also expressed concern that the Board did not have a specific strand of work on looking at the welfare of those children who were homeless. • The Committee recorded its concern over the issue of	The independent chair of the Brent Local Safeguarding Children Board (LSCB) present the LSCB annual report to Scrutiny members.

		transitory families and the effect this could have on children and that all the partner agencies were fulfilling their responsibilities in this area. • Members questioned the outcome of the work of the Board and the evaluation of the training. RESOLVED: (i) that the LSCB annual report be noted; (ii) that the Committee's concerns regarding the welfare of children within transitory families and temporary housing be passed back to the Board.	
	Scrutiny task group on Closed Circuit Television (CCTV)	• The committee questioned the law on the deployment of CCTV. • Concern was expressed that by adopting a traffic light approach to deploying CCTV, this would take from areas of less crime which would then be vulnerable to an increase in crime. • Reference was made to the Cleaner Brent App and if this could be linked to CCTV. Councillor Denselow identified eleven of the recommendations as being capable of either being included in the strategy or that were already in progress. The other eleven recommendations would need to be further explored with input from other parts of the Council such as legal and planning. However, he felt all the recommendations could be implemented. RESOLVED: (i) that the recommendations of the scrutiny task group on closed circuit television (CCTV) be approved and the development of an action plan across the Council and with partner organisations be supported;	The task group was requested by the Scrutiny Members in response to Brent resident's requests for increased levels of CCTV in the borough. The purpose of the task group was to analyse and understand the effectiveness of CCTV in Brent and its impact on reducing anti social behaviour crime, and, to review policies and processes in comparison to others and best practice. The report outlines the task group's findings and recommendations.

		(ii) that a progress report against the recommendations be submitted to the committee in six months time.	
	Scrutiny task group on Fly tipping	• It was suggested that the recommendation to give the Cleaner Brent App further publicity could be actioned by adding a footnote to Council correspondence. • It was pointed out that a lot of the recommendations involved Veolia and it was questioned whether Veolia would take on these suggestions. • With regard to the collection of bulky waste, the view was put that it was important to provide an efficient collection service to avoid it being dumped. • Reference was made to the people whose job it was to go out in the borough and it was asked whether they had a duty to report dumped waste. • Questions were asked on how the suggested community clean-ups might work. Councillor Southwood stated that there was nothing in the recommendations affecting Veolia that could not be implemented through the current contract the Council had with them. She supported the point made about language leading to a misunderstanding of what fly tipping was. She felt that none of the recommendations presented anything that was unachievable or undeliverable. She agreed that local people needed to be empowered to take action against illegal dumping. RESOLVED: (i) that the recommendations of the scrutiny task group on fly tipping be approved and the development of an action plan across the council and partner organisations to take them forward be supported; (ii) that a progress report against the recommendations be submitted to the Scrutiny Committee in 6 months time.	The task group was requested by the Scrutiny Members in response to communicated concerns from Brent residents regarding increased fly-tipping levels. The purpose of the task group was to analyse and understand the borough's knowledge, behaviour and understanding of fly-tipping, and to review local fly-tipping policies and processes of the council and its partner's. The report outlines the task group's findings and recommendations

	Scrutiny forward plan and key comments, recommendations and actions	That the Scrutiny Committee forward plan be noted. The actions listed against the key comments and recommendations from meetings of the Scrutiny Committee during 2014/15 were noted	
2nd December 2015	Update on the procurement processes for five General Practice services in Brent	• Members queried the consultation process; members also discussed the provision of GMS and PMS contracts and what they saw as the unannounced phasing out of GMS contracts. • The committee asked for details of any existing PMS contract holders that had a role in the CCG. It also asked for information on the performance issues with the Sudbury Surgery. • The committee made enquiries regard to the standard service provision including remote access for appointments. • The committee emphasised the importance of engaging with patients over how to use on-line appointment facilities. RESOLVED: (i) that the briefing and timeline for the procurement process for five GP practices in Brent be noted; (ii) that an update on progress be submitted to the Committee in March 2016.	This paper is to provide the Scrutiny Committee with a briefing and update on the processes being undertaken by NHS England to procure contracts to continue services for patients of five practices across Brent.
	CCG Commissioning Intentions	• The Chair asked how it was intended that the CCG would move from a deficit position to a surplus with no reduction in service. • Members expressed concern at the change of approach to post-discharge advice and education for mental illness shown in paragraph 8.13.a of the report. • It was felt that GPs needed more training on treating mental health issues. Members felt that more work was needed on looking into mental health services and undertook to discuss this outside the meeting.	The report provides a summary of the commissioning intentions and the processes and engagement that has supported their development.

