



Community and Wellbeing Scrutiny Committee

Wednesday 19 July 2017 at 7.00 pm
Board Rooms 3, 4 & 5 - Brent Civic Centre

Membership:

Members

Councillors:

Ketan Sheth (Chair)
Kansagra (Vice-Chair)
Conneely
Hector
Hoda-Benn
Jones
Nerva
Shahzad

Substitute Members

Councillors:

Aden, Colacicco, Crane, Ezeajughi, Kelcher, Mashari
and Stopp

Councillors:

Colwill and Davidson

Co-opted Members

Alloysius Frederick, Roman Catholic Diocese schools
Helen Askwith, Church of England
Iram Yaqub, Parent Governor Representative (Primary)
Sayed Jaffar Milani, Muslim Faith

Observers

Ms Sotira Michael, Brent Teachers' Association
Lesley Gouldbourne, Brent Teachers' Association
Jean Roberts, Brent Teachers' Association
Jai Patel, Brent Youth Parliament
Siofra Healy, Brent Youth Parliament
Priya Bharadia, Brent Youth Parliament
Samira Monteleone, Brent Youth Parliament
Aleena Majeed, Brent Youth Parliament
Najib Rahman, Brent Youth Parliament

For further information contact: Nikolay Manov, Governance Officer
020 8937 1348 nikolay.manov@brent.gov.uk

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The press and public are welcome to attend this meeting.

Notes for Members - Declarations of Interest:

If a Member is aware they have a Disclosable Pecuniary Interest* in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent and must leave the room without participating in discussion of the item.

If a Member is aware they have a Personal Interest** in an item of business, they must declare its existence and nature at the start of the meeting or when it becomes apparent.

If the Personal Interest is also a Prejudicial Interest (i.e. it affects a financial position or relates to determining of any approval, consent, licence, permission, or registration) then (unless an exception at 14(2) of the Members Code applies), after disclosing the interest to the meeting the Member must leave the room without participating in discussion of the item, except that they may first make representations, answer questions or give evidence relating to the matter, provided that the public are allowed to attend the meeting for those purposes.

***Disclosable Pecuniary Interests:**

- (a) **Employment, etc.** - Any employment, office, trade, profession or vocation carried on for profit gain.
- (b) **Sponsorship** - Any payment or other financial benefit in respect expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) **Land** - Any beneficial interest in land which is within the council's area.
- (e) **Licences**- Any licence to occupy land in the council's area for a month or longer.
- (f) **Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) **Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

****Personal Interests:**

The business relates to or affects:

- (a) Anybody of which you are a member or in a position of general control or management, and:

- To which you are appointed by the council;
- which exercises functions of a public nature;
- which is directed is to charitable purposes;
- whose principal purposes include the influence of public opinion or policy (including a political party of trade union).

- (b) The interests a of a person from whom you have received gifts or hospitality of at least £50 as a member in the municipal year;

or

A decision in relation to that business might reasonably be regarded as affecting, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the electoral ward affected by the decision, the well-being or financial position of:

- You yourself;
- a member of your family or your friend or any person with whom you have a close association or any person or body who employs or has appointed any of these or in whom they have a beneficial interest in a class of securities exceeding the nominal value of £25,000, or any firm in which they are a partner, or any company of which they are a director
- any body of a type described in (a) above

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members	
2 Declarations of interests Members are invited to declare at this stage of the meeting, any relevant disclosable pecuniary, personal or prejudicial interests in the items on this agenda.	
3 Deputations (if any)	
4 Minutes of the previous meeting	1 - 8
5 Matters arising (if any)	
6 Sustainability and Transformation Plan - Update Members will receive a verbal update from the Cabinet Member for Community and Wellbeing about the Sustainability and Transformation Plan.	
7 Children's Oral Health in Brent The report outlines the oral health outcomes for children in Brent and the local authority plan for 2017 to tackle oral health issues. Ward Affected: All Wards Contact Officer: Dr Melanie Smith Director of Public Health Tel) 020 8937 6227 Email: melanie.smith@brent.gov.uk	9 - 26
8 Primary Care Transformation This report provides the Community and Wellbeing Scrutiny Committee with an update on the Brent Clinical Commissioning Group's (Brent CCG) programme of Primary Care Transformation. This work is led by NHS Brent CCG alongside Primary Care providers and stakeholders who include the London Borough of Brent, the other 7 CCGs in North West London (NWL), NHS England and other providers and patient representatives. Ward Affected: All Wards Contact Officer: Sarah McDonnell Deputy Chief Operating Officer (Interim) Brent Clinical Commissioning Group	27 - 40

9 Report by the Child and Adolescent Mental Health Services Scrutiny Task Group 41 - 72

Members of the Community and Wellbeing Scrutiny Committee agreed that during 2016/17 they would set up a task group in order for scrutiny to evaluate Child and Adolescent Mental Health services (CAMHS). The scrutiny task group has reviewed Child and Adolescent Mental Health Services (CAMHS) to evaluate the existing model and its effectiveness in delivering services. Findings are presented in the report in Appendix A.

Ward Affected:

All Wards

Contact Officer: Pascoe Sawyers

Head of Policy and Partnership

Tel: 020 8937 1045

Email: pascoe.sawyers@brent.gov.uk

10 Overview and Scrutiny 2016-17 Annual Scrutiny Report 73 - 96

The Annual Scrutiny report is a summary of the work conducted by the Overview and Scrutiny function throughout the year. This includes task group work, questions and decisions made by both the Community and Wellbeing, and Resources and Public Realm committees.

Ward Affected:

All Wards

Contact Officer: Mark Cairns

Policy and Scrutiny Manager

Tel: 020 8937 1476

Email: mark.cairns@brent.gov.uk

11 Scrutiny Committee's Work Programme 2017-18 97 - 106

The report updates Members on the Committee's Work Programme for 2017-18 and captures scrutiny activity which has taken place outside of its meetings.

Ward Affected:

All Wards

Contact Officer: Pascoe Sawyers

Head of Policy and Partnership

Tel: 020 8937 1045

Email: pascoe.sawyers@brent.gov.uk

12 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: Tuesday 19 September 2017



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.



MINUTES OF THE COMMUNITY AND WELLBEING SCRUTINY COMMITTEE **Wednesday 29 March 2017 at 7.00 pm**

PRESENT: Councillor Ketan Sheth (Chair), and Councillors Conneely, Jones, Shahzad, and Moher (Substituting for Councillor Nerva) and co-opted members Ms Cargill, Mr A Frederick, Ms Yaqub, Dr Levison and appointed observers Mrs Gouldbourne and Ms Roberts

Also Present: Councillors M Patel

Apologies were received from: Councillors Hector and Nerva

1. Apologies for absence and clarification of alternate members

Councillor Moher advised that she was attending as a substitute member for Councillor Nerva who had submitted apologies for the meeting. Apologies were also received from Councillor Hector.

2. Declarations of interests

The following personal interests were declared with respect to agenda items 6 and 7, 'Special Educational Needs and Disability (SEND) - Update on Specialist provision and the implementation of the SEND Reforms' and 'Annual School Standards and Achievement report 2015-2016':

- i) Councillor Sheth as a governor at St Joseph's Infant School and St Joseph's Junior School and as a member of the Board of Harrow College.
- ii) Councillor Conneely as an employee of a local charity which undertook outreach work in some Brent schools;
- iii) Councillor Jones as a governor of St Joseph's Primary School;
- iv) Mr Frederick as Chair of the All Saints Trust;
- v) Mrs Yaqub as founder of a charity which undertook work on engaging with parents and carers of children with special educational needs.

3. Deputations (if any)

None received.

4. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on 1 February 2017 be approved as an accurate record of the meeting.

5. **Matters arising (if any)**

There were no matters arising.

6. **Order of business**

RESOLVED: that the order of business be amended as follows:

7. **Annual School Standards and Achievement report 2015-2016**

A report reviewing school standards and achievement for 2015-2016 was presented to the committee by John Galligan (Head of Setting and School Effectiveness). Members heard that in 2014, 78 per cent of Brent's Schools were rated by Ofsted as good or outstanding. At this time, the Education Commission had set Brent a target -that all of the borough's schools be good or outstanding. Meeting this target had been the aim of the Strategic Framework for School Effectiveness in Brent 2014-17. Currently, 96 per cent of Brent schools are judged good or outstanding by Ofsted, well above the national average. The arrangements which had supported this improvement were outlined to the committee. Collaborative, school led partnerships were now a key feature of Brent's education provision. In particular, the support provided by partners including the Brent Schools Partnership and the borough's two Teaching School Alliances contributed greatly to the improvement of schools. Head Teachers Karen Giles, Jane Jardine, Theresa Landreth and Laura Wynne were introduced to the committee and their key roles in providing school to school support and raising school effectiveness across Brent explained.

John Galligan further advised that Brent had performed well against the national averages in 2016 for the primary and secondary headline attainment measures but was below London at the end of Key Stage 2 and just below London at the end of Key Stage 4. The borough performed very well in measures of pupil progress. It was significantly above the national averages at both key stages, and above the London average at Key Stage 4 and in mathematics at Key Stage 2. The committee was advised that, as a consequence of performance measures for schools and colleges being changed in 2016, it was not possible to make comparisons with previous years.

In the subsequent discussion, the committee queried whether the commitment for all Brent schools to be judged good or outstanding by 2017 would be met. Further information was sought regarding Brent's performance relative to other London boroughs and members queried how the council would avoid complacency to support continued improvement in Brent's schools. Further details were sought regarding the role of the Strategic School Effectiveness Partnership Board and the committee questioned the work being undertaken on the new Strategic Framework for School Effectiveness due later in the year. Members highlighted the importance

of good school governance, sought further information about school to school support and queried the council's role in ensuring the contribution of school leaders with proven expertise and experience. It was subsequently queried how the council identified schools requiring intervention, the timing and nature of that intervention and why Interim Executive Boards had been put in place in two Brent schools. Questions were raised regarding the recruitment, training and retention of governors and teaching staff. The committee raised several queries regarding improving attainment for underperforming groups, including the specific projects undertaken and organisations engaged, and an explanation was requested of the variation of attainment across the borough.

In response, Gail Tolley (Strategic Director, Children and Young People) advised that there were two schools with a current Ofsted rating of requires improvement which were not due to be inspected until the following year and one which was due to be inspected in 2017; however all other schools in the borough were now judged good or outstanding. The rate of improvement that this represented was rapid and Brent was one of the best performing boroughs against this measure both in London and nationally. To sustain this progress, the strong partnership working and focus on achievement and progress for all children needed to be maintained. John Galligan advised that the council, in discussion with school leaders, was now looking specifically at local priorities for Brent in driving forward the quality of provision and this was reflected in the forthcoming Strategic School Effectiveness Strategy. The delivery of this strategy was supported by the Strategic School Effectiveness Board which provided a strategic hub for partnership working. Head Teachers Theresa Landreth, Laura Wynne and Karen Giles outlined their experiences of providing school to school support including expounding the role of specialist centres and consultant head teachers. The committee heard that this support was often very carefully brokered through the Setting and School Effectiveness Service.

Addressing queries regarding formal intervention in schools, John Galligan advised that the School Effectiveness team monitored schools by reviewing the School Effectiveness matrix, a comprehensive dataset on schools which included information on exclusions, attainment and leadership. Where risks were identified, a proactive approach was taken and school to school support brokered. If formal intervention was required, this would usually be in the form of a rapid improvement group to address insufficient challenge from a governing body. It was emphasised that since the introduction of the Strategic Schools Effectiveness Strategy, there are now no schools in Brent judged inadequate by Ofsted. The importance of robust governance and the role that the local authority had in challenging this was highlighted. Part of the role of the School Effectiveness Lead Professional was to provide advice on the training offer for governors and to sign post to the Brent Schools Partnership where appropriate. Informal support was also provided to governors through school to school arrangements. Co-opted Member Alloysius Frederick advised that, as one of two National Leaders of Governance in Brent, he worked closely with schools to offer support in this area.

John Galligan advised that the challenge previously provided by the committee regarding underperforming groups had ensured that this issue had been at the forefront of the agenda for school improvement across all schools in Brent and school effectiveness partners. Some governors were providing robust challenge on this issue; though there was still lots of work required. Karen Giles expressed the

view that the key to addressing this was less about the specific projects and more about ensuring good practice on a day to day basis in schools, identifying individual needs and personalising learning. Theresa Landreth added that the relationship with parents and raising the aspirations of parents for their children was another important element of the work required to improve the attainment of underperforming groups. Local community groups were engaged as part of this work including the Reach Society, a nationally acclaimed organisation led by Black men in the community. Addressing concerns regarding variation in attainment, Karen Giles advised that this depended on a range of factors from the variation in characteristics of the children, leadership at the schools and recruiting and retaining good teachers.

Gail Tolley emphasised the important contribution that Members could make to ensuring good governance in the borough's schools. As leaders within their communities, Members were well placed to identify local residents with the skills, knowledge and experience to become excellent school governors. The committee was therefore asked to encourage Members to take an active role in encouraging and nominating local residents to become school governors.

The committee commended the emphasis placed on supporting underperforming groups to achieve improved attainment and RESOLVED:

- i) that the Annual School Standards and Achievement Report 2016/2017 detail the progress made in raising attainment of identified underperforming groups and provide case studies illustrating the strategies employed by schools;
- ii) that a report on the impact of the new National Funding Formula on Brent Schools be brought to a future meeting of the committee;
- iii) that Members be encouraged to take an active role in encouraging and nominating local residents to become school governors.

8. Special Educational Needs and Disability (SEND) - Update on Specialist provision and the implementation of the SEND Reforms

The committee received a report detailing the progress made in delivering reforms to services for children and young people with special educational needs and disabilities (SEND). These reforms were required following the introduction of the Children and Families Act 2014 and a new SEND Code of Practice in 2015. Drawing members' attention to the main changes in this new Code of Practice, Sandra Bingham (Head of Inclusion), highlighted that these were quite far reaching and included replacing Statements of SEN with Education, Health and Care (EHC) Plans. Further changes included involving children and young people and their parents in decision making, a stronger focus on promoting high aspirations for children and young people with SEND, and a greater emphasis on supporting successful transitions to adulthood. The requirements to pursue joint commissioning with health and to publish a 'local offer' (a single point of information regarding support, services and opportunities in the borough for SEND children and young people) had also been introduced.

Members heard that Brent was progressing well with regard to these changes. Sandra Bingham explained that the council was on track to meet the 2018 deadline

for converting Statements of SEN to EHC plans. New innovative ways of working to involve parents and young people in decision making were being explored and implemented, including the offer of a co-production meeting with parents and young people in the development of EHC plans. The Westminster Society had been engaged to facilitate the Parent Carer Forum, which had been struggling under the burden of administrative tasks. The administration would now be managed by the Westminster Society thereby allowing more time for participation of the forum's membership in the development of SEND services with the local authority. The committee was further informed that work had been undertaken with partner agencies and schools to develop a transition protocol to support a seamless transition into adulthood and ensure that young people could exert choice over their lives. Similarly, joint commissioning of services was underway and the council was working closely with health colleagues around paediatric therapy, speech and language and occupational therapy services. The Brent Local Offer had been published in 2014 and feedback on this was welcomed. Sandra Bingham concluded her introduction of the report, noting that demand was growing for specialist provision in Brent and the council was exploring how this could be developed locally.

During the following discussion, members queried how well Brent performed in identifying children with SEND and in providing effective support to improve outcomes and life chances. Members also sought further details on the improvement made to outcomes as a result of the introduction of EHCs over Statements of SEN. An assessment of the success of partnership working with health services was requested. The committee questioned the level of engagement with parents in co-production meetings regarding EHCs and sought further details of the track record of the Westminster Society. Noting the small number of placements provided in the successful internship scheme, a member queried how work on post-16 opportunities could be improved.

Several queries were subsequently made regarding the transition from SEN statements to EHC plans, including whether the 2018 deadline would be met, whether the target of completing 473 of these by December 2017 would be met and why 14 per cent of new EHCs were not completed within the required 20 week timescale. Members questioned how the borough was meeting rising demand for specialist provision and what the consequences were for children who were placed in out of borough provision. Officers were asked to comment on the skills and resources of mainstream schools to support children with SEND. Noting the fall in the number of parents seeking to appeal local authority decisions at tribunal, a member sought assurance that the decrease reflected parents' satisfaction, rather than any difficulties in submitting an appeal. It was further noted that a number of tribunal appeals were discontinued due to new evidence being submitted and the committee questioned what measures the council took to avoid such situations arising. Members' questions were concluded with a query on the council's readiness for an inspection under the new joint inspection arrangements.

Responding to the queries raised, Sandra Bingham advised that a self-evaluation form had been completed for the forthcoming SEND inspection which indicated that the early identification of SEND was a strength in Brent. SEND was a priority group with regard to attainment and the council was working with schools to identify and share good practice. The impact of EHCs, particularly on attainment, would be measured over the coming year; however, the focus of the plans was on long term

outcomes for the children and young people. As part of the EHC process, parents were offered the opportunity to attend a co-production meeting and uptake of these was increasing. It was hoped that involving parents at this stage would result in increased satisfaction with the resulting plan and reduce the number of appeals via tribunal. The Westminster Society had a proven track record of supporting parental engagement in other boroughs and a report would be brought back to the committee in the following year assessing the success of the arrangement. Jayne Jardine (Head Teacher Manor School) advised that there needed to be a collective focus locally and nationally on developing career pathways for young people with SEND as there were too few opportunities currently.

Sandra Bingham further advised that joint strategic commissioning with health was progressing well both strategically and at a practical service level, with good relationships evident between therapists, schools and parents. Gail Tolley (Strategic Director of Children and Young People) emphasised the need to ensure that funding for children from the CCG was sustained, given the focus in the health economy on Adult Social Care. The council was also actively challenging the outcome of the high needs block for the dedicated schools grant to ensure that there would be appropriate funding for SEND children.

Addressing queries regarding the conversion of Statements of SEN to EHC plans, Sandra Bingham advised that if there was no change to staff resources dedicated to the task, this would progress as intended and would be completed on time. It was sometimes not possible to complete an EHC within the statutory timescale due to the availability of the child or pressures on colleagues in meeting necessary deadlines. The rising demand for specialist provision had been met by expanding capacity of specialist schools and working with mainstream schools in the borough. Brent Special Schools Academy Trust has been established and plans to open a new free school hopefully in September 2018. In the meantime the Manor school will expand on a satellite site with 18 places. The new Free School, The Avenue aims to have 104 over the next few years. Special schools worked closely with colleagues in mainstream schools to help develop specialist provision in these settings. Children placed outside of the borough would not be disadvantaged in terms of the quality of the provision but could face increased traveling times and would not have the benefit of attending school within their local community.

Responding to concerns regarding parents' access to tribunals, Sandra Bingham referred members to the process detailed in the report, highlighting that it was now a requirement for mediation to be engaged in before progressing to tribunal. There was currently insufficient data to measure the impact of this new requirement; however, it was hoped that this had facilitated a fall in the number of tribunals. Parents could also access support in addressing concerns or progressing appeals from the Brent SEND Information and Support Service (SENDIASS). New evidence would be considered, even if submitted at the tribunal stage as it was essential that an assessment of a child was accurate and it was recognised that often this information had not been available previously.

Gail Tolley expressed her confidence that the Council was well prepared for the forthcoming SEND inspection.

The committee recognised that the future of the borough's children with SEND should be a borough-wide concern and commended the successes of the student

internship programme for young people with SEND. The committee subsequently RESOLVED:

- i) That a council-wide approach to maximising employment opportunities for young people with SEND be endorsed;
- ii) That the provision of council placements for the internship programme for young people with SEND be endorsed;
- iii) That Members be encouraged to maximise employment opportunities for young people with SEND via their connections with community groups, organisations and businesses in the borough.

9. Update on scrutiny work programme 2016-17

RESOLVED: that the report be noted.

10. Any other urgent business

Dr Levison (Co-opted Member) informed the committee that after more than 25 years of fulfilling the role, he would be resigning as co-opted Member and that the current meeting had been his last. The Chair expressed his thanks to Dr Levison for the commitment he had shown and contribution he had made during his time as co-opted Member and on behalf of the committee wished him well in his future endeavours.


11. Date of next meeting

The committee noted that the next meeting was scheduled for 9 May 2017.

The meeting closed at 9.15 pm

Councillor Ketan Sheth
Chair

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 <p>Brent</p>	<p>Community and Wellbeing Scrutiny Committee</p> <p>19 July 2017</p> <p>Report from the Director of Public Health</p>
<p>For information</p>	<p>Wards affected: ALL</p>
<p>Children's Oral Health in Brent</p>	

1.0 Summary

- 1.1 The report outlines the poor oral health outcomes for children in Brent and the local authority plan for 2017 to tackle oral health issues. The local Community Dental Service has recently been tendered by NHSE with a new specification for oral health promotion. Brent Council have become co-commissioners with NHSE of the oral health promotion service. This arrangement provides new opportunities to influence children's oral health.

2.0 Recommendations

- 2.1 Members of the Scrutiny Committee are recommended to note the progress being made by the Council with respect to children's oral health.

3.0 Background

- 3.1 Brent children have some of the worst oral health outcomes in England, with dental extractions remaining the top cause for elective hospital admissions in children.
- 3.2 Good oral health is integral to a child's general health and well-being, and affects how children grow, enjoy life, look, speak, chew, taste food, and socialise. Pain, infection, and tooth loss can cause sleepless nights, poor concentration, time off from school, reduced nutrition and growth, and delays to speech development and school readiness. Psycho-social wellbeing and self-esteem can also be affected by bad breath and the unsightly appearance of decayed or missing teeth.
- 3.3 The impacts of poor oral health are not only on the individual child, but also on their families through sleepless nights and parents needing to take time off work for visits to the dentist or hospital dental treatment

3.4 Fortunately tooth decay is almost entirely preventable. Therefore, establishing good oral health behaviours early is part of giving every child the best start in life. This includes reducing sugary foods and drinks as part of promoting a healthy diet, drinking water and milk, encouraging twice daily tooth-brushing with fluoride toothpaste, improving early access to dentists for preventive advice and the application fluoride varnish at least twice a year from aged 3 years.

