



Community and Wellbeing Scrutiny Committee

Wednesday 28 November 2018 at 6.00 pm

Boardrooms 3-5 - Brent Civic Centre, Engineers Way,
Wembley, HA9 0FJ

Membership:

Members

Councillors:

Ketan Sheth (Chair)
Colwill (Vice-Chair)
Afzal
Hector
Knight
Mashari (substituting for Conneely)
Shahzad
Thakkar

Substitute Members

Councillors:

S Butt, Gbajumo, Gill, Kabir, Kelcher and
Nerva

Councillors:

Kansagra and Maurice

Co-opted Members

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

Observers

Ms Sotira Michael, Brent Teachers' Association
Lesley Gouldbourne, Brent Teachers' Association
Jean Roberts, Brent Teachers' Association
Brent Youth Parliament Representative

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

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www.brent.gov.uk/committees

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 significant enough to affect your judgement of a public interest and either it affects a financial position or relates to a regulatory matter then 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 of 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 or trade union).
 - (b) The interests 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 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 is the subject of a registrable personal interest

Agenda

Introductions, if appropriate.

Item	Page
1 Apologies for absence and clarification of alternate members 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.	
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) To hear any deputations received from members of the public in accordance with Standing Order 67.	
4 Matters arising from the previous meeting <i>Please note that the minutes of the special meeting on the London Borough of Culture held on Wednesday 21 November 2018 will be approved at the Committee meeting on Thursday 13 December 2018.</i>	
5 Children and Adolescent Mental Health Services Update The report provides an overview of the current Child and Adolescent Mental Health Services (CAMHS) offer in Brent, the improvements and investments identified as in the CAMHS Local Transformation Plan as a response to 'Future in Mind'. It also provides an update on progress against the recommendations made by the Brent Council Community and Wellbeing Scrutiny Committee CAMHS Task and Finish Group as set out in their report of July 2017. Ward Affected: All Wards Contact Officer: Duncan Ambrose Assistant Director, Brent CCG Email: Duncan.ambrose@nhs.net Tel: 0208 900 5371	1 - 44
6 Brent Council's Youth Offer The paper provides information on the Youth Offer in Brent, including details on the delivery of services such as Connexions, Brent Youth Parliament, services delivered from the Roundwood Youth Centre and the newly established Brent Youth Zone website.	45 - 54

Ward Affected:
All Wards

Contact Officer: Sarah Miller
Head of Inclusion
Email: Sarah.Miller@brent.gov.uk
Tel: 0208 937 3804

7 The Development of Family Hubs in Brent

55 - 64

The report provides information about Children's Centres in Brent and an overview of Family Hub models and their potential to improve the wellbeing of children and young people. It includes details of what the introduction of a Family Hub model in Brent could provide, building on the current provision of services offered by the borough's Children's Centres.

Ward Affected:
All Wards

Contact Officer: Sue Gates
Head of Early Help
Email: Sue.gates@brent.gov.uk
Tel: 0208 937 2710

8 Community and Wellbeing Scrutiny Committee Work Programme 2018/19 Update

65 - 76

The report updates Members on the Committee's Work Programme for 2018/19 and captures scrutiny activity which has taken place outside of its formal meetings.

Ward Affected:
All Wards

Contact Officer: James Diamond
Scrutiny Officer
Email: james.diamond@brent.gov.uk
Tel: 020 8937 1068

9 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 60.

Date of the next meeting: Thursday 13 December 2018 – Special



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

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 Brent	Community and Wellbeing Scrutiny Committee 28 November 2018
	National Health Service Brent Clinical Commissioning Group
Children and Adolescent Mental Health Services Update	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	One: <ul style="list-style-type: none"> Child and Adolescent Mental Health Services Local Transformation Plan
Background Papers:	None.
Contact Officer:	Duncan Ambrose Assistant Director, Brent CCG Email: Duncan.ambrose@nhs.net Tel: 0208 900 5371

1.0 Purpose of the Report

- 1.1 This report provides an overview of the current Child and Adolescent Mental Health Services (CAMHS) offer in Brent, the improvements and investments identified as in the CAMHS Local Transformation Plan (Appendix1, attached) as a response to 'Future in Mind'.
- 1.2 This report provides an update on progress against the recommendations made by the Brent Council Community and Wellbeing Scrutiny Committee CAMHS Task and Finish Group as set out in their report of July 2017.


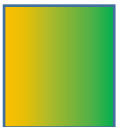

2.0 Recommendations


- 2.1 The Community and Wellbeing Scrutiny Committee is asked to note the report.

3.0 Progress against the Scrutiny Task Group recommendations

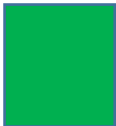
3.1 Progress against the Scrutiny Task Group recommendations is set out in the tables below:

Brent Clinical Commissioning Group focused actions

Recommendations	Achievements	Challenges	RAG rating
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.	<p>Targeted Mental Health in Schools (jointly funded by some schools and Brent Council) provided by Central and North West London NHS Foundation Trust which, also provides our specialist CAMHS service. Place2Be is directly funded by some schools and Brent Centre for Young People is also funded by some schools and commissioned by NHS Brent CCG). Brent CCG submitted a bid for School CAMHS service.</p> <p>Brent CCG submitted a bid to NHSE to increase mental health support in schools (2019/20 £2.124m and 2020/21 £2.786m) by providing a Designated Mental Health Advisor to work across schools.</p>	Individual schools have responsibility for deciding their own mental health support offer for pupils, parents and staff and communication and engagement with schools remains important, to ensure investment effectively aligns with the work of schools. NHSE are currently evaluating school CAMHS bids. A decision by NHSE was originally due week commencing 15 th October. There are recruitment challenges for CAMHS in recruiting to specialist posts.	 <p>Red/ Amber</p>
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.	Brent CCG have engaged with schools directly and through partnership fora to confirm referral processes, leading to a positive impact in referrals. Community wellbeing practitioners working in schools are supporting children and young people to access services in a timely fashion.	Increasing numbers of children who require access to CAMHS.	 <p>Amber /Green</p>
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.	School CAMHS bid submitted to support the School CAMHS role. Mental Health First aid training has been offered to all schools and settings.	Recruitment of CAMHS workforce	 <p>Amber</p>

<u>Recommendations</u>	<u>Achievements</u>	<u>Challenges</u>	<u>RAG rating</u>
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.	The Thrive plan for 2018/19 which is linked to the school CAMHS bid includes proposals to establish these community champion roles. A steering group has been established which works to promote emotional wellbeing and service information within the community and ensured co-production throughout the delivery of the LTP. The CCG has commissioned Community Barnet to continue with this engagement.	More work needed to establish a directory to sign post parents and carers and community members to.	 Amber /Green

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.	An event for parents and relevant stakeholders took place in October 2017 and was well attended. The focus of the event was to provide an update on work that was being done locally around CAMHS. The feedback highlighted parents wanted a single point of contact and seamless service, irrespective of funding streams. A further parent/carer event will be held in February 2019.		 Green
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4.0 Next steps and the Local Transformation Plan

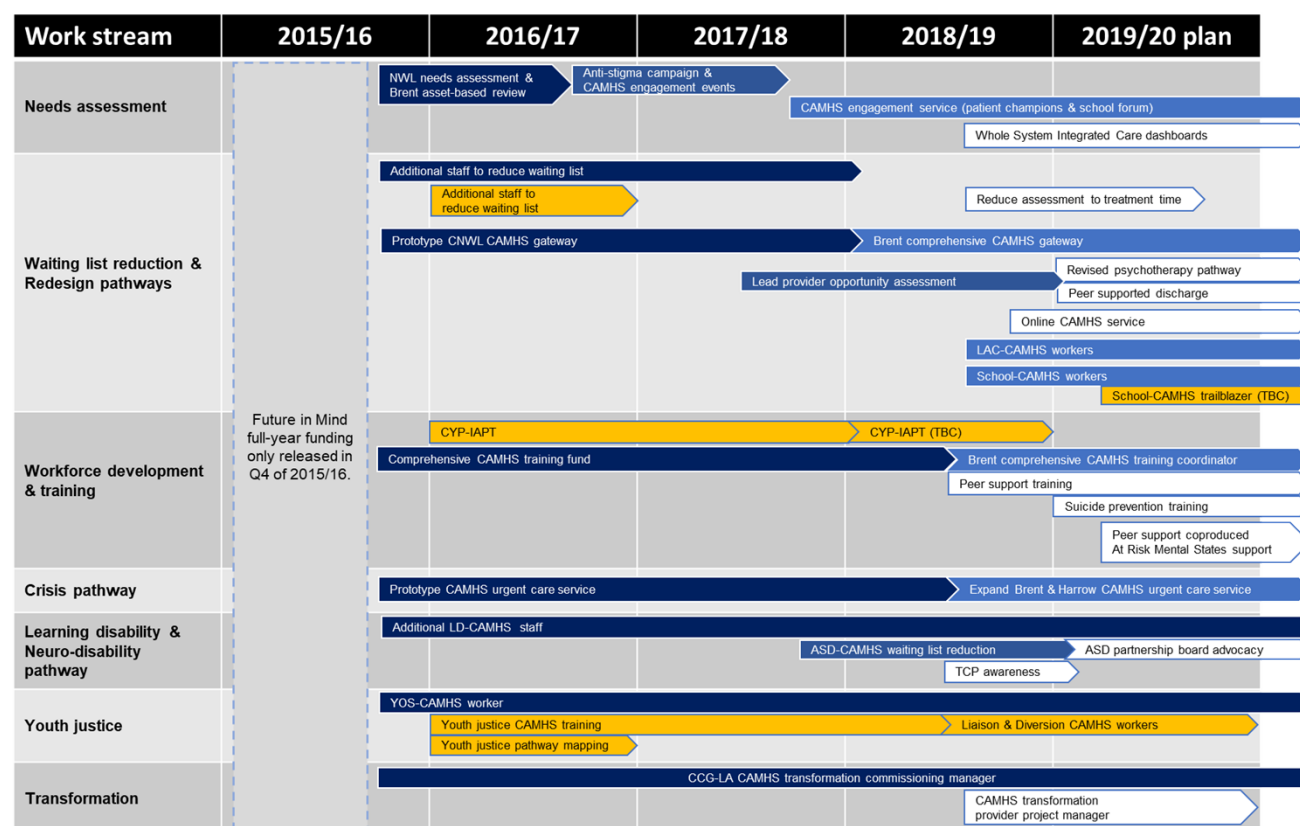
- 4.1 Implementing the Five Year Forward View for Mental Health includes our ambition to locally expand service areas, along with refreshing and republishing our Local Transformation Plans (LTPs) for Children and Young People's Mental Health. The Brent Local Transformation Plan is appended to this report.
- 4.2 The table overleaf provides a list of questions that were asked by the Scrutiny Committee and where this information can be found in our LTP.

Scrutiny Questions	LTP Page ref.
Background - existing CAMHS Universal to Specialist with the Providers and Commissioners, including services provided by NHS England	19-28
Development of the CAMHS Local Transformation priorities and governance relationships with other statutory boards	19-28
Tier-based model and THRIVE	7,21
Update on the CAMHS Local Transformation Plan 2016/17 and 2017/18 and how it supports meeting of priorities	6,19,21
How transition between CAMHS and Adult Services are organised	25
Objectives and delivering on priorities for 2018/19	8
Update on implementation of THRIVE model	7
Member' 2017 scrutiny task group. Progress with recommendations	6
Contextual data on demographic profile of Brent's children and young people	10-11
Available local or national data on the extent of mental health problems experienced by children and young people	8-9
Demographic data on those who are accessing CAMHS services by gender, age , ethnicity	8-11
Data on the caseload for services from universal to specialist community services	15, 19-21
Data on the length of time to access CAMHS inpatient services	27
In 2016 a CAMHS out-of hours pilot started. What have been the results?	16,28
Current investment in CAMHS in Brent	12,13

- 4.3 Brent Children's Trust has agreed a model for CAMHS transformation based on the THRIVE model.
- 4.4 The initial focus from 2015/16 to 2017/18 was on understanding local needs, reducing waiting times, and establishing an effective crisis response service. In addition to transformation funding from NHS Brent CCG, additional funding was provided by NHS England. NHS Brent CCG and Brent Council have committed to maintain the existing level of investment in mental health and emotional wellbeing services while seeking to improve value for money.

Roadmap of milestones in Brent's Children and Young People's Mental Health and Wellbeing Local Transformation Plan

Yellow = NHS England time limited funding; Blue = CCG funding in progress/committed; White = CCG funding proposed.



- 4.5 Since 2015, Brent specialist Child and Adolescent Mental Health Service (CAMHS) waiting list size has more than halved, even though referral numbers have increased. A new screening and triage process was prototyped so that children with a possible diagnosable mental health condition were prioritised as emergency, crisis, urgent, or non-urgent. Brent specialist CAMHS achieved compliance for 85% of cases with the NHS Constitution standard of 18 weeks from referral to consultant-led treatment for non-urgent conditions. Urgent cases are seen within 1 week, and emergency cases are seen within 24 hours. Further throughput efficiency can be achieved by reviewing internal processes from assessment to treatment, and improving the aftercare support available on discharge.
- 4.6 In 2018/19, we are revising the CAMHS gateway to be a consistent access route for all commissioned CAMHS in Brent. We are exploring options for lead provider or Alliance Agreements to further reduce barriers and gaps between organisations.
- 4.7 In 2018/19, having successfully reduced waiting times, the focus changed to designing and implementing new services for children with suspected autistic spectrum disorder, Looked After Children, and schools.
- 4.8 Workforce and recruitment and retention issues remain a challenge to the delivery of transformation of service. Multiple attempts to recruit to existing

vacancies and to these new roles highlighted the extreme workforce challenges facing child and adolescent mental health services. The number of psychiatrists and mental health nurses are falling, as are training places for developing alternative roles. Brent CAMHS made job offers more attractive by offering additional training and development support. Rather than continue to recruit from a very limited labour market, there is a clear need for development of local peer support roles that can supplement and support non-specialist elements of care. Additionally, online support has been shown to be effective in giving children and families accessible and quality assured support without creating additional demands on the existing CAMHS staff.

- 4.9 Staff retention in Brent has been complicated by an increasing number of attractive opportunities across England, and the high cost of living associated with London. As a result some good staff have left to find more affordable housing elsewhere. Housing and keyworker options may help improve staff retention.
- 4.10 A further complicating factor in 2018/19 delivery has been the multiple, competing demands on specialist CAMHS staff to deliver more clinical work, and also give up clinical time to be involved in service redesign. A dedicated, time-limited CAMHS transformation manager working within specialist CAMHS is being recruited in 2018/19 to increase the pace of change.
- 4.11 The CAMHS transformation progress is led through Brent Children's Trust, and reported to Brent Health and Wellbeing Board.
- 4.12 NHS England has been assured of the NWLCCGs transformation plan financial achievement following a robust, independent audit in 2017/18, and will be looking at further financial assurance against that audit as the baseline position. The NHS England national team has modelled how the Mental Health Five Year Forward View savings and investments were expected to impact on each CCG in England. To support increasing levels of spend in other areas (including children's mental health), the NHS England national team has made assumptions about savings for CCGs to deliver in physical health care (due to improve talking therapy support for adults with long-term physical health conditions, and improved annual health reviews for adults with serious mental illness a physical long-term condition).
- 4.13 NHS England and CCGs recognise that no investment in children's mental health has been ring-fenced within CCG baselines, and no assumed savings in other areas of the Mental Health Five Year Forward View are guaranteed. NHS England and CCGs are committed to ensuring investment in child and adolescent mental health care is increased sustainably, as it has been to date, and that this leads to meaningful benefits to children, families, and local communities. The NHS England London Regional Team will review NWLCCG transformation plans to assure the expected level of investment is in the plan. As in previous years, once the plan has been assured it will be formally published on CCG websites, so it is available to members of the public. We expect this publication to be no later than 31 January 2019.