		• Reassurances were sought that the views of Patient Voice would be taken into account and that access to the services provided was considered.	
	South Kilburn regeneration programme	• Questions were asked regarding how many units of social housing were being provided as compared to private housing. • Concern was expressed that as budgets got tighter less social housing would be provided. • Members enquired about the slippage to the programme and how local residents were informed of this. Richard Barrett stated that he attended a tenants steering group every 2-3 months. • Reference was made to complaints received from residents about the behaviour of some contractors. • Questions were asked about employment opportunities within the area created by the regeneration programme. • The Committee were interested in receiving more information on the work with the police in designing out trouble spots within the new redevelopments. • Members were also concerned that the planned expansion of local schools would provide sufficient places for local children. • Members expressed their continuing concern over the need to provide better outcomes for local people and not just provide new housing.	This report provides an update to Members of the Scrutiny Committee of the progress of the South Kilburn Regeneration Programme. It sets out the main aims, achievements to date and ambition of the programme.
	Scrutiny forward plan and key comments, recommendations and actions	Two new task groups will be established to look at housing associations operating in Brent and the use of Section 106/Community Infrastructure Levy payments. The work programme will be updated to reflect the forthcoming approval of the terms of reference.	
6th January 2016	Review of charges to recycling and green waste collections	• Members questioned why biodegradable sacks were not sold to those people not able to have a bin and suggested that this be explored.	A report was presented to the Scrutiny Committee, following a previous Scrutiny Committee resolve that a review of the

		• Members raised the issue regarding the benefits of the Cleaner Brent app, it was stated that there is patchy knowledge and use of it across the borough. • Question were raised on how the intelligence gathering regarding fly tipping incidents is kept and whether this could be made available on a ward by ward basis. • Concern were also raised that the same hotspots for fly tipping existed. • Issue of disposal of Christmas trees were raised, it was stated that for next year consideration could be given to providing an improved service. • Surprised expressed that at time of writing report Q3 data was not available and a request that this be provided to members of the committee. • Members questioned how it had been established that the amount of green waste had fallen and whether it had transferred to residual waste. • Concerns were expressed over contractual arrangements regarding increased take up of the service, investment in additional resources and final financial benefit to the Council. • Concern expressed that approximately one third of the £120k raised over and above the cap benefitting Veolia rather than the Council. Explanation sought on exactly how money was divided up, who authorised it and when this action was taken.	garden waste service should be held following a period of 9 months.
	Budget Scrutiny Panel Report	• Members stated that scrutiny members had a bigger role in the budget discussions at an earlier stage in the process. He expressed his disappointment that the budget report presented to Council in November 2015 did not mention any input from Scrutiny. • Members discussed maximising income by carrying out more enforcement and at the same time providing a self financing community benefit rather than simply	A Budget Scrutiny Panel was put together by Brent's Scrutiny Committee Chair, Councillor Matt Kelcher, in December 2015, to analyse and scrutinise the proposed budget for Brent Council for the financial year beginning in April 2016. A report was presented summarising some of the Panel's broad thoughts about the

		looking at the fee structure. • Members suggested that more could be done to lever in national bodies to carry our pieces of work within the borough. • Members suggested that use of facilities at the Civic Centre could be made more attractive if better parking provided such as by negotiating with surrounding businesses for use of parking space. • Members also suggested developing a Civic Enterprise strategy through which many of the issues raised by the committee could be developed. • General criticism that budget paper did not present a coherent strategic view or address issue such as value for money and productivity.	direction and content of the Council's budget.
	Scrutiny forward plan and key comments, recommendations and actions	That the committee's forward plan, key comments and actions be noted subject to the items raised at meeting being added.	

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Scrutiny Committee Data Request Log