3.5 Following the Health and Social Care Act 2012 the responsibility for commissioning dental services lies with NHS England. Local authorities have a responsibility for oral health promotion as part of their public health duties.

4.0 Detail

4.1 NHS England commission both General Dental Services (GDS – high street dentists) and Community Dental services (CDS). The CDS, which provide dental services for vulnerable and high risk populations, for example people with learning disabilities, which conduct periodic surveys to assess oral health needs and are to act as the gate keeper for child dental general anaesthetics.

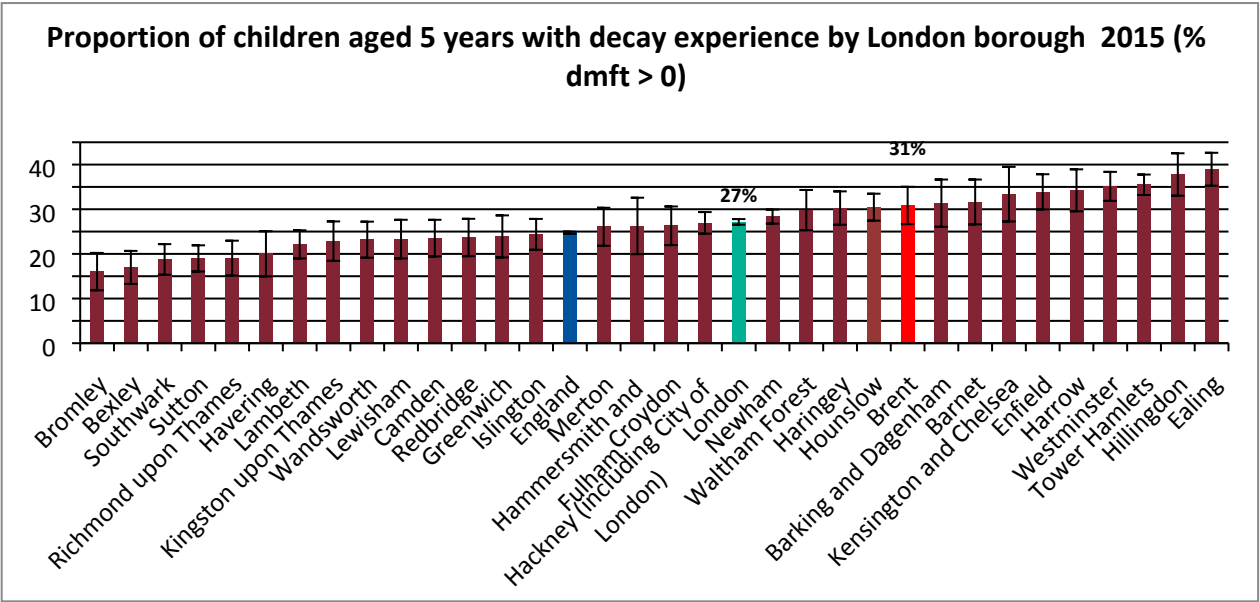
4.2 Historically oral health promoters have been located within Community Dental Services. For Brent the funding for the staff involved remained within NHSE's block contract with London North West Healthcare NHS Trust and NHSE managed this contract.

4.3 During 2015/17, NHSE undertook a re-tendering of CDS services across London and offered local authorities the opportunity to become associate commissioners to the new CDS contracts. Associate commissioner status gives the Council the opportunity to influence the service specification, to specify the annual work programme for the oral health promotion function (appendix 1) and to participate in NSHE's contract management.

4.4 NHSE have awarded the new five year CDS contract to Whittington Health from 1 April with the possibility of a further five year extension. The funding for the oral health promotion staff (£80,000 for 1.8 wte) remains with NHSE with a section 75 agreement being put in place and for 17/18 Brent public health are providing £20,000 for resources.

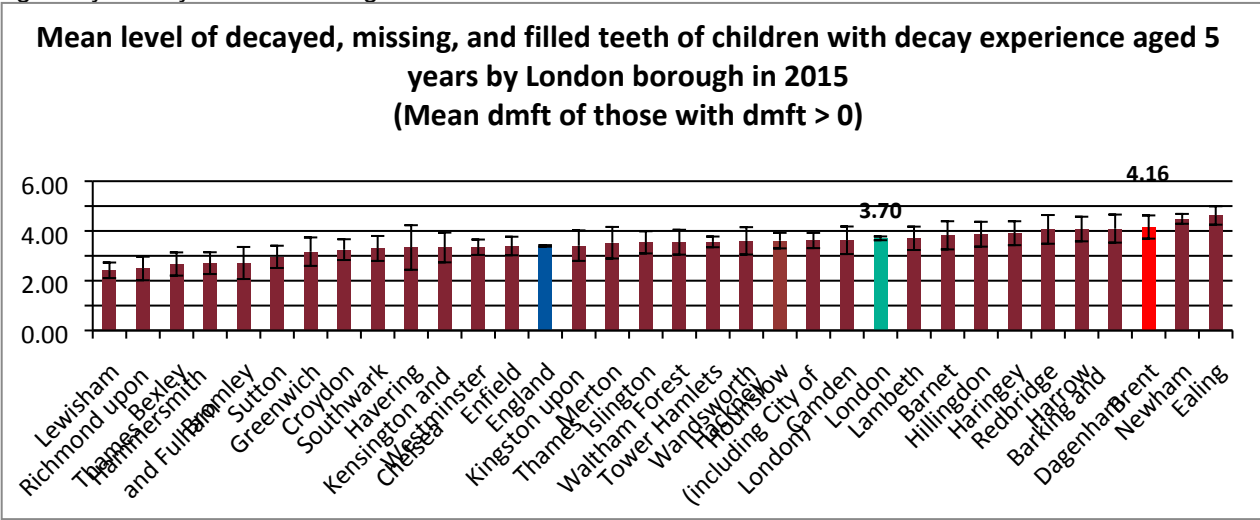
4.5 From the 2015 PHE National Dental epidemiology survey over 31% of Brent 5-year-olds had experience of decay, compared with 27% in London and 24% in England. Although this was an improvement compared to the 2012 results, Brent still has a considerably higher rate of 5 year olds with decayed teeth, compared to the London and England rates.

Graph 1: Proportion of children aged 5 years with decay experience by London Public Health England (PHE) National Dental epidemiology survey (2015)



4.6 Of those children who experience dental decay at aged 5 years, on average they have four or more teeth affected.

Graph 2: Mean level of decayed, missing, and filled teeth of children with decay experience aged 5 years by London borough in 2015



However, between the 2012 and 2015 surveys there has been improvement in the average level of decayed, missing and filled teeth (dmft) which has dropped in Brent from 1.81 to 1.28.

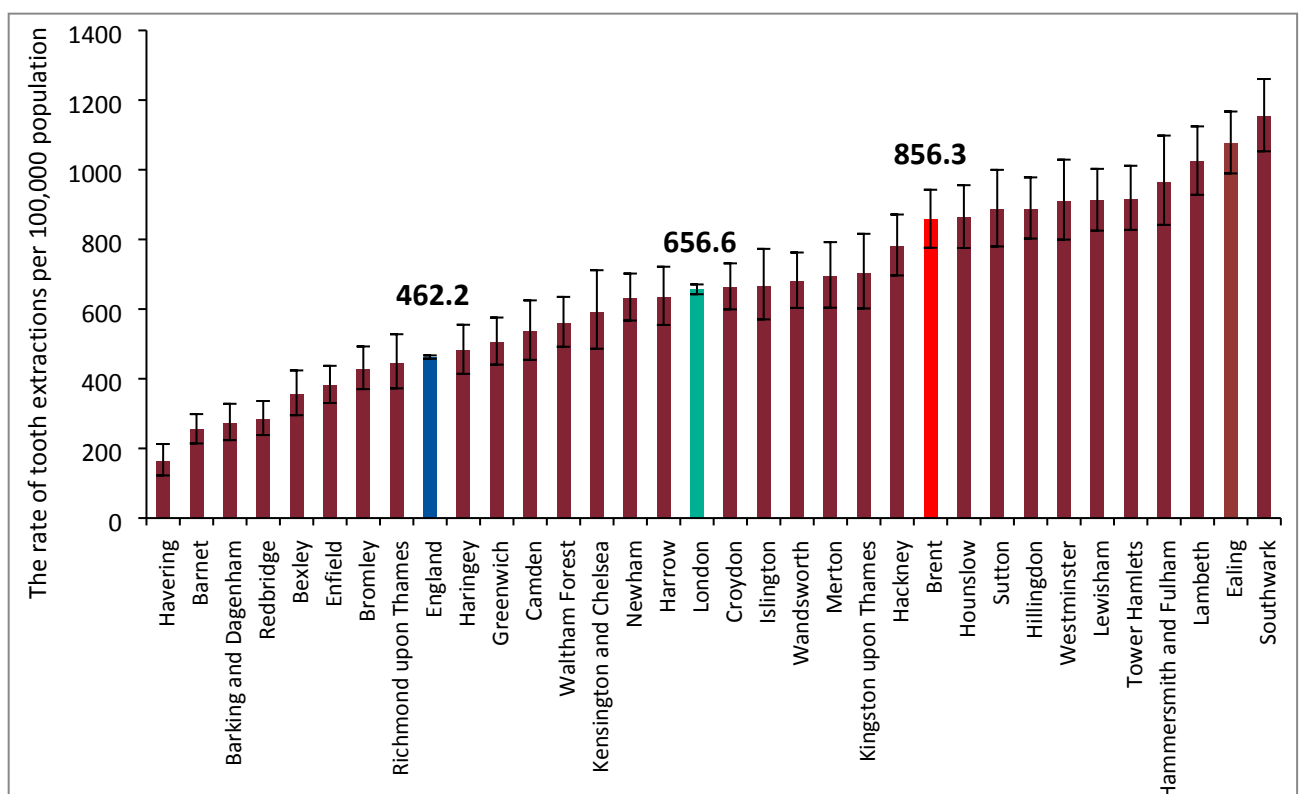
Change in mean dmft for children aged 5 years in 2012 and 2015 by London borough. PHE 2016

Legend: 2012 (light red), 2015 (dark red)

Callout for Brent: 1.81 (2012), 1.53 (2015), Change: 0.28

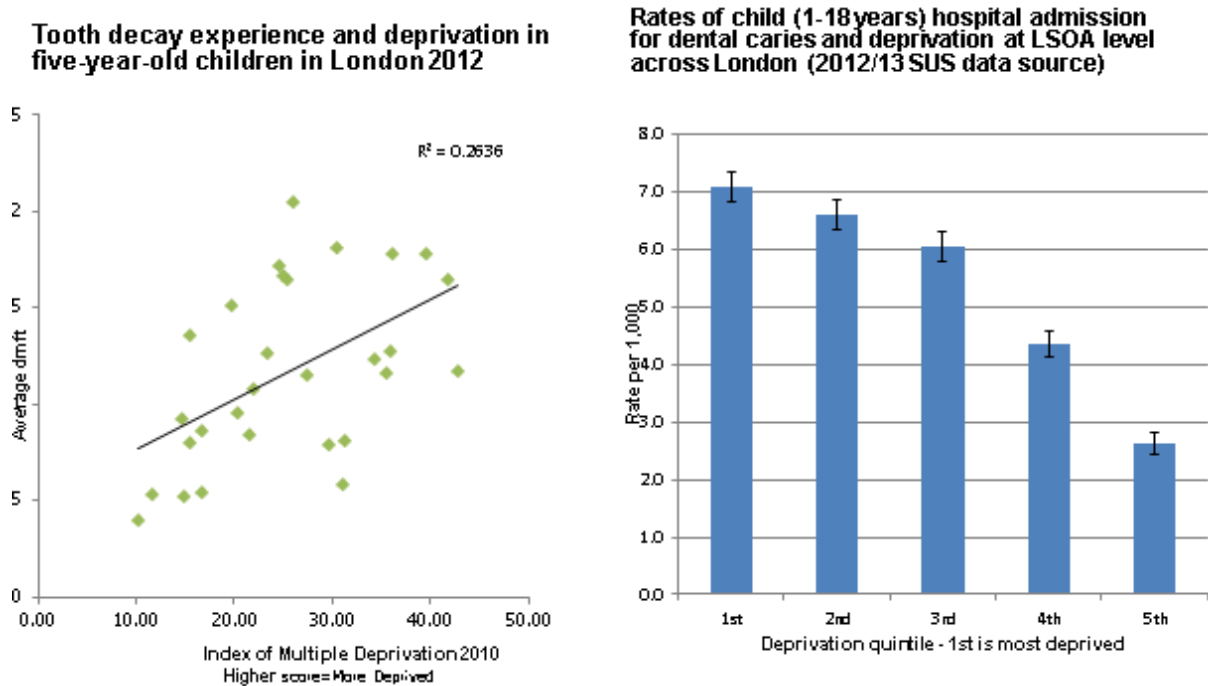
London Borough	2012 (Mean dmft)	2015 (Mean dmft)
Richmond	0.50	0.45
Redbridge	0.45	0.40
Southwark	0.40	0.50
Southwark	0.80	0.60
Southwark	0.60	0.60
Southwark	0.75	0.65
Southwark	0.65	0.65
Southwark	0.70	0.70
Southwark	1.15	0.75
Southwark	0.75	0.75
Southwark	0.75	0.80
Southwark	0.80	0.80
Southwark	0.85	0.85
Southwark	0.85	0.85
Southwark	0.90	0.90
Southwark	0.90	0.90
Southwark	1.65	0.85
Southwark	0.85	0.85
Southwark	1.30	0.85
Southwark	0.90	0.90
Southwark	0.95	0.95
Southwark	0.95	0.95
Southwark	1.20	0.95
Southwark	1.25	1.00
Southwark	1.00	1.00
Southwark	1.15	1.05
Southwark	1.15	1.10
Southwark	1.10	1.10
Southwark	1.30	1.10
Southwark	2.05	1.20
Southwark	1.75	1.20
Southwark	1.80	1.20
Southwark	0.85	1.25
Southwark	1.65	1.25
Southwark	1.80	1.30
Southwark	1.85	1.30
Southwark	1.81	1.53
Southwark	1.30	1.30
Southwark	1.30	1.40
Southwark	1.45	1.40
Southwark	1.50	1.50
Southwark	1.70	1.70
Southwark	1.80	1.80

Graph 4: Tooth extraction due to decay aged 10 years and under per 100,000 population by London borough 2014/15 (data source: HSCIC).



- 4.8 Dental decay experience and its impact (hospital admissions for tooth extractions under GA) are closely correlated to deprivation and social disadvantage.

Graphs 5 and 6:



- 4.9 It is estimated from the most recent survey (2015) that 41% of variation in 5 year old decay experience can be explained by deprivation.
- 4.10 Since poor oral health and a number of chronic diseases share the common risk factor of diets high in sugary foods and drinks, oral health is potentially a key indicator of wider health and social care issues such as obesity. Since social deprivation and high levels of sugar consumption are risk factors for dental decay and obesity, it has been suggested that these two outcomes may be more likely to co-exist with the same individuals or populations.
- 4.11 Using the National Childhood Measurement Programme data 2015/2016 for children in reception class and the number of dental admissions in the population aged 0-4 shows Harness (Harlesden locality) as the area of greatest need.

Figure 1: Obesity by dental admissions for children aged 0 – 4

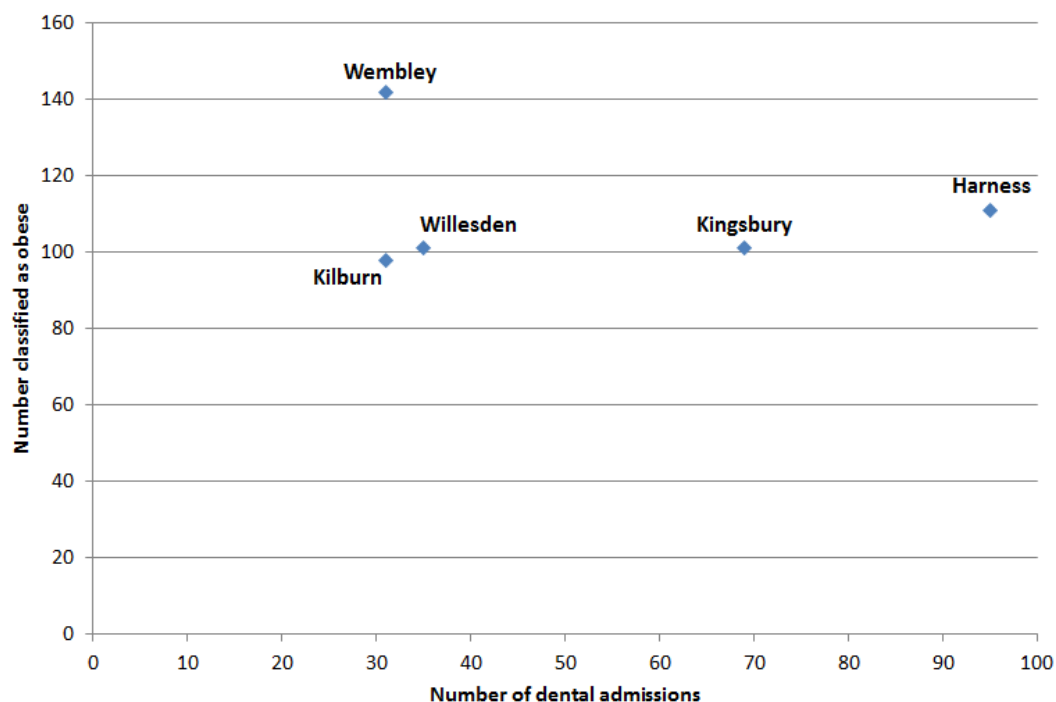
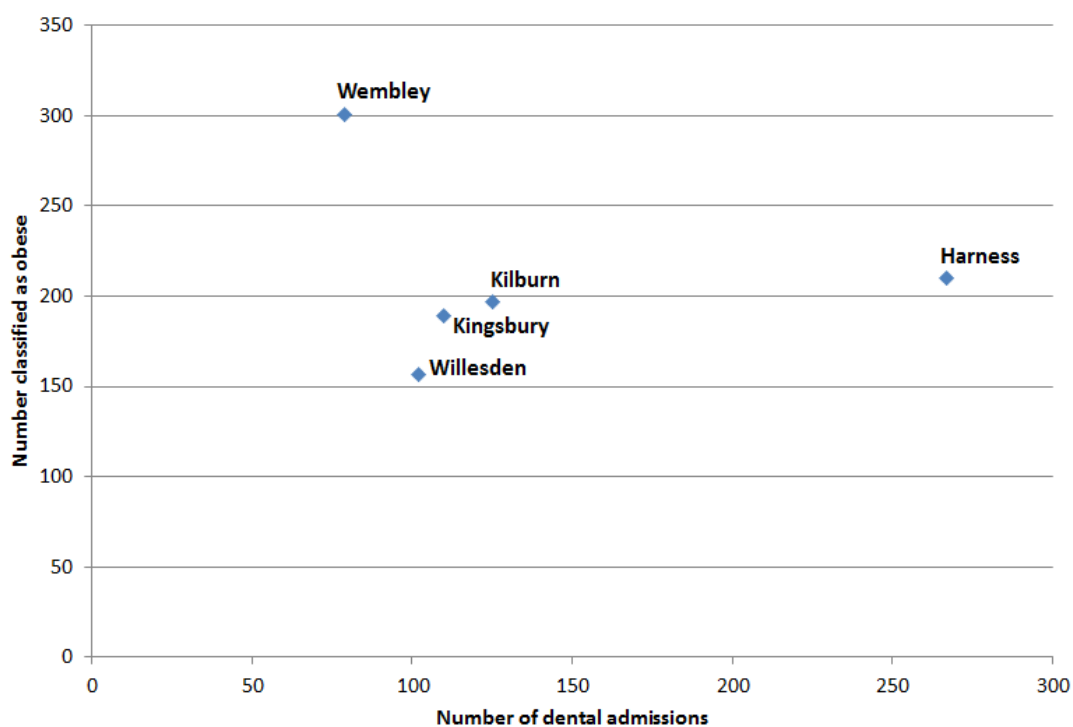
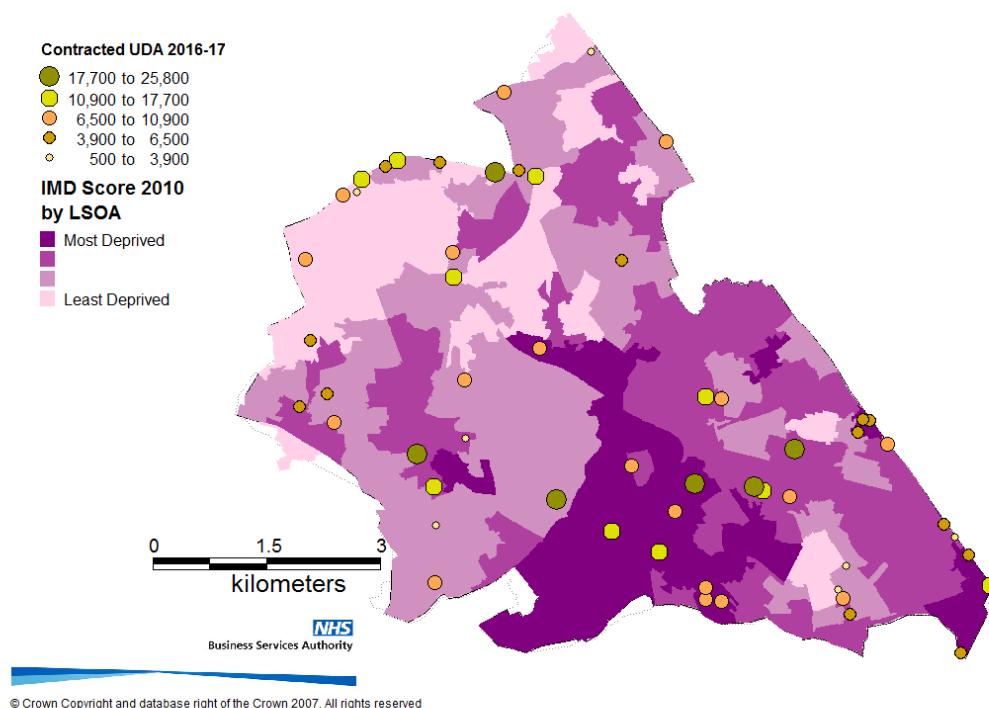


Figure 2: Obesity by dental admissions for children aged 5 -19



4.12 The map shows contracted activity (UDAs - units of dental activity) commissioned by NHS England from Brent Provider dental practices against Index of Deprivation by SOA.