Brent - CAMHS transformation financial summary					
	2015/16	2016/17	2017/18	2018/19	2019/20 plan
Allocation					
Eating disorders	£163,584	£173,000	£173,000	£173,000	£173,000
Future In Mind transformation	£409,468	£420,000	£420,000	£432,032	£451,905
Waiting list reduction		£75,000			
CYP-IAPT		£15,000	£22,500	£13,000	
Youth justice mapping		£27,784			
Youth justice liaison & diversion		£85,106	£85,106	£85,106	£85,106
Perinatal mental health					
School CAMHS Trailblazer (tbc)					
Subtotal	£573,052	£795,890	£700,606	£703,138	£710,011
Transformation plan					
Needs Assessment	-£36,000	£0	£0	£0	£0
Community Eating Disorder services	-£163,584	-£173,000	-£173,584	-£173,584	-£173,584
Redesigning Pathways	-£154,468	-£109,000	-£112,000	-£100,420	-£45,322
Learning Disability & Neuro Disability services	-£96,000	-£62,000	-£63,550	-£64,186	-£67,139
Crisis & Urgent Care Pathway	-£10,000	-£110,000	-£111,725	-£112,110	-£117,267
Engagement & Communication	-£32,000	-£12,000	-£12,000	-£12,120	-£12,678
Workforce Development & Training	-£41,000	-£36,000	-£29,141	-£25,198	-£22,929
Embedding Future in Mind	-£40,000	-£91,000	-£91,000	-£92,820	-£97,090
CNWL Transformation Manager				-£22,700	-£68,000
Other initiatives					
Waiting list reduction		-£75,000			
CYP-IAPT		-£15,000	-£22,500	-£13,000	-£15,000
Youth justice mapping		-£27,784			
Youth justice liaison & diversion		-£85,106	-£85,106	-£87,000	-£91,002
Perinatal mental health					
Subtotal	-£573,052	-£795,890	-£700,606	-£703,138	-£700,013
Total variance	£0	£0	£0	£0	£0

Assurance of increased spend in CAMHS

4.14 The table above reflects planned transformation spend. NHS England monitors the monthly totality of spend by NHS Brent CCG on CAMHS through the non-Integrated Single Financial Environment (non ISFE) submissions. At the end of 2017/18, NHS Brent CCG reported a spend of £3.409m (excluding eating disorders). The forecast spend by the end of 2018/19 is £3.776m (excluding eating disorders), which is greater than the minimum growth in spend expected by NHS England. For our CAMHS redesign we know we need to reduce assessment to treatment waiting times.

4.15 In Sep'18, Brent Council and Brent CCG provided CAMHS finance data for a Statutory Information Request from the Children's Commissioner for England

which is included as contextual information on the partnership resource commitment.

- CCG CAMHS total funding of £3,954,000 includes specialist CAMHS and non-specialist CAMHS.
- Brent Council 2017/18 accounting data shows £1,153,987 spend on CAMHS.
- NHS England funds c£400,000 for inpatient CAMHS for Brent children.
- Schools directly purchase services, c£160,000.

5.0 Financial Implications

- 5.1 There are no plans to disinvest in CAMHS in Brent. The CAMHS Local Transformation Plan will review existing arrangements with the intention of reshaping and improving the use of resources. Existing investment from schools, Brent Council, NHS Brent CCG, and NHS England is around £5.7m in 2018/19.

6.0 Legal Implications

- 6.1 Brent CCG are exploring opportunities for a lead provider or Alliance approach with the local authority, noting our contract with Brent Centre for Young People will be coming to an end in May 2019.

7.0 Equality Implications

- 7.1 Children with mental health and emotional wellbeing needs are a vulnerable group. The work of the Brent Children's Trust implementing the Transformation Plan will continue to improve the access to services and outcomes for these children.

8.0 Consultation with Ward Members and Stakeholders

- 8.1 Ward members who are members of the Community and Wellbeing Scrutiny Committee will be involved in scrutinising this report at committee.

Report sign-off:

DUNCAN AMBROSE

Assistant Director, NHS Brent CCG

Summary 2018/19



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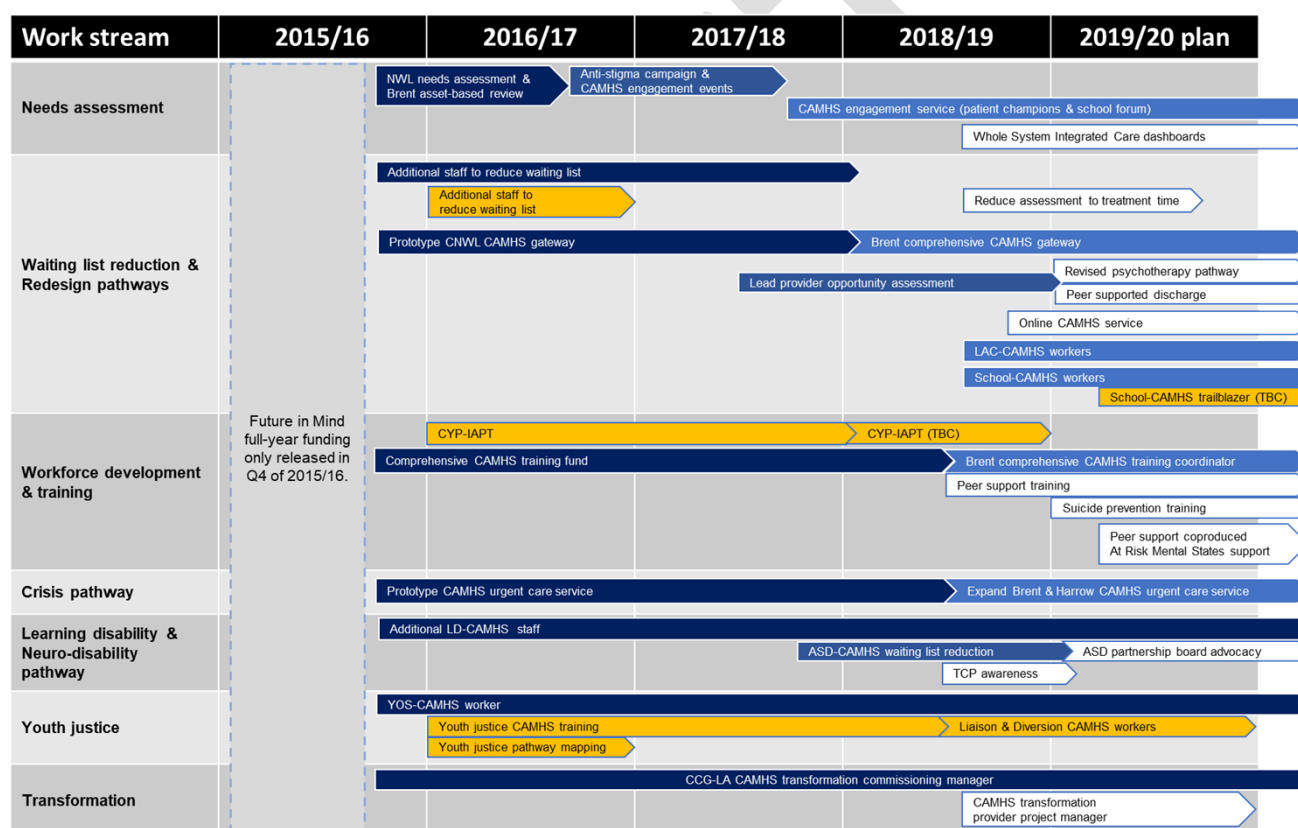
1. Summary 2018/19

1.1. Progress and challenges

NHS Brent CCG and Brent Council have delivered a joint transformation plan to improve local child mental health services. The initial focus from 2015/16 to 2017/18 was on understanding local needs, reducing waiting times, and establishing an effective crisis response service. In addition to transformation funding from NHS Brent CCG, additional funding was provided by NHS England. NHS Brent CCG and Brent Council have committed to maintain the existing level of investment in mental health and emotional wellbeing services while seeking to improve value for money.

Roadmap of milestones in Brent's Children and Young People's Mental Health and Wellbeing Local Transformation Plan

Yellow = NHS England time limited funding; Blue = CCG funding in progress/ committed; White = CCG funding proposed.

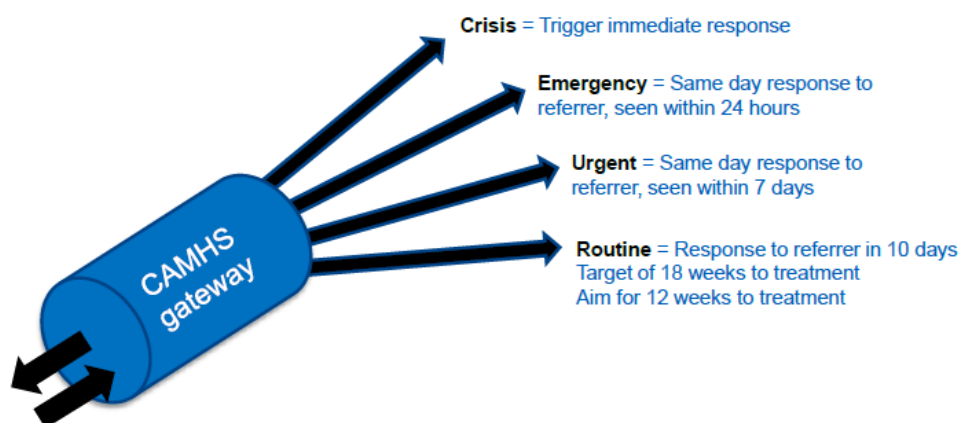


Since 2015, Brent specialist child and adolescent mental health service (CAMHS) waiting list size has more than halved, even though referral numbers have increased. A new screening and triage process was prototyped so that children with a possible diagnosable mental health condition were prioritised as emergency, crisis, urgent, or non-urgent. Brent specialist CAMHS achieved compliance for 85% of cases with the NHS Constitution standard of 18 weeks from referral to consultant-led treatment for non-urgent conditions. Urgent cases are seen within 1 week, and emergency cases are seen within 24 hours. Further throughput efficiency can be achieved by reviewing internal processes from assessment to treatment, and improving the aftercare support available on discharge.

In 2018/19, we are revising the CAMHS gateway to be a consistent access route for all commissioned CAMHS in Brent. We are exploring options for lead provider or Alliance Agreements to further reduce barriers and gaps between organisations.

CAMHS gateway

Simplified routes for access
Lower barrier for entry
More opportunity to identify diagnosable mental illness
Clear response times



In 2018/19, having successfully reduced waiting times, our focus changed to designing and implementing new services for children with suspected autistic spectrum disorder, Looked After Children, and schools.

It has been very difficult to ensure the transformation funding has had the intended impact to frontline services. Multiple attempts to recruit to existing vacancies and to these new roles highlighted the extreme workforce challenges facing child and adolescent mental health services. Not only is the number of psychiatrists and mental health nurses falling dramatically, but training places for developing alternative roles are severely limited. Brent CAMHS made job offers more attractive by offering additional training and development support. Rather than continue to recruit from a very limited labour market, there is a clear need for local development of peer support roles that can supplement and support non-specialist elements of care. Additionally, other boroughs have found online support has been shown to be effective in giving children and families accessible and quality assured support without creating additional demands on the existing CAMHS staff.

Staff retention in Brent has been complicated by increasing number of attractive opportunities across England, and the high cost of living associated with London. As a result some good staff have left to find more affordable housing elsewhere. Housing and keyworker options need to be revisited in Brent, if we are to improve our likelihood of retaining staff.

A further complicating factor in 2018/19 delivery has been the multiple, competing demands on specialist CAMHS staff to deliver more clinical work, and also give up clinical time to be involved in service redesign. A dedicated, time-limited CAMHS transformation manager working within specialist CAMHS is being recruited in 2018/19 to increase the pace of change.

1.2. Local Context

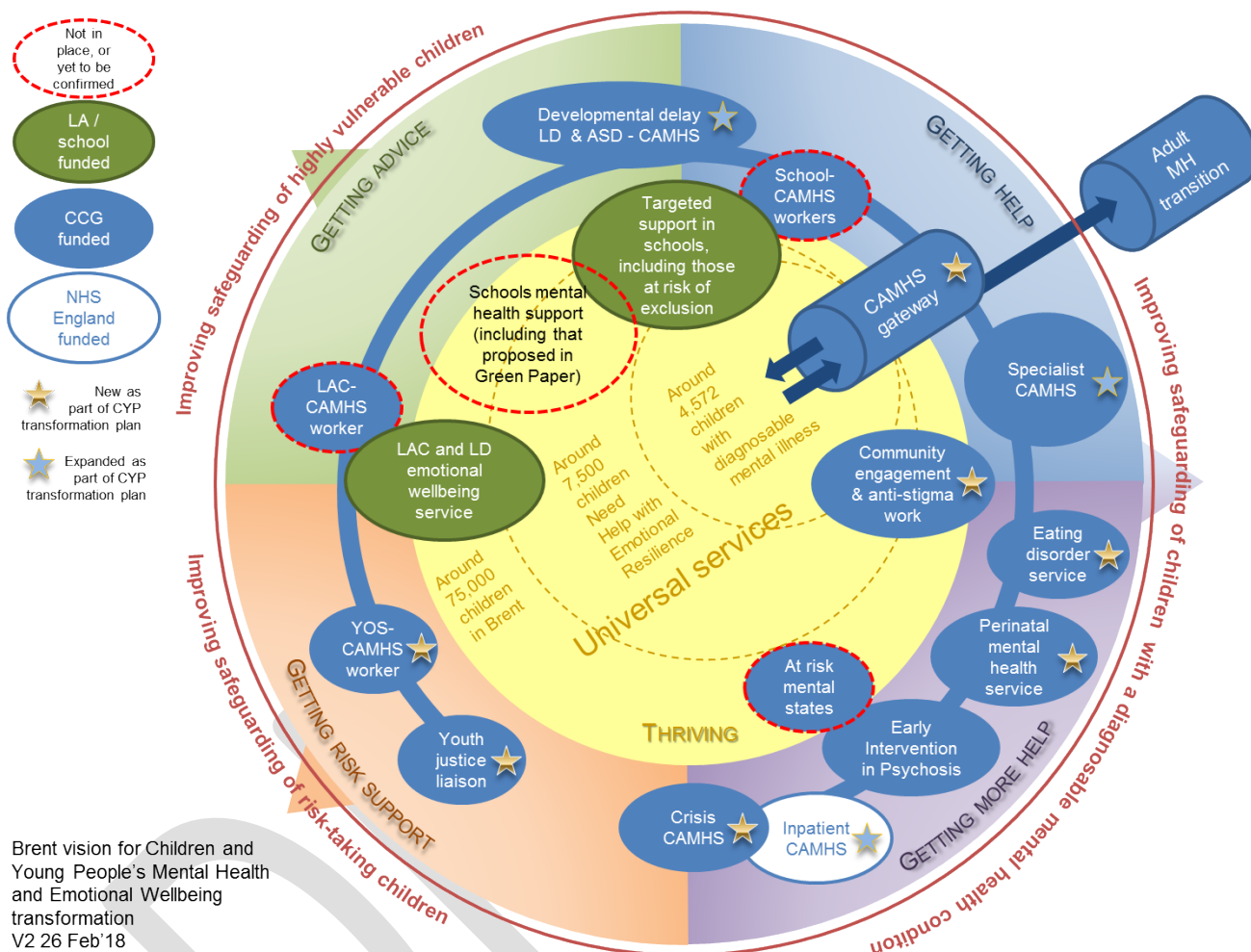
The local transformation plans (LTP's) sets out a vision for transformation and describes how the allocated funding will be spent over 5 years by Brent CCG. This local plan forms part of main North West London Plan that will be submitted to NHS England. The original plans were finalised in October 2015 and outlined a sustainable, phased approach to implementation.

This formal refresh aims to; provide assurance, demonstrate how progress is being made, provide evidence on how services are being transformed and ensure funding is being spent as plans develop further.

NHS Brent CCG and Brent Council have committed to maintain the baseline investment in child mental health care. This was noted in a joint report to the Community and Wellbeing Scrutiny Committee (Feb'16), and presentation to the National Audit Office (May'18). The National Audit Office was made aware of this commitment in May'18. The CCG has committed to maintain our CAMHS transformation after Mar'21.

During 2016/17, significant progress has been made toward achievement of Five Year Forward View (5YFV) targets for CAMHS; performance for 2016/17 indicates that Brent is on track to meet targets. Stakeholders across Brent continue to explore opportunities to enhance the programme of delivery for CAMHS transformation, identifying new areas of focus whilst driving forward the implementation of the priorities described in the original LTP. There remains a commitment to reducing stigma about mental ill health and normalising conversations about difficulties and how to get help. Work continues on building a whole system approach to commissioning and delivery of services, improving access to evidence-based treatments and timeliness of intervention. The refreshed plan also provides an opportunity to explore options for mainstreaming and embedding innovative practice to ensure the sustainability of transformation beyond 2020/21. CAMHS commissioners continue to collaborate across the North West London STP footprint to better deliver system-wide change through combining resources and joint planning.

1.3. Brent Child And Adolescence Mental Health Service Vision



This proposal has been developed through our multi-agency CAMHS steering group, as part of Brent Children's Trust Board. A common vision was agreed in Feb'18 to guide local transformation.

There is a dedicated CAMHS engagement service seeking input from schools, children, parents and professionals as part of our transformation programme.

The Brent's vision for children and young people is based on the THRIVE model, which defines five population groups:

- Those **thriving**;
- Those who are vulnerable and need **advice**;
- Those who are actively taking **risks** but do not want to get clinical help;
- Those who need **specialist CAMHS help**; and
- Those who need **more specialist CAMHS help**.