Date	Data Request	Officer and Organisation	Status
10/02/15	Northwick Park Hospital report about funding to see how patient flow could be improved	Robert Larkman – NWL CCG	Data Received 09/03/15
10/02/15	Bed figures in respect of Central Middlesex Hospital	Robert Larkman – NWL CCG	Data Received 10/03/15
24/03/15	Follow up questions 1. obtain the number of people in each category 2. approximate length of staff in each category on temporary contract	Robert Larkman – NWL CCG	DRIW
10/02/15	Data on the LNWHNT's agency and bank staff and what is the difference between the two	Professor Ursula Gallagher – NWL CCG	Data Received 24/03/15
10/02/15	Winter Resilience ???	Sarah Mansuralli	SDRIW
11/03/15	Phone Call Stats	Margaret Read	Data Received 01/04/15
11/03/15	Signed Non disclosure	Jon Lloyd Owen	DRIW (Update Received 21/3/15)
16/06/15	A copy of the data modelling which was used by Shaping a Healthier Future	Sarah Mansuralli CCG	Data Received 29/06/15
16/06/15	Members request that Rob Larkman (Accountable Officer - CCG) provide further details of the financial costs set out in the table at para 2.2 regarding how the same level of paediatric service would be achieved within reduced costs.	Rob Larkman	Data Received 29/06/15
16/06/15	Members requests that the financial return for Public Health expenditure made to the Department of Health is also circulated to scrutiny.	Melanie Smith Brent Public Health	Data Received 28/08/15
16/06/15	Members asked for a detailed breakdown of the numbers of people offered and accepting a health check update by GP practice	Melanie Smith Brent Public Health	Data Received 26/06/15
16/06/15	It was requested that a breakdown of the drugs and alcohol budget with numbers of patients in treatment by type of treatment is provided to the committee. This should include the indicative figures for the range of spend per patient for different types of treatment packages.	Melanie Smith Brent Public Health	Data Received 26/06/15

Follow up Question 16/06/15	The number of people who have been helped to stop smoking by GP practice.	Melanie Smith Brent Public Health	Data Received 14/08/15
Follow up Question 16/06/15	Cost of substance misuse - range of cost of packages across all the categories' of service. In response to Cllr Filson's subsequent query, we cannot provide information on a cost per case basis as we do not contract on this basis.	Melanie Smith Brent Public Health	Data Requested (20/07/15) Unable to provide Data Updated Cllr Filson, (22/07/15)
16/06/15	Members requested further information on the use of discretionary housing payments to support childcare costs for people moving into employment who have been affected by changes in welfare benefit payments.	Gail Tolley – Brent Children & Young People Sue Gates & Sasi Srinivasan	Data Received 23/06/15
16/06/15	Update of work undertaken to assess the impact of support given to parents to access employment.	Gail Tolley – Brent Children & Young People Sue Gates & Sasi Srinivasan	Data Received 23/06/15
14/07/15	A paper regarding Policy of High Value property to be sold, as a result of central government policy change.	Jon Lloyd-Owen – Brent Housing	Data Requested (20/07/15) Update Provided (20/07/15)
14/07/15	1% Reduction in rent (£10 Mil) - Model is available to members and ongoing member involvement.	Jon Lloyd-Owen – Brent Housing	Data Requested (20/07/15) Update Provided (20/07/15)
14/07/15	Cost of Leaseholder Management System	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
14/07/15	Management Service Charge – Total sum for last financial Year	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
14/07/15	Details of the number of tribunal's successfully challenged	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
14/07/15	Case studies for collecting rent/financial inclusion – where this worked well and lessons learnt	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
14/07/15	Cost of possession orders – Total figures passed onto tenants	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15

14/07/15	No of major voids – How much rent was lost (1%) please provide the actual figure (£)	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
14/07/15	The no. of Anti Social Behaviour (ASB) cases for this year	Tom Bremner & Peta Caine - BHP	Data Received 14/08/15
17/07/15	Letter from Joanne Drew Chair of BHP Board to the Chair of Scrutiny Committee	Joanne Drew Chair of BHP Board	Data Received 17/08/15
12/08/15	Transport Budget for the last 5 years	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	Car Clubs (Zip Car) Brent usage: 1. Demographical Stats 2. Location Stats (North, South, East & West of the borough)	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	Stats and trends for General Car usage in Brent	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	What is the cost of the consultation for the Freight Strategy	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	Stats on Speeding prosecutions (over 20 mph and over 30mph)	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	When did Brent Council express its support for the Heathrow Expansion and in what terms	Tony Kennedy – Brent Transport	Data Received 16/10/15
12/08/15	Stats on Brent's Air Quality	Tony Kennedy – Brent Transport	Data Received 16/10/15
09/09/15	The request was made for figures covering June to date to be supplied on the number of restraining incidents, those involving rapid tranquilisation restraint and where they took place.	Natalie Fox – Borough Director for Brent, CNWL Trust.	Data Received 24/09/15
09/09/15	The number of unauthorised absences occurring since May 2015 broken down by all types	Natalie Fox – Borough Director for Brent, CNWL Trust.	Data Received 24/09/15
09/09/15	The number and type of restraining incidents during the previous three months	Natalie Fox – Borough Director for Brent, CNWL Trust.	Data Received 24/09/15
09/09/15	How long young patients had to wait from being referred to getting an appointment (mental health).	Natalie Fox – Borough Director for Brent, CNWL Trust.	Data Received 24/09/15
09/09/15	No of children referred with Attention Deficit Hyperactivity Disorder (ADHD).	Natalie Fox – Borough Director for Brent, CNWL Trust.	Data Received 24/09/15