Uptake of dental care

- 4.13 The latest national Children's Dental Health Survey (2013) found that at least 6% of parents said that their 5 year old had never visited the dentist. As this is self-reported data it is likely that this is an under estimate of attendance.
- 4.14 As part of the Best Start in Life programme which operates in Brent, "Check by One" encourages early access to Dentists. The table below describes uptake for NHS dental services by Brent children and that of Brent adults at the ward resident postcode level. There are very low levels of dental uptake in the under 5s, these range from 30.5% in Kenton Ward to 22% in the Welsh Harp ward (22.4% in Queen's Park ward.)

Table 1: Access: Dental uptake for Brent resident children and adults by ward of resident postcode (year ending March 2017) Source: NHS BSA data

Ward Name	% uptake resident children 0-4 years	% uptake resident children 0-17 years	% uptake resident 18 or over (Adults)
Alperton	26.2	55.9	37.2
Barnhill	29.8	66.5	43.5
Brondesbury Park	26.8	62.4	39.1
Dollis Hill	24.0	67.3	50.6
Dudden Hill	29.4	64.5	46.3
Fryent	27.7	66.0	39.6
Harlesden	32.2	66.4	52.4
Kensal Green	26.7	60.5	42.6
Kenton	30.5	65.3	43.8
Kilburn	26.4	62.9	44.9
Mapesbury	25.5	60.8	37.8
Northwick Park	26.5	63.5	40.1
Preston	27.0	63.4	42.2
Queens Park	22.4	55.6	37.9
Queensbury	26.0	63.6	42.8

Stonebridge	28.5	63.7	55.7
Sudbury	29.2	63.5	40.5
Tokyngton	25.4	58.1	39.6
Welsh Harp	22.0	59.4	40.7
Wembley Central	26.3	55.7	36.3
Willesden Green	25.3	61.6	43.8
Brent Average	27.0	62.3	42.7
London Average	30.4	63.9	45.4
England Average	38.6	70.1	51.5

- 4.15 Patients seen by Brent Providers may not necessarily be Brent residents since patients may access NHS Dental Services wherever they chose and not necessarily near home. Dental Providers in the Kenton Ward are seeing large numbers of adults (21,284) and children (8,002) in their practices.

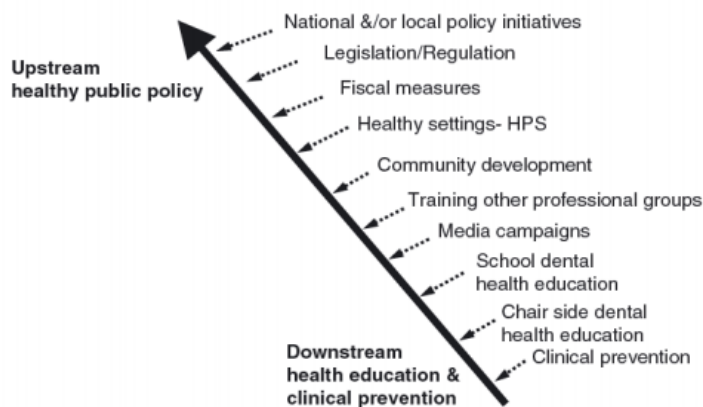
Table 2: Access: Dental uptake for adults and children by Brent ward of contract provider postcode (year ending March 2017). Source: NHS BSA data

Ward Name	Number of Patients 0-4 years old 2 Years ending March 2017	Number of Current Child Patients 2 Years ending March 2017	Number of Current Adult Patients 2 Years ending March 2017
Alperton	75	670	1,883
Barnhill	641	3,969	6,781
Dudden Hill	912	6,882	15,034
Fryent	291	2,201	3,811
Harlesden	352	2,234	5,532
Kensal Green	183	1,325	3,180
Kenton	1,151	8,002	21,284
Kilburn	253	1,979	6,796
Mapesbury	296	2,040	4,767
Northwick Park	213	1,363	4,154
Preston	147	1,155	2,055
Queensbury	240	1,592	2,916
Queens Park	376	2,535	5,053
Stonebridge	400	2,750	4,671
Sudbury	443	2,828	4,886
Tokyngton	257	1,944	4,448
Wembley Central	704	4,375	9,736
Willesden Green	446	3,420	10,226

4.16 Evidence of what works for prevention

Dental decay is a multi - factorial disease and requires a whole systems, multi-stranded approach to improve oral health and reduce inequalities across the population.

Figure 3: Upstream/downstream options for oral disease prevention



Upstream / downstream options for oral disease prevention Adapted from Watt et al

The risk of dental decay is higher for children who have poor diets high in sugary foods and drinks. **Making Every Contact Count and Making Oral Health Everybody's Business** to integrate oral health promotion, especially evidence-informed sugar reduction programmes, across services for children will not only improve oral health but will also tackle obesity. Uptake of dental services is low in very young children and it is not until about the age of about 7 years that the majority of children in Brent visit the dentist. Oral health problems at aged 5 years are an indication of a failure of early prevention and therefore it is essential that oral health is embedded in the Healthy Child Programme and other commissioned programmes in contact with families of young children to provide very brief oral health intervention and signpost to local dental practices.

4.17 Increasing exposure to fluoride

There is strong evidence to support increasing exposure to fluoride (toothpaste and fluoride varnish) is effective for improving oral health. Daily brushing (twice a day) with an appropriate level of fluoride toothpaste reduces the incidence and severity of tooth decay. However, children in more deprived areas are less likely to be doing this.

The NICE guidance on oral health and PHE recommends that targeted supervised tooth brushing programmes in early years settings are considered in order to encourage the development of brushing skills to support brushing at home and establish life-long oral healthy behaviours. PHE estimates that after 5 years, the ROI for targeted supervised tooth brushing is about £3.06 for every £1 spent. In addition, after 5 years of running this programme can result in an extra 2,666 gained school days per 5,000 children.

There is strong evidence to support the application of fluoride varnish by the dental team at least twice a year (and 3-4 times for those at higher risk) as part of a child's continuing care. However, many children in Brent are not receiving the recommended applications. Below is a table showing the variation in

fluoride being applied by dental practice teams by age groups for those children accessing NHS dental services.

Table 3: FP17s with a fluoride varnish application for Brent children, year ending March 2017.
Source NHS BSA data

Ward Name	Fluoride Varnish rate per 100 FP17s 3-5yrs	Fluoride Varnish rate per 100 FP17s 6-9yrs	Fluoride Varnish rate per 100 FP17s 10-14yrs
Alperton	64.3	65.4	58.3
Barnhill	45.0	41.2	35.8
Brondesbury Park	56.8	60.6	52.0
Dollis Hill	31.5	39.2	35.6
Dudden Hill	43.2	52.9	46.9
Fryent	29.2	33.4	29.0
Harlesden	48.6	51.3	47.0
Kensal Green	41.1	49.2	43.6
Kenton	44.7	45.3	33.0
Kilburn	41.3	57.1	51.8
Mapesbury	51.2	58.5	55.5
Northwick Park	43.2	53.6	40.4
Preston	44.7	51.3	37.6
Queens Park	53.0	59.5	52.6
Queensbury	38.2	35.1	33.8
Stonebridge	37.2	41.4	35.5
Sudbury	48.2	57.1	47.2
Tokington	28.2	49.0	44.8
Welsh Harp	35.9	41.2	38.4
Wembley Central	62.9	60.4	47.1
Willesden Green	54.5	58.9	53.0
Brent Average	44.8	50.2	43.1
London Average	38.6	47.4	41.6
England Average	39.9	51.1	45.7

4.18 Action taken by Brent Public Health Team to date

The Council public health team have worked with the Dental Public Health Consultant in PHE to undertake the following:

- A new 0-19 years children's public health contract has been procured which started on 1 June 2017. The specification includes a requirement for all staff to be trained to offer advice to children and families on oral health.
- The public health team have developed an approach for Council and health front line staff **Making Every Contact Count** which is designed to capture and make use of opportunities for front line staff from all services to bring public health approaches, information, advice and signposting to their routine contacts with residents. Oral health is one of the priorities identified and training has been provided for school nursing

service and will be offered to all front line staff in the Community and Wellbeing Department on oral health promotion.

- The “Now you have teeth” scheme has been rolled out in 10 children centres in Brent. This is a joint initiative with PHE and with the Postgraduate Dental Deanery in which newly qualified dentists spend time in children’s centres. They engage staff, parents, carers and the children in oral health promotion and present a ‘friendly face’ of local dentistry to encourage parents and carers to take their children to the dentist. The scheme has proved popular with families, children and staff.
- The Healthy Early Years (HEY) award scheme has been running in Brent since 2013 during which time 104 awards (including 12 renewals of awards) have been made to nurseries, childminders and children’s centres who have demonstrated action to ensure every child has the best start in life by:
 - focussing on the most important years of a child’s life,
 - encouraging behavioural changes that will have a positive effect
 - ensuring the longer term health and wellbeing of a child’s life.
 - giving the best advice and information to parents to help support them

Oral health is one of the priority areas for action and the 2015/16 evaluation of the HEY awards showed a 19% increase in the number of children that had been to the dentist in the last 6 months from baseline.

- A targeted community fluoride varnish programmes was commissioned previously from dental practices in Brent between June 2014 and July 2015. Delivery was in 10 Brent schools, with the involvement of six Brent NHS dental practices.

Objectives	Impact
To increase exposure to fluoride varnish for three to seven year olds in a school setting	<ul style="list-style-type: none"> • 1,745 pupils out of a possible 2,704 pupils (64.5%), gave consent for their child to take part • 1,620 (92.8%) went on to have fluoride varnish applied. • Consent rates varied from school to school, 95.1% (195 children) - 41.0% (143 children) • Average consent rate for girls was 63.7%, compared to 65.6% for boys • 420 pupils were not registered with a dentist with consent (24.1%) • 1,022 (58.6%) were registered with a dentist. • 590 pupils (33.8%) were assessed as requiring further treatment

4.19 Planned action by Brent public health team

- A work programme has been agreed with the new providers of oral health promotion (OHP) in Brent (Whittington Health) and is attached as

appendix 1. Given the limited specialist resource available, there is a focus on train the trainer approaches with the OHP service being commissioned to train frontline health, early help, early years and education staff.

- A settings based approach has been taken in order to best target resources and early years settings and schools have been prioritised. Supervised brushing is to be introduced into primary schools and nurseries. Based upon analysis of need, Harlesden will be prioritised.
- While dental services are commissioned by NHSE, the OHP service – and indeed early years and children's public health services – will signpost and promote dental registration.
- Reflecting the greater oral health needs of children with special needs, the work programme prioritises work in the special schools
- The delivery of the work programme will be co-ordinated by a multidisciplinary oral health partnership and monitored through contract management of the CDS contract jointly with NHSE.

5.0 Financial Implications

- 5.1 The are no specific implications within this report other than to note the value of the CDS contact contract awarded by NHSE to Whittington Health from 1st April. The funding for the oral health promotion staff of £80k remains with NHSE with a section 75 agreement being put in place and for 17/18 Brent public health are providing £20k for resources.

6.0 Legal Implications

- 6.1 These are covered in the body of the report.

7.0 Diversity Implications

- 7.1 These are covered in the body of the report

8.0 Staffing Implications

- 8.1 None

Contact Officers

Dr Melanie Smith
DIRECTOR OF PUBLIC HEALTH

Appendix 1

BRENT ORAL HEALTH PROMOTION WORK PROGRAMME 2017 - 2018

Objectives	Area of Work	Key tasks	Outcome By 31 st March 2018
<i>Promote oral health by improving levels of oral hygiene awareness to the general population through training for Frontline staff</i>	Maternity Health visitors School Nursing Children Centres Nurseries Special Schools Schools	<ol style="list-style-type: none"> 1. Ensure the provision of oral health information and signposting to all pregnant women by midwives. 2. Training of health and non-healthcare professionals in children's settings to deliver key oral health messages and guidance and provide demonstrations on how to clean teeth 3. Brushing for Life (BfL) programmes (delivered by HVs) that provide free toothbrushes and toothpaste to pre-school and primary school children, aimed at parents at 8 months and 2 ½ year reviews. 4. Link together with initiatives that focus on improving diet, nutrition and exercise such as outlined through the Obesity strategy for Brent, Healthy Schools London Awards, Healthy Early Years Awards and Smash Sugar campaign. 5. Identify and train oral health champions from each service to collect data and update teams. 6. Provide follow up support and quality assurance for the training 	<ol style="list-style-type: none"> 1. Increase the proportion of pregnant women and children accessing NHS dental services. 2. 100% of all Health visiting (HV) and School nursing (SN) teams to be trained by 31 March 2018 3. 40% of Child Looked After (CLA) nurses, maternity staff, Children's Centre Staff, nurseries, Troubled families team, social care professionals, special school staff, Early help teams and library staff to be trained by 31 March 2018 4. 1 oral health champion to be identified per service 5. 6 sessions to be delivered to families visiting the under 5's sessions in

Objectives	Area of Work	Key tasks	Outcome By 31 st March 2018
		programmes to people who attended the training 7. Promote key oral health message and coordinate training at under 5's sessions in libraries	libraries
<i>Improve oral health promotion in Early years settings and schools</i>	3 – 6 years olds / parents / staff in maintained infant or primary schools Children Centres Nursery schools other than those attached to primary schools Libraries	1. Coordinate and deliver supervised tooth brushing programme in nurseries and to reception aged children 2. Support the trainee dentists delivering Now You Have Teeth (NYHT) programmes in Children's Centres 3. All maintained Primary schools to receive communications relating to agreed key messages, apps, sponsorship, training opportunities, lesson plans, surveys, assembly plans, etc. 4. Promote and monitor key opportunities for targeted schools to collect dental access data – SIMS, admission forms, parent feedback. 5. Identify children at risk of dental caries and signpost to local dentists. 6. Coordinate pathways for schools nurse and school staff to follow up oral health needs. 7. Advise and support schools to achieve an oral health plan for	1. Target 20% of reception class in schools and nurseries across Brent. 2. Of the 20%, target 90% of primary schools and nurseries in Harlesden locality with supervised tooth brushing programme (highest tooth extraction admissions in Brent) 3. Offer the Supervised tooth brushing programme three times a year in targeted school and nurseries 4. Number of children centres tbc following discussion with provider 5. NYHT programme to be provided with OHP across Brent 6. 100% primary schools receive a

Objectives	Area of Work	Key tasks	Outcome By 31 st March 2018
		their Healthy Schools Award	<p>minimum of 2 newsletters / information sheets a year.</p> <p>7. Develop a programme on oral health messages into core information for educational staff</p> <p>8. Number of Healthy Schools who report support for their oral health action plan.</p>
<i>Improve early detection, and treatment, of oral diseases</i>	Maternity Pre - school Early years Schools	<ol style="list-style-type: none"> 1. Maximise all opportunities for signposting to local NHS dental services 2. Promote the benefits of visiting a dentist throughout the life course 3. Raise awareness of eligibility for free check-ups, prioritising those at high risk or poor oral health 	<ol style="list-style-type: none"> 1. Increased number of children under 5 registered with a dentist 2. Increased number of pregnant women registered with a dentist

Objectives	Area of Work	Key tasks	Outcome By 31 st March 2018
<i>Children with special needs</i>	4 Special schools and Brent short stay centre	<ol style="list-style-type: none"> 1. Coordinate and provide Oral Health promotion and support as part of an integrated oral health programme 2. Set up a sustainable tooth brushing programme 3. Identify, train and support staff willing to act as Oral health champions. 	<ol style="list-style-type: none"> 1. 95% of children/parents and carers to attend an oral health training session 2. 100% special schools receive support 3. 1 trained oral health champions per special school.
<i>Partnerships and support for other relevant plans to ensure a coordinated delivery programme of oral health in Brent</i>		<ol style="list-style-type: none"> 1. Support for CDS for an integrated special school screening and prevention (tooth brushing and FV) programme and onward referral and collection of data. 2. Support and facilitate Dental public health epidemiology programme 3. Support the development of specific information related to oral health preventative information 4. Use digital technology to promote oral health and dental access through schools newsletter, social media (twitter, Facebook, You Tube) 5. Support publicity through Brent Magazine and Your Brent (e newsletter) 6. Sharing of health intelligence and other data as appropriate to 	<ol style="list-style-type: none"> 1. Regular analysis and reporting of social media posts about oral health through Brent Council 2. Baseline data to be provided on increasing Impressions, Likes and Retweets 3. Steering Groups four times a year

Objectives	Area of Work	Key tasks	Outcome By 31 st March 2018
		determine need or programme evaluation	

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	<p>Community and Wellbeing Scrutiny Committee</p> <p>19 July 2017</p> <p>Report from Brent Clinical Commissioning Group</p>
<p>Wards affected: ALL</p>	
<p>Primary Care Transformation</p>	

1.0 Summary

- 1.1 This report provides the Community and Wellbeing Scrutiny Committee with an update on our programme of Primary Care transformation. This work is led by NHS Brent CCG alongside Primary Care providers and stakeholders who include Brent Local Authority, the other seven CCGs in North West London (NWL), NHS England and other providers and patient representatives.

2.0 Recommendation(s)

- 2.1 We are asking the Committee to discuss and note the content of this report.

3.0 Detail

- 3.1 The Committee will be familiar with the challenges facing local health and care services. We have a growing number of people aged 85 and over (expected to increase by 20% in NWL by 2020/21), many people aged 65 and over living alone (increasing the risk of social isolation), demand on services is outstripping our ability to deliver care, there is variation in care quality and in outcomes, financial pressures are putting providers at risk, we have an aging infrastructure (IT, Estates) and collectively this is exacerbating recruitment and retention issues. These pressures are felt acutely in primary care and reflected in patient feedback.
- 3.2 Brent has 62 GP practices serving a registered population of 371,405 people. The registered population has grown 7.4% in the last 4 years and

with demographic growth and local regeneration and housing projects, the population needing primary care services, will continue to grow.

- 3.3 This places a significant pressure on individual practices – some of whom have seen a 12% growth in their list in the last 12 months. The primary care system must respond to this. This requires a balance between short term solutions to relieve immediate pressures, and work that must take place now to deliver a major transformation of Primary Care and the wider health and care system.
- 3.4 Brent CCG has always supported Primary Care as we recognise without it we cannot have a strong and sustainable health and care system. In the last five years we have made notable progress – practices have introduced new roles (e.g. Healthcare Assistants, Care Navigators), new ways of working (sharing care records and care plans, multidisciplinary team meetings) and begun working together at scale in new provider models.
- 3.5 The CCG does not currently receive money for Primary Care services; but we do invest. In 2016/17 we invested in local enhanced services (e.g. Cardiology diagnostics, Diabetes care, Management of Rheumatology) and new models of care (GP access hubs, Whole Systems Integrated Care, Enhanced support to Care Homes & High Risk Housebound patients).
- 3.6 Progress has been made but there is significant work still to do. The **Five Year Forward View** (FYFV) set the national direction of travel presenting short term priorities around GP access, Cancer and Mental Health and medium to longer term objectives for a transformation of care to focus on keeping people healthier for longer and avoiding unnecessary hospital admissions.
- 3.7 Following the publication of the FYFV, the **General Practice Forward View** (GPFV) was published April 2016. It made a commitment to invest in Primary Care to 2020/21 to deliver key objectives around access, quality, patient experience and at scale provision. The GPFV focus is sustaining and developing the resilience of general practice, whilst laying the foundations for Primary Care to play a pivotal role in delivery of new care models – working together at scale, and with partners.
- 3.8 Delivery plans have been produced locally to reflect national objectives. Most notably the Sustainability & Transformation Plan (STP) – which in Brent we have refined locally into the *Brent Health and Care Plan*. Primary Care has a key role to play in implementation of this and the achievement of outcomes – improved health and wellbeing, improved quality, financial sustainability.
- 3.9 NHSE also requested a specific plan from each CCG articulating delivery of the GPFV locally. This was submitted and assured end of 2016 following a period of rapid engagement with key stakeholders. In this plan the CCG was asked to outline our proposed approach to delivery of key

GPFV priorities and use of any investment. The plan covered extended access, provider development and resilience, development of online consultations and development of the primary care workforce. It also sought outline plans for delegated commissioning and progression of the PMS contract review.

- 3.10 It did not specifically ask about Primary Care's role in person centred and coordinated care, however the preceding *Strategic Commissioning Framework* stated these objectives, and we have a major programme of work underway with Primary Care and partners under the STP and Brent Health and Care Plan.
- 3.11 In reading this report, we hope the Committee can see reflected the recommendations of the Brent Scrutiny Task Group (2015). The task group was concerned with primary care's ability to meet demand and provide fair and equitable access. It recommended investment, development of innovative ways to meet and manage demand, promotion of health and wellbeing and encouraging residents to support themselves wherever possible.
- 3.12 The objectives above and work to deliver against these comprise a major programme of Primary Care transformation; below we give an overview of work in progress and next steps for our major priorities.