Brent priorities and delivery plan 2018/2020

While collaboration is at the core of our delivery, we recognise that Brent has specific local needs. Aligned with NW London's delivery scope, Brent shares the four priority areas, with an emphasis on implementing a new model of care. In this significant piece of work we seek to address:

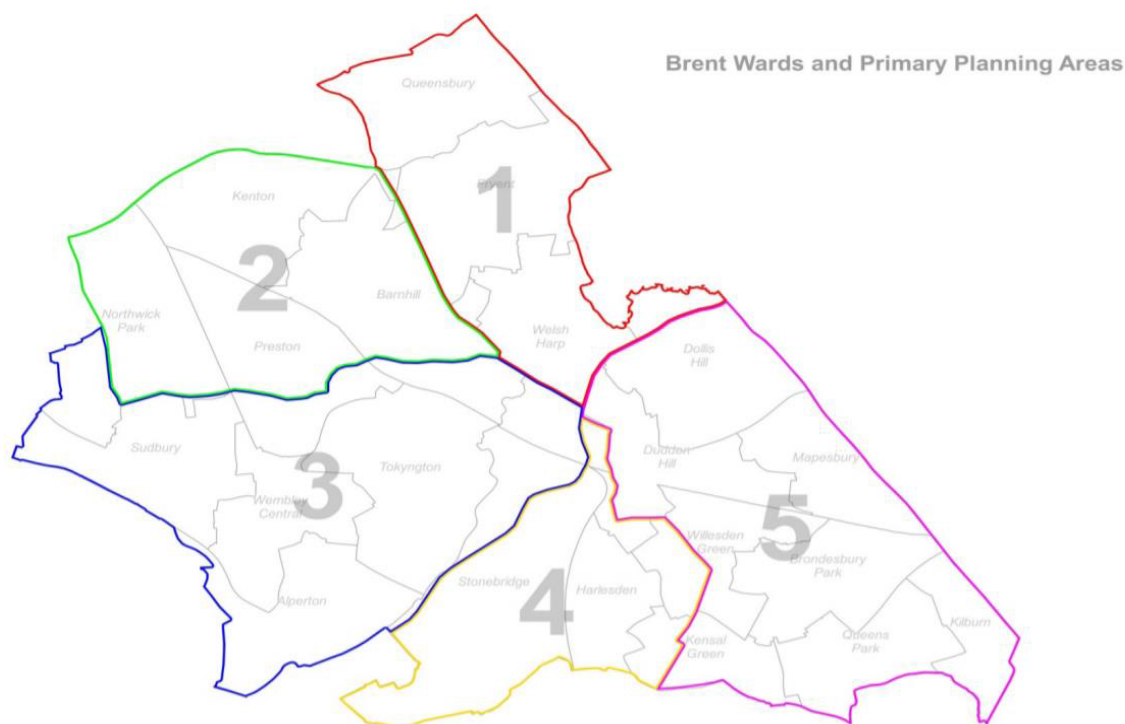
- How we can keep prevention and reduction of risks factors at the core of our approach
- How adult and children's services need to work differently to get transition right
- An emphasis on managing referrals as well as supporting discharge
- How we work differently with critical partners in schools and primary care, including specialist support in schools aligned with Educational Psychology
- Review and consider opportunities digital solutions can provide
- How we address parental and family needs when we think about children's needs
- Determine whether the current funding approaches help or hinder joined up working and how we can be more innovative and collaborative
- How we can redesign the inpatient care to ensure it is an integral part of the joined up pathway.

1.4. Brent Characteristics

Brent is one of 19 Outer London boroughs (there are 14 Inner London boroughs including the City of London Corporation) and has an area of 4,324 hectares.

Map of Brent with Wards and Primary planning areas.
Our school trailblazer bid is based on these 5 planning areas.

<http://democracy.brent.gov.uk/documents/s35225/school-place-planning-app1.pdf>



<http://democracy.brent.gov.uk/documents/s35225/school-place-planning-app1.pdf>

Population

Brent is an outer London borough in North West London (figure 1). It has a population of 328,800 and is the most densely populated outer London borough, with a population density of 75.2 persons/ha. The population has grown significantly since 2001 and is predicted to continue

to grow.

Population Projection

People	263,500	311,000	328,800	345,400	359,700
Year	2001	2011	2016	2021	2026

The CCG registered population in July 2015 was 367,589. This is the number of people registered with a Brent CCG GP practice. The CCG is responsible for its registered population. A patient does not necessarily have to live in Brent to be registered with a Brent GP.

Age Profile

Data suggests that children and young people living in Brent experience a higher than average number of environmental risk factors for poor mental health. For example, there are an increased number of children and young people living in poverty compared to other areas in London. Rates of mental health problems among children increase as they reach adolescence. Disorders affect 10.4% of boys aged 5-10, rising to 12.8% of boys aged 11-15, and 5.9% of girls aged 5-10, rising to 9.65% of girls aged 11-15. This means that in Brent, there could be 8,341 children and young people who have a mental health disorder.

There are an estimated 24,600 children under 5 years living in Brent (comprising around 8% of the population). This number has increased by 2,500 since 2010. The primary pupil population (Reception to Year 6) has grown from 21,427 in May 2008 to 26,028 in May 2015. The under 18 population makes up 22.9% of the population. Brent has a young population with 35.1% aged between 20 and 39. The 16-64 (working age population) makes up 68.2% of the population. The 65 and over population makes up 11% of the population.

Table showing Brent population by age group compared to England CCGs average

<https://fingertips.phe.org.uk/profile/general-practice/data#page/1/gid/2000005/pat/120/par/E54000027/ati/152/are/E38000020/iid/643/age/173/sex/4>

Research also shows that Brent has lower percentages of children achieving a good level of development at the end of reception than London and England, suggesting that children in the borough are not getting the best start developmentally during early years.

Brent has a young population with 35.1% aged between 20 and 39

- The under 18 population makes up 22.9% of the population
- The 16-64 (working age population) makes up 68.2% of the population
- The older population is growing at a higher rate than other adult age ranges.

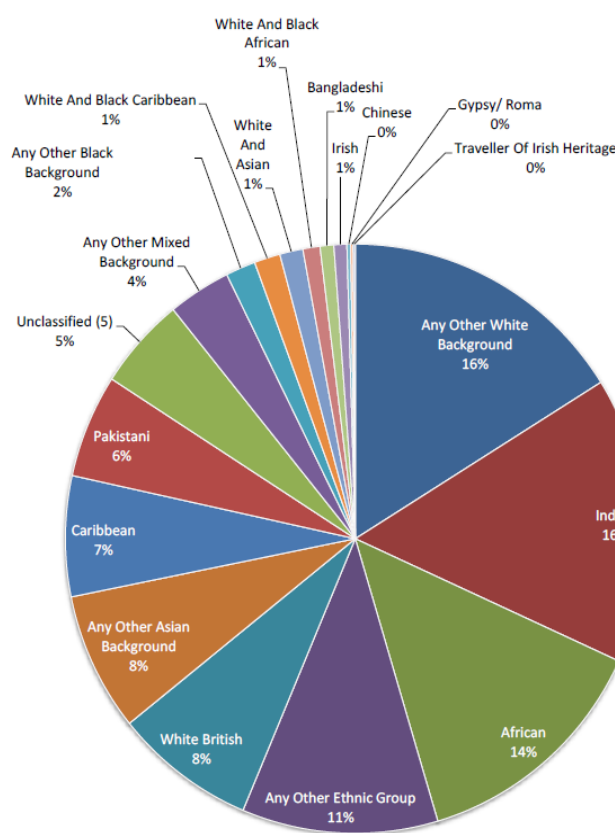
Ethnicity

Brent has the highest number of children living in poverty compared to neighbouring boroughs. 92.5% of school children in Brent are from minority ethnic groups.

There are many different languages spoken in Brent. English is the main language for 62.8% of the population. Gujarati is the main language for 7.9% of the population NHS Brent Clinical Commissioning Group (CCG). Brent is ethnically diverse: 66.4% of the population is Black, Asian or other minority ethnicity (BAME). This has increased since 2011, when BAME groups made up 63.7% of the population.

Therefore as CCG we want to ensure we provide services that meet our diverse population needs.

Ethnicity of children in Brent, 2018



Health Inequalities

In the census, 1 in 7 (14.5%) Brent residents considered that their health had a limiting impact on their day to day activities. 18% of the working age population say their day-to-day activities are limited.

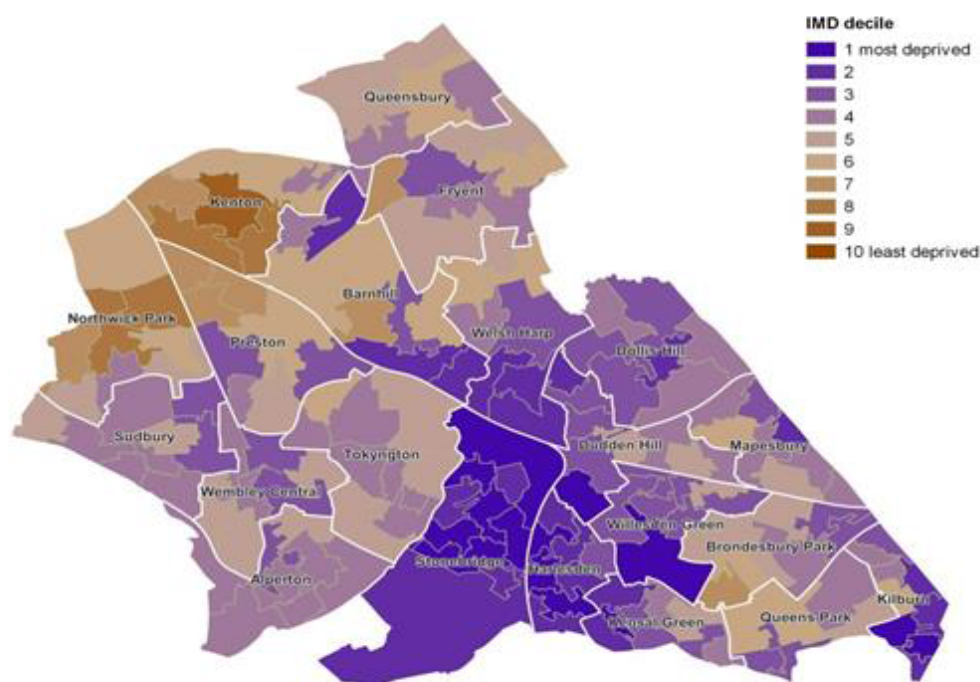
Brent is one of the most deplete boroughs in England (2015 data). There are areas of high and low deprivation. Children in areas of high deprivation are at particular risk of becoming involved in gang activity.

<https://intelligence.brent.gov.uk/BrentDocuments/Brent%202011%20Census%20Profile.pdf>

<https://intelligence.brent.gov.uk/BrentDocuments/Brent%20Diversity%20Profile.pdf>

Deprivation levels by ward

Brent is one of the most deprived boroughs in England (27th of 326 districts for children affected by deprivation). Each Planning Area has different demographics, and vastly different levels of deprivation.



Given the demography and wide range of health inequalities that exist in Brent, the CCG has focused its commissioning plans on narrowing health inequalities within the context of national and local policy drivers. The context is also informed by Brent CCG's commissioning principles (which guide the CCG on how services should be commissioned as well as some of the key outcomes) and the Health and Wellbeing Board priorities. The key national and local drivers are:

- Five Year Forward View
- The North West London Sustainability and Transformation Plan (STP)
<https://www.healthiernorthwestlondon.nhs.uk/news/2016/11/08/nw-london-october-stp-submission-published>
- Brent's 'Big Ticket' Items

The organisation has developed robust governance structures to provide assurance to the Governing Body, that in working within the parameters set nationally and locally, the organisation meets all of its statutory duties including those related to the equality legislation. Actions taken can be summarised under the following three areas:

- 1) Embedding equalities in its governance structures and business processes
- 2) Progressing its equality objectives
- 3) Using national and local health inequalities insight to inform its Equality Impact Assessments (EIAs) and commissioning plans

Effective and early interventions for mental health difficulties can be an important part of reducing inequalities in other outcomes for example, education attendance and attainment for groups of children and young people with multiple and complex needs, such as adopted children, those not in education or training and children and young people in and leaving care.

1.5. National Audit Office inspection May 2018

NHS England is assured of the NWLCCGs transformation plan financial achievement following a robust, independent audit in 2017/18, and will be looking at further financial assurance against that audit as the baseline position. NHS England national team has modelled how the Mental Health Five Year Forward View savings and investments were expected to impact on each CCG in England. To support increasing level of spend in other areas (including children's mental health), the NHS England national team has made assumptions about savings for CCGs to deliver in physical health care (due to improve talking therapy support for adults with long-term physical health conditions, and improved annual health reviews for adults with serious mental illness a physical long-term condition).

NHS England and CCGs recognise that no investment in children's mental health has been ring-fenced within CCG baselines, and no assumed savings in other areas of the Mental Health Five Year Forward View are guaranteed. NHS England and CCGs are committed to ensuring investment in child and adolescent mental health care is increased sustainably, as it has been to date, and that this leads to meaningful benefits to children, families, and local communities. The NHS England London Regional Team will review NWLCCG transformation plans to assure the expected level of investment is in the plan. As in previous years, once the plan has been assured it will be formally published on CCG websites, so it is available to members of the public. We expect this publication to be no later than 31 January 2019.

Brent - CAMHS transformation financial summary

	2015/16	2016/17	2017/18	2018/19	2019/20 plan
Allocation					
Eating disorders	£163,584	£173,000	£173,000	£173,000	£173,000
Future In Mind transformation	£409,468	£420,000	£420,000	£432,032	£451,905
Waiting list reduction		£75,000			
CYP-IAPT		£15,000	£22,500	£13,000	£15,000
Youth justice mapping		£27,784			
Youth justice liaison & diversion		£85,106	£85,106	£85,106	£85,106
Perinatal mental health					
School CAMHS Trailblazer (tbc)					
Subtotal	£573,052	£795,890	£700,606	£690,138	£710,011
Transformation plan					
Needs Assessment	-£36,000	£0	£0	£0	£0
Community Eating Disorder services	-£163,584	-£173,000	-£173,584	-£173,584	-£173,584
Redesigning Pathways	-£154,468	-£109,000	-£112,000	-£90,120	-£35,324
LD & ND services	-£96,000	-£62,000	-£63,550	-£64,186	-£67,139
Crisis & Urgent Care Pathway	-£10,000	-£110,000	-£111,725	-£112,110	-£117,267
Engagement & Communication	-£32,000	-£12,000	-£12,000	-£12,120	-£12,678
Workforce Development & Training	-£41,000	-£36,000	-£29,141	-£25,198	-£22,929
Embedding Future in Mind	-£40,000	-£91,000	-£91,000	-£92,820	-£97,090

Other initiatives					
Waiting list reduction		-£75,000			
CYP-IAPT		-£15,000	-£22,500	-£13,000	-£15,000
Youth justice mapping		-£27,784			
Youth justice liaison & diversion		-£85,106	-£85,106	-£87,000	-£91,002
Perinatal mental health					
Subtotal	-£573,052	-£795,890	-£700,606	-£690,138	-£710,011
Total variance	£0	£0	£0	£0	-£0

Assurance of increased spend in CAMHS

The table above reflects planned transformation spend. NHS England monitors the monthly totality of spend by NHS Brent CCG on CAMHS through the non-Integrated Single Financial Environment (non ISFE) submissions. At the end of 2017/18, NHS Brent CCG reported a spend of £3.409m (excluding eating disorders). The forecast spend by the end of 2018/19 is £3.776m (excluding eating disorders), which is greater than the minimum growth in spend expected by NHS England. For our CAMHS redesign we know we need to reduce assessment to treatment waiting times.

In Sep'18, Brent provided CAMHS finance data for a Statutory Information Request from the Children's Commissioner for England.

- CCG CAMHS total funding of £3,954,000 includes specialist CAMHS and non-specialist CAMHS.
- Brent Council 2017/18 accounting data shows £1,153,987 spend on CAMHS.
- NHS England funds c£400,000 for inpatient CAMHS for Brent children.
- Schools directly purchase services, c£160,000 using pupil premium.

Mental health services schools directly buy-in:

- **Targeted Mental Health in Schools** (jointly funded by some schools and Brent Council). Provided by Central and North West London NHS Foundation Trust, which also provides specialist CAMHS, and has participated in this bid.
- **Place2Be** (directly funded by some schools). Engagement planned as part of a successful bid.
- **Brent Centre for Young People** (funded by some schools, also commissioned by NHS Brent CCG).

Brent CCG is in the process of rapid prototyping school CAMHS link workers that would improve links to specialist and universal services.

Background



2. Background

2.1. Levels of need

With 75,000 children and young people aged 0-18 living in the borough, Brent has the highest rate of children and young people in North West London and the highest number of children living in poverty compared to neighbouring boroughs.

Brent ranks 11th of 33 boroughs and has the second highest estimated number of children with diagnosable mental health conditions in North West London (4,572). Brent ranks eighth highest in London and second highest in North West London for children who self-harm (1,526) and joint highest in NW London for males (655) and the second-highest for females (1,350) aged 16-19 year olds estimated to have neurotic conditions.

2.2. Operating Plan trajectory for 2018/2020

Targets were set for improving access to NHS funded community mental health support. Brent has met these targets for the year 2016/2017 and 2017/2018.