08/10/15	Killed and seriously injured (KSI) accident information for the Last five years broken down by year and ward	Tony Kennedy – Transportation	Data Received 19/10/15
08/10/15	The extent to which the new parking contract has helped to achieve improvement targets.	Gavin F Moore – Parking and Lighting	Data Received 28/10/15
08/10/15	The amount of parking enforcement money collected by the debt	Gavin F Moore – Parking and Lighting	Data Received 28/10/15
05/11/15	Number of incidences of CSE reported to the Council and whether any convictions had resulted. The questions with regards to CSE and FGM are more complex and cannot be answered briefly. This complexity will be addressed through the LSCB Annual Report 2015-2016 which is due to be completed by 31.3.2016 and will provide a more contemporaneous perspective of multi agency safeguarding in Brent.	Mike Howard - Independent chair of the Brent Local Safeguarding Children Board (LSCB) Sue Matthews	Data Requested 05/11/15 Update received 01/12/15
05/11/15	The data held by the Council on FGM. With regards to CSE Mike will be producing a report co authored by Graham Genoni, Operational Director Children's Social Care, which is to be presented to CMT in January.	Mike Howard - Independent chair of the Brent Local Safeguarding Children Board (LSCB) Sue Matthews	Data Requested 05/11/15 Update received 01/12/15
05/11/15	Figures on children missing from education divided between the primary and secondary sectors.	Mike Howard - Independent chair of the Brent Local Safeguarding Children Board (LSCB) Sue Matthews	Data Received 01/12/15
02/12/15	Details of any existing PMS contract holders that also have a role in the CCG.	Julie Sands – NHS England	Data Requested 02/12/15
02/12/15	Information on the performance issues with the Sudbury Surgery	Julie Sands – NHS England	Data Requested 02/12/15
02/12/15	Accurate figures on the number of social housing units existing pre redevelopment and the number post redevelopment compared to the number of private units provided.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15
02/12/15	Members to be provided with a schedule of rents for the area including a comparison with the pre redevelopment level of rents.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15

02/12/15	A population profile for the area showing how the number of people was projected to rise.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15
02/12/15	Information on employment in the area so that it could be seen if the regeneration of the area was leading to a rising employment rate.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15
02/12/15	More information on how the plans for the area attempted to design out potential crime and the involvement of the police in this.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15
02/12/15	More information on the use of decanted units to house homeless people, including the number involved, the timeframes involved and the financial considerations.	Richard Barrett – Brent Operational Director, Property and projects	Data Requested 02/12/15
06/01/16	Request for the numbers taking composting bins to be divided between wards and made available to members of the committee.	Rob Anderton, Head of Service, Public Realm,	Data Requested 06/01/16
06/01/16	Q3 waste data – residual waste tonnages and recycling rates and number of fly tips attributed to garden waste.	Rob Anderton, Head of Service, Public Realm,	Data Requested 06/01/16
06/01/16	Request for average waste per household figures for across the borough to be supplied.	Rob Anderton, Head of Service, Public Realm,	Data Requested 06/01/16
06/01/16	Request for number of households each refuse vehicle passes per day.	Rob Anderton, Head of Service, Public Realm,	Data Requested 06/01/16
06/01/16	Government allocating of capital money - details of how Brent's share of £300,000 has been put to use.	Conrad Hall – Brent Chief Finance Officer	Data Requested 06/01/16
06/01/16	Information on Council's highways maintenance budget and approach to such aspects as how gully cleaning might be prioritised if it was related to preventing local flooding.	Conrad Hall – Brent Chief Finance Officer	Data Requested 06/01/16
06/01/16	Details of work being carried out looking at various ring-fenced budgets and other resources being held for specific purposes.	Conrad Hall – Brent Chief Finance Officer	Data Requested 06/01/16

Key: Data Requested At Meeting (DRAM)
Data Requested In Writing (DRIW)
Second Data Request in Writing (SDRIW)
Data Not Received (DNR)
Data Received (DR)

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