Extended access

- 3.13 Extended and improved access to GP services became a national priority three years ago when the Prime Ministers Challenge Fund was put in place to improve access to general practice and stimulate new ways of working. The model implemented and replicated nationally was the GP Access Hub model – 'top up' or standalone hubs that provide extended pre-bookable access to GP and Nurse appointments.
- 3.14 In April 2015 Brent commissioned hubs from the three GP Networks. We currently have nine hubs providing an additional 60,000 evening and weekend appointments annually. Hub appointments are offered to patients when a practice is unable to accommodate a request for a same day appointment and when a patient wishes to see a GP at the weekend.
- 3.15 Even with the hub service, access to GP services remains a concern for residents. Hubs are under-utilised particularly at weekends (a trend seen nationally) and patient feedback is yet to improve in a significant way.
- 3.16 Access remains a national priority for the NHS and the GPFV outlines a number of requirements local areas must implement. Brent has also considered its own priorities – holding a series of task & finish groups with providers and Healthwatch. Since January 2017 we have implemented a range of changes that should support better access to primary care:

- Access to GP appointments from 8 am to 8 pm, seven days a week for Brent- registered patients – delivered from the Willesden Hub
- Standardised online booking for practices - appointment availability is now shown online to every practice; as a result practices can offer and book straight away when a patient contacts their practice
- Online access for Hub GPs to the patient's clinical record – ensuring the hubs can offer a full service and better continuity of care
- Use of the clinical system to directly share discharge and follow up information with the patient's own practice
- Text messaging – patients get a text from the Hub with their appointment and are able to cancel if they can no longer attend
- Communication – Brent has commissioned a short video raising awareness of the hub service. This will be shown during our next patient engagement roadshow and on websites and in GP practices. We are also producing posters and leaflets to go into practices.

3.17 During 2017/18 we will be working on:

- Direct booking into hubs by NHS 111 – the directory of services used by 111 already includes the hubs, but they cannot directly book appointments and the patient has to contact the hub directly. Streamlining this so an appointment can be made during the 111 call should have a positive impact on weekend utilisation rates
- Redirection of patients attending Urgent Care Centres where they might be better served by the GP access hubs (building on a pilot underway in the Harness Network)
- Implementing a common script for receptionists across the 62 practices - to ensure they consistently explain and offer hub appointments at the point a patient calls their own practice
- Patient direct booking – looking at the merits of patients being able to book online directly, as opposed to booking via their practice or hub telephone numbers
- Technology enabled access – considering how technology might be used as part of the hub model including electronic consultation and links via apps
- Contract review - hub contracts expire March 2018 so we have commenced a review of the model of care (skill mix and ability of hubs to manage a full range of needs), hub locations, operating model, utilisation,

communication and outcomes. Providers and Healthwatch have engaged and we will undertake wider patient engagement starting with a road show this month.

- 3.18 Improving access to core practice services is also a priority. We need to address supply (practice systems, staffing and management) and demand (patient expectations, communications and use). Kings Fund note direct (face-to-face and telephone) contact with patients by practice teams increased by 15.4% between 2010/11 and 2014/15, so practices must rethink the way they work and the offer to patients.
- 3.19 Through our work on provider development and resilience (described below) we are working with individual practices to look at use of appointments, scheduling, patient flow, the role of reception (booking, active signposting, patient communication), managing patient expectations, use of online booking, reducing DNAs, productivity (workflow, use of workforce), use of data and embedding of self care and social prescribing.
- 3.20 Brent CCG also successfully bid to join the National Time for Care Programme; we have practices doing in-depth work to develop approaches to improve access for example managing frequent attenders and team planning and practice capacity (GP and nurse availability during peaks and troughs in activity).
- 3.21 The benefits of improving access to primary care include: improved access to routine booked appointments outside core hours; patients with urgent needs being assessed and directed to the right place, first time; patients are able to make use of technology to access primary care advice; and, patients avoiding unnecessary unscheduled care attendances. We will measure our progress and levels of patient satisfaction using hub surveys, wider engagement, and the national GP Patient Survey.

Provider Development & Resilience

- 3.22 Provider development & resilience is one of our biggest priorities and the role CCGs play is growing as we take on more responsibility for Primary Care. There is considerable emphasis in the GPFV on provider development - at individual practice level and at scale. Key challenges to address include investment, workforce, workload, infrastructure and care redesign.
- 3.23 Individual practices are facing significant challenges. This includes external pressures (increasing patient numbers, increasing demand, gaps in workforce) and internal pressures (partnership arrangements, costs and financial viability, performance in key outcomes); but there is much enthusiasm for the opportunity to proactively develop and deliver existing and new offers to patients.

- 3.24 Part of the solution for individual practices will be 'at scale' working. There are many potential benefits to 'at scale' working:
- Delivery of services unrealistic for individual practices – seven-day access, integrated care pathways, dedicated support to care homes;
 - An equitable offer to patients across Brent - services individual practices may not have the skills or capacity to provide, can be offered from other sites or in patients own home by dedicated teams
 - Recruitment and sharing of staff and new roles – Practice Managers, Care Navigators, Clinical Pharmacists, Analysts, Operational Managers
 - Shaping and delivery of programmes of support, training and development across practices - staff training, qualifications, mentoring
 - Opportunities to organise and modernise Primary Care 'back office' services and achieve economies of scale in purchasing the supplies and services needed to run a practice
 - Primary Care has a platform on which to engage other providers in the development and delivery of new models of care – Trusts, Local Authority, voluntary sector.
- 3.25 Brent is further forward than many other areas - the three Brent GP Networks are CQC registered legal entities, who now also work as a Federation (Brent Care Ltd). Every practice is a member of one of the Networks, and in turn the Federation. Significant contracts are already held. But we need to go further and faster to support sustainable general practice and new models of accountable care delivered by partnerships of providers.
- 3.26 Most of the resource for our provider development work comes from a nationally mandated £3 per head to be found from the CCG baseline. This represents over one million pounds of investment for Brent during 17/18 and 18/19. With this we are supporting each tier of the primary care system – individual practices, groups of practices or Networks and the Brent wide Federation. Below we briefly outline work to date:
- Individual practice support commenced March 2017. We have budgeted to work with every Brent practice over the next 18 months. Support areas were agreed with stakeholders and include improving access, workforce planning, leadership and management development, team development, coaching and mentoring, business planning and use of IT. Initial practice diagnostics are followed by tailored action plans identifying key outcomes and support. The focus is short term resilience and medium to longer term development

- We are currently focusing our work with groups of practices on discussions with Practice Managers - defining common priorities (access, quality improvement) and opportunities – including how we embed new roles (Care Navigators, Clinical Pharmacists) and approaches (personalisation, use of data to improve key outcomes)
- Federation development is a priority for NWL. In Brent joint commissioner / provider facilitated workshops commenced in March 2017. The output of the workshops will be a development plan that ensures investment and effort are focused on Brent's requirements for support to frontline practices and delivery of new models of care. Workshops will generate a shared understanding of progress to date, challenges to overcome and a level of consensus around collective tasks ahead. This will provide a 'roadmap' to be refined with stakeholders so they are able to see clearly what 'at scale' primary care could do and potential impact on key outcomes

3.27 To summarise, during 2017/18 we will be working on:

- The second and third cohorts of our practice based support
- Increasing the pace of development with 'at scale' providers
- Brent wide workshops focused on common challenges where collaboration would be beneficial ('access and demand', 'maintaining standards & quality')
- Engaging stakeholders to agree the key features of each tier of primary care and what makes sense to deliver 'at scale' across Brent

3.28 We will know if we have succeeded if we see providers taking tangible steps forward and developing some of the key capacities and capabilities required, if practices, the Networks and Federation have established development plans that align and can be communicated to patients and stakeholders and if commissioners are confident we can deliver our strategic objectives with fully engaged primary care providers driving reduction in unwarranted variation, improvement in key outcome measures, services being delivered closer to home and active participation in accountable care.

Online consultations and use of technology

3.29 This work is a major enabler of improved access and speaks directly to recommendations from the Scrutiny report. The way our population wants to interact with healthcare is changing and evolving; nationally internet usage is growing across all age groups and smartphones are increasingly becoming a tool we use to manage our lives.

- 3.30 Patients expect to be able to engage with public services online and increasingly directly with health professionals via health apps and technology. The digitisation of the workforce and its systems and processes is also key; this includes sharing information to support direct care, care plans that are also accessible to patients and systems that support easier access and more efficient management of demand.
- 3.31 We have been rolling out Patient Online which offers patients online appointment booking, repeat prescription ordering and access to care records. This has been enabled at all Brent GP practices and patients are being encouraged to register for this service. The aim was to have 10% of registered patients with a live or active account by March 2017. We dedicated capacity to increasing use and by March over 20% of Brent patients were registered. We are working closely with NHS Digital and Healthy London Partnership to raise awareness and advertise to patients.
- 3.32 We are also improving the Brent health app and aligning to a NWL wide solution. This will support access to GP services and include symptom checkers, health advice and a directory of local services. We hope to have this in place in Autumn 2017. By providing advice on common conditions the app should enable people to care for themselves where appropriate. It will also mean people are better able to accurately identify the service that can help them. The project group will meet over summer to localise content - it includes GP representatives, IT and a patient representative.
- 3.33 Finally, a number of NWL practices are testing online consultation software. We are awaiting further guidance under the GPFV but are starting to test solutions before considering the best approach for NWL. Practices in NWL are testing the two that are best developed. There are a number of practices about to commence testing of the Babylon app – this provides 24/7 access to GP advice and follow up. Four Brent practices have also been testing E-Consult – also known as WebGP – since last year. This provides access to the patient's own practice via the practice website with the ability to submit online consultations 24/7 for a response within one working day.
- 3.34 These solutions allow patients to access primary care from anywhere to check symptoms, confirm their GP is the right service, access self-help and/or submit or take part in an online consultation. These solutions adhere to clinical governance guidelines by identifying red-flags and redirecting to urgent or emergency care where necessary, and information governance guidelines.
- 3.35 The pilot in Brent has seen 1450 visits (1250 unique users) and 480 e-consults submitted in the last 6 months. Data from one practice suggests most patients using the service are aged 25-44, although 22% were over 55 and 12% over 65. Women accounted for the majority of the consultations (69%).

- 3.36 The next step is a wider strategic conversation across NWL to agree how we progress the online consultation agenda including whether we roll a common solution to leverage economies of scale as the software is expensive, but could support major improvements to access, demand management, appropriate use of services, patient experience and satisfaction and practice workload.

Workforce

- 3.37 Workforce challenges are acute and both a driver for and barrier to Primary Care transformation. The GPFV focused a lot of attention on workforce, workload, productivity and new roles. It also acknowledged the fact we have an aging workforce in primary care and a significant lack of GP trainees going on to full time employment in general practice.
- 3.38 Challenges faced include: recruitment and retention - in line with the national picture, this is very challenging in Brent; retirement from general practice – we have an above average number of GPs over 60 (~21%, second highest in NWL); training and development - given the pressures on primary care it is increasingly difficult to release staff for development and training; skill mix - there is a recognised need to develop and utilise a broader range of skills in primary care and to identify which clinicians are best placed to support care, but this requires a significant shift in working practices, scheduling, training and patient expectations.
- 3.39 Our delivery plans include a range of priorities for training and development. Some of this will be delivered through our work on provider development and resilience, the rest through the delivery of our annual Health Education NWL (HENWL) plan. We have an annual programme of training that includes clinical and non-clinical skills development, professional development and accreditation.
- 3.40 We are linking this more closely to our primary care transformation priorities and delivery of the GPFV and in 2017/18 work will include:
- Training and embedding new roles – including Medical assistants, Clinical Pharmacists, Practice based Care Navigators, Nurse Assistants and Primary Care Mental Health Workers. As an example Clinical Pharmacists can work as part of the practice team on day-to day medicine issues
 - They can work with patients directly providing extra help to manage long-term conditions, advice for those affected by polypharmacy and better access to health checks. They can also provide leadership on medicines optimisation and quality improvement and support delivery of enhanced services. This should improve access, patient outcomes and help manage the general practice workload

- Making Brent an area of choice for GPs and other clinicians by offering opportunities for training in a special interest and opportunities to work across settings of care (primary, community, secondary, education)
- Offering to support and host peer groups for different professions – we already host a Young GP Forum, attend and work with a Brent Practice Managers Forum and the CCG primary care (medicines optimisation) team have supported the Federation to bid for 12 Pharmacists to work across the 62 practices to support patient care
- Exploring structured career pathways and the potential to develop employment opportunities in Brent by working with providers and communities to look at career pathways within and between services. We have already sought Healthcare Assistants keen to take up Nurse Assistant training, and supported three practice managers onto a Postgraduate Certificate in Management. We are also looking at training programmes for Secondary Care Nurses to transition to Primary Care through funding BSc (Hons) Primary Care (Practice Nursing) degree in conjunction with City University
- Training and organisational development for providers in the skills and techniques required to deliver new models of care within practices and at scale. This includes training in approaches like Coaching for Health and motivational interviewing which enable professionals to play a role in supporting people to self-care and self-manage
- Supporting practices to identify GPs for the national Retainer and Returner scheme which seeks to retain retiring or returning GPs in general practice
- Working with individuals and practices to improve their confidence in use of new technology

3.41 There are also a number of key pieces of work the CCG has been asked to take forward by NHSE as part of the wider primary care transformation agenda. These pieces of work are relevant to the commissioning of primary care services. Specifically the GPFV seeks progress in the PMS contract review and the move to fully delegated commissioning. These two areas of work are outlined below.

PMS Contract Review

3.42 NHS England (NHSE) are currently the lead commissioner for Primary Medical Services (GP services). They use one of three contract types to commission core GP services:

- GMS (General Medical Services) - nationally agreed and nationally negotiated contract which delivers medical care to a registered population

- PMS (Personal Medical Services) - locally agreed contract which builds on the GMS and was introduced to pilot new ways of working
 - APMS (Alternate Provider of Medical Services) – based on the GMS but does not require a GP to be the contract holder
- 3.43 Brent has 46 GMS practices, 11 PMS practices and 5 APMS practices.
- 3.44 An NHSE review in 2015 suggested the majority of services provided by PMS practices could now be deemed as 'core', are incentivised through QOF or are commissioned as enhanced services. They also pointed to the differential funding levels between GMS and PMS practices, and across PMS practices.
- 3.45 NHSE launched the PMS Contract Review to try and equalise funding between practices. There is a transition period of up to 4 years (depending on change in income) to allow practices to adjust to new funding levels however transition should be completed by 2021. The review will see an amount within the PMS contract value known as the 'premium' released and redistributed across all practices. NHSE were unable to move beyond negotiations with GP representatives from London wide LMCs and have now asked CCGs to negotiate a solution locally.
- 3.46 We have commenced detailed planning with NWL CCGs to ensure equity of approach. We have submitted detailed implementation plans for assurance by NHSE and LMCs. We have also begun to review financial information, agreed a transitional funding model, developed commissioning intentions (services or schemes we will commission to reinvest monies released across all practices for example stretch flu immunisation targets and enhanced support for carers) and commenced informal engagement with practices.
- 3.47 Next step is formal negotiations; this will give us a clearer idea of the potential changes required at practice level and the timescales for this and enable completion of equality and quality impact assessments. PMS practices will all be offered support under the practice development and resilience workstream to help them formulate their response to these changes. New contracts should be agreed within 2017/18.

Delegated commissioning

- 3.48 NHS Brent CCG has in place arrangements for the 'joint commissioning' of GP core services alongside NHSE. This is known as 'Level 2' commissioning and is overseen by the Brent CoCommissioning Committee.
- 3.49 In line with national policy, in 2016/17 NWL CCGs consulted practices on the option of a move to 'Level 3 - fully delegated' commissioning from 1 April 2017. CCGs that move to full delegation assume a range of responsibilities currently held by NHSE:

- Contracting for GP core services
 - Managing the general practice budget (primary medical allocation)
 - Managing the contracts for primary care services
 - Designing local enhanced service and incentive schemes
 - Supporting day to day running of general practices so they are sustainable
- 3.50 Functions retained by NHSE include management of the national performers list, management of GP revalidation and appraisal, capital expenditure and section 7A functions (e.g. screening and immunisation).
- 3.51 Delegation means a more direct relationship between the CCG and practices and greater local ownership over the design of enhanced services currently commissioned by NHSE. It therefore also requires robust due diligence, a fit for purpose commissioning and governance structure and sufficient capacity to meet practice and NHSE expectations.
- 3.52 CCG member practice support was required by NHSE, so a ballot was held. Brent practices chose not to move to Level 3 at that stage (as did Hounslow); however NWL CCGs are committed to working as an STP footprint so Level 2 CCGs are working in much the same way as neighbouring CCGs. Furthermore, many of the responsibilities devolved by NHSE as part of GPFV delivery and the wider primary care transformation agenda reflect roles and responsibilities under delegation.
- 3.53 We are preparing our commissioning structures and seeking to ensure our governance (CCG Constitution, Committee terms of reference) is refreshed and fit for purpose. We are likely to offer the option again with engagement and a vote in 2017, ready for a potential move from 1 April 2018.

4.0 Financial Implications

- 4.1 Investment has been made available from NHSE to support delivery of the GPFV. This includes money for extended access, online consultations and a small amount for provider development and resilience. We are also expecting monies from HENWL to support the annual workforce development plan. Remaining resource will come from CCG baselines - invested directly through programme delivery and contracts which align to these transformation objectives, and through pan-NWL programmes.
- 4.2 The PMS review has financial implications for the practices and the CCG. Premium monies released from practice contract values will be re-invested and the process of transition will need to balance release of premium with reinvestment to avoid significant cost pressures to the CCG.
- 4.3 The due diligence completed by RSM as part of preparation for a move to Level 3 – delegated commissioning suggests Brent CCG would have 'headroom' within the primary medical allocation (budget for core GP

services) if we took this on. This is subject to change as cost pressures from GP rent reviews and changes to the baseline contract value (based on price per patient plus adjustments) are made; however, if practices choose to move to Level 3, it is likely some investment will be possible.

5.0 Legal Implications

- 5.1 The PMS contract review requires a change in contract for the PMS practices.
- 5.2 Any move to Level 3 delegated commissioning would require the approval of member practices in line with the terms of the CCG Constitution.

6.0 Equality Implications


- 6.1 Delivery of the GPFV and wider primary care transformation programme should support delivery of our equality duty and positively contribute to a reduction in health inequalities and variation across Brent and its communities. Our duties will be reflected in the design of schemes, services and programmes of work related to primary care transformation.
- 6.2 The PMS Review will include explicit consideration of the potential impact on different groups and how any subsequent change in service offer made by practices might impact different groups of patients in different ways. We will produce equality and quality impact assessments and work with providers to ensure patient views and needs are taken into account in any forward planning.

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 <p>Brent</p>	<p>Community and Wellbeing Scrutiny Committee</p> <p>19 July 2017</p> <p>Report from the Director of Policy, Performance and Partnerships</p>
<p>For information Wards affected: ALL</p>	
<p>Report by the Child and Adolescent Mental Health Services Scrutiny Task Group</p>	

1.0 Summary

- 1.1 The Community and Wellbeing Scrutiny Committee agreed in its work plan for 2016/17 to set up a number of task groups to review important matters of council policy. Members agreed that during 2016/17 they would set up a task group in order for scrutiny to evaluate Child and Adolescent Mental Health services (CAMHS).
- 1.2 CAMHS as a subject for a scrutiny task group was judged by members to have met the IMPACT criteria which scrutiny has developed to evaluate and filter whether or not a subject is appropriate to be included in its annual work programme for 2016/17.

2.0 Recommendations

- 2.1 Members of the Community and Wellbeing Scrutiny Committee to discuss and agree the contents of the task group's report.
- 2.2 Members of the Community and Wellbeing Scrutiny Committee to discuss and agree the recommendations of the scrutiny task group.

3.0 Background

- 3.1 In March 2015, the government published Future in Mind – a strategy for promoting and improving young people's mental health – which also offered additional funding for Child and Adolescent Mental Health Services (CAMHS). In response, a Local Transformation Plan for CAMHS was developed across north-west London with a dedicated plan and objectives for Brent.
- 3.2 The transformation plan, which was developed with young people's involvement, will implement improvements across CAMHS services. The plan was approved by NHS England in December 2015. An update on progress with the plan was given to Brent's Health and Wellbeing Board on 22 March 2016.

- 3.3 Brent has a disproportionately large number of young people in social groups who for environmental reasons may be at higher risk of developing poor mental health. Based on national projections, it's thought that one in ten school-age children in Brent has a diagnosable mental health condition which equates to an estimated 4,575 children and young people.

4.0 Detail

- 4.1 The focus of the task group in gathering evidence was on qualitative evidence from face-to-face interviews as well as looking at quantitative data. Interviews were done with NHS and health providers, Brent CCG, school and further education representatives, and community representatives.
- 4.2 The scope of the enquiry by the scrutiny task group was limited to its terms of reference as set out in the scoping paper published by committee on 1 February 2017. In essence, the purpose of the scrutiny task group was to review the effectiveness of the CAMHS model in providing support to young people in Brent at present, and how the model could be adapted to better meet needs in the future.
- 4.3 The chair of task group was Councillor Ahmad Shahzad OBE, the other members are Councillor Ruth Moher, Councillor Neil Nerva and Dr Jeff Levison, a co-opted committee member. Hamza King was co-opted to represent Brent Youth Parliament.
- 4.4 The following recommendations were agreed. Four of them were for Brent Clinical Commissioning Group and one jointly for the commissioning group and Brent Council.

Brent Clinical Commissioning Group

1. Increase investment in mental health support with Brent's schools to ensure all schools can access Targeted Mental Health in Schools (TaMHS), Place2Be or an equivalent mental health support programme for schoolchildren.
2. Improve pathways to young people receiving CAMHS support by emphasising to head teachers that they can refer directly to CAMHS and increasing the CCG's information and communication to schools about what support is available.
3. Offer a programme of peer and staff support in schools and further education to strengthen awareness of emotional health and wellbeing and signpost them to effective support.
4. Organise a network of community champions to promote good mental health and wellbeing among children and young people in their community and signpost young people to effective support.