NHS England introduced a deflator during 2018/19 which affected the overall target. Therefore in 218/19 we will aim to exceed the target set by NHS England (see table below). To mitigate this we will explore how we will achieve this. Brent Centre for Young People (Voluntary Sector provider) through formal arrangement is now able to submit data directly to NHS England.

Year	2016/17	2017/18	2018/19	2019/20	2020/21
Target percentage of prevalence	28%	30%	32%	34%	35%
Target numbers based on an estimated prevalence of 4,572 children with a diagnosable mental illness	1,280	1,372	1,463	1,554	1,600

Brent has around:

- 7,500 children and young people aged under 18 years need help with emotional resilience (Tier-2 mental health support) and these are addressed in the school-CAMHS trailblazer bid.
- 1372 children and young people aged under 18 years requiring Tier 3 level responses
- 60 children and young people aged under 18 years requiring Tier 4 level responses

Data suggests that children and young people living in Brent experience a higher than average number of environmental risk factors for poor mental health. For example, there are an increased number of children and young people living in poverty compared to other areas in London. Brent also has lower percentages of children achieving a good level of development at the end of reception than London and England, suggesting that children in the borough are not getting the best start developmentally during early years.

In Brent there is continued work to transform CAMHS in line with our local vision and NWL plan. This will include the strengthening of the current crisis and gateway points of access, and development of online support. Brent CCG is committed to meeting, and if possible exceeding, the access rates expected in Implementing the Five Year Forward View for Mental Health. We hope to be successful in our bid for school CAMHS Trailblazers, and will work closely with NHSE and voluntary sector providers to deliver this. Brent is exploring ways to improve transition from CAMHS to adult mental health services, as is particularly keen to extend the local Early Intervention on Psychosis offer to include 'at risk mental state' support for siblings of teenagers experiencing a first episode of psychosis.

In June 2018, CNWL completed extensive validation for NHSE of the figures for numbers of CYP Accessing MH Services in 2017-18 produced by NHS Digital from the MHSDS. The commissioners

signed off the figures produced by CNWL. In August 2018, NHS England asked for CCGs to begin monthly submissions of CYP access data. CNWL provided the data requested for the first monthly submission in advance of the deadline.

Currently the data shows we are on target for the year 2018/19.

Brent is dedicated to improve outcomes for children with mental health needs by delivering the following:

Implement the new model of care for people with serious and long term mental health needs, to improve physical, mental health and increase life expectancy

- Addressing mental health needs in developing work in local services and acute reconfiguration programmes
- Rapid access to evidence based Early Intervention in Psychosis for all ages
- Support the development of a day programme as component of the integrated NW London General Adolescent Unit of Tier 4
- More support available in primary care through locally commissioned services

Crisis support services, including delivering the 'Crisis Care Concordat'

- Embed our 24/7 crisis support service, including home treatment team, to ensure optimum usage by London Ambulance Service (LAS), Metropolitan police and other services – meeting access targets
- Round the clock mental health teams in our A&Es and support on wards, progress towards 'core 24'
- Extend out of hours service initiatives for children, providing evening and weekend specialist services (CAMHS service)

Implementing 'Future in Mind' to improve children's mental health and wellbeing

- Significant work has been carried out in Brent to introduce tier-free Emotional Wellbeing and Mental Health services and adapting THRIVE model.
- Funding for 2017/18 has been used to improve engagement, communication and co-production with our communities, schools, parents, carers, young people and stakeholders.
- Training has been part of our programme that has been rolled out from Anna Freud's needs assessment and Brent will continue to deliver this agenda.

2.3. Examples of engagement with young people and families

Brent CCG was rated 'outstanding' for effective patient engagement. In addition to working with Brent Youth Parliament, our current CAMHS transformation has a dedicated service 'Brent Young People Thrive' to engage young people and families in co-design and coproduction of services. Work is carried out to develop champions and will include them to take events out across Brent. FAQ is being developed as well as feedback from the events will feed into commissioning decisions. Further information in 4.1.

Notes from the Youth Parliament session, and the presentation given are attached separately.

CAMHS included in Brent SEND Strategy

- <https://www.brent.gov.uk/media/16411269/brent-ct-send-strategy-2018-2021-final-1.docx>

CAMHS engagement links

- <http://brentccg.nhs.uk/news/522-come-join-us-at-our-health-partners-forum-on-wednesday-18-october-2017>
- <https://communitybarnet.org.uk/portfolio/brent-young-people-thrive>
- <http://brentpcf.org/>



Gilrs group – Stigma discussion -
Words associated with mental ill
health or poor wellbeing



Local Implementation of North West London Priorities



3. Local Implementation of North West London Priorities

3.1 Priority One: Access and Waiting Times

Our Progress and Performance

Increasing Access

Nationally, two out of three children with a diagnosable mental illness are not identified and do not access specialist support. The gateway screens for diagnosable mental illness. Some referrals do not require specialist CAMHS support and are redirected to other local services (for example, mild cases of social anxiety can be addressed through structured social activities).

In comparison to the NHSE target of 2% increase every year, Brent has not only met the target but exceeded for the period 2017/18.

The forecast was 30% whilst actual has been over 31%. The numbers of referrals in Brent have reduced, however the acceptance rate has significantly increased from 46% in 2016/17 to 71% in 2017/18.

The number of new children and young people aged 0-18 receiving treatment from NHS funded community services in the reporting period 01 Apr'17 to 31 Jan'18 = 427 actual children. Forecast for end of year 2017/18 = 512 children

- 2017/18 Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.
- Target:
- 1,372 children 01 Apr'17 to 31 Jan'18 = 1144 actual children
- Forecast for end of year 2017/18 = 1,546 children
- 1,373 Central & North West London NHS Foundation Trust
- 111 Brent Centre for Young People*
- 53 West London Mental Health NHS Trust
- 9 Tavistock & Portman NHS Foundation Trust
- No data from Barnet, Enfield, and Haringey Mental Health NHS Trust

MHSD submission by providers is done monthly. As CCG we routinely access KPIs to services to ensure children and young people are accessing services in timely manner. This are monitored at local contract meeting and CQUIN is considered in these meetings.

*NHS England is unable to accept data returns that are not part of the new Mental Health Data Set, currently only accessible to NHS Trusts

Referral to Assessment Waiting Times

CNWL CAMHS Waiting time from referral to assessment:

Time Period	Under 4 weeks	5 - 11 weeks	over 11 weeks
May 2016 to March 2017	181	80	35
April 2017 to March 2018	263	32	9
April 2018 to September 2018	93	5	5

Reducing Waiting Times

In 2016 Brent's waiting list was around 400 CYP. There has been continuous work and resources invested to reduce this number. The waiting time is January 2018 – July 2018 this target was achieved, however there has been some challenges since August. In Brent there has been high focus to meet the NICE guideline target of 18 weeks.

NHS Brent CCG established a weekly teleconference CNWL, to help align commissioning activity. This is particularly effective in giving a single route for raising and addressing areas for improvement in children's mental health.

CNWL CAMHS Waiting time from assessment to treatment:

Time Period	Under 4 weeks	5 - 11 weeks	over 11 weeks
May 2016 to March 2017	112	124	223
April 2017 to March 2018	82	129	195
April 2018 to September 2018	31	17	90

CNWL Access Data

CNWL CAMHS External Referrals per financial year, broken down by outcome of referral

Time Period	Accepted	Not Accepted	Not Recorded	Grand Total	% acceptance rate (excludes referrals where outcome is not recorded)
April 2016 to March 2017	1029	698	0	1727	59.58%
April 2017 to March 2018	1008	792	4	1804	56.00%
April 2018 to September 2018	465	363	20	848	56.16%

CNWL CAMHS External Referrals per financial year, broken down by referral priority

Time Period	Routine	Routine Plus	Urgent	Emergency	Grand Total
April 2016 to March 2017	1531	2	95	99	1727
April 2017 to March 2018	1531	0	148	125	1804
April 2018 to September 2018	704	0	47	97	848

Next Steps

Review access, waiting times, reasons for DNA and identify ways to improve services for cases with non-diagnosed category by March 2019.

School trailblazer bid would enable to resolve above listed issues.

Localise the Gateway to introduce single point of access across Brent with a lead provider model.

Increase awareness within the school workforce to support self- help.

Increase community service to avoid A & E admissions.

3.2 Priority Two: Community Eating Disorders (ED) Service

Our Progress and Performance

The Eating Disorder service is delivered across all 8 CCG's and outlined in the overarching transformation plan. CNWL offer and ageless ED service, with the aim of offering continuous service. The initial aim of the pilot was to substantially improve access the community services for children and young people who require urgent and routine assessment. The audit of outcomes shows the service is beginning to demonstrate effective outcomes. Of those discharged, young people with Anorexia Nervosa are weight restored, Children's Global Assessment Scale (CGAS) has improved. Currently the majority of families receive a Family Based Intervention. A small proportion receives tailored interventions

External Referrals to CNWL CAMHS Eating Disorders Services per financial year, broken down by outcome of referral

Time Period	Accepted	Not met threshold	Not Recorded	Grand Total across 8 CCGs
April 2016 to March 2017	8	3	0	4379
April 2017 to March 2018	9	4	0	321
April 2018 to September 2018	3	0	0	0

Autistic Spectrum Disorder (ASD)

As part of a CAMHS ED service line Transformation, CNWL in Brent has implemented a change in team structure and leadership and this directly relates to referrals for ASD assessment. Brent CAMHS is moving from a service largely defined by age boundaries (under 15 and over 15) for the core teams to sub-teams that are defined by the specific needs of the children and young people being seen in CAMHS. The caseload for this sub-team will consist of children and young people with neurodevelopmental difficulties with other co-occurring difficulties. There are two main care pathways for children and young people in this sub-team, the ADHD pathway and the ASD pathway. Some children present with both ADHD and ASD as well as other difficulties and they will also be seen within this pathway with the exception of children and young people with moderate to severe LD who will continue to be seen within the LD team. Moving to this structure will mean that capacity can be more easily mapped directly to the specific need for these children.

Next Steps

NHSE to confirm recurrent funding.

Improve data collection, particularly in relation to recording goals and outcomes.

Involving service users in delivery and design.

Increase proportion of BME groups representation.

Deliver sessions to schools to raise awareness within 2018/19 and continue in 2019/2020.

3.3 Priority Three: Redesigning the System

Our Progress and Performance

In Brent the Thrive model has been well adopted in partnership with our stakeholders. In addition Brent has created a local vision with 17 areas under the 5 categories (diagram 1). There are overlaps in some of the areas.

Under Getting Advice we have following services:

a) *Learning disability (LD) & Autistic Spectrum Disorder (ASD)- CAMHS*

In Brent Local paediatric and mental health teams have a joint approach for autistic spectrum disorder diagnosis. This can be a complex process, particularly for younger children. Speech and language therapy is offered where need has been identified. Some members of the specialist CAMHS team have expertise in assessing and treating mental illness in children who also have learning disabilities.

b) *Looked After Children (LAC) - CAMHS worker*

The definition of vulnerable group has been widened that has improved accessibility for Brent's most vulnerable Children and Young People including LAC.

CNWL system does not enable us to routinely receive detailed reports of services our LAC population currently receive. This is done manually until automated system in place for CNWL. NHS Brent CCG to commission a specialist LAC-CAMHS worker who will act to coordinate the mental illness treatment and emotional wellbeing, and to facilitate any learning and development needed to help contain anxiety between professionals.

The Council has additional support services for LAC cohort that includes support to practitioners, foster carers and some 1: 1 sessions.

Demand for core LD has remained steady, however there has been significant increase in Neurodevelopmental Disorders referrals in Brent.

Brent will be prototyping a specialist mental health worker as part of the Looked After Children's placement team. Social workers, and teams of professionals (particularly for the >150 children placed outside Brent) would get advice on suitable services and care planning.

Next Steps

Recruit LAC worker for out of borough placement by November 18. This would allow more swift service in place for CYP placed outside of Brent.

Progress with the recruitment of school link workers to enable schools to improve early identification.

Provide training in schools to support to identify behavioural issues.

c) *LAC & LD emotional wellbeing service*

Brent has a dedicated service to offer support and advice to foster carers and parents, as well as providing some direct support to children placed outside Brent. This is commissioned by Brent Council. LAC provision by LA was moved to Central & North West London NHS Foundation Trust, to align with other Brent CAMHS developments in September 2018.

Next Steps

As the LAC out of area is new post we will be prototyping this work during 2018/19.

For 2019/20 to evaluate and use findings for more sustainable service. The impact expected is proportion of CYP having timely access to the service.

d) *Targeted mental health in schools*

Focussed interventions for target populations

Mental health support is being enhanced for Looked After Children, Young Offenders, children with Special Needs and Disabilities, and Children In Need through our CAMHS transformation plan.

Breakdown by vulnerable group	Number of Children
Looked After Children	311
Children with an Education Health Care Plan	1,874
Children with special educational needs support	4,594
Young Offenders	186
Children In Need	2,364

- Expanded CYP IAPT with evidence based practice and collaboration and participation
- Pilot online counselling support service for 11-19 year olds
- LAC – Will have a specialist LAC worker for out of borough placements (@ of 50%) that will have an impact on improving placements as will co-ordinate with local services
- YOS – a dedicated CAMHS clinician is in post to support young offenders.
- Youth Justice Service Liaison and Diversion supports YP at risk of offending and reoffending ensuring needs are identified early, assess and direct to faster appropriate intervention/support where appropriate
- Rapid prototyped Early Intervention in Psychosis for 14-19 years
- Prototype school Link workers that would be key point of contact for schools

Brent Council and schools have provision for targeted services for CYP. Brent CCG is working with CNWL to recruit for 2 school link workers that will co-locate within the Council's provision to compliment the team to carry out assessments.

A range of services are bought in by schools and Brent Council to provide counselling to pupils from number of organisations like CNWL, Places2B, Anna Freud, BCYP and Pupil's Premium.

Next Steps

The school link workers role will continue and enhance the MHSD teams. In 2019/20 the Council will be tendering their provision with offer of core service provision to all schools and option to buy additional. CCG and Council will align commissioning arrangements and help schools to get better value for money.

Presentation was made to head teachers on Green Paper/trailblazer where it was agreed to form schools CAMHS working group.

e) School mental health support

In Brent currently there are 2 CWPs working with some schools with the intention to expand annually by working in partnership with HEE. In addition Brent has submitted school trailblazer bid to NHS England for funding to pilot a service working with schools and colleges in Brent and is awaiting results which will be made in mid-Oct'18. This will enhance support in school so children and young people will be able to access services with a Designated Mental Health Officer in schools and colleges. All referrals will be through Brent's Gateway.

Next Steps

Subject to winning the bid and for what amount the implementation period will start which may involve going to the market for procurement.

Risks and mitigation

To deliver MHSD within timescales and recruitment. To mitigate this will adapt a phase implementation approach.

Failing to win the bid in phase 1, will apply for future submission.

Under Getting Help we have following services:

f) School-CAMHS workers

Brent will be prototyping a specialist mental health working as part of the educational psychology team. Schools would get consistent advice about supporting a pupil's resilience and attainment. Where a diagnosable mental illness was suspected, the school-CAMHS link worker would act as part of the CAMHS gateway to action the referral without delay.

Next Steps

There has been delay in prototyping due to conflicting priorities and recruitment. A project Manager post has been identified and will support to achieve this.

g) CAMHS gateway

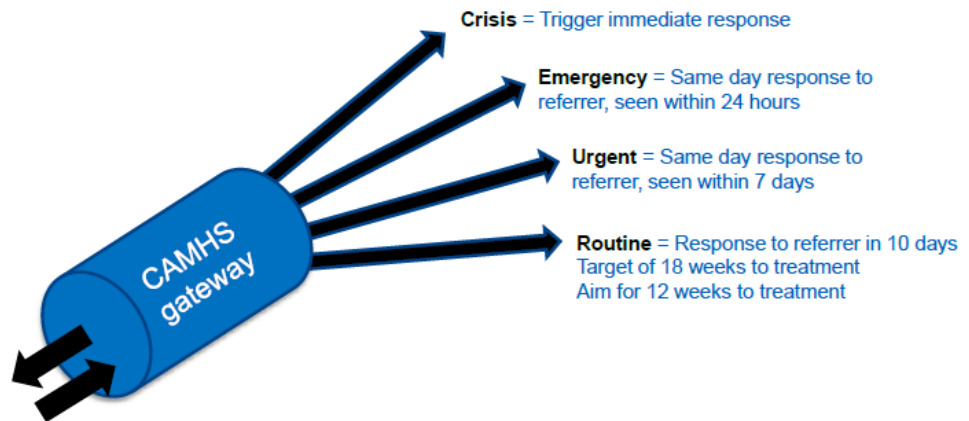
Brent's waiting times have improved significantly since 2015. Currently, referral to assessment for emergency referrals in 24 hours; Urgent referrals in 1 week. A small number of referrals wait more than 18 weeks for assessment.