Brent Clinical Commissioning Group and Brent Council

5. Organise a one-off event for parents modelled on It's Time to Talk to develop community-led solutions to improving children and young people's emotional wellbeing and mental health in Brent, and strengthen partnership working between the CCG, local authority, schools, voluntary sector, faith and community groups, youth organisations, and further education colleges on this issue.

5.0 Financial Implications

- 5.1 Increased CCG investment with the aim of increasing the number of schools accessing services will need thorough scoping and planning. This needs to ensure that the combined resources of the council, schools and the CCG results in an increase in capacity so that more children can access mental health services.
- 5.2 The other recommendations have no significant financial implications with the cost of organising the one-off community event to be managed from existing budgets.

6.0 Legal Implications

Local authorities, CCGs, NHS England and Public Health England must work together to commission health services for all children in their area'. The Statutory guidance for local authorities, clinical commissioning groups (CCG) and NHS England, March 2015. Section 75 of the National Health Service Act 2006 permits CCG and Local Authorities to commission services jointly.

7.0 Diversity Implications

- 7.1 There are no immediate equalities implications arising from this report for the local authority. However, if the proposed recommendations are implemented, e.g. increased investment for school-based projects, greater peer support and a community-based scheme, it is anticipated that they would help to reduce wider health inequalities in the borough, particularly for White British, Black Caribbean and Black African adolescents who are currently over-represented in CAMHS. The proposals also aim to tackle stigma and negative perceptions around mental health experienced by certain BAME communities, and to proactively support adolescents who are considered to be more vulnerable due to their family circumstances (e.g. living in poverty and deprivation).

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Child and Adolescent Mental Health Services in Brent

A Scrutiny Task Group Report

Chair, Cllr Ahmad Shahzad OBE

Community and Wellbeing Scrutiny Committee

July 2017

Task group membership

Councillor Ahmad Shahzad OBE, task group chair

Councillor Ruth Moher

Councillor Neil Nerva

Dr Jeff Levison, co-opted member

Hamza King, Brent Youth Parliament representative, co-opted member

The task group was set up by members of Brent Council's Community and Wellbeing Scrutiny Committee on 1 February 2017.

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Chair's Foreword

Many of today's young people are growing up in an environment of unprecedented pressure and stress as a result of social media, exams, and in too many households, unstable housing and low incomes. This is straining the mental health and emotional wellbeing of many young people. These pressures are far greater than those which mine and other generations experienced. However, we know that probably only one in three of those with a diagnosable mental health condition will access any support. That's why as members we set up a scrutiny task group to review how Child and Adolescent Mental Health Services (CAMHS) are meeting these challenges in Brent.

Young people's mental health has proved to be a very timely subject for a scrutiny task group. In Brent, services are undergoing a transformation, and nationally the issue of mental health is now far higher up the political agenda. I hope this report and recommendations can contribute to this discussion and to improving these important services even further.

I would like to thank all those hard-working professionals who gave up their time to meet with me and the other members of the task group while we carried out our work. We were fortunate to be able to meet and talk with a number of community representatives. Again, I would like to thank them for giving up their time to speak with us. Finally, I would like to say a special thank you to Dr Jeff Levison, a former co-opted member of the Community and Wellbeing Scrutiny Committee, and Hamza King who represented Brent Youth Parliament, for their work as members of the task group. I would also like to thank Cllr Ruth Moher and Cllr Neil Nerva for their valuable input and suggestions, and the scrutiny team for its work.

Councillor Ahmad Shahzad OBE

Chair, Scrutiny task group

Executive Summary

The scrutiny task group has reviewed Child and Adolescent Mental Health Services (CAMHS) to evaluate the existing model and its effectiveness in delivering services. CAMHS in the borough is presently going through a period of transformation set out in the Local Transformation Plan.

An important part of the plan is incorporating a new approach and thinking into CAMHS, which is known as the THRIVE model.¹ The plan sets out how to move away from the existing tiered model around which services have been organised towards this new approach, and members of the task group looked at how well existing or proposed services would meet the requirements of the THRIVE model.

The task group was supportive of the THRIVE model and the way it is being incorporated in the Local Transformation Plan and the development of services, and welcomes this way of thinking about services for young people in a wider social context and local community. The task group believes that the development of initiatives such as peer support and community champions would complement this new approach and way of working.

The task group also set out to evaluate the existing referral system for parents, the local authority, schools, voluntary organisations and other organisations, and how any proposed changes might work in practice. Members of the task group believe that changes which now allow schools to make referrals to CAMHS services are particularly welcome.

Particular projects which work in schools to promote positive mental health and emotional wellbeing were considered as part of the task group and found to be well-regarded and viewed positively by schools. However, not all schools in the borough are at present accessing these projects.

Finally, the task group looked at co-ordination, planning and co-operation between different organisations and agencies in the provision of services and believes that more partnership working in this area should be supported and encouraged in the borough.

¹ A full explanation of the THRIVE model is set out on p9 of the report.

Recommendations:

Brent Clinical Commissioning Group

1. Increase investment in mental health support with Brent's schools to ensure all schools can access Targeted Mental Health in Schools (TaMHS), Place2Be or an equivalent mental health support programme for schoolchildren.
2. Improve pathways to young people receiving CAMHS support by emphasising to head teachers that they can refer directly to CAMHS and increasing the CCG's information and communication to schools about what support is available.
3. Offer a programme of peer and staff support in schools and further education to strengthen awareness of emotional health and wellbeing and signpost them to effective support.
4. Organise a network of community champions to promote good mental health and wellbeing among children and young people in their community and signpost young people to effective support.

Brent Clinical Commissioning Group and Brent Council

5. Organise a one-off event for parents modelled on It's Time to Talk to develop community-led solutions to improving children and young people's emotional wellbeing and mental health in Brent, and strengthen partnership working between the CCG, local authority, schools, voluntary sector, faith and community groups, youth organisations, and further education colleges on this issue.

Methodology

The task group gathered qualitative and quantitative evidence to complete the report and develop its recommendations. In particular, the task group carried out face-to-face discussions with those involved in child and adolescent mental health services (CAMHS) or work with young people. A list of those who took part is in Appendix A.

Members of the task group took part in three themed meetings in which they discussed issues facing CAMHS with the invited participants. The themes of the meetings were:

- Schools and other youth settings
- Specialist services
- Working with communities

However, as was set out in the original scoping paper, the task group decided not to consider the entire scope of CAMHS, but limited its focus to a key areas as set out in the scoping paper agreed by the Community and Wellbeing Scrutiny Committee on 1 February 2017. These were:

- children and young people in Brent aged 12 to 18
- existing referral and discharge pathways
- examples of good practice
- existing identification at tiers 1 to 3
- awareness in schools and other settings for children and young people.
- how well existing or proposed services would meet requirements of National Institute of Clinical Excellence (NICE) guidance and the THRIVE model.

As well as the themed meetings, the task group also requested data and quantitative information. All data was anonymised so there was no risk of identification, and there was no discussion of a particular case or young person.

Recommendations were developed according to existing legislation for local authority scrutiny. The task group notes that an external body or local authority executive is not compelled to act on a recommendation; however, an executive must respond within two months, and NHS organisations are expected to give a meaningful response within 28 days of recommendations being agreed by a scrutiny committee.²

² 'Local Authority Health Scrutiny' Department of Health (June 2014), pp.21-22

Chapter 1 Child and Adolescent Mental Health Services

Background

1. Since the 1990s, mental health services for young people have been referred to as Child and Adolescent Mental Health Services (CAMHS). The framework was set out in two key documents, 'A Handbook on Child and Adolescent Mental Health' and 'Together We Stand', published in 1995, which set out the development of CAMHS within a four-tiered framework for planning, commissioning and delivery. In 2000, the NHS Plan required health and local authorities work together to produce a local CAMHS strategy according to local needs and priorities.³

2. CAMHS bridges the NHS and local government. This means that two separate organisations with their own workforces, systems of administration, corporate objectives and different organisational cultures have to work together to co-ordinate and provide these services according to the needs of the population in a defined area.

3. Traditionally, the framework for services has been a four-tiered model which escalates in severity from tier 1 up to tier 4. This is largely a medical model focusing on a diagnosable mental illness. Tier 1 are universal services; tier 2 delivers targeted services while tier 3 encompasses specialist community CAMHS. The highest degree of severity is tier 4, which are highly specialised services and delivered to a very small number of young people. Since 2013, commissioning of tier 4 services has been the responsibility of NHS England.

4. Children and young people experiencing mental health difficulties are usually first identified as needing tier 1 services, for example, by a teacher or health visitor. Tier 1 can include self-instruction, peer mentoring, and parents' training to promote emotional wellbeing. Tier 2 are professional specialist services and community-based services delivered by mental health practitioners such as psychotherapists and counsellors working in GP practices, schools and youth settings. They identify needs requiring more specialist intervention or treatment.⁴ Tier 3 are specialist services provided to children with complex or severe or needs.

³ www.youngminds.org.uk/training_services/policy/policy_in_the_uk/camhs_policy_in_england

⁴ www.icptoolkit.org/child_and_adolescent_pathways/about_icps/camh_service_tiers.aspx

5. For many years, CAMHS was largely driven by practitioners and local administrators rather than national policy. Yet, this is not the case today. ⁵ Since 2013, more national attention has been placed on CAMHS. In July 2014, a taskforce, led by the Department of Health and NHS England, examined how to improve young people's mental health care and services, which culminated in the 'Future in Mind' report, published in March 2015, which set out a case for change and improvement, and offered extra funding.

6. The evolution of CAMHS has happened in parallel to a considerable re-organisation of NHS services and changes in local government. Locally, there was the creation of the Brent Clinical Commissioning Group from 1 April 2013 as a result of the 2012 Health and Social Care Act. In local government, resources have decreased considerably. For example, in Brent the 2016/17 gross expenditure for Children and Young People's Department was £46million compared with a gross expenditure of £57.5million in 2013/14. These figures exclude the council's separate ring-fenced budget for expenditure on schools. ⁶

7. In recent years, practitioners have developed a new model called THRIVE which is a shift away from the 'escalator' model of increasing severity or complexity based on tiers. Instead, this new model outlines four groups of children and young people and the sort of support which they may need to achieve better emotional wellbeing and be 'thriving'. These categories are those who are: getting advice, getting help, getting risk support, and getting more help. THRIVE distinguishes between treatment and support, and attempts to shift thinking away from a medical model to one which places support in the social context of a community.

8. The THRIVE model recognises the residual strengths which exist in wider community such as peer support and engagement in organisations and youth settings which can be preventative or promote the wellbeing and coping skills of a child or young person. It also has an emphasis on different cultural perspectives on mental illness and lifestyle risk factors. ⁷

⁵ Richard Williams and Michael Kerfoot, (eds), *Child and Adolescent Mental Health Services: Strategy, Planning, Delivery and Evaluation*, (Oxford, 2005), pp.15-23

⁶ Brent Council 'Brent Council Spending 2016-17' April 2016, pp.6-7; 'Brent Council Spending 2015-16' April 2015, p6; 'Brent Council Spending 2014-15' April 2014, p6

⁷ Miranda Wolpert et al, THRIVE – The AFC-Tavistock Model for CAMHS, 2016, pp.7-10. A number of different models use the term Thrive in their title – the authors of this model use it to describe provision which is Timely, Helpful, Respectful, Innovative, Values-based and Efficient (THRIVE).

CAMHS in Brent

9. In response to 'Future in Mind', the Young People's Mental Health and Wellbeing Local Transformation Plan was developed across north-west London with its own dedicated plan and objectives for Brent. This was developed by the NHS in partnership with the local authority, and was agreed by the Chair of Brent Clinical Commissioning Group (CCG) and the Leader of Brent Council. There was also involvement from young people. The transformation plan was approved by NHS England in December 2015, and a refreshed plan was submitted to NHS England in October 2016. It is now expected that there will be a re-commissioning of CAMHS services in 2018.

10. In December 2015, NHS England provided an additional £573,052 to Brent CCG after the transformation plan was agreed. This was for the financial years 2015/16, 2016/17 and 2017/18 and 2018/19.⁸

11. Spending on CAMHS in Brent consisted of £2,471,000 by Brent CCG and £403,629 by NHS England In 2015/16. Brent Council's Public Health gave a one-off grant of £30,000 towards funding training for school staff.⁹ Brent's spending on CAMHS is slightly below the median average for London boroughs.¹⁰

12. An update on the transformation plan was given to Brent Council's Scrutiny Committee in February 2016 and Brent's Health and Wellbeing Board on 22 March 2016. The Local Transformation Plan has identified eight priorities, including: needs assessment, supporting co-production, workforce development and training, the specialist community eating disorder service, redesigning pathways and a tier-free system, enhanced support for learning disabilities and neurodevelopmental disorders, crisis and urgent care pathways, and embedding 'Future in Mind'.¹¹

13. In Brent the implementation of the transformation plan is led by a subgroup of the Children's Trust, which is chaired by Brent Clinical Commissioning Group's Assistant Director. The subgroup oversees delivery and a joined-up approach with other areas

⁸ 'Update on Children and Young People's Mental Health and Wellbeing Transformation Plan Implementation' Brent Health and Wellbeing Board, 2016, pp.1-5; Brent Children and Young People's Mental Health and Wellbeing Local Transformation Plan, Briefing for members, March 2017, p1

⁹ Brent CCG, report to Scrutiny Committee 9 February 2016, p3

¹⁰ 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p11

¹¹ 'Child and Adolescent Mental Health Services in Brent', Brent CCG, report to Scrutiny Committee 9 February 2016, pp.1-2; 'Update on Children and Young People's Mental Health and Wellbeing Transformation Plan', Brent Health and Wellbeing Board 22 March 2016

of commissioning for children's services, which is a shared responsibility between the local authority and Brent CCG. Services are commissioned in line with an agreed CAMHS plan, and are done on a needs-based approach. There is also oversight of the plan by the Brent Health and Wellbeing Board. To improve joint commissioning, an interim CAMHS commissioner has been appointed.¹² The Local Transformation Plan has been informed by a needs analysis done by University College London Partner, and a report in 2016 by the Anna Freud Centre.¹³

14. An overview of CAMHS services in Brent at present is set out in Appendix B, including the commissioners and providers. Among the largest provision is specialist services which are provided by Central and North West London NHS Foundation Trust (CNWL), for which the commissioner is Brent CCG. Services commissioned are tier 2 and 3, and are based at the Brent Child and Family Clinic in Dollis Hill. These specialist community services work with young people up until the age of 18.

15. These tier 3 services are for children who reach a threshold of complex emotional and behavioural problems including, but not limited to, anxiety and depression, eating disorders, hyperactivity or poor concentration, sleeping problems, mental health needs related to learning difficulties or a disability.

16. Community specialist services at tier 3 operate with multi-disciplinary teams of practitioners including psychologists, psychiatrists, and therapists and offer treatment such as cognitive behavioural therapy (CBT), family therapy and individual and group psychotherapy. Medication is used when appropriate and monitored by a GP.¹⁴

Targeted Mental Health in Schools (TaMHS)

17. Brent's Targeted Mental Health in Schools (TaMHS) Service offers tier 2 services for schoolchildren aged 5 to 16. It is a partnership between Brent Council, Central and North West London NHS Foundation Trust (CNWL) and schools. It is overseen by

¹² 'Update on Children and Young People's Mental Health and Wellbeing Transformation Plan Implementation' Brent Health and Wellbeing Board, 2016, p5

¹³ 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016; 'North West London CCGs Children and Young People's Mental Health and Wellbeing System Review, Anna Freud National Centre for Children and Families, May 2016

¹⁴ www.cnwl.nhs.uk/services/mental-health-services/child-and-adolescent-mental-health-services/childrens-community-services/

professionals from these services and a project manager in the local authority. On 27 April 2017, the local authority extended the contract with CNWL to provide TaMHS for a further 12 months. The total value of the contract for 2016/17 is £237,548, of which £167,000 is paid from schools' budgets. It is currently used by 19 schools in Brent, and had operated in the borough since 2009.¹⁵

18. TaMHS brings CAMHS practitioners into schools each week to support children and families who have mental health issues. A therapist goes into a school for a day or half a day each week of the term and offers sessions for families, therapy, parent training and workshops, classroom observations, as well as advice and training for school on mental health identification and support. The therapist will also liaise with agencies and professionals involved with a family or child to ensure a joined-up approach. If TaMHS is based at a school then a referral to tier 3 CAMHS services can be made.

19. Brent's schools have the freedom within their own delegated school budgets to decide on commissioning their own mental health support for pupils, parents and staff. It's known that a number of primary and secondary schools in the borough independently commission Place2Be – a leading national mental health charity – to provide services.¹⁶

Public Health and Voluntary Sector

20. Although it is not part of CAMHS, the task group notes that as part of the Healthy Child Programme, the local authority's Public Health team makes available to all children in Brent a universal service of health assessments at different life stages. This includes health visitors screening women for postnatal depression at six to eight weeks, positive parental and infant mental health and parenting skills, and enabling good health and well-being including emotional health and wellbeing.¹⁷

21. Brent's voluntary sector also provides mental health support to children and young people. The borough has one of the leading voluntary sector organisations working in this area, the Brent Centre for Young People which was founded in 1967 by mental

¹⁵ 'Contract for the Provision of Targeted Mental Health in Schools', Brent Council Cabinet Report 24 April 2017

¹⁶ www.place2be.org.uk/what-we-do/where-we-work.aspx

¹⁷ Brent Council Public Health Team, 22 March 2017

health practitioners working with children and young people. The centre was one of the first in the UK to cater specifically to adolescents and its work continues today. It is based in Kilburn.¹⁸ Brent Centre for Young People is commissioned by Brent CCG to provide psychotherapy services in the borough.¹⁹

22. The contract provides adolescent exploratory therapy, family work and a small amount of psychotherapy, to over 70 young people aged between 14-21 years at its centre. It also does outreach work. The centre offers evidence-based psychoanalytic psychotherapies, both short-term and long-term.

Demand

23. According to estimates based on national projections, it's thought that one in ten school-age children in Brent have a diagnosable mental health condition which equates to an estimated 4,575 children and young people in Brent. However, while early intervention can prevent crisis and the development of long-term conditions in later life, it's thought that only one in three of those with diagnosable conditions will access any form of mental health support.²⁰

24. At present, CAMHS in Brent spans universal services from tier 1 for every child and family to tier 4 specialist services for smaller numbers of children and young people. It's thought that at tier 2 an estimated 4,575 children and young people will require support, 1,370 children at tier 3, and 60 at tier 4.²¹ These are based on trends in national data.

25. Data from Brent CCG gives an insight into the actual demand for services. In boys, the peak age of demand for services is 10, but in girls the peak age is 15.

26. Among the top diagnosis categories for those receiving specialist CAMHS are hyperkinetic disorders, development disorders, depression, emotional disorders and anxiety. Indicative data from CNWL shows that by ethnic heritage, the numerically

¹⁸ www.brentcentre.org.uk/who-we-are/our-foundations-and-experience

¹⁹ 'Child & Adolescent Mental Health Services in Brent: Current provision and future developments', Report to Brent Council Scrutiny Committee 9 February 2016, p3

²⁰ 'Child and Adolescent Mental Health Services in Brent', Brent CCG, report to Scrutiny Committee 9 February 2016, p1; 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p8

²¹ Ibid pp.8-9

largest groups receiving specialist services are White British, Black Caribbean and Black African.²²

27. Older data provided by Brent CCG and CNWL gives an indication of the extent of demand for specialist services. In 2014/15 there was an admission rate of 9.0 per 10,000 children, in Brent and 1,548 referrals for specialist CAMHS services at tier 3, or a referral rate of 211 per 10,000 children. The specialist community CAMHS caseload in January 2016 was 802. This service was extended in 2014/15 to accept children with learning disabilities and Looked After Children following changes by Brent Council.

28. In the past, concerns were raised about timely access to general CAMHS inpatient services. Brent Council's Scrutiny Committee heard in February 2016 that since April 2015 there had been four occasions when a Brent child in crisis could not be placed in a CAMHS inpatient bed. These inpatient services are commissioned by NHS England.²³

Brent's young people

29. There are an estimated 78,777 children and young people aged 18 and under in the borough which at present represents 24.3% of the total population for the London Borough of Brent. Of that 18 and under age group approximately 50,142 are school-aged children.²⁴

30. Brent is one of the most ethnically and religiously diverse local authority areas in the UK. In the borough's primary schools 68.7% of children have English as an additional language; the figure in secondary schools is 55.2%.²⁵ The largest minority ethnic groups of children and young people in the borough are Asian/Asian British and Black African. About 75% of all under 18s are from minority ethnic groups.

31. The proportion of primary school children eligible for free school meals is 13% and at secondary schools in the borough, 12.5% of pupils are entitled to free school meals.

²² Child and Adolescent Mental Health Services in Brent: Current provision and future developments', Brent Council Scrutiny Committee 9 February 2016, p1

²³ Child and Adolescent Mental Health Services in Brent: Current provision and future developments', Brent Council Scrutiny Committee 9 February 2016, pp.3-5

²⁴ Children and Young People Department, census mid-year estimate 2016

²⁵ Brent Council, Children and Young People Department, 3 December 2016

The Index of Multiple Deprivation ranks Brent 55 out of 326 local authority areas in England measured by the number of neighbourhoods in the most deprived top 10%. Therefore, a significant number of children and young people live in households affected by poverty.

Chapter 2: Task Group Findings

Access and referrals

32. Only one in three of children and young people with a diagnosable mental health condition will get support, so one of the issues the task group looked at was how young people have been accessing Child and Adolescent Mental Health Services. At present, CAMHS is largely organised around the model of escalating tiers which for the higher tiers is based on a process of referral, diagnosis and treatment. However, the task group recognises that the Local Transformation Plan is trying to move CAMHS away from this four-tier model towards greater use of THRIVE in the provision of services in Brent.

33. CAMHS is complex and there are multiple points to access services. As the task group has noted, CAMHS bridges local government and the health service, and access can be through many different organisations. At the same time, there can be different barriers to accessing services.

34. Schools are one of the most important ways for accessing the system at tiers 1 and 2. The task group felt this was particularly important to look at because of the preventative effects of early intervention and support and promotion of positive mental health and wellbeing. A school can also have a role in providing information, guidance and support and encouraging positive behaviours. The task group also wanted to clarify the role of a school in working with CAMHS professionals at other tiers.

35. Schools and further education colleges are clearly doing a lot of work in this area, particularly around identification. At the College of North West London the teaching staff are trained to recognise if a student is experiencing mental health problems.²⁶

36. Schools are key to identification of problems with emotional wellbeing and mental health among children and young people. Teachers can gain a first-hand knowledge of a young person's emotional health, and will know from speaking to pupils about their worries and concerns. Schools also conduct surveys about children's emotional wellbeing.

37. School are sensitive in picking up on stresses on children's emotional health. They are clearly aware of the developing issue of social media which is now threaded into the lives of many young people. One head teacher described to the task group the

²⁶ Task group meeting 28 March 2017

effect on children of negative behaviour online which children can experience through their smartphones. A primary school in Brent found that children as young as five years old were often worried about what was happening to their families abroad (if they were from another country) and high levels of crime. Schools were also aware of the emotional pressures children experience from growing up in households which are affected by shift work. ²⁷

38. As noted, schools have the freedom within their own delegated budgets to commission their own mental health support for pupils, parents and staff. Targeted Mental Health in Schools (TaMHS) was very well-regarded by the head teachers the task group spoke to. Head teachers were positive about the services it offers and the support it provides to children and young people in their schools. It runs a workforce development programme helping professionals to identify mental health issues through pastoral systems. However, the task group notes that TaMHS is only in 19 schools in Brent.

39. The TaMHS service is currently oversubscribed, with additional schools having requested the service last year but only a small number of them were able to access the project due to capacity and funding issues. During the academic year 2015/16, 378 children and their families were supported in 16 schools. Of these, 27% were assessed as experiencing severe difficulties. During the same academic year, 1077 one-to-one sessions were held with children and families, 302 group sessions and 64 young people were referred to tier 3 CAMHS for further assessment and treatment. ²⁸

40. A number of other schools offered support through Place2Be, but at the moment there is no CCG funding of school-based support in this area. This appears to be different in some other boroughs in which Place2Be is partly funded by the CCG. ²⁹ Again, Place2Be is well-regarded by schools, and currently works with 16 primary and secondary schools in the borough. The Place2Be model is to work in partnership with schools to offer counselling and therapeutic support for children as well as information, guidance and support to parents and teaching staff. ³⁰

²⁷ Task group meeting 28 March 2017

²⁸ 'Contract for the Provision of Targeted Mental Health in Schools', Brent Council Cabinet Report 24 April 2017

²⁹ Task group meeting 28 March 2017

³⁰ www.place2be.org.uk/what-we-do/where-we-work.aspx; www.place2be.org.uk/what-we-do/supporting-schools/our-model.aspx

41. Yet, this leaves a gap. There are some schools who are not accessing this type of support through TaMHS or Place2Be. Furthermore, members of the task group are aware of the pressures on school funding and budgets and anticipated changes which could affect budgets in the future.

42. The schools the task group spoke to are highly motivated and proactive in this area. However, it is likely that for some schools, mental health and emotional wellbeing are further down the agenda especially when they are faced with significant demands on their time as resulting from school improvement and performance.

43. The task group's view is that this type of support either from TaMHS or Place2Be or another similar project should be accessible to all of Brent's schoolchildren rather than have a variation between the borough's schools. This could be a cornerstone of improving young people's mental health and emotional wellbeing, and clearly help with identification of problems with mental health at an early stage. As members, we believe there would be a social return on investment, and it would offer value for money by increasing preventative support in dealing with mental health issues. On this basis, the task group has made a recommendation to Brent Clinical Commissioning Group.

44. Recommendation 1: Increase investment in mental health support with Brent's schools to ensure all schools can access Targeted Mental Health in Schools (TaMHS), Place2Be or an equivalent mental health support programme for schoolchildren.

45. The Local Transformation Plan has clearly taken steps to improve access. As well as a Youth Offending Service (YOS) commissioned worker, it needs to be acknowledged that access improved with the new community eating disorder service as well. There have been other initiatives to improve access. At the moment, CNWL is running an out-of-hours pilot scheme at the moment at four A&Es, which is seeing children for the first time in crisis who have not had contact with services before.³¹

46. There is now also Brent IAPT (Improving Access to Psychological Therapies) which is offering support for mental health conditions such as anxiety and depression. This service is used by adults as well as children and young people. IAPT offers talking therapies or counselling services for people with problems such as feelings of low

³¹ Task group meeting 4 April 2017

mood, anxiety, particular fears or problems coping with daily life and relationships.³² However, IAPT offers access to self-help which may be more suitable for adolescent children.

47. For many young people, a GP will be an important way to access the system. They are well-placed to offer initial advice on how to deal with any symptoms and talk to about available treatments and support services in an area.

48. There has been outside Brent the development of online support. For example, in Berkshire there has been the development of SHaRON [Support Hope and Recovery Online Network for Young People], which offers peer support for young women, and creates a place to get support or advice online. Brent CCG has also promoted apps such as Wud U?, which has been developed by Barnado's.³³ However, while welcoming more online development the task group acknowledges the point made by Healthwatch during our meetings that young people can be wary of online services because of concerns about security and confidentiality.³⁴

49. As well as the out of hours access at A&E, we would like to reiterate that the Local Transformation Plan has also put in place a specialist mental health worker in the Youth Offending Service, which is commissioned by the CCG. This gives greater access to this high-risk group. As part of the Local Transformation Plan there has also been the development of a new community eating disorder service which has around five referrals a month.³⁵

50. At the moment, Brent has the highest number of referrals in the central and north-west London area. Brent CAMHS specialist services received 2,182 referrals from April 2016 – March 2017. There is a seasonality to these numbers with a dip outside of school terms.³⁶

51. There is a target by Central and North West London NHS Mental health Trust of an upper waiting time target of 18 weeks for 85% of referrals by 1 April 2017.

52. The average waiting time from assessment to treatment is now five weeks. The task group recognises the progress which has been made in reducing waiting times

³² www.brentccg.nhs.uk/mental-health

³³ Task group meeting 11 April 2017

³⁴ Task group meeting 11 April 2017

³⁵ Task group meeting 11 April 2017

³⁶ Task group meeting 4 April 2017

for specialist tier 3 services. Brent did have very long waiting times for CAMHS (this issue was reviewed by Scrutiny Committee in February 2016) but this is no longer the case.³⁷ The task group notes what CNWL have said about workforce recruitment and retention problems and a scarcity of certain key professionals as well as problems of key worker housing and the impact those issues will have on services.

53. However, there has been an issue with schools in Brent being able to refer to Child and Adolescent Mental Health Services (CAMHS). Some of the head teachers the task group spoke to clearly stated a view that they cannot make referrals directly to CAMHS.³⁸

54. Brent CCG explained to the task group that this system of referrals to CAMHS only through a GP was the case before 2014, but has now changed. It's now part of the CCG's specification that schools have an equal weighting with GPs in their ability to refer. The CCG said it introduced the before GP system before 2014 because of the number of unsuitable referrals. However, a school which had TaMHS was still able to make a direct referral in this period, which could be done by a health professional.³⁹

55. Nonetheless, from what the task group heard, there clearly has been a perception that schools cannot make referrals to CAMHS. It is clear to the task group that a revision of the GP-only system has not been properly communicated to schools. Therefore, we have made a recommendation to Brent Clinical Commissioning Group.

56. Recommendation 2: Improve pathways to young people receiving CAMHS support by emphasising to head teachers that they can refer directly to CAMHS and increasing the CCG's information and communication to schools about what support is available.

57. A head teacher also made the point that schools could be brought in or involved when a parent and child is going for a CAMHS appointment because they already often have a good relationship with the family and it would help to reduce missed appointments.⁴⁰

³⁷ Child and Adolescent Mental Health Services in Brent: Current provision and future developments', Brent Council Scrutiny Committee 9 February 2016, pp.3-5

³⁸ Task group meeting 28 March 2017

³⁹ Task group meeting 28 March, 4 April 2017

⁴⁰ Task group meeting 28 March 2017

58. CNWL are developing a new structure for referrals which will mean a central referral point for CAMHS, and create a common route for referrals from the first point of contact whether a referral is from a school or a GP. The task group welcomes any development which will make referrals easier. ⁴¹

59. At the moment TaMHS does peer mentor training in the schools in which it operates. When at the lower level of mental health need, peer mentoring can be effective as adults and a lot of benefits can arise from it. ⁴² Again, the task group would like to see this extended so that more children can benefit from access to peer mentoring.

60. Brent CCG was of the view that a rolling programme of peer support has worked well in different health areas such as dementia.⁴³ In Brent there is now a peer support project to support those with dementia and their carers, which is provided by the voluntary organisation Community Action on Dementia Brent. The project connects ‘peer supporters’ who have dementia to those recently diagnosed with dementia. They share their occupational and life skills, and experience of coping with dementia. ⁴⁴

61. A similar peer support programme in schools could help to tackle stigmas around accessing mental health support. Healthwatch pointed out that young people can feel it becomes too obvious if someone is seeing a counsellor – it’s noticed if they miss a lesson. Young people are very positive about raising awareness in schools, but “seeing a counsellor” can be off-putting for the above reason. They also like support in a more informal setting. ⁴⁵ The task group has made another recommendation in this area.

62. Recommendation 3: Offer a programme of peer and staff support in schools and further education to strengthen awareness of emotional health and wellbeing and signpost them to effective support.

Communities

⁴¹ Task group meeting 4 April 2017

⁴² Task group meeting 28 March 2017

⁴³ Task group meeting 11 April 2017

⁴⁴ www.cad-brent.org.uk/?page_id=21

⁴⁵ Task group meeting 11 April 2017

63. The task group recognises that schools have a wide-range of responsibilities, and that young people only spend a very small minority of their time in school. Therefore, there has to be a consideration of the wider community in which a young person lives. Furthermore, the THRIVE model recognises the importance of a wider social network and community in offering support and promoting better mental health.

64. As members, we are extremely aware of Brent's diverse population and the many different religious, linguistic and cultural backgrounds which the borough's children and young people have. It's worth restating the fact that about 75% of all under 18s are from minority ethnic groups. With that in mind, we looked at the context of Brent's communities in the transformation of Child and Adolescent Mental Health Services (CAMHS).

65. Strong communities are an asset and an important part of the borough's social fabric. If a young person is supported in a wider community, especially when they are under stress or pressure, then they are more likely to have better mental health and emotional wellbeing because there is a 'net' to support them. From the evidence the task group heard, it appears that despite experiencing higher environmental risk factors such as high rates of poverty and deprivation than many other boroughs, children and young people are less likely in Brent to end up in acute crisis settings than might be expected. So it can be argued that there is clearly something our communities are doing which is protective and strengthening mental health.⁴⁶

66. However, understanding of mental health is relative and communities understand it differently. Also there are differences in the extent to which different communities will talk about mental health openly. In many newly emerging communities there can be a significant difference between the first generation and a second generation of younger people who have grown up locally and are generally more willing to talk about mental health concerns. Healthwatch emphasised the importance of remembering different cultural perspectives when we discussed communities. Cultural norms or family norms are different. For example, in extended families it is more the norm that information is shared between those members than in nuclear families.⁴⁷

⁴⁶ Task group meeting 11 April 2017

⁴⁷ Task group meeting 11 April 2017

67. The Assistant Director of Brent CCG made an important point that while a community's values needs to be respected, they may also need to be challenged if they are not appropriate and reinforce stigma and discrimination against people with a mental illness. ⁴⁸

68. Different communities face different mental health challenges. Some will be at a higher risk of developing psychosis, depression or anxiety. The relative understanding of mental health can mean there can be a lack of identification and diagnosis. This might be to do with the ongoing issues around stigma. ⁴⁹

69. As noted, the Local Transformation Plan has been informed by a report from the Anna Freud Centre. One of the recommendations from the report was to incorporate mental health needs co-ordinator (MHenCOs) roles in schools, nurseries and other settings. ⁵⁰ During the task group Brent CCG expressed the view that they would want to set up a similar programme. The task group is strongly supportive of this idea as a way of improving access.

70. Initiatives around mental health have emerged from communities. A member of the task group highlighted the example of a charity called Jami which was set up as an initiative by members of the London Jewish community to provide support for those in the community affected by mental health issues. ⁵¹

71. The task group's view is that we would like to see a strengthening of the community 'net' to support people by the setting up of a scheme of local champions who can promote good mental health in their community. ⁵² On this basis, have made another recommendation to the CCG.

72. Recommendation 4: Organise a network of community champions to promote good mental health and wellbeing among children and young people in their community and signpost young people to effective support.

Parents

⁴⁸ Task group meeting 11 April 2017

⁴⁹ Task group meeting 11 April 2017

⁵⁰ 'North West London CCGs Children and Young People's Mental Health and Wellbeing System Review, Brent CCG Anna Freud National Centre for Children and Families, May 2016, p4

⁵¹ www.jamiuk.org/what-we-do/

⁵² Task group meeting 11 April 2017

73. There is a link between a parent's mental health and a child's emotional wellbeing. Therefore, the task group wanted to consider and speak to the head teachers, professionals and community representatives about how parents and carers are presently involved in CAMHS at present.

74. Some parents have access to support because TaMHS works with parents in particular schools. Similarly, other parents will be receiving support through Place2Be. Schools were positive about the support for parents provided by TaMHS, which has an emphasis on parental support and offers a variety of parenting programmes.⁵³

75. One of the community representatives said she felt it would be better if more parents had guidance so they were able to identify symptoms earlier on. This would mean parents getting advice and support early rather than waiting to access a specialist. However, this needs to be done in a way which parents understand and can respond to.⁵⁴ A head teacher pointed out that there are some parents who are very unwilling to engage because mental health has a negative label and a stigma.

76. As mentioned, there can be also a 'generational gap' between the willingness of younger people and parents to talk about and address mental health issues or concerns.⁵⁵

77. Brent CCG is doing a lot of engagement through its Health Partners' Forum, which is held twice a year, and targeted outreach which will involve a number of parents. They also made clear that they would be doing a number of one-off engagement events as part of the Local Transformation Plan. The CCG has also run an anti-stigma campaign involving young people and worked with CVS Brent on the issue; the campaign has worked with youth clubs to run events and raise awareness.⁵⁶

78. The task group heard that the CCG is keen to extend joint-working and trying to engage with more residents and parents. As members we felt that to improve partnership work it would be better if a jointly organised event took place aimed at parents as a targeted piece of work. This could be modelled on the It's Time to Talk events which the council has organised which allow residents to talk about sensitive

⁵³ Task group meeting 28 March 2017

⁵⁴ Task group meeting 11 April 2017

⁵⁵ Task group meeting 11 April 2017

⁵⁶ Task group meeting 11 April 2017

issues which may be concerning them.⁵⁷ This should also involve the voluntary sector, including organisations such as the Brent Centre for Young People.

79. We welcome the work done by Brent CCG, but feel there is an opportunity for more partnership work involving the local authority and voluntary sector which is aimed at the borough's parents to help them address young people's mental health and emotional wellbeing. We know young people will experience levels of stress at particular times such as in the approach to exam time, and a piece of partnership work might be more useful if it takes place at such a time when it can help to address those issues. On this basis we have made a final recommendation, which is for Brent Council and Brent CCG to implement.

80. Recommendation 5: Organise a one-off event for parents modelled on It's Time to Talk to develop community-led solutions to improving children and young people's emotional wellbeing and mental health in Brent, and strengthen partnership working between the CCG, local authority, schools, voluntary sector, faith and community groups, youth organisations, and further education colleges on this issue.

⁵⁷ www.brent.gov.uk/your-community/time-to-talk/

APPENDICES

APPENDIX A

Participants

The task group would like to thank the following members of staff who contributed to the report, took part in the themed discussion or advised it on policy:

Duncan Ambrose, Assistant Director, Brent Clinical Commissioning Group

Dr Sarah Basham, vice-chair Brent Clinical Commissioning Group

Judith Enright, Headteacher, Queens Park Community School

Brian Grady, Operational Director, Safeguarding, Performance and Strategy Brent Council

Marc Jordan, Assistant Principal, College of North West London

Michelle Johnson, Head of Engagement, Brent Clinical Commissioning Group

Theresa Landreth, Headteacher, Mitchellbrook Primary School

Councillor Mili Patel, Cabinet Member Children and Young People, Brent Council

Selina Rodrigues, Healthwatch Brent

Sarah Fielding, Specialist Mental Health Worker, Brent Centre for Young People

Jackie Shaw, Service Director, Central and North West London NHS Trust

Gail Tolley, Strategic Director, Children and Young People, Brent Council

And other members of staff in Brent Council's Children and Young People's department and Brent Clinical Commissioning Group as well as two members of the Community Reference Group of the Brent Local Safeguarding Children Board.


APPENDIX B

Overview of CAMHS Services in Brent

CAMHS Service	Commissioner	Provider
Access to psychiatric inpatient services for under 18s	NHS England	Provided outside Brent by various providers
Out-of-hours psychiatric assessment services	Out-of-hours psychiatric assessment services	Central and North West London NHS Foundation Trust (CNWL)
Specialist community CAMHS	Brent CCG	Central and North West London NHS Foundation Trust (CNWL)
Targeted Mental Health in Schools (TaMHS)	Brent Council	Central and North West London NHS Foundation Trust (CNWL)
Additional psychotherapy services	Brent CCG	Brent Centre for Young People
Services for children Looked After by the Local Authority	Brent Council	West London Mental Health NHS Trust
Clinical Input to the Inclusion and Support Team	Brent Council	Anna Freud Centre

Source: Child & Adolescent Mental Health Services in Brent: Current provision and future developments', Report to Brent Council Scrutiny Committee 9 February 2016, p3

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 Brent	<p align="center">Community and Wellbeing Scrutiny Committee</p> <p align="center">19 July 2017</p> <p align="center">Report from the Director of Performance, Policy and Partnerships</p>
For Action	Wards Affected: ALL
<p align="center">Overview and Scrutiny 2016-17 Annual Scrutiny Report</p>	

1.0 Summary

- 1.1 The Annual Scrutiny report is a summary of the work conducted by the Overview and Scrutiny function throughout the year. This includes task group work, questions and decisions made by both the Community and Wellbeing, and Resources and Public Realm committees.

2.0 Recommendations

- 2.1 Members of the Community and Wellbeing Scrutiny Committee are asked to agree the 2016-17 Annual Scrutiny Report.

3.0 Detail

- 3.1 The report is split into two sections: Community and Wellbeing and Resources and Public Realm and provides an overview of the reports heard by the committees in 2016-17 and the range across the Cabinet portfolios. The report also summarises the various task group work that the scrutiny committees have undertaken throughout the year.
- 3.2 Each section also summarises call -ins, the committee recommendations and the committee's work and contribution to setting the council's budget. Finally the report summarises the committee's engagement with the public and its wider networks.

4.0 Financial Implications

- 4.1 None

5.0 Legal Implications

5.1 None

6.0 Diversity Implications

6.1 None

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 None

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Overview and Scrutiny Annual Report 2016/17

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Introduction



The challenge for scrutiny is to focus on the important issues. In local government there are always many competing priorities to deal with and the challenges faced by NHS colleagues are also enormous. So, the last year for my scrutiny committee was about looking at decision-making in the areas which matters most to the priorities of the Council and the Cabinet, and which are also of great concern to the Borough's residents. As this report shows, we spent a lot of time in committee reviewing these issues, ranging from council housing management to school standards, NHS transformation, and landlord licensing.

We dedicated time to looking at some issues in great depth by setting up task and finish groups. I think the task group on Signs of Safety was excellent in developing recommendations for the Cabinet as have been the task groups on housing associations and Child and Adolescent Mental Health Services (CAMHS). I'm looking forward to seeing this year how the recommendations are implemented. We have been very proactive in getting out and talking to residents and community groups and hearing from organisations such as Healthwatch Brent at committee. I would like to thank everybody who has contributed, and played their part. Finally, I would also like to thank our co-opted members for their contribution and in particular Dr Jeff Levison who has stepped down from scrutiny after many years of service.

Cllr Ketan Sheth, Chair of Community and Wellbeing Scrutiny Committee

Scrutiny is most effective when it is strategically planned. This is exactly what we set out to achieve during the first year of the Resources and Public Realm Scrutiny Committee. In its simplest form this has meant themed meetings. More significantly, it has also meant three task group investigations which come together over a year to tell a single story.



Choosing the subject of this story came down to an obvious choice. When the retention of business rates is fully devolved to local authorities in the next couple of years it will be the biggest reform to council funding in three decades. All the residents of Brent will benefit if the Council understand the implications of this change and is in a position to take advantage of the reform. As far as we can tell, Brent is the only Council to carry out a full investigation into Business Rates devolution and the report has not only influence the strategy of our Council but has also been presented to other authorities at wider scrutiny meetings. Our Budget Scrutiny Panel report also looked in detail at these themes, and our final Task Group of the year examined ways we could help Brent's small businesses to grow and therefore maximise our Business Rates base. Of course, we also investigated a myriad of other issues – from development and planning strategies, to complaints against the Council and civic enterprise – but taking this strategic direction, and focussing on an important subject from three different angles allowed us to add value to Brent over the last year.