Description	Reporting frequency	Threshold	in mnt/qtr 2	YTD
assessment undertaken within 4 hours	Monthly	95%	100.00%	100.00%
Urgent Face to Face assessment undertaken within 24 hours	Monthly	95%	94.70%	98.90%
Routine Face to Face assessment undertaken within 28 days	Monthly	95%	81.30%	72.80%

There has been a dip in the routine assessment due to summer period as well staffing. However there is plan to address this by using agency staff.

CAMHS gateway

Simplified routes for access
Lower barrier for entry
More opportunity to identify diagnosable mental illness
Clear response times



Next Steps

The Gateway needs to be localised and integrated into all CAMHS as part of redesign.

Risk and mitigation

Workforce recruitment and contract negotiations with providers. Develop a joint strategy with local authority and schools.

h) Adult mental health transition

Brent identifies children with learning disabilities and/or mental health who are transitioning to adult services with serious and long-term mental illness, such as psychosis. Children are referred to the service on their 17th birthday and they are prioritised in order of complexity.

Complex cases are shared with case managers and care co-ordinators who then get involved at agreed interventions until the young person turns 18 and can be transferred to adult services. Adult mental health support for common mental disorders is mainly through individual talking therapy, for people aged 18+.

For the financial years 2017/18 and 2018/19, CNWL have agreed to deliver the National CQUIN Indicator 5. This CQUIN aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CAMHS). Transition out of CAMHS can be a period of high risk for the individual and, if not managed appropriately, can lead to the young person dropping out of services and emergency admissions.

The CQUIN lays out key criteria to support achieving the safe transfer of patients out of CAMHS, as is reflected in NICE guidance (NG43) 'Transition from children's to adults' services for young people using health or social care services'. A number of improvements have now been implemented, and the re-audit of Cohort 3 has begun to show improvements, the Moving On Questionnaire has been updated, and is now available for young people to complete on-line (www.oc-meridian.com/cnwl/survey/MovingonfromCAMHS).



Moving On.pdf

Next Steps

We will explore range of psychological support for people aged 18-25 with personality disorder, bipolar, psychosis and post traumatic disorder. To help them develop mental health self-care skills, build resilience, and develop crisis prevention plans.

Risk and mitigation

Raise awareness on psychological services available. Retain an element of current psychosis service whilst redesigning the current provision.

Include CAMHS in our SEND strategy.

Specialist CAMHS

The number of young people accessing specialist CAMHS (30% more in 2017/18 compared to 2014/15) has increased in Brent and projection is more CYP will need the service. 2017/18 1,372; 2018/19 1,469; 2019/20 1,555; 2020/21 1,600. The service offers multi-disciplinary assessment and treatment for diagnosable mental illness. Interventions are based on evidence of best practice, and work towards agreed goals. Treatment options include talking therapies, medication, expressive therapies, and psychotherapy. Effectiveness of treatment is monitored. Most care is provided by Central and North West NHS Foundation Trust, and Brent Centre for Young People, with some additional specialist support available from Tavistock & Portman NHS Foundation Trust.

BYCP contract ends May 19, option appraisal will need to be explored.

Next Steps

To reduce waiting times from assessment to treatment and meet the targets and carry out effective monitoring. Increase workforce for which recruitment process in progress as at October 18.

Ability to have planned home treatment.

To reduce waiting times from treatment to discharge.

Increase space of transformation and increase level of activity by funding project manager post dedicated for Brent service provision.

Review skills.

Action delivery of psychotherapy service following decision from options appraisal.

Risk and mitigation

Staff retention is challenging. To overcome this provider will offer part-time/flexible working arrangements and training.

Recruitment is key issue and some incentives would be to offer relocation costs, development posts, training.

Housing affordability will need to be addressed as currently Brent does not have key workers provision.

Redesign to offer peer support, CWP roles, explore alternative skills for pathway.

i) Community engagement & anti-stigma work

In March 2017 Brent CCG funded Community Barnet to work with the local schools, communities to raise awareness and obtain wide range of views from young people, parents, carers, professionals, and the wider community. Young People named this service as Brent Young People Thrive

(BYPT) and since have developed postcards, posters and are participating in events. Schools are on board and engaging.

These views are fed into the CAMHS steering group to help reshape services. Expert Group is formed and will help to input in strategic vision.

Next Steps

Raise awareness to make services accessible.

Engage young people to shape the services and be champions.

Evaluation of BYPT programme will be done to develop for further year and increase number of young champions. Champions will be involved in the Council's targeted services development.

Under Getting More Help we have following services:

j) Eating disorder service (refer to priority 2 in main document)

The service commenced from 1st April 2016 across North West London with the aim to support implementation of new and enhanced community intervention, improve the capability and capacity of the workforce and delivery eating disorder service to CYP and their families. The service offers specialised support for eating disorders in line with Marsipan model. These conditions can have serious short-term and long-term physical.

Due to the small numbers of cases, and need for specialist facilities, the service is run from Northwick Park Hospital (Brent) and Vincent Square (Fulham) for young people from across north west London. Brent's take up for 2017/18 was 17%-18%. Urgent referrals are seen within 1 week, and routine referrals are seen within 4 weeks.

Next Steps

Increase advice available and raise awareness.

Feedback from schools was to provide awareness sessions in schools. Series of sessions will be delivered in schools over next 2 years.

k) Perinatal mental health service

This service works with families, midwives, and health visitors during pregnancy, and up to one year after birth. Some women with mental illness are worried about continuing to take medication while pregnant. For some women, pregnancy and the birth of a child can trigger mental illness. The number of specialist mental health staff is being increased to match the birth rate in Brent. The service works across Brent and Harrow, and works closely with Northwick Park Hospital.

Period	16/17 Q3	16/17 Q4	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4
Trajectory	67	99	99	102	102	102	99	154	154	154
Number seen	0	0	90	121	137	103	69	68		
Cumulative total (per year)	0	0	90	211	348	446	505	573		

Next Steps

To confirm funding period from NHSE.

To increase take up of the service.

l) Early Intervention in Psychosis & at risk mental states

Current service works with people aged 14 plus. Offers intensive support for 3 years following the first episode of psychosis. Brent has high psychosis rates. These can be due to family history, and have increased risk from the use of cannabis, and from stressful life events.

Next Steps

Develop peer support to siblings of service users, to reduce their risk of psychosis, or the impact should they develop a psychotic illness.

Promote access to family members to learn more about psychosis and how to reduce risk factors.

m) Inpatient CAMHS

In 2017/18, 11 inpatients, total of 1,952 beddays, costs Brent CCG £1.3m.

First adolescent inpatient CAMHS unit, Lavender Walk in North West London to open in late 2018 (near the existing inpatient service for u13s). Includes home treatment teams to reduce the reliance on inpatient care. Fewer children will need to travel outside north west London to get inpatient mental health care.

Next Steps

Work with NHSE, CNWL AND LBB to ensure health and hospital school arrangements are agreed.

Monitor closely and look for alternatives where possible.

Monitor throughput

Developing specialist learning disability CAMHS inpatient unit, which will be based in Brent.

Under Getting Risk Support we have following services:

n) Crisis and Urgent Care CAMHS (refer to priority 5 in main document)

The integrated 24/7 service Crisis CAMHS is currently available through A&E departments. Young people are seen by a CAMHS clinician at first point of contact (often A&E or an Urgent Care Centre) no matter what time of day or night. The service provides intensive crisis and community intervention to prevent hospital admission, facilitate early discharge with suitable plan. Brent has the second highest number of referrals compared to other North West London. Expansion in Oct'18 will allow more home treatment options.

CAMHS Urgent Care Pathway. Provider: CNWL	
Contact Details	Monday to Friday: CAMHS Gateway: 0203 028 8475 Out of Hours: Weekdays after 5pm and at weekends: 0800 0234 650
Reasons for Urgent Referral	The introduction of the service means that children from Brent, Harrow, Hillingdon, Kensington and Chelsea and Westminster will have access to a dedicated crisis and liaison service and people are seen by a CAMHS clinician at first point of contact no matter what time of day or night. Reasons for urgent referral include: <ul style="list-style-type: none">• Following an overdose• Following an incident of deliberate or threat of self-harm• Acute anxiety

- A dramatic and unexplained change in mood or behaviour

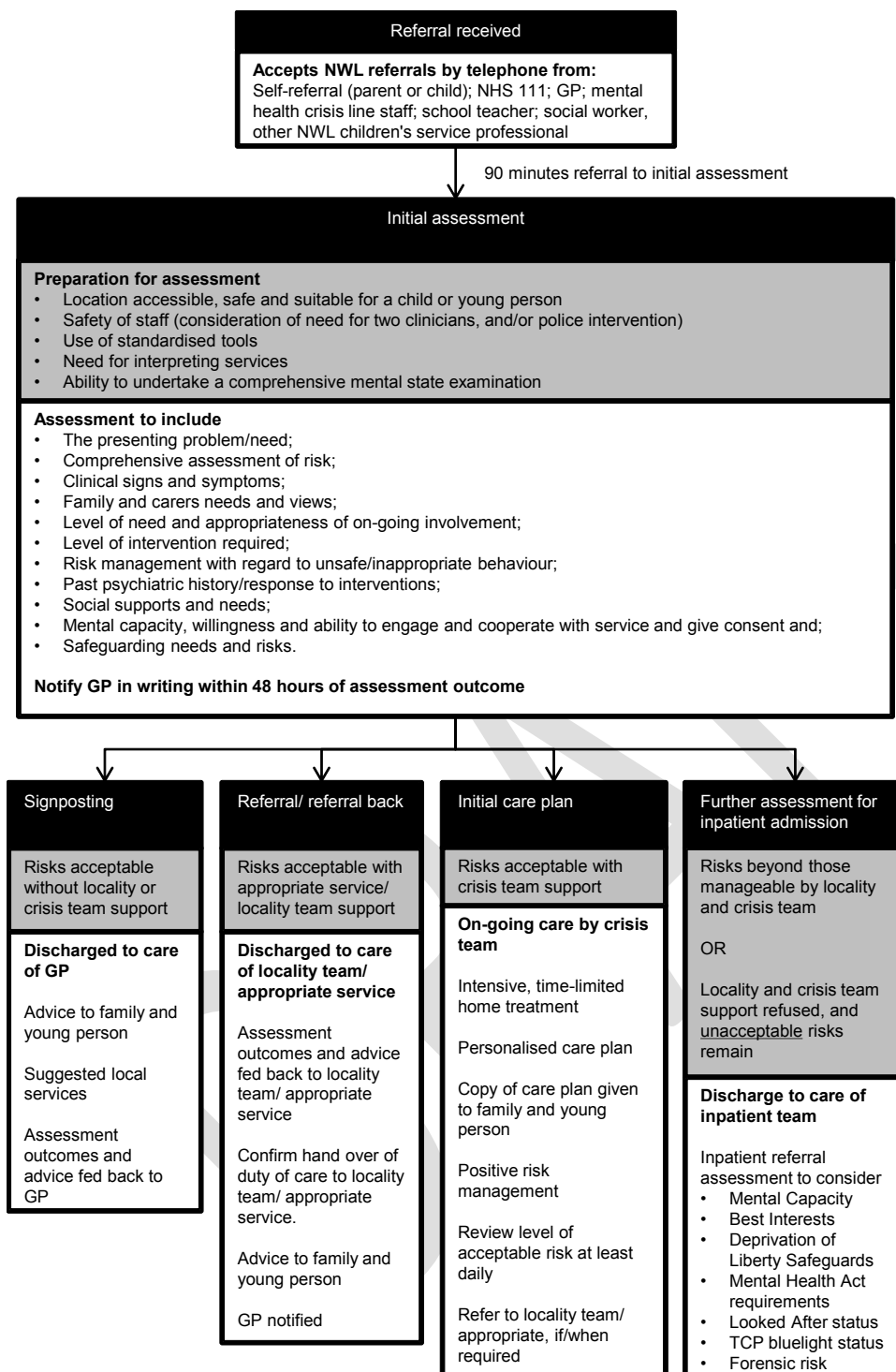
Exclusion criteria

- Children and young people known to CAMHS who present to the Emergency Department with a medical problem
- Children and young people who are intoxicated with alcohol or illicit substances and there is no indication of a mental health problem
- Children and young people who present with social problems and there is no indication of a mental health problem

Next Steps

Figure 1 below outlines the process CNWL will be using to review crisis and urgent care pathway.

Figure 1 Crisis and Urgent Care Pathway



o) CAMHS Eating Disorder

Description	Reporting frequency	Threshold	in mnt/qtr 2	YTD
% of CYP with ED (urgent cases) referred with a suspected ED will access NICE concordant treatment within 1 week of referral	Monthly	100%	NO ACTIVITY	75.0%
% of CYP referred (routine cases) with suspected ED that started treatment within 4 week of referral in the reporting period	Monthly	>50%	100.0%	87.5%

Next Steps

- Introduce 24/7 telephone counselling service which will include, advise, information, as well as 1:1 sessions.
- Increase community based work with the aim to reduce A & E admissions.

p) YOS – CAMHS Worker

In 2015, 130 children entered the youth justice system for the first time. This gives a higher rate than the England average for young people receiving their first reprimand, warning or conviction.

Brent has a specialist mental health worker as part of the Youth Offending team. Young offenders are known to have high rates of undiagnosed mental illness. The specialist worker provides screening, advice, direct support, and onward referral as necessary.

For the year there has been extensive YOS-CAMHS training in trauma and attachment delivered.

Next Steps

To explore setting targets for year 2019/2020.

Issues identified - housing affordability as no housing provision for key workers in Brent.

q) Youth justice liaison

Brent has a specialist mental health worker as part of the Youth Offending team, funded by NHS England. The specialist worker provides screening, advice, direct support, and onward referral as necessary for young people attending court. NHS England is working to define the role. Post holder started in July 2018.

Next Steps

To develop more effective coordination and information sharing especially at the point where young person has initial interactions at the police station and court.

Issue – Have been problems in receiving timely information from CNWL, to mitigate there is regular weekly teleconferences.

Project manager will also help to address this issue.

r) Universal (THIRVING) Services

With 79,300 children and young people in living in Brent, around 7,930 need help with emotional Resilience. Emotional wellbeing and minor mental health support can be addressed by early help and intervention. In Brent CCG services are been aligned with local authority, schools, health visitors, school nursing, children centres.

In partnership with Public Health mental health First Aid training programme for schools is planned. This will aim to help build resilience and self-help as well sign posting.

The Recovery College is also available for support for children and families.

Next Steps

Raise awareness within above workforce to enable making referrals to the Gateway.

Introduce 24/7 counselling and support service which targets CYP with emotional wellbeing and/or emerging mental health problems, many of whom will require a low level/targeted/short-term intervention and CYP who are hard to reach and do not engage with services through traditional routes. We aim to have this service by January 2019.

Key Enablers, Risks, and Mitigations



4. Key Enablers, Risks, and Mitigations

The table below outlines how key enablers will support transformation specific to Brent CCG

4.1. Enabler one: Co-production

Our Progress and Performance

In Brent Parents are fully involved in planning of CAMHS /SEND services. Series of focus groups were organised for their input into shaping service for year 2017/18. At the Health Partnership forum on 28th August 2018 wide range of stakeholders including parents and carers were consulted for their input in commissioning intentions for CAMHS services for 2019/20.

In March 2018 Community Barnet has been contracted to support this work, including establishing expert referenced group. The aim is to empower young people to become champions and influence in shaping services. Local events involving local communities, schools, GPs and children's centre are been held to raise awareness, de-stigmatisation.

Attached Appendix 1 shows events held and planned events.

Next Steps

- Continue to engage with schools, multi-faith organisations, Parent/carers
- Evaluate the data & information from this programme to plan for 2019/20 intentions.
- Young champions actively involved in shaping and delivering CAMHS services.
- Peer support and community champions involved in shaping and delivering CAMHS services.

4.2. Enabler two: Workforce Development and Training Strategy

Our Progress and Performance

Training

Following needs assessment work done by Anna Freud in 2016, Local authority is funded to identify and deliver training to practitioners and frontline staff. The focus is on update needs assessment, understanding emotional resilience setting up training programme and supporting bids from local organisations.

Next Steps

Local Authority to implement the training programme and offer online training as part of the programme to professionals & practitioners from November 2018.

Workforce -

However there has been concerning issues nationally about the workforce and skills development to deliver the transformation agenda. The table below shows the workforce currently for Brent services. As seen the number of vacancies is around 20%. In addition the recruitment process is longer than anticipated, and in some instances the job has been re-advertised number of times before successful recruitment.

CNWL are exploring various options for staff retention including Peer Support, development posts, ADOS training as an incentivisation to attract as well as retain mixed skills workforce.