Cllr Matt Kelcher, Chair of Resources and Public Realm Scrutiny Committee

Part One: Community and Wellbeing Scrutiny Committee

1. Work programme 2016/17

The 2016/17 work programme looked at a range of policy areas in the committee's remit, including adult social care, children's services, education, health, housing, and public health. The work programme was largely agreed at the start of the municipal year to allow members to map out and plan their activities. It also built in enough capacity to ensure there was the flexibility to respond to events as they arise and space for issues that Brent's residents may suggest over the year. The work programme included scrutiny – holding Cabinet members to account – as well as policy development by task groups which developed recommendations for the Cabinet.

1.1. Housing

Housing was a sizable area of work. On 20 July 2016, Community and Wellbeing Scrutiny Committee focused on housing issues, discussing reports on **landlord licensing**, Brent's **Ethical Lettings Agency** and the scrutiny task group report on Brent's **housing associations**, which was chaired by Councillor Tom Miller. Brent has three landlord licensing schemes: additional, selective and mandatory. It was clear to members that **landlord licensing** has varied widely in its effectiveness. Selective licensing in the three wards where selective licensing was introduced has been the most successful and the number of properties licensed exceeded the initial estimates of the number which require a licence. There was more detailed discussion of the implementation of the schemes, and a number of recommendations made to Cabinet. Cllr Sheth joined the council officers, as they undertook inspections of suspected properties in Kingsbury to better understand the policy, the process involved and the impact.

Officers and the Cabinet member updated the committee on the **Ethical Lettings Agency**. In 2015 the council had asked Brent Housing Partnership (BHP) to lead on establishing the agency. The committee heard that the proposal had not been viewed as viable by Brent Housing Partnership, but that a number of other projects had been brought forward. It is now intended to wait for details of a London-wide letting agency being developed by the Mayor of London. Again recommendations were made to the Cabinet.

On 23 November there was a report to committee about **Housing Needs Services** and vulnerable clients. Audit Committee made a recommendation that following an Ombudsman's report into housing a vulnerable person that scrutiny should review what improvements the Housing Needs service has made in working with vulnerable people affected by domestic violence. At the meeting, scrutiny members sought details of the training put in place to improve awareness within the Housing Needs Service of domestic violence policies and the feedback mechanisms employed to provide ongoing assurance that this training was sufficient. Clarification was sought on

whether the options in the report were open to private tenants and homeowners as well as Brent Housing Partnership tenants. Again, recommendations were made.

Probably, the largest area of housing overview and scrutiny was at a special committee meeting on 19 October 2016 which discussed the options for the **management of housing services**.

Committee made sure that tenants and leaseholders of Brent Housing Partnership (BHP) were aware of the special meeting taking place on 19 October, and it was promoted at the BHP Talkback forum and on social media. Pleasingly, the meeting had a very high turnout of members of the public with 25 people attending and six residents also made contributions at the meeting. Before the committee meeting members visited housing which was managed by Brent Housing Partnership. Committee made a number of recommendations to Cabinet after a very detailed discussion involving the Cabinet member for Housing and Welfare Reform and senior officers. One of the recommendations was around scrutiny of this function in the future if the service was returned in-house. To explore further an in-house option, the council set up Brent Housing Partnership Member and Residents Board, of which Cllr Sheth is a member.

1.2. Health

The Community and Wellbeing Scrutiny Committee has a statutory remit to scrutinise health services. At committee in September 2016 there was a review of the **Sustainability and Transformation Plan (STP)**. Members received a report from the Chief Executive of Brent Council and the Chief Officer of Brent Clinical Commissioning Group (CCG) about the STP. Also attending the committee meeting and contributing to the discussion were the Chief Officer, Brent Harrow Hillingdon CCGs, Healthwatch Brent, Cabinet Member for Community Wellbeing, Strategic Director, Community Wellbeing, and the Director of Strategy, London North West Healthcare NHS Trust. Members questioned the extent to which Brent had been able to influence the setting of local priorities within the STP and asked about engagement activity.

Another area of health scrutiny was the **NHS estate in Brent**. In November last year there was the presentation of a report about the estate in the borough. Officers from NHS Property Services also attended the meeting. Members queried whether the reorganisation of the NHS had posed difficulties for developing the NHS estate, whether the facilities comprising the estate were in a good condition and how well-situated they were to meet the needs of the borough. A further query was raised regarding whether the Clinical Commissioning Group had any discretion regarding the national policy of charging market rents. NHS Property Services advised that the move to charge market rent for NHS buildings was determined by Department for Health and NHS England policy. Committee heard that out-of-hospital hubs were identified in 2014 and reflected a practical assessment of where there was scope for extension in the NHS estate. The locations and numbers of the hubs were being reviewed as part

of the work between Brent CCG and the council. A number of recommendations were made by the committee.

There has been more engagement with **Healthwatch Brent** who again attended the committee on 23 November 2016 to contribute to the discussion on NHS estate in Brent. This follows their attendance on 20 September 2016. Committee is planning to do more visits to NHS services in the borough and is planning a visit to the A&E department at Northwick Park in the future. Brent is also takes part and contributes to the North West London Joint Health Overview and Scrutiny Committee. Cllr Sheth is Brent's representative on the committee which is made up of seven London boroughs.

1.3. Adult Social Care

The September meeting heard reports on the Sustainability and Transformation Plan and **New Accommodation for Independent Living (NAIL)** project. A report updating the committee on the New Accommodation for Independent Living (NAIL) project was introduced by the Operational Director Social Care. Committee heard that the project was the largest and most strategically important efficiency and quality improvement initiative in the Adult Social Care. It aimed to identify, develop and acquire alternative forms of care to residential care for all vulnerable adult client groups in Brent.

At present that outcomes for people going into residential care were not as good as for those who remained in their own communities and the NAIL project sought to address this by supporting people in an independent living setting, allowing them to remain in a home of their own, or in their own communities. It was emphasised that independent living was not a prescriptive model of service design and could look very different for different people with different levels of care and support needs. The project had been active for two years.

The committee heard that NAIL was the largest and most strategically important efficiency and quality improvement initiative within the Adult Social Care Department, and that it aimed to identify, develop and acquire alternative forms of care to residential care for all vulnerable adult client groups in the borough. The project had been active for two years and the report before the committee outlined areas of learning, detailed mitigating actions taken and progress so far.

1.4. Safeguarding

In November 2016, committee received the annual report of Brent Local Safeguarding Children's Board. The LSCB report, which was presented by the Independent Chair, was questioned by members who queried the effectiveness of the relationships between different agencies across Brent, how this compared with other London boroughs and the powers of the Board to challenge organisations. Questions were raised regarding the involvement of local communities and plans for wider engagement. The committee sought the Independent Chair's view on the safety of children in Brent who were at risk from harm, the efficacy of Brent professionals at

recognising children at risk and the safeguarding performance of Brent's schools. A number of recommendations were made.

In February 2017, the committee discussed the annual report of the Brent Safeguarding Adults' Board, which was presented by the Independent Chair, and reviewed its work for 2015-16. Also attending the committee meeting, and taking part in the discussion, were the Cabinet Member for Community Wellbeing and Strategic Director for Community Wellbeing. The 2015/16 Annual Report provided a summary of safeguarding activity which had been carried out by the Board's partners across the social care, health and criminal justice sectors in Brent, and focused on four major areas: prevalence of abuse; multi-agency response to safeguarding risks; the Board's strategic priorities; and learning from case reviews to improve safeguarding practice.

At committee members had a wide-ranging discussion with the Independent Chair about levels of commitment from statutory partners, the opportunities for local community and voluntary organisations to get involved in the work of the Board and the overall strengths of partnership work in Brent. There was discussion about the involvement in the work of the Board by contractors who provide housing and adult social care services for Brent Council. In 2017/18, it is intended that the two safeguarding reports will be heard together at Community Wellbeing Scrutiny Committee.

1.5. Children's Services

A report reviewing school standards and achievement for 2015-2016 was discussed at committee in March 2017. Currently, 96 per cent of Brent schools are judged good or outstanding by Ofsted, well above the national average. The arrangements which had supported this improvement were outlined to the committee. Collaborative, school-led partnerships were now a key feature of Brent's education provision. These themes were discussed with a number of Brent headteachers who attended the meeting.

Members also had a wide-ranging discussion about a report outlining the progress made in delivering reforms to services for children and young people with Special Educational Needs and Disabilities (SEND). These reforms were required following the introduction of the Children and Families Act 2014 and a new SEND Code of Practice in 2015. Among the issues discussed included progress to the deadline for conversion to the new Education, Health and Care Plans, engagement with the borough's parents, strategic commissioning with health partners and identifying children with SEND and in providing effective support to improve outcomes and life chances.

1.6 Wellbeing and Public Health

Members of the committee organised an Air Quality workshop to discuss the council's new strategy and to feedback their views as part of the consultation process. The workshop focused on the public health aspects of poor air quality and what the local authority could do to encourage residents to make changes which improve air quality.

2. Task and Finish Groups

Time-limited task groups made up of a small group of councillors – and sometimes co-opted members – were set up during 2016/17 to look at a number of areas in detail by the committee. Each of the task groups developed recommendations from their work.

2.1. Housing associations

The objective for the task group, which was chaired by Councillor Tom Miller, was to gather evidence to develop a set of recommendations for the Cabinet. Rather than reviewing all the wide-ranging legislation, the task group's scope was limited to five areas: the Right to Buy extension, social housing supply, 1% social rent reduction, Pay to Stay, and partnerships with housing associations.

As part of their evidence gathering, members spoke to chief executives and senior officers of a number of housing associations operating in Brent including Apna Ghar, Genesis, Innisfree, Metropolitan, Network Homes and Origin. They also met with the then Cabinet Member for Housing and Development, Strategic Director Community Wellbeing, Operational Director Housing and Culture, and the Head of Housing Policy. To be able to understand the issues from different perspectives the task group members also spoke to the representatives from two tenants' organisations, the chief executive of a housing co-operative, the chair of a resident-managed housing association as well as two experts in housing policy.

Members of the task group were:

- Councillor Tom Miller (Chair)
- Councillor Janice Long
- Councillor Arshad Mahmood
- Councillor Orleen Hylton
- Councillor Jun Bo Chan
- Jacky Peacock OBE, Executive Director Advice4Renters.

The task group reported back to Cabinet in November 2016 with a number of recommendations.

2.2. Signs of Safety

The task group was set up to examine the effectiveness of the implementation of Signs of Safety by the Children and Young People's department since early 2015. Signs of Safety is a practice framework for working with children and families and child protection which was developed in Australia in the 1990s and is used today by a

number of children's services departments in local authorities in the United Kingdom as well as in the United States, Australia and Canada.

In 2014, Brent Council was awarded funding from the England Innovations Project, which is managed by the Department of Education, to introduce Signs of Safety as a practice model in children's services.

The scrutiny task group on Signs of Safety has now completed its report, which includes four recommendations. It held a number of meetings to help members better understand the challenges and opportunities of implementing of Signs of Safety in the Children and Young People's department, and gather evidence for the report. These meetings included discussions with front-line social workers and practitioners, senior officers and the Strategic Director as well as the Cabinet member for Children and Young People. Members of the task group were shown how the Signs of Safety approach works in practice. The full report will be discussed by Community and Wellbeing Scrutiny committee on 1 February. The recommendations will be presented to Cabinet

The members of the task group are:

- Cllr Aisha Hoda Benn, task group chair
- Cllr Dr Amer Agha
- Cllr Bhagwanji Chohan
- Cllr Suresh Kansagra
- Cllr Shama Tatler.

The task group reported back to Cabinet in March 2017.

2.3. Child and Adolescent Mental Health Services

This task group was set up to review the challenge of providing mental health services to Brent's young people. According to data based on national projections, it's thought that one in ten school-age children in Brent have a diagnosable mental health condition which equates to an estimated 4,575 children and young people. However, while early intervention can prevent crisis and the development of long-term mental health conditions in later life, national research suggests that only one in three of those with diagnosable conditions will access any form of mental health support.

The task group has been talking to providers of services in the borough, community representatives and local authority officers about CAMHS in Brent at present.

Members of the task group included:

- Cllr Ahmad Shahzad OBE, task group chair
- Cllr Ruth Moher
- Dr Jeff Levison, co-opted committee member
- Cllr Neil Nerva
- Hamza King, representative Brent Youth Parliament.

The task group will report back to Cabinet and health organisations this year.

3. Visits and engagement

Community and Wellbeing Scrutiny Committee has been committed to improving scrutiny by carrying out visits outside of formal committee meetings. This allowed members to see at first-hand how services are delivered, and speak with service users and residents about services. Visits have helped to complement the discussion which takes place at committee meetings, and accounts of the visits have been written up in a standing report to the committee so that there is publicly available information about what members did.

Last year, the committee members have made a number of visits, including:

- August 2016, Landlord licensing raids in Kingsbury
- September 2016, Willow House in Wembley
- September 2016, Brent Housing Partnership services
- March 2017, Northwick Park Hospital

Members of the committee will also be organising more visits in the future. The committee regards the work it does outside of committee meetings as highly important. It gives scrutiny the ability to respond to changing events as they happen, and takes the committee out of the formal environment of the civic centre. It hopes to develop this further in 2017/18.

Also, special mention should be given to a meeting of Brent Youth Parliament (BYP) at the civic centre on 30 July with a Scrutiny Officer to do a presentation on Scrutiny. Cllr Sheth was invited back to BYP to do a 'hot seat' event to answer questions from BYP members.

As part of European Local Democracy Week 2016, the chair hosted a first Scrutiny Café at coffee shop in central Wembley in October. The café allowed residents to meet with the chair face-to-face and suggest ideas for scrutiny. It also helped to take scrutiny out of the formal atmosphere of the civic centre. Also, European Local Democracy Week from 10 to 16 October. Cllr Sheth spoke to pupils at the Winston Churchill Lycee in Wembley about local democracy, participation and scrutiny and also took part in a phone-in on K2K Radio on the same topics with Councillor Matt Kelcher.

In addition, scrutiny has been making use of social media to enhance its accountability and transparency. The committee has been using Twitter to update residents about what it's been doing and to engage with organisations.

Cllr Sheth has also written columns for a number of newspapers about the work of the committee and contributed a guest blog to the e-newsletter produced by the Centre for Public Scrutiny about the task group on Signs of Safety and what lessons the committee learned.

The Chair of Community and Wellbeing Scrutiny Committee and a Scrutiny Officer also attended Brent Connects area forums last year to do a presentation on the committee's work because it was important to explain the new dual scrutiny committee

structure which was agreed by Full Council in March 2016, and the role of scrutiny within the local authority more generally. The engagement with residents at those meetings was good – and lively at times – and residents were given the opportunity to put forward their ideas. Meetings attended included:

- June 2016, Brent Connects Willesden
- June 2016, Brent Connects Kenton and Kingsbury
- July 2016, Brent Connects Wembley
- July 2016, Brent Connects Kilburn.

4. Wider Scrutiny Networks

Members of the committee have been involved with scrutiny networks and organisations outside Brent. One of the most important of these has been the London Scrutiny Network, which is made up of representatives of scrutiny committees from a number of London boroughs. Cllr Sheth attended a number of these meetings during 2016/17.

The committee has also built links with the Centre for Public Scrutiny (CfPS). Cllr Sheth attended the centre's annual conference on 1 December 2016, which this year was on the theme of democracy and governance and was attended by members from local authorities nationally. Cllr Sheth presented at one of the workshops on the theme of scrutinising complex relationships, highlighting the best practice used in Brent.

On 8 December 2016 the (CfPS) organised a Health Accountability Forum which was attended by scrutiny members and organisations involved in health scrutiny, including a member of Brent's Community and Wellbeing Scrutiny Committee and the Scrutiny Officer. The forum, which was in part an update about health policy, included presentations on the state of adult social care by a policy adviser from the Local Government Association. There was also a presentation about the Independent Reconfiguration Panel – the body which review proposals for changes to NHS services that are contested and advises the Secretary of State for Health. The NHS also gave a presentation about new models of care, including the 50 vanguard projects in place nationwide.

Finally, The Chair of the committee has also been involved with the Institute of Local Government (INLOGOV) at the University of Birmingham.

Part Two: Resources and Public Realm Scrutiny Committee

5. Work programme 2016/17

The processes of agreeing the annual work programme for the Resources and Public Realm Committee was greatly improved for 2016/17 with workshops organised for Scrutiny Members and Strategic Directors to design a relevant, focused and strategic annual work programme. The programme was agreed at the committee's first meeting and was kept under constant review through discussion between the committee Chair, Strategic Directors and the Head of Strategy and Partnerships. The 2016/17 work programme allowed for both scrutiny and overview covering a wide range of policy areas with the committees remit, including regeneration, environment, 2017/18 – 2018/19 budget and resources. The committee also reviewed work of the Performance, Policy and Partnership Department, focusing on the prevent strategy and the Safer Brent Partnership update on community safety.

5.1. Regeneration and Environment

Development Management Policies

The Planning Policy and Projects Manager introduced the report which reminded the committee that on 16 January 2016 Full Council approved submission of the draft Development Management Policies Development Plan Document to the Planning Inspectorate for examination. Having taken account of all the representations, both in writing and at the Hearing, the Inspector advised the council to consult on proposed main modifications.

Members questioned ways of including in DMP 14 requirements for infrastructure provision at an early stage of housing development or at pre-planning stage, the definition of affordability in terms of housing and whether the levels were realistic, particularly for existing residents, and what were the mechanisms in place to reach the maximum target of 50% of housing in a major development to be affordable. Members also raised queries regarding the Old Oak and Park Royal Development Corporation (OPDC) and the Mayor 2 month consultation. Member also requested that OPDC a representative of the OPDC attend the committee as part of the Council's Planning Strategy.

The Council's Planning Strategy/OPDC

The Planning Policy and Projects Manager introduced the report which provided update on council's planning strategy and development of the local plan going forward. The current strategy is based on core strategy and its five key areas. It was explained that there service had been working hard delivering significant housing. There was some discussion about making sure that all areas of the borough are included in development plans. It was also mentioned that the local plan needs updating, as the council stands the chance of increasingly losing planning appeals and developments. A representative from the OPDC gave a presentation on the development plans.

Members requested that scrutiny look at the use of CPOs by council to acquire land to support development of housing to meet housing need. Members also requested an update from the committee following quarterly meeting with Cabinet Member for Housing in relation to the recommendations from the scrutiny task group regarding work with housing associations. The Cabinet Member for Regeneration, Growth, Employment & Skills also agreed to meet with OPDC representative to discuss how surrounding areas can benefit from Section 106 funds.

Brent Road Resurfacing Strategy

The report was presented by the Head of Highways and Infrastructure. It was explained that the council experienced a high demand from residents in a challenging financial climate. It was stated that most of these were short term measures and last year budget found £200,000 to target worst areas, in this budget further £2 million to accelerate road repairs, included patching. Members have been extensively involved in looking at priorities for action.

Members queried the quality of the works carried out and how do we ensure that we will not have the same problems reoccurring. Member also raised the issue of damage caused to pavements by local businesses and to roads by TFL. Members asked about how works were priorities and how this was communicated to residents. Members requested that the Committee to be provided with performance data for 6 month period regarding timeliness for contractor's performance for highway repair. Officers to test FAQs and automated responses with community groups

Update on the implementation of recommendations from the CCTV Scrutiny Task Group

The Head of Community Protection presented the report and gave an update of the progress made against each of the 21 recommendation the task group had made. Members queried if the council could achieve more from S106 or CIL money and working closely with other partners and housing providers. Members also suggested working closely with schools and open days to educate about CCTV. It was agreed that the Community safety team would explore viability of CCTV open day and report back to scrutiny. It was also agreed that Officers would explore the potential for capital investment

Update on the implementation of recommendations from the Fly Tipping Scrutiny Task Group

The Head of Environmental Improvement presented the update report to the committee stating that there has been some issues arise, such as the Pilot with kingdom. It was stated that the pilot is going well, but that it is still early days, the council is encouraging Kingdom to focus on both simple litter offences but trying to move them into more localised issues such as palm spitting. It was also explained that there is a need focus on working with landlords much more. There is also a service review to address what has become an unsustainable bulky waste collection process.

Members queried using other social media and creating a cross council database of community groups. Members also discussed ensuring that literature is in simple language that residents can understand. Members also wanted to know what communication and outreach Veolia carry out on a monthly basis.

Report for Scrutiny on Brent's High Streets

Cllr Tatler and Cllr Southwood presented the report. All seventeen high streets in Brent are an important aspect of its character. The report presented the importance of the cleanliness of the high streets, and how it reflects both to residents and to visitors of the borough. The Council is aiming to make Brent cleaner, to make feel better about their surroundings and improve their quality of life. Currently the cleaning service is provided by Veolia who aim to provide a Grade A standard of no litter or refuse being left behind and that this would be constantly monitored. Timed Waste collections will take place, together with collections of commercial waste and Brent will be introducing a 12 month trial of local Litter Patrols. A focus is being made on Wembley High Road for regeneration to fund improvements including the delivery of a vision for the new Town Centre, and the Town Centre Management Plan. Other current projects include the development of properties in the area including the disposal of various buildings, improvement to the existing urban square, and landscaping and planting trees.

Environmental Sustainability

A report summarising the work undertaken across key service areas to address the issue of sustainability was introduced to the committee by Councillor Southwood (Lead Member for Environment). The report was wide ranging and addressed seven key areas: transport and travel; air quality; in-house carbon management; street lighting and parking; public realm and waste; parks and biodiversity; and, flood risk management. The committee also welcomed representatives from the Environment Agency, Lee James (Team leader, London West Partnerships and Strategic Overview Team) and Edward Crome (Lead for engagement with Brent on planning matters) who outlined the borough's flood risks and explained the structures in place for responding to these.

Members' questioned plans the council had to regenerate areas with persistently poor air quality, address traffic congestion in the borough and tackle proposals to include an incinerator in the Brent Cross Cricklewood development. They also discussed charges on diesel vehicles. Further questions were posed regarding the contractual arrangements for disposal of residual waste, referring to a BBC report which listed Brent as the second worst borough in London for fly-tipping. Members' questioned whether there was insufficient targeting of enforcement activity and sought details of the level of evidence required to pursue prosecution.

Pre-Cabinet Scrutiny of Proposals Relating to Tackling Illegal Rubbish Dumping and Litter with Uniformed Street Patrols

Councillor Southwood (Lead Member for Environment) presented a draft report which would be finalised and submitted to the Cabinet meeting on 13 March 2017. The report

reviewed the uniformed street patrol pilot which had been undertaken with Kingdom Security Ltd, outlined the available options for taking the service forward from June 2017 and concluded that the creation of an in-house service would be the most advantageous of these options.

In the ensuing discussion, several queries were raised by the committee including whether formal minutes had been taken of discussions between officers and Kingdom Security Ltd. Further information was sought regarding the intended balance of enforcement activity for minor littering offences with larger-scale illegal rubbish dumping and how amending this relationship could affect the viability of the model. Members questioned whether Kingdom Security Ltd were London Living Wage accredited, whether the anticipated wages for an in-house team were appropriate, and if the proposed future model was the best option.

5.2. Resources

Brent Council's financial position

The Heads of Finance presented the current context of the council's financial position. The committee heard about local government sources of income, the likelihood of future reductions, Brent's financial position as at February 2016, budget savings previously agreed, further savings required, and the impact of Council Tax changes and also new legislation.

Members in discussion raised questions on the increasing Council Tax base and the impact on collection rates, the effect of business rate devolution on new services, the protection of existing services and how schools could protect special educational needs provision from forthcoming Dedicated Schools Grant restrictions proposed under the review of the national funding formula.

Income Generation

The Director of Resources delivered a presentation detailing all the on the progress made towards delivering the Civic Enterprise Strategy. This includes details on activity undertaken to address the savings targets and how business plans can add value to improving outcomes for the borough as well as meeting financial targets. It was stated that given the pace and scale of the financial cuts the Council is facing, if we want to protect the services residents care about the most, then we need to create new income streams and find ways to save money.

Update on Community Access Strategy/Customer Care & Access*

The Director of Brent Customer Services delivered a presentation detailing Brent's vision for transforming the way in which residents are able to access information, advice and services. The report provided Scrutiny Members with a summary of the Community Access Strategy agreed by Cabinet on 15 October 2014 and the progress that has been made in implementing the strategy. The committee discussed some of the key achievement such as call rates and areas for improvement e.g. voice recognition systems. Members also enquired about mystery shoppers and ghosting to check the quality of the service offered.

Capital Programme and Investment Strategy

Cllr McLennan presented the report which gave an overview of whole Capital programme in Brent, its current performance and an update on the Investment strategy. The Committee also noted the present and future Capital Programme's budget, the reasons for the underspend in 2017 and the implementation of an action plan addressing the under-importance of the capital programme. The various portfolios (Schools', Housing, Estate Regeneration – South Kilburn, Highways and Infrastructure, Estate Regeneration – non-housing, and Corporate Landlord) which made up the Capital Programme were discussed - together with the risks which might affect the programme. An update was given of the investment strategy and also additions to the programme, which had been approved by Cabinet after the budget setting process had taken place. These included schemes approved in 2016 such as the Knowles House Scheme, London Road, Ujima House, and highway investment in the borough.

5.3. Performance Policy and Partnerships

Annual Report on Complaints 2015/16

The Director of Performance, Policy and Partnerships presented the report, providing an overview of complaints received by the Council during the period April 2015 to March 2016. There was a focus on the high level data for the past 3 years which was included in the report where available for the purpose of comparison. A Departmental/service area analysis was provided for the 2015 – 2016 operational year (based on the current structure). The headlines of the report were discussed, volume of complaints, the nature and reasons for complaints, outcomes, timeliness, compensation and ombudsman complaints.

PREVENT Programme

The committee received a report and introductory presentation on delivery of the Prevent programme in Brent. Kibibi Octave (Strategic Prevent Coordinator) highlighted that under the Counter-Terrorism and Security Act (CTSA) 2015, the council had a duty to have due regard to the need to prevent people from being drawn into terrorism. The council approached this duty as a safeguarding concern, recognising the risks of grooming, extortion and harm that vulnerable people could be subject to. The requirements of the Prevent Statutory Guidance, including the requirement to conduct risk assessments and develop an action plan, were outlined to the committee.

In the subsequent discussion the Committee queried the use of terms such as 'pre criminal' and sought further details regarding engagement with Brent's Muslim community. Members emphasised the importance of engaging the whole of a community, including seeking women's voices and of supporting good governance of community groups and organisations, including supplementary schools. Further

questions were raised regarding any potential alignment with work relating to gang recruitment and activity and the provision of training to community leaders.

Safer Brent Partnership Annual Report and Update on Community Safety Safer partnership item.

This item was attended by Michael Gallagher (Borough Commander, Metropolitan Police), Councillor Miller (Lead Member for Stronger Communities), Karina Wane (Head of Community Protection) and Amar Dave (Strategic Director of Regeneration and Environment). The committee questioned the work being undertaken to combat anti-Semitism and raised concerns regarding incidents of intimidating behaviour associated with religious sectarianism in Brent's Islamic communities. Referring to the statistics provided regarding hate crime in Brent, members sought further detail regarding the groups affected and questioned why there had been an increase in hate crime related to religion.

Members queried the procedure for information sharing with local councillors following the occurrence of a major crime in their wards. In view of the rising figures associated with anti-social behaviour and gang activity in Brent, the committee requested an overview of the work being undertaken to tackle such issues, including drug dealing and prostitution, and highlighted a number of hotspots of illegal activity in the borough. Members questioned which initiatives were pursued with the borough's schools, particularly around issues of domestic violence and violence against women and girls.

5.4. Call in

Granville Centre, South Kilburn Development

Following a call-in by a number of backbench Councillors, the Resources and Public Realm Scrutiny Committee met in a special meeting in December to consider plans for the Granville Centre as part of South Kilburn Development. The Committee decided not to refer the decision back to Cabinet but did make a series of key recommendations about how such projects could be better managed in future. These were:

- That the committee supports the continued use/occupation of the Carlton and Granville Centres Site by the Granville Plus Nursery School;
- That the Cabinet agree that the use of the Carlton and Granville Centres Site by the Granville Plus Nursery School should be paramount to any discussions regarding the future of the site;
- That the Cabinet agree to ensure that the Granville Plus Nursery be fully involved regarding the design of the facility;
- That the Cabinet agree that a twelve-month timetable detailing the collaborative process for determining the future development and use of the site, engaging all key stakeholders, be produced as soon as possible in association with the council's partners in the project, the South Kilburn Trust and the Greater London Assembly;
- That the twelve-month timetable be presented to the Resources and Public Realm Scrutiny Committee in three months' time;

- That the Constitutional Working Group consider establishing a formal mechanism to capture Ward Member consultation in any significant decisions affecting their areas, ensuring that Ward Members have sufficient chance to review and comment on any proposals prior to Cabinet consideration;
- That the Constitutional Working Group consider a process to ensure that appropriate consultation has been conducted prior to significant decisions being undertaken and explore the possible inclusion of a 'stakeholder' section in Cabinet reports;
- That a report detailing in full the extent and nature of the collaboration between the council, the community and key stakeholders in the progression of the development of the Carlton and Granville Centres Site be provided to the Resources and Public Realm Scrutiny committee in six months' time.

6. Task and Finish Groups

6.1. Community Infrastructure Levy (CIL) and Section 106

Membership:

Cllr Harbi Farah (Chair)
 Cllr Mary Daly
 Cllr Wilhelmina Mitchell-Murray
 Cllr Mili Patel
 Cllr Chohan Bhagwanji
 Mr Faraz Baber

The task group chair introducing the task group report, advised that the review was concerned with the CIL and S106 policies, engagement both with communities and members, funding collection and allocation. The committee commended the work and commitment of the Sudbury local residents, asked how lessons learned could be communicated to other areas through Brent Connects and workshops and it was suggested that a route map be prepared and circulated.

The committee discussed the former ward working funding as an alternative vehicle and were reminded that CIL had the advantage of being for the entire ward instead of for successful community group bidders. The committee agreed that the recommendations made by the task group be approved and the development of an action plan across the council and partner organisations to take these forward.

6.2. Devolution of Business Rates

Membership:

Cllr Joel Davidson (Chair)
 Cllr Tom Miller
 Cllr Bernard Collier
 Cllr John Duffy
 Cllr Neil Nerva

Cllr Helen Carr
Cllr Michael Maurice

Cllr Davidson, chair of the task group presented the task groups report. Firstly outlining the reasons why the task group was formed and the need for the council to be ahead of this policy development. The chair went on to describe the tasks group's methods for gathering evidence and its findings. It was stated that despite the lack of details available for this policy change, the task group were still able to formulate strong recommendations that would put the council in a position to respond positively to the Devolution of Businesses rates. Members of the task group Councillor's Duffy and Miller contributed to the discussion stating that this was a cross party piece of work and that the task group welcome the Devolution of Business rates and see it as a great opportunity for Brent. The Deputy Leader of the Council welcomed the report and stated that there are areas within business development that the council is already working on and that the recommendations will support bringing all the work together. The task group made eleven recommendations that were all agreed by committee and endorsed by the Deputy Lead member, the report and recommendations will be presented to Cabinet for approval.

6.3. Budget 2017/18 Scrutiny Panel Report

Membership:

Cllr Matt Kelcher
Cllr Mili Patel
Cllr Shama Tatler
Cllr Ernest Ezeajughi
Cllr Joel Davidson
Cllr Ketan Sheth
Cllr Reg Colwill
Cllr Bhagwanji Chohan
Cllr Suresh Kansangra

Cllr Kelcher and Cllr McLennan presented the report which introduced the new budget scrutiny process. This included details on plans to increase the level of Council Tax in the area over the next few years that the Cabinet will be announcing a "demand-led" review of CPZs in Brent – should an issue be raised by local residents or the ward councillor – and with the aim of devising a new long-lasting parking policy. The Panel has identified areas of overspend in Adult Social Care and in Children and Young People's Departments – owing to the increasing demand for Social Care being unpredictable and the challenges of a changing democracy. All the detailed cuts and savings brought forward by the Cabinet have been considered, and further information has been requested accordingly. All of the areas where saving might be made which include in Adult Social Care, in Environmental Improvement, and in Regeneration. This was followed by the key recommendations.

6.4. Small and Medium-Sized Enterprises

Membership

Cllr Sam Stopp (Chair)

Cllr Janice Long

The committee received a task group report on how the council can grow and enhance power of SMEs in the borough. Cllr Tatler welcomed this report and its focus on SMEs due to their importance as sources of employment. The Committee discussed businesses' online and high street presence and the council's role in supporting them to flourish in borough, as well as that of the West London Alliance and West London Business, and how the sub-region can promote and support investment. Members agreed the task group's recommendations on developing an SME support programme and a programme to improve skills, creating the role of business champion to advocate for SMEs, and investing in business incubation and support services. The report will be considered at Cabinet in July.

7. Visits and engagement

The Resources and Public Realm Scrutiny committee believes that visiting sites and speaking with service users where possible, provides a real first hand insight when scrutinising these services. The Resources and Public Realm committee made a few visits in 2016/17.

- CCTV Control Room
- Brent High Streets
- Granville Centre, South Kilburn Development
- Stonebridge Estate

The Chair of Resources and Public Realm Scrutiny Committee and a Scrutiny Officer also attended Brent Connects area forums in Harlesden to do a presentation and explain the new dual scrutiny committee structure which was agreed by Full Council in March 2016, and the role of scrutiny within the local authority more generally.

European Local Democracy Week from 10 to 16 October. Cllr Kelcher held a Scrutiny Café at the Ruboi Coffee Bar in Willesden, where he spoke to local residents about scrutiny. The chair also attended Newham Catholic College where he took part in a question and answer session with the Schools council and also took part in a phone-in on K2K Radio on the same topics with Councillor Ketan Sheth.

On the 18th November the Scrutiny function along with Children and Young People Services, took part in the 2016 Youth takeover day Challenge. Young people from across the borough took part in various challenges with a focus on democracy and scrutiny.

8. Wider Scrutiny Networks

Cllr Kelcher attended the annual conference of the Centre for Public Scrutiny (CfPS) on 1 December 2016, which this year was on the theme of democracy and governance and was attended by members from local authorities nationally.

Appendix 1

Overview and Scrutiny Contacts

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This report was produced by the Policy and Scrutiny Team at Brent Council.

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 <p>Brent</p>	<p>Community and Wellbeing Scrutiny Committee</p> <p>19 July 2017</p> <p>Report from the Director of Policy, Performance and Partnerships</p>
For information	Wards affected: ALL
<p>Scrutiny Committee's Work Programme 2017-18</p>	

1.0 Summary

- 1.1 This report updates Members on the Committee's Work Programme for 2017/18 and captures scrutiny activity which has taken place outside of its meetings.

2.0 Recommendations

- 2.1 Members of the committee are recommended to:
- Discuss and note the contents of the report, including proposed topics for discussion at committee and a task group
 - Note any details of members' visits, requests for information and responses, which have been done outside of the committee's 2017/18 work programme, and
 - Agree the Work Programme for 2017/18 as set out in Appendix A.

3.0 Detail

- 3.1 Overview and scrutiny is a member-led process. Its role is to challenge and provide a 'critical friend' to Cabinet and external organisations which falls within its remit. Overview and scrutiny seeks to be independent-minded, drive improvement in public services, effectiveness in public policy, and to provide a voice for articulating the concerns of the borough's residents and communities. The committee sets out to do this in a constructive and fair way with respect for all.
- 3.2 The remit of the committee is set out in Brent Council's constitution. It has responsibility for overview and scrutiny of the local authority's children's services, adult social care, public health, wellbeing and cultural services, as well as external NHS organisations. It should be noted that the responsibility for housing has now been absorbed by the new Housing Scrutiny Committee.

- 3.3 Members of the Community and Wellbeing Scrutiny Committee met last month to discuss their work programme, and examined suggestions from members of the Cabinet and Strategic Directors based on corporate priorities for 2017/18.
- 3.4 Ideas also included suggestions arising from external inspections, performance and budget monitoring information, the Cabinet forward plan, and consultation by the NHS about service changes. There are also a number of statutory items which have to be on the committee's work programme such as reports from the safeguarding boards.
- 3.5 In developing the 2017/18 work programme, members have chosen to focus on one or two substantive items on the agenda for each committee meeting. As per CfPS guidance on effective scrutiny, members will have a defined outcome in mind and a strong rationale for discussing a topic.
- 3.6 The committee will set up at least one task group in 2017/18, as set out in the Appendix. A task group is an opportunity for policy development, allowing non-executive members to evaluate a problem or issue in-depth over a long period and develop answers and suggestions in the form of recommendations. Scoping papers, membership and terms of reference for the task group will be agreed by a report and will not be limited to the members of the committee.
- 3.7 For operational reasons it may be necessary to move items to be heard at a particular committee. In addition, members and co-opted members can at any time suggest an item to be looked at by a committee meeting, which provided it is agreed by the chair, would mean the work programme changes. In addition, the committee has left capacity in the work programme to take on new reports if a particular issue arises over the course of the year.
- 3.8 Members are aware that because of the general election in June the last meeting of the 2016/17 municipal year was cancelled. All the items for discussion from that meeting have been moved to the meeting on 19 July.
- 3.9 Ideas and suggestions were judged against key criteria for inclusion in the scrutiny committee's work programme. These include:
- clear alignment with priorities set out in the Borough Plan and Brent 2020 Vision
 - outcomes and benefits which can be delivered by the intervention of scrutiny
 - is there a major council policy or strategy to be agreed by the Cabinet seeking contribution from scrutiny
 - subject is related to underperformance of a service where the intervention of scrutiny would enable an improvement in performance.
 - the issue being scrutinised can directly be influenced by the actions of the council – i.e. is not a review of national policy over which the council is unlikely to be able to exert any influence.
 - There is clear evidence that the subject is of significant public concern and merits the consideration of scrutiny.
- 3.10 Members may request information during a committee meeting or outside of a committee meeting as part of the scrutiny process. They also may make visits to do first-hand observation in order to better understand an issue for scrutiny.

As visits are done and requests are made over the municipal they will be recorded and logged in the committee's update report and data published.

- 3.11 CfPS are clear that overview and scrutiny need to engage with members of the public and residents in a local authority area. Brent Connects forums will be used again this year to explain overview and scrutiny's work and enable residents to make suggestions for future meetings of the committee.

4.0 Financial Implications

- 4.1 There are no immediate financial implications arising from this report.

5.0 Legal Implications

There are no legal implications arising from this report.

6.0 Equality Implications

- 6.1 There are no diversity implications immediately arising from this report.

Contact Officers

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APPENDIX A

Community and Wellbeing Scrutiny Committee Work Programme 2017-18

Wednesday 19 July 2017

Agenda Rank	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Sustainability and Transformation Plan - Update	Cabinet member to update scrutiny on recommendations made on 20 September 2016	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Cabinet member to update.
2.	Task Group report Child and Adolescent Mental Health Services	To discuss and agree task recommendations made by the task group	Cllr Ahmad Shahzad Cllr Mili Patel, Cabinet Member for Children and Young People	Gail Tolley, Strategic Director, Children and Young People Duncan Ambrose, Assistant Director, CCG
3.	Primary Care Transformation	Review implications of primary care transformation for Brent	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Sheik Auladin, Interim Chief Operating Officer, Brent CCG Sarah McDonnell, Assistant Director for Primary Care, Brent CCG Dr Ethie Kong, Chair Brent CCG
**4.	Children's oral health	Review of work being done to improve children's oral health in Brent.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Phil Porter, Strategic Director Dr Melanie Smith Director of Public Health Jeremy Wallman/Kelly Nizzer, NHS England. Claire Robertson, Public Health England

*Items involving school education. ** Items which may involve partnership work with schools.

Tuesday 19 September 2017

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Brent Safeguarding Adults Board	Receive 2016-17 annual report. Review last year's recommendations by committee	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Michael Preston-Shoot, Chair BASB
**2.	Brent Local Safeguarding Children's Board	Receive 2016-17 annual report. Review last year's recommendations by committee	Cllr Mili Patel, Cabinet Member, Children and Young People	Mike Howard, Independent Chair, BLSCB
3.	FGM in Brent	Review to what extent the local authority and other agencies are addressing the issues resulting from prevalence of FGM. Assess to what extent recommendations of the 2014 scrutiny report 'Tackling Violence Against Women and Girls in Brent' have informed the approach of different agencies	Cllr Mili Patel, Cabinet Member, Children and Young People Cllr Tom Miller, Cabinet Member for Stronger Communities	Brent CCG
4.	Home Care: Commissioning and the Market in Brent	Agree task group scoping paper	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 22 November 2017

Agenda	Item	Details	Cabinet Member/Member	Attendees
1.*	Brent Local Area SEND Inspection	<p>Assess the action plan in place as a result of CQC-Ofsted local area inspection and how improvements will be implemented by the local authority and Brent CCG.</p> <p>Assess progress of recommendations made by committee in March 2017.</p>	Cllr Mili Patel, Cabinet Member, Children and Young People	<p>Gail Tolley, Strategic Director, Children and Young People</p> <p>Sheik Auladin, Interim Chief Operating Officer, Brent CCG</p>
2.**	Local Offer for Care Leavers	Review the effectiveness of existing Local Offer for care leavers and any changes resulting from new policy or legislation.	Cllr Mili Patel, Cabinet Member, Children and Young People	Gail Tolley, Strategic Director, Children and Young People

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 31 January 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	GP Practices in Brent	Review accessibility to GP practices in the borough including opening times, location, appointments and waiting registers. Evaluate to what extent the recommendations of the 2015 scrutiny task group have influenced accessibility.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	Sheik Auladin, Interim Chief Operating Officer, Brent CCG Sarah McDonnell, Assistant Director for Primary Care, Brent CCG Dr Ethie Kong, Chair Brent CCG
2.	PLACE scores	Evaluate why certain PLACE scores for hospitals in the Trust have been below average, what action plan has been put in place and what improvements were made.	Cllr Krupesh Hirani, Cabinet Member for Community Wellbeing	North West London NHS Healthcare Trust

*Items involving school education. ** Items which may involve partnership work with schools.

Wednesday 28 February 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
1.	Learning Disabilities	Evaluate effectiveness and efficiency of learning disability service joint commissioning and market development. Assess to what extent changes will support independence and independent living.	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Phil Porter, Strategic Director, Community Wellbeing Helen Woodland, Operational Director Social Care
2.	TB: Prevalence in Brent	Evaluate how effectively different agencies are working together to address TB. Understand what the challenges are around diagnosis and treatment of new TB cases.	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Dr Melanie Smith, Director of Public Health Sheik Auladin, Interim Chief Operating Officer, Brent CCG
3.	Home Care: Commissioning and the Market in Brent	Agree task group report and recommendations	Cllr Krupesh Hirani, Cabinet Member Community Wellbeing	Phil Porter, Strategic Director, Community Wellbeing Helen Woodland, Operational Director Social Care

*Items involving school education. ** Items which may involve partnership work with schools

Wednesday 28 March 2018

Agenda	Item	Objectives for Scrutiny	Cabinet Member/Member	Attendees
*1.	School Annual Standards and Achievement report	Receive report and review progress with school standards. Evaluate committee's recommendations on school standards made in March 2017.	Cllr Mili Patel, Cabinet Member Children and Young People	Gail Tolley, Strategic Director Children and Young People
*2.	Signs of Safety	Review progress with implementation and reporting back on task group's recommendations agreed February 2017.	Cllr Mili Patel, Cabinet Member Children and Young People	Gail Tolley, Strategic Director Children and Young People

*Items involving school education. ** Items which may involve partnership work with schools.

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