Next Steps

Brent workforce is detailed in table below:

Specialist CAMHS Staffing for Brent			
Update October 2018	2017/18	2018/19	2019/20
Service manager (Across Boroughs)	1.0 WTE	1.0 WTE	1.0 WTE
Team manager	1.0 WTE	1.0 WTE	1.0 WTE
Clinical lead	0.8 WTE	0.8 WTE	0.8 WTE
Therapy lead	0.7 WTE	0.7 WTE	0.7 WTE
Emotional disorders	7.0 WTE	7.0 WTE (2.7 WTE vacant)	7.0 WTE
Enhanced treatment team	5.6 WTE	5.6 WTE (1.5 WTE vacant)	5.6 WTE
Neurodevelopmental team	5.2 WTE	5.2 WTE (1.0 WTE vacant)	5.2 WTE
Learning disability team	4.2 WTE	4.2 WTE (2.1 WTE vacant)	4.2 WTE
Urgent care team	6.0 WTE	6.0 WTE	6.0 WTE
CAMHS Transformation Project Manager		1.0 WTE (new post recruitment Nov 2018)	1.0 WTE
Child and wellbeing Practitioners	2.4 WTE	2.4 WTE	2.4 WTE
LAC-CAMHS worker		1.0 WTE (new post recruitment Nov 2018)	1.0 WTE
School CAMHS Link workers		2.0 WTE (new posts recruitment Nov 2018)	2.0 WTE
YOS CAMHS worker	1.0 WTE	1.0 WTE (1.0 WTE vacant)	1.0 WTE
Court Liaison & Diversion worker	1.5 WTE	1.5 WTE (0.5 WTE vacant)	1.5 WTE
Total	36.4 WTE	36.4 WTE (12.8 WTE vacant)	40.4 WTE

The national and local debate about the provision of Children and Young People's Mental Health and Wellbeing services has acknowledged that development of the workforce in children and young people's mental health services is essential to enable the delivery of the national priorities outlined in Future in Mind and the Five Year Forward View both describe a vision where a workforce with the right mix of skills, competencies and experience deliver a service to children and young people that makes a "real and lasting difference to their lives".

To deliver the ambition of the Future in Mind, the Five Year Forward View and the North West London Children and Young People's Mental Health and Wellbeing Transformation Plan, it is essential children and young people can access the right help and support at the right time. Locally in Brent we are working in partnership with CNWL to develop new ways of working to facilitate early intervention by improving and utilising alternative pathways and up skilling generalist staffing to ensure our children and young people receive timely access to any interventions. This includes being able to access non specialist care much earlier and in an environment which meets the


individual needs of children. It is therefore recognised those who have a relationship with children, both in a professional and non-professional context can effectively provide support and signpost to appropriate local services. The number of referrals received by the service tells us, there is a lack of confidence, knowledge and skills within universal services to meet the needs of children and young people with mild to moderate emotional, behavioural and mental health difficulties.

The interventions provided by Tier 2 & 3 (Specialist CAMHS) are effective but there is insufficient capacity to meet existing and increasing demand, along with a more complex service user profile. There is identified un-met need within the pathway of care for children displaying behavioural difficulties and a absence of local provision for children and young people with specific needs which the service is working with local agencies to address this.

4.3. Risk Register

Below are the local risks identified in Brent with mitigation plan.

	Description	Impact	Inherent Risk Rating	Avoidance / Mitigation	Residual Risk Rating
R1	There is a risk that sufficient workforce is not available to meet the roles (volume and skills/ capability) within the new service delivery framework.	Full implementation may not be possible and cost and quality improvements will not be fully achieved.	16	In Brent we propose to introduce peer support, development posts, training, ADOS training as an incentivisation to attract as well as retain mixed skills workforce.	9
R2	Limited outcome measures model in place	Difficult to demonstrate we are receiving value for money	9	Work with CORC to adapt outcomes model relevant to the services	6
R3	Limited buy in, capacity, priorities and engagement from other agencies e.g. education and local authority.	Difficulty developing, new ways of working and aligning pathways.	12	Working closely with wider organisations and actively participating in joint commissioning and being on project groups for LA's commissioning services.	6
R4	1 in 4 children have a undiagnosed mental health condition	Expected level of investment and activity to monitor through school trailblazer.	12	Early and longer interventions avoid children and young people falling into crisis to avoid expensive long term treatments.	9
R5	Limited Access to CAMHS services	Expected level of investment and activity	10	Provision of online access	3

	Community and Wellbeing Scrutiny Committee 28 November 2018
	Report from the Strategic Director of Children and Young People
Brent Council's Youth Offer	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt:	Open
No. of Appendices:	None
Background Papers:	Approval to Tender for a Targeted Service to Promote Education, Employment and Training for Young People (Connexions) – Cabinet, 15 October 2018.
Contact Officer:	Sarah Miller Head of Inclusion Email: Sarah.Miller@brent.gov.uk Tel: 0208 937 3804

1.0 Purpose of the Report

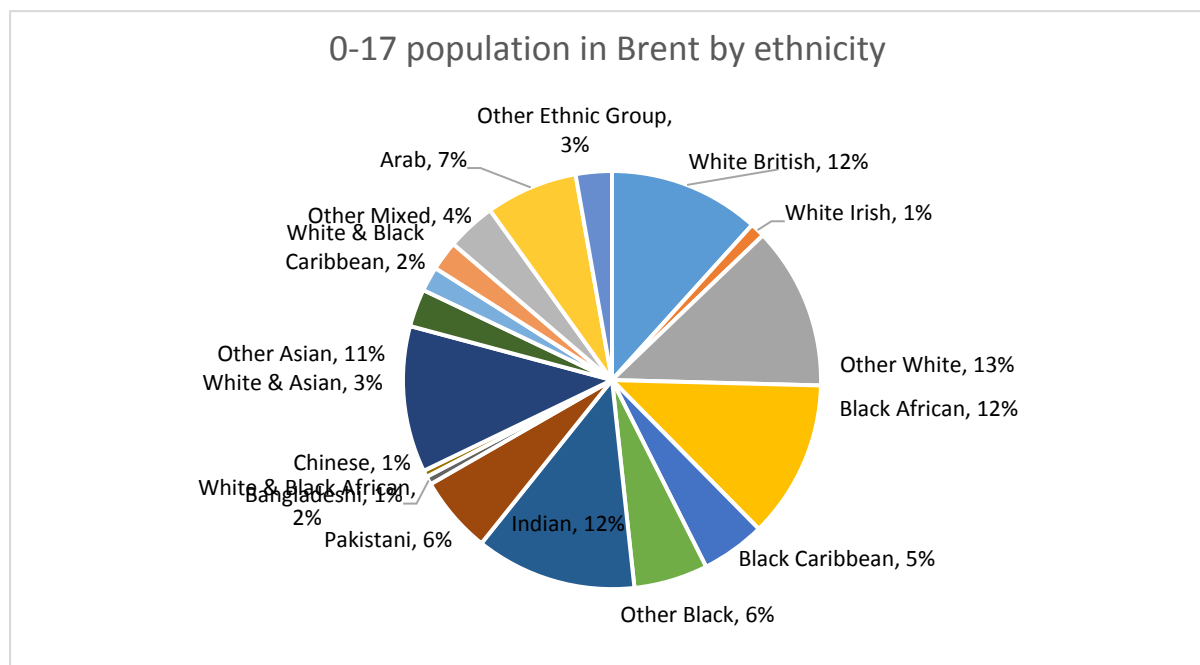
- 1.1 This report has been requested by Community Wellbeing Scrutiny Committee and provides information on the Youth Offer in Brent. The report details information about the Connexions service, Brent Youth Parliament, services delivered from the Roundwood Youth Centre and the newly established Brent Youth Zone website. The report details how each of these services are being delivered to young people in Brent and how they have been designed in collaboration with young people.

2.0 Recommendations

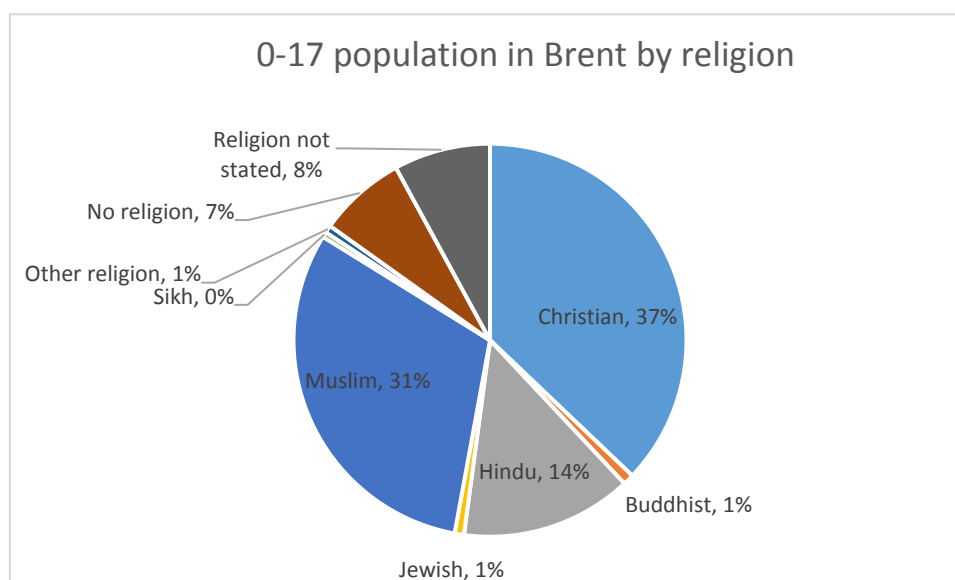
- 2.1 Community Wellbeing Scrutiny Committee is asked to note the report.

3.0 Overview – Demographic data

- 3.1 According to latest population estimates there are 78,800 young people aged 17 or under in Brent. The largest ethnic group are 'Other White', followed by White British, Indian and Black African¹. This mirrors the diversity in the wider Brent population.



- 3.2 Information on the 0-17 population's stated religion is taken only from the last census, 2011. This information indicates there is a high proportion of young people who identify as Christians and Muslims, with a significant number as Hindu.



¹ GLA 2016-based Housing-led Ethnic Group Population Projections

- 3.3 Brent has relatively high levels of income deprivation with 18.2% of children considered to be low income families according to government child poverty statistics released in 2017². This measure does not take into account local context and does not adjust for housing costs or cost of living.

4.0 Targeted Service to Promote Education, Employment and Training for Young People

Statutory requirements

- 4.1 Sections 18 and 68(4) of the Education and Skills Act 2008 place a responsibility on a Local Authority to secure sufficient suitable education and training, to encourage participation in education or training and to provide support to assist the participation in education or training for individuals aged 13-19 and 20-25 for individuals with SEND. The Education Act 2011 also sets duties for the Local Authority to encourage, enable or assist young people's participation in education, particularly the most vulnerable young people and those at risk of disengaging as well as to track all young people's participation through Client Caseload Information System (CCIS) to identify those at risk of not participating. The Education Act further requires the Local Authority to lead the 'September Guarantee' process, ensuring young people are engaged in education, employment and training in accordance with the raising participation age guidance.

Brent current service

- 4.2 Brent has retained the historic 'Connexions' name for the current service. The service meets the legislative duties as set out above. The service is designed to help young people make informed choices to enter and remain in education, employment or training and transition to adult working life. The service is delivered through a small in-house team of 'Connexions' Personal Advisors as well as through external contracts – the primary one being with an organisation called Prospects Ltd.
- 4.3 There are significant benefits to Brent's young people from the work of in-house Personal Advisors and the 'Connexions' service, particularly the impact of preventative work in helping young people avoid NEET outcomes. Brent 'Connexions' service reduces the percentage of young people who are NEET. The service also works closely with vulnerable cohorts who are at risk of becoming NEET.

In-house provision

- 4.4 A small supervisory team oversees Connexions and the Youth Service. The Council employs an in house team of 5 Intensive Personal Advisors to deliver support to targeted groups of young people who are Not in Education Employment or Training (NEET) or at risk of becoming NEET, i.e. to assist them in making informed choices about education, employment and training. These Intensive Personal Advisors are embedded into statutory services so as to maximise their impact with young people most in need of support. This includes

² HMRC (2017) The Children in Low-Income Families Local Measure, 2015

the Youth Offending Service, Family Solutions, Looked After Children and Leaving Care teams, the Virtual School team and Inclusion Support team, focusing on keeping children in education as well as within alternative educational settings.

External Contract – Connexions Service Delivery

- 4.5 Prospects Ltd deliver statutory responsibilities of face to face Careers Information Advice and Guidance (IAG) for 16-19 year olds and up to 25 for those with SEND in the NEET group. Prospects Ltd also deliver a number of commissioned targeted projects for the Local Authority. Three such projects have been commissioned this reporting year (2018-19) including NEET events aimed at both NEET young people and those 'at risk' of NEET: Maintaining Against Change (MAC) – a series of participatory workshops, to reduce the number of looked after children that are in the NEET cohort, and Branching Out (one-off employment event), aimed at individuals with SEND up to the age of 25. One other project for Unaccompanied Asylum Seeking Children will be commissioned in this financial year, aimed at reducing the number of NEET within this cohort.
- 4.6 Prospects deliver services through a number of access points in Brent including Roundwood Youth Centre, Stonebridge Hillside Hub, Brent Civic Centre, Willesden, Kilburn and Kingsbury Libraries as well as the Living Room on the St Raphael's estate. Prospects undertake follow up work with those in the NEET and Not Known groups through community calling and home visits. They follow up the September guarantee destination measures and provide tracking reports. Prospects have close links with Job Centre Plus, and run regular apprenticeships / master classes and workshops on employability. The contract with Prospects Ltd to deliver statutory responsibilities is in place until March 2019 (extended for an additional year from 2018).
- 4.7 A tender for the provision of a new contract for a Targeted Service to Promote Education, Employment and Training for Young People is currently live, with award of contracts scheduled for January 2019 and a new service start date of 1 April 2019. The new contract will be awarded for a 5 year term. The service specification for the new tender took into account the recommendations from the Outcome Based Reviews recently undertaken across the Council regarding Gangs and Children on the Edge of Care. The new tender specifies the following targeted EET activity:
- Deliver the Local Authority statutory duty to ensure young people who are NEET aged 16-19 years old and up to 25 with an Education, Health and Care Plan receive relevant **information, advice and guidance** in order to be supported to a successful transition into post 16 education, employment and/or training. This includes young people who are new to the borough and/or attending specialist English Language provision as well as young people attending out of borough Alternative Provision settings;
 - Deliver a **targeted service** to promote Education, Employment and Training (EET) to vulnerable groups. The focus of the targeted service will be through intensive working in partnership with specialist services

to support specified vulnerable groups such as care leavers, young offenders and those with special educational needs;

- Deliver an **outreach programme** to target those in the NEET cohort, whose situation is currently not known, in order to achieve full participation in education/employment/training to age 18, and ensure individuals are supported to remain EET thereafter;
- Work closely with statutory services to deliver a range of **targeted and bespoke projects** to ensure a smooth transition into employment and training.

4.8 The service provider will be expected to consult with young people, schools, colleges and parents on a regular basis. This feedback should be used to shape and develop the service in order that it can best meet the needs of young people in Brent. The new name for the service based on 'Targeted service to promote Education, Employment and Training (EET) to vulnerable groups' will be developed in consultation with Service Users. The Council will then agree with the provider any new branding.

4.9 The Brent Council employed Intensive Personal Advisors will be subject to TUPE transfer to the new service provider.

NEET Performance in Brent

4.10 Nationally Brent's combined NEET headline measure at the end 2017/18 (Dec/Jan/Feb average) was in Quintile 1 for both London and England at 3.4% (96% EET). Brent was the 19th highest performing Local Authority in England and the 9th highest performing Local Authority in London.

4.11 Performance data will be available in March 2019 for the 18/19 reporting period (which comprises Dec 18 and Jan/Feb 19). However, across Q1 18/19 on average 96% of Brent 16-17 year olds were in Education, Employment or Training.

Brent NEET, Not Known³, EET figures – 18/19 Q1⁴

	Apr	May	Jun	Q1 Avg
NEET (%)	1.5	1.5	1.5	1.5
Not Known (%)	1.7	2	2.3	2
EET (%)	96.3	96.2	96	96.2

³ Activity 'Not Known' is measured by an annual destination survey conducted in November and December as well as regular communication with post 16 providers. The Council takes measures to contact the 'Not Known' cohort through Prospect Ltd and the West London Partnership Unit at regular intervals including telephone contact, home visits and via post/email (where GDPR allows).

⁴ West London Partnership Support Unit (Youth & Connexions) October 2018

West London Boroughs – 18/19 Q1⁵

West London Boroughs	NEET (%)	Not known (%)	Combined (%)
Barnet	1.77	1.83	3.6
Brent	1.50	2.00	3.5
Ealing	1.20	1.07	2.27
H&F	1.10	0.77	1.87
Harrow	1.13	1.27	2.4
Hillingdon	2.67	2.33	5.0
Hounslow	2.63	2.90	5.53

Brent Youth Provision

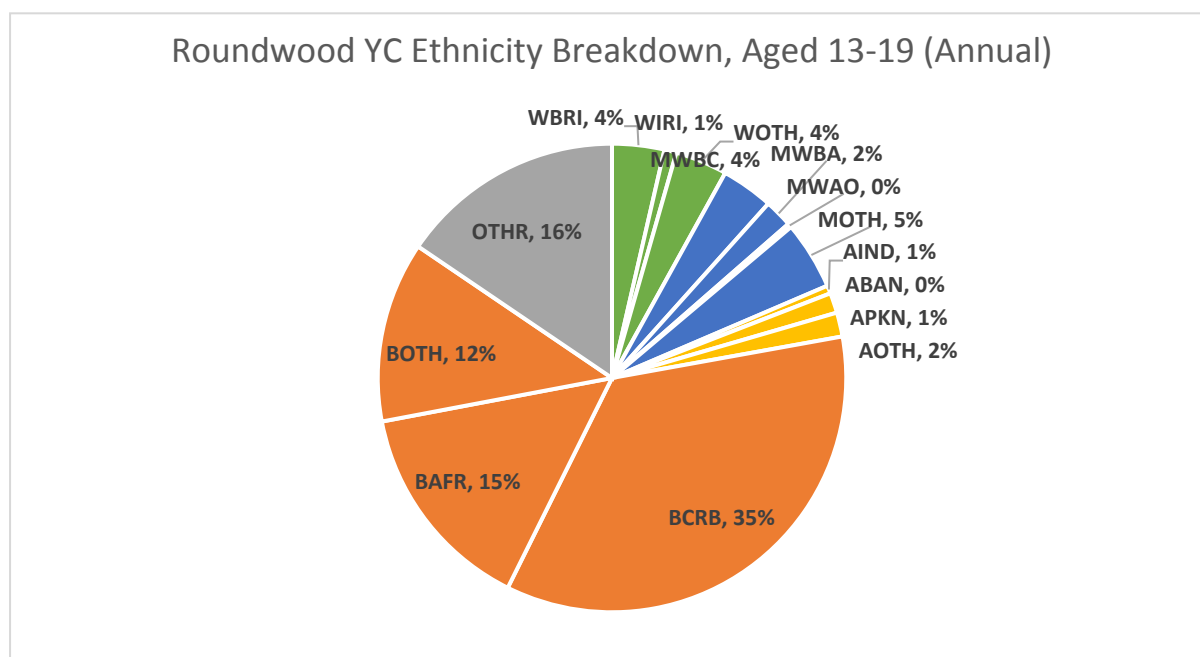
- 5.1 The Local Authority has a responsibility under section 507b of the Education Act 1996 (as amended by Education and Inspections Act 2006) to **secure**, so far as reasonably practicable, sufficient educational and recreational activities which are for the improvement of young people's well-being, personal and social development, and sufficient facilities for such activities for young people aged 13 – 19, (or up to 25 for young people with additional needs).

Roundwood Youth Centre

- 5.2 In March 2015 the Council agreed to make savings of £900k from the Youth Service budget. This required the closure of all Youth Centres except the site at Roundwood and the end to the detached Youth Work team of street based workers delivering intensive youth work targeted in areas of high risk across the Borough by March 2016. In 2015 the Council invited tenders from providers to deliver youth activities and to manage the Youth Centre at Roundwood in Harlesden. This tendering exercise was unsuccessful. To support in bridging the gap in provision, the intention was for the voluntary sector, led by the newly established Young Brent Foundation and supported by the John Lyon's Trust, to obtain funding through charitable grants to continue to run or to expand a wide range of services.
- 5.3 The Council retained a small Youth service of a team leader and 5 part time youth workers who continued after the 2015 budget reduction to deliver activities for young people 3 nights per week from the Roundwood Youth Centre. Roundwood acts, as planned, as a hub, with a range of other providers operating from the centre. A variety of activities are delivered by both the Local Authority youth workers and the Voluntary Sector including cookery, martial arts, music production, table tennis, Wii sport, craft activities and a steel band, as well as positive mentoring by qualified and experienced Local Authority youth workers. Providers from the voluntary sector deliver a service on the remaining weekday nights and some income is generated from this as well as other community lets.

⁵ DfE (2018) NEET and 'Not Known' Scorecard, with Participation of 16 and 17 year-olds, October 2018

- 5.4 In 17/18 361 young people aged 13-19 attended Roundwood Youth Centre. The ethnicity of the majority of young people in attendance was Black Caribbean, followed by Black African and Black Other. The proportion of Black Caribbean attendees is significantly higher than the proportion of Black Caribbean young people across Brent.



- 5.5 Following the unsuccessful attempt to tender the delivery of Youth services in 2016 the Council has considered options to redesign services from the Roundwood Youth Centre, seeking to involve the voluntary sector and local education providers. Contained within the Council's budget proposals for 2019-20 and 2020-21 are details of how these services could be delivered whilst also identifying additional savings required by the Council of the Children and Young People's department. The recommended budget proposals detail the following;

- Transform the site to an educational setting with community youth activities.
- As a consequence, end youth services delivered from Roundwood run by the Local Authority.

- 5.6 The intention is to change the use of Roundwood Youth Centre to an Alternative Education Provision for young people aged 11-16 during the school day. Outside of these times it would be used as a hub for youth and community activity. Plans are currently being designed to develop the model with the aim to have one single provider delivering both services. A core aim is for secondary schools, alongside the Local Authority, to be able to commission places (both short term, and longer term for Key Stage 4), within this new Alternative Education Provision. There is support from secondary head teachers in Brent for this approach and the intention is for the new provision to be established by September 2019. Discussions are ongoing to determine how the service provision will be run with Brent Specialist Academy Trust and the Young Brent Foundation.

Brent Youth Parliament

- 5.7 Brent Youth Parliament (BYP) was established by Brent Council in March 2007 so that young people in Brent could express their views and have a say in decisions that affect them. BYP is made up of 88 young people⁶ aged between 10 and 19 years who represent their schools and youth organisations. Members of BYP come from a variety of schools and youth organisations as well as backgrounds and there is representation of vulnerable groups such as young carers and children in care. Individuals in BYP are voted in on a 2 year term and become Members of Youth Parliament (MYP), with the opportunity to be in the Executive group (6 young people) who steer the agenda of the larger group.
- 5.8 BYP have continued to expand the number of internal committees and external organisations they work with. BYP have two seats on the Brent Safer Neighbourhood Board and speaking rights at the Community and Wellbeing Scrutiny Committee. Brent Youth Parliament members were an integral part of writing the bid for the Borough of Culture 2020 and will be leading on one of the work streams alongside Quintain and the Brent Borough of Culture Team. BYP have also worked on a local project to improve mental health services. BYP have helped develop and deliver the 'Youth Stories of Brent' film in collaboration with YOYO and Brent Council. They have also worked closely with K2K radio station to develop radio shows around mental health and young people, particularly around the engagement of young people in politics and local democracy.
- 5.9 A key part of BYP's work is their regular involvement in statutory and voluntary consultation. This has included work with Victim Support and the Mayor's Office for Policing and Crime (MOPAC).

Brent Youth Zone

- 5.10 The Council has a statutory responsibility to publish its Youth Offer – a directory listing all provisions across Brent. Work has been undertaken in the Local Authority to develop the online Youth Offer with an early launch of the new online, **Brent Youth Zone**, scheduled for 23 November 2018 at the Children's Commissioner's Takeover day. Brent Youth Zone has been developed in collaboration with young people across the borough including Brent Youth Parliament and users of Roundwood Youth Centre. A questionnaire was distributed with around 40 responses giving comment on what they would like from their website. Council officers will continue to gauge feedback to improve the site to make it accessible to young people.
- 5.11 Brent Youth Zone provides information and advice around the following areas:
- Work & Learning
 - Help, Safety & Advice
 - Things to do!
 - Get Involved!

⁶ Annual report of Brent Youth Parliament (BYP), 1 April 2017 to 31 March 2018

- 5.12 Future plans are being developed to create a Youth App. to further the use of Brent Youth Zone and expand its reach.

6.0 Financial Implications

- 6.1 The current budget consultation contains proposals to make savings from both the Roundwood Youth Centre budget and from the Connexions budget.
- 6.2 Savings proposal CYP005 for the Roundwood Youth Centre is listed in appendix A and is 'recommended' in the consultation. This proposal would save £250K by stopping the direct provision of youth services from the Roundwood Centre and transforming it to an educational setting with community activities.
- 6.3 Savings proposal CYP009A saves £100K from the Connexions budget and is also listed in appendix A as a recommended option. This saving would be achieved from the total budget of £1M through recommissioning of the contracted service and targeted projects.
- 6.4 Savings proposal CYP009 is an alternative that would save £600K (an additional £500K to CYP009A). The revised service offer would be reduced to the minimum requirement which is to track and monitor engagement and outcomes for vulnerable groups. This savings options is listed in appendix C of the consultation, recognised as 'very difficult'.
- 6.5 Savings proposal CYP011 is a further alternative which would save £900K from the Connexions budget of £1M. The proposal would reduce the service to leave a residual service focused on the basic statutory responsibilities with no direct work undertaken with young people. This proposal is listed as 'most difficult' in appendix D of the budget consultation.

7.0 Legal Implications

- 7.1 None

8.0 Equality Implications

- 8.1 None

9.0 Consultation with Ward Members and Stakeholders


- 9.1 Ward members who are members of the Community and Wellbeing Scrutiny Committee will be involved in scrutinising this report at committee.

Report sign-off

GAIL TOLLEY

Strategic Director of Children and Young People

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	Community and Wellbeing Scrutiny Committee 28 November 2018
	Report from the Strategic Director of Children and Young People
The Development of Family Hubs in Brent	

Wards Affected:	All
Key or Non-Key Decision:	Non-Key
Open or Part/Fully Exempt: <small>(If exempt, please highlight relevant paragraph of Part 1, Schedule 12A of 1972 Local Government Act)</small>	Open
No. of Appendices:	None
Background Papers:	None
Contact Officer(s): <small>(Name, Title, Contact Details)</small>	Sue Gates Head of Early Help Email: Sue.gates@brent.gov.uk Tel: 0208 937 2710 Jon Cartwright Change Manager, Transformation Team Email: Jon.cartwright@brent.gov.uk Tel: 0208 937 1742

1.0 Purpose of the Report

- 1.1 This report provides information about Children's Centres in Brent and an overview of Family Hub models and their potential to improve the wellbeing of children and young people. It includes details of what the introduction of a Family Hub model in Brent could provide, building on the current provision of services offered by the borough's Children's Centres.

2.0 Recommendation

- 2.1 The Committee notes the content of this report and provides feedback to Children and Young People's Services in order to support the ongoing development of the Family Hub model.

3.0 Detail

Background to Children's Centres

- 3.1 The Childcare Act 2006 placed a duty on local authorities to improve the wellbeing of **children from birth to age five** in their area and to reduce inequalities between them. Local authorities were obliged to ensure sufficient numbers of Children's Centres were provided to meet local need and that relevant partners worked together to ensure services were integrated. The main purpose of Children's Centres has been to:
- Provide an environment for services to work together and not in isolation;
 - Offer and co-ordinate 'step up' and 'step down' support for families who require additional support;
 - Work with families as part of a team and deliver specialist interventions when needed across a spectrum of needs, whether to individual children (e.g. early intervention speech and language therapy) or parents (e.g. accredited parenting programmes, counselling, adult education, and support with financial literacy).
- 3.2 Since 2006 further major policy changes have been introduced:
- The Early Years Foundation Stage (EYFS) curriculum became statutory in 2008 that set standards in welfare and learning for all providers caring for children from 0-5 years.
 - Responsibility for public health transferred to councils in 2015.
 - Free childcare entitlements for 3 and 4 year olds were introduced in 2010 and extended to 30 hours in 2017 for children of working parents.
- 3.3 Central government funding reductions, increasing demand for services and the changing policy landscape are providing the catalyst for local authorities to review their current provision of services. This includes expanding support to entire families, including parents and older children that acknowledges the need for whole family working and prioritisation of resources where they are most needed. A 2016 All Parliamentary Party Group report and a January 2018 Local Government Association report (<https://www.local.gov.uk/delivering-childrens-centre-services>) focused on the role that Children's Centres in some areas are now providing as hubs for local services and wider family support. By building on the existing infrastructure of Children's Centres and extending their offer to include support for parents and all children regardless of age (albeit retaining specific provision for very young children and their families), these family hubs are delivering holistic, early intervention services to families within the wider community.

Brent context for Children's Centres

- 3.4 There are 17 Children's Centres in Brent – 14 of these are managed through a 5-year contract with Barnardo's that commenced in October 2015 and was established in order to improve service delivery as well as realise required Council savings. Services are delivered within 3 clusters, operating through a unified management and workforce structure, with a single advisory board of parents and partners in each cluster. This arrangement led to the transfer of all

Brent Council staff working within the 14 Children's Centres to Barnardo's in 2015.

- 3.5 The remaining 3 Children's Centres are managed by the Curzon Crescent and Fawood Children's Centres' Partnership.
- 3.6 The types of services located from Children's Centres include:
- Brent Family Solutions (Troubled Families Programme and aligned services);
 - Health visiting and Midwifery;
 - Speech and Language Therapy Services
 - Parenting programmes;
 - Freedom programme for women affected by domestic abuse;
 - Adult education and training courses;
 - Citizens Advice Service;
 - Employment services.
- 3.7 Children's Centres have been successful in engaging families – for example 80% of all Brent families with a child aged 0-4 years have been registered to a centre. This engagement has led to significant impact in a number of areas:
- More children are school ready within the Early Years Foundation Stage (EYFS).
 - There is greater resilience amongst families at greater risk of escalating problems.
 - Demand on more acute services, such as Looked After Children has been effectively managed. There has been a reduction of under 10s coming into care.
 - Parents with very young children are better equipped with the confidence and knowledge to be effective parents and manage their child's behaviour and support their development.
 - There has been greater engagement of fathers in the lives of their children.

Initial consideration of Family Hubs

- 3.8 The changing nature of service demand has required the Local Authority to think differently about how services are delivered to families most in need within the borough. This has also been driven by the requirement to make budget savings with the result that the focus will increasingly need to be on providing targeted rather than universal services. The growing challenge of serious youth violence that can be linked to low educational outcomes, school exclusions and gang related activity, particularly acute in specific neighbourhoods, requires a different approach to be taken with the finite resource available. Services are becoming increasingly aware of the needs of vulnerable adolescents, those who are susceptible to becoming victims as well as perpetrators of crime and the requirement to support families to meet their needs.
- 3.9 Increasingly the focus should be upon whole family working, learning from good practice that has been identified in other parts of the country. Retaining the current position for Brent's Children's Centres as focusing solely on children aged 0-5 and their families is not sustainable as it limits whole family working and does not allow a focus upon those school aged children who are most in

need and who have been recognised through the Council's Outcome Based Reviews (OBRs).

- 3.10 Future service delivery will take into account the research of the OBRs on domestic abuse, children on the edge of care and reducing the impact of gang activity. It is proposed that the family hub model will enable services to be co-located and delivered to families with children of all ages including vulnerable adolescents.
- 3.11 The value of integrated service hubs for families is consistent with messages given by Brent families. A February 2018 parent satisfaction and impact study found that for 20% of parents/carers their primary motivation in choosing to attend a Children's Centre was to receive information, advice and services from one place. The proportion was higher amongst households at more risk of disadvantage - young and lone parents and parents/carers who have a child with a disability or additional need. Families that also have older age children routinely suggest that support be available that can meet the needs of older age children too. This is especially so for after school and during school holidays.
- 3.12 Children's Centres are well placed to transform into Family Hubs, as outcomes have been consistently strong, they are well known, are non-stigmatising and are in a range of accessible locations and already offer a range of services delivered by Brent Council and partners. Following on from planned scoping work some universal, community-led services may be provided from Family Hubs although it is anticipated that most statutory service provision will be targeted at the most vulnerable children, young people and their families.

4.0 Services Family Hubs could provide

Health and development, mental health needs, CAMHS provision, childhood obesity

- 4.1 It is anticipated that midwives and health visiting teams would continue to deliver services from the hubs, providing data, information and escalating concerns as they do now. Their work includes routine developmental assessments and pathways to reduce childhood and family obesity. A new CAMHS strategy is in draft format and plans to bring CAMHS services to schools and centres in the community. Adult counselling is currently provided. Referral to more acute services through these early intervention services is being explored. A number of General Practitioners are planning to co-ordinate their services under a 'Family Care Home' model of practice in specific locations across the borough. This work could be closely aligned to the developing Family Hub model.

Employment support and childcare: links with Job Centre Plus

- 4.2 There are established links and employment advisors already based within the Troubled Families teams. This provides a solid platform on which these services could be brought into the hubs. It will be necessary to closely align work with the existing Brent employment and community hubs to prevent duplication whilst ensuring that some services are available on site.

- 4.3 The Children and Young People's Department Early Help service has responsibility for early years sufficiency – helping families to find childcare appropriate for their needs and this team would be able to operate out of hubs to support people in this way. A full range of parenting support for all ages of children and young people would continue to be offered. Relationship and mediation support will be explored.
- 4.4 As referenced within the report on Brent's Youth Offer to the Council's Community and Wellbeing Scrutiny Committee on 28th November 2018, effective services to support education, employment and training opportunities for the 16-19 cohort of young people are in place and services are being retendered in 2019. It is anticipated that some of these targeted support services could be based out of Family Hubs.

Supporting families with complex needs

- 4.5 Currently the Working with Families (incorporating Troubled Families) programme works with the most complex families unless they reach the threshold for statutory specialist services. The longer-term sustainability of the Council's current early help offer will need to be considered within this plan to prepare for the end of the Troubled Families programme financial support after 2020. Currently the majority of Council provided early help support is sustained through the Troubled Families funding mechanism.
- 4.6 Partnerships will need to be further strengthened and new ones developed through the Hub model to manage a reduced resource. There is a possibility that the hubs could be managed by the voluntary sector and would bring together services delivered by all sectors as well as some parent led activities.
- 4.7 **Educational outcomes:** It is anticipated that the effective work currently being delivered through Children's Centres to support the development of pre-school age children would continue from within Family Hubs. For school age children the centres could be used as settings to support out of school extra-curricular activities and to link to services where children are at risk of fixed-term or permanent exclusion.

5.0 Examples of Family Hub Development

- 5.1 There are already multiple examples of Family Hub models in different stages of delivery and development across the country. These are being considered by Brent to identify where good practice is evident and could be replicated in the local context.

Westminster

- 5.2 Westminster City Council are developing three Children and Family Hubs supporting children between 0-19 from existing Children Centres, the first of which opened at the Bessborough centre in summer 2018. One pre-existing Children's Centre has been retained for the 0-5 age group in Maida Vale. The other 8 Children's Centres have been closed. Each Children and Family Hub will offer both universal and targeted services.¹ The three locations were chosen

¹ Westminster City Council Cabinet reports: 'Service Proposals for Early Help', Feb 15 & 'Early Help

as being within areas of greatest need of early help services, informed by indicators of children's health and development, poor parenting, low educational outcomes, risks of criminal behaviour, domestic abuse levels and becoming a victim of crime.

5.3 The priorities for the hubs have been defined as:

- A reduction in referrals to higher level interventions.
- The prevention of family breakdown resulting in entry to care.
- The building of capacity in universal providers so that they can support children earlier

5.4 The hubs have the following operational arrangements:

- A generic Early Help team to deliver services from the three hubs. They will undertake 1:1 work with families.
- A single, central intensive/Edge of Care team providing intensive support to families in crisis.
- An innovation and business development team to generate income through partnerships, opportunities within the local business community, and through 'trading' with schools.
- An early years team ensuring the development of childcare places for 2, 3, and 4 year olds.

Essex

5.5 In April 2014 the number of Children's Centres in Essex reduced from 86 to 37. One intention of this change was to free staff up from Children's Centre buildings to allow them deliver services more locally and in venues that were easier for families to access as well as provide more support in family homes. Releasing staff from Children's Centre buildings saw an increase of 22% in the number of families reached.^{2 3}

5.6 Essex County Council have commissioned the operation of their Child and Family Wellbeing Service to Virgin Care who in turn run twelve hubs in partnership with Barnardo's. Rather than targeting geographical areas of need, each of the twelve Essex districts have a central hub supported by various satellite sites in which services are delivered from. These include local libraries and village halls.

5.7 In one district Virgin Care have partnered with the West Essex CCG who commission a variety of services that are delivered from the hubs and their satellite spaces. These include: specialist school nursing, speech and language therapy, community paediatrics, a SEND dedicated officer, a specialist A&E liaison, children's community nursing and dietetics.

Coventry

Changes including Children's Centres', May 16.

² 'Essex Child and Family Wellbeing Service Quality Account', Virgin Care; Cabinet report: 'Procurement of a New Model to Deliver Integrated Pre-birth to 19 Health, Wellbeing and Family Support Services' June 2016.

³ 'Essex Child and Family Wellbeing Service Quality Account', Virgin Care; Cabinet report: 'Procurement of a New Model to Deliver Integrated Pre-birth to 19 Health, Wellbeing and Family Support Services' June 2016.

- 5.8 Coventry City Council have converted eight of their original 17 Children's Centres into Family Hubs for 0-19 year olds, the last of these being opened in May 2018. The eight were chosen for their proximity to areas of highest need and those at greatest risk of health inequalities.
- 5.9 The authority will, via the hubs, retain delivery of a targeted and specialist youth offer that is focused on the most vulnerable and hardest to reach. However, universal nursery provision will cease, with private, voluntary and independent sector providers being sought to deliver these services within existing Children Centre facilities.
- 5.10 Coventry's family hubs have an early help focus, including a professional early help team working directly from the hubs including responsibility for tying together the early help strategy with other programmes such as Troubled Families.
- 5.11 During the equality analyses and consultation process, Coventry noted a risk that families on low incomes might struggle to engage with family hubs due to costs of public transport, meaning that needs might go unmet or even worsen. Moreover the loss of a local community resource had the potential to lead to greater levels of social isolation. To mitigate this, Coventry proposed that family hubs would be located in areas of highest need, that information about alternative family activities would be freely available, that outreach support would be part of the offer, and that work would be done with local community groups and resources to offer other family focused activities.
- 5.12 An anticipated positive impact of this model in Coventry is the potential for more nursery provision to be made available via the PVI sector or schools delivering from other Children's Centres that were not converted to hubs. During consultation a number of schools and PVI providers expressed an interest in providing childcare in eight such locations.⁴

Shropshire

- 5.13 Shropshire County Council have converted seven of their original 20 Children's Centres into a redesigned service. This approach will follow the family hub model of targeted early help services for those aged between 0 and 19, and 0 and 24 for those with disabled children.
- 5.14 As with Coventry, Shropshire have opted to geographically target help at families considered most in need; identified by mapping Troubled Families data on top of information on demand levels for statutory service care, children on child protection plans, families affected by domestic abuse, long term health conditions, anti-social behaviour, low school attendance, and unemployed family members.
- 5.15 Further analysis of data was utilised to understand the needs of vulnerable families, local need, deprivation, and accessibility, given where the majority of these families live. The Shropshire Early Help Family Hubs aim to bring together

⁴ Coventry City Council Cabinet reports: 'Connecting Communities – Phase 1', Feb 2016; 'Connecting Communities – Phase 2, Aug 2016.

partner agencies, including the voluntary and community sector providers, in one place. This is in contrast to the previous model, which included wide range of early help services delivered from a wide range of areas and buildings, often making it more confusing for families to know where to go for help and support.

- 5.16 Some geographic flexibility has been incorporated into the plan, partly due to Shropshire's large and rural nature but also because of an appreciation that demographic changes are likely to alter the areas of highest need in coming years. While 70% of their Troubled Families reside in market towns, a growth in demand for early intervention services in rural locations is anticipated. Shropshire has thus made outreach services an integral part of their offer, but this is also based on the belief that early help is best delivered in homes or neutral settings, suggesting that specific buildings may not be critical to the success of the model.
- 5.17 These family hubs each follow a 'one hub, one plan, one team, one family' approach. Families will have all family-related needs met by one key worker, from one hub, working towards a single tailored family plan that adopts a whole family approach to early intervention.⁵

6.0 Relevant Data for Brent

- 6.1 Early help and the number of children accessing Troubled Families and other programmes:
- At 31 October 2018 there were 5,858 children known to the Troubled Families programme, within 2,874 families. This measure is rising as programme success is dependent on high numbers of families being worked with and outcomes achieved.
- 6.2 Data about the number of 'Children in Need' in the borough. 'Children in Need' refers to the definition under Section 17 of the Children Act (1989) regarding children who are:
- (a) unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority;
 - (b) their health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or
 - (c) they are disabled.
- 6.3 There was a total of 2,534 Children in Need in the borough as at the snapshot date of 12/11/2018. The measure of this indicator is the rate of Children in Need per 10,000 child population. For the last 3 months this stands at 391. This is a reduction from the last nationally published position (31st March 2017) of 462 but remains above the statistical neighbour and national average.
- 6.4 Data about the existing use and uptake of children's centres by children and families:
- 80% (18,555) of Brent's children under the age of 5 are registered with a Brent Children's Centre as at 15/11/18 – this is a rising trend from 75% 12 months previously.

⁵ Shropshire County Council Cabinet reports: 'Early Help – a new delivery model', Jan 18; 'Phase 2 Early Help Family Hubs', May 18 & 'Phase 2 Early Help Family Hubs', Sep 18.

- 20,331 Brent families are registered with a Brent Children's Centre as at 15/11/18
- In the 12-month period, between 01/10/2017 and 30/09/2018, 14,541 children under 5 had a contact with a Brent Children's Centre and/or their partner agencies.
- In the same period, 13,695 families had a contact with a Brent Children's Centre and/or their partner agencies.

7.0 Financial Implications

- 7.1 Developing family hubs from children's centres is listed as a 'difficult' savings proposal, which can be found in appendix B of the current budget consultation, reference number CYP008. There are currently 14 children's centres under contract with Barnardo's and 3 run by the Council. The proposal is to reduce the number of centres from 17 to 8, leaving 2 in each cluster plus retaining 2 of the council run centres.
- 7.2 The centres would be repurposed as family hubs as per the body of this report, in line with the outcome based reviews that considered children on the edge of care and involved in gang activity. The objectives of the hub would be closely aligned to the Public Health outcomes for children and families.
- 7.3 Savings proposal CYP008 will save £1.5M from the annual revenue budget of £3M, and would be implemented by October 2020 when the current Barnardo's contract ceases.
- 7.4 Savings proposal CYP010 is an alternative savings proposal to the above, and would save the full budget of £3M by closing all children's centres by October 2020. It is recognised as one of the 'most difficult' savings proposals and is listed in appendix D of the budget consultation.

8.0 Legal Implications

- 8.1 Legislation relating to Children's Centres is contained in the Childcare Act 2006 (as variously amended by subsequent Acts including the Apprenticeships, Skills, Children and Learning Act (ASCL) 2009, Education Act 2011, and Children and Families Act 2014).
- 8.2 Legislation requires the LA to provide sufficiency of Children's Centres.
- 8.3 Section 5D places a duty on local authorities to ensure consultation takes place before any significant changes are made to Children's Centre provision in their area. Any proposal to extend the service offering so it meets the wider needs of families (including those with children aged 0-5 years) from Children's Centre sites would not reduce Children's Centre provision and therefore not require formal public consultation.

9.0 Equality Implications

- 9.0 Not applicable at this stage.

10.0 Consultation with Ward Members and Stakeholders

- 10.1 Should budget proposals be approved statutory consultation will take place with stakeholders.


11.0 Human Resources/Property Implications

- 11.1 Property related implications will be considered through the Children's Centre consultation process. Human Resources implications will be managed through the Council's internal procedures during the tendering process.

Report sign off:

GAIL TOLLEY

Strategic Director of Children and Young People

	Community Wellbeing Scrutiny Committee 28 November 2018
	Report from the Strategic Director of Policy Performance and Partnerships
Community and Wellbeing Scrutiny Committee Work Programme 2018-19 Update	

Wards Affected:	All
Key or Non-Key Decision:	Non-key
Open or Part/Fully Exempt:	Open
No. of Appendices:	One: • Work Programme 2018/19
Background Papers:	None
Contact Officer:	James Diamond Scrutiny Officer Email: james.diamond@brent.gov.uk Tel: 020 8937 1068

1.0 Purpose of the Report

- 1.1 This report updates members on the committee's work programme for 2018/19 and captures scrutiny activity which has taken place outside of its meetings.

2.0 Recommendation(s)

- 2.1 Members of the committee to discuss and note the contents of the report, including updates about scrutiny issues outside of committee.
- 2.2 Members of the committee to note the changes to the committee's work programme for 2018/19 as set out in Appendix A.

3.0 Detail

- 3.1 Members of the Community and Wellbeing Scrutiny Committee discussed their work programme for 2017/18 earlier this year, which is published as Appendix A. The programme sets out what items will be heard at committee and which items will be looked at as task groups. However, the assumption made was that it would evolve according to the needs of the committee, and spare capacity would be left to look at issues as they arise.

- 3.2 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 during a committee meeting, which provided it is agreed by the chair, would mean the work programme changes. A change to the agenda for 17 April 2019 is that the item on new accommodation for independent living (NAIL) will now be discussed as part of Budget scrutiny led by the Resources and Public Realm Scrutiny Committee. There will now be a report on the Adult B Safeguarding Adult Review which will be overseen by the Independent Chair of the Brent Safeguarding Adult Board.
- 3.3 Members of the committee have noted that London North West Healthcare NHS Trust, which oversees Northwick Park and Central Middlesex Hospitals, received a Requires Improvement rating from the Care Quality Commission in a report which was published in August 2018. In response a special committee meeting has been organised for 13 December 2018 to discuss the report.
- 3.4 As part of the preparations for the committee meeting on 28 November, members of the committee visited the Bessborough Family Hub which has been set up by Westminster Council working with the health and voluntary sector.
- 3.5 The members' task group reviewing contextual safeguarding is now up and running. The Chair of the task group, Councillor Hylton, will make an interim report back to the committee on 30 January 2019 to allow members of the committee to discuss the task group's possible recommendations. A full report with final recommendations will be made to the committee on 18 March 2019.
- 3.6 Members of the committee asked for an update about progress with actions around public health set out in the Air Quality Action Plan 2017-2022. This information will be given in the update report to committee for January 2019.

4.0 Financial Implications

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

5.0 Legal Implications

- 5.1 There are no legal implications arising from this report.

6.0 Equality Implications

- 6.1 There are no equality implications arising from this report.

7.0 Consultation with Ward Members and Stakeholders

- 7.1 Ward members who are members of the committee have been involved in this report.

Report sign-off

PETER GADSDON

Director Performance, Policy and Partnerships

Community and Wellbeing Scrutiny Committee Work Programme 2018-19

Tuesday 10 July 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	External Organisations
1.	Diabetes: Diagnosis, Treatment and Prevention in Brent	Review of prevention and services for those with diabetes	Cllr Krupesh Hirani, Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health Minesh Patel, Head of Finance	Healthwatch Brent Brent Diabetes Champion
2.*	Immunisation for Children and Young People in Brent	Review of immunisation rates among under 18s.	Cllr Krupesh Hirani, Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health Minesh Patel, Head of Finance	Healthwatch Brent

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

Monday 8 October 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.**	Brent Local Safeguarding Children Board annual report	Scrutinise the 2017/18 annual report	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	Independent Chair, Brent LSCB
2.	Brent Safeguarding Adults Board Annual Report	Scrutinise the 2017/18 annual report.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care Minesh Patel, Head of Finance	Independent Chair, Brent SAB
3.	Children, Young People and Contextual Safeguarding Task Group	Set up a members' overview and scrutiny task group.	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	

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

Special Committee Meeting

21 November 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.	London Borough of Culture 2020	Proposals for borough of culture.	Cllr Krupesh Hirani, Public Health, Culture and Leisure	Dr Melanie Smith, Director of Public Health Phil Porter, Strategic Director Community Wellbeing Minesh Patel, Head of Finance	Brent Youth Parliament

Wednesday 28 November 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.**	Child and Adolescent Mental Health (CAMHS) Update	Update on CAMHS provision in Brent. Update on recommendations made in members' task group report.	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	Sheik Auladin, Chief Operating Officer, Brent CCG Duncan Ambrose, Assistant Director, Brent CCG
2.	Development of Family Hubs	Developing family hubs	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	
3.	Youth Offer in Brent	Review youth offer in Brent.	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	Young Brent Foundation Brent Youth Parliament

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

Special Committee Meeting

13 December 2018

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.	Care Quality Commission report on London North West Healthcare NHS Trust	Discussion of report and action plan for improvements.	Cllr Harbi Farah, Cabinet Member for Health	Phil Porter, Strategic Director Community Wellbeing	Simon Crawford, Director of Strategy and Deputy Chief Executive, London North West Healthcare NHS Trust. Care Quality Commission Healthwatch Brent

Wednesday 30 January 2019

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.	Contextual Safeguarding Task Group: Interim Feedback	To discuss emerging recommendations and findings from the task group.	Cllr Mili Patel Cabinet Member, Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director Children and Young People	
2.	Winter planning and NHS Services	Review urgent care and other services in winter.	Cllr Harbi Farah, Adult Social Care		Sheik Auladin, Chief Operating Officer, Brent CCG Healthwatch Brent
3.	Brent CCG Commissioning Intentions	Review commissioning intentions for 2019-2021 Focus on GP practices.	Cllr Harbi Farah, Adult Social Care		Sheik Auladin, Chief Operating Officer, Brent CCG Healthwatch Brent
4.	Dementia Services in Brent	Services for those with dementia and carers. Work towards making Brent a dementia friendly borough.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care Minesh Patel, Head of Finance	Healthwatch Brent

5.	Corporate Complaints Report	Scrutinise the 2017/18 annual corporate complaints report	Cllr Margaret McLennan, Deputy Leader	Irene Bremang, Head of Performance and Improvement Helen Woodland, Operational Director Social Care Gail Tolley, Strategic Director, Children and Young People	
6.	Childhood Obesity Task Group	Set up a members' overview and scrutiny task group.	Cllr Krupesh Hirani, Cabinet Member Public Health and Culture	Dr Melanie Smith, Director Public Health Minesh Patel, Head of Finance	

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

Monday 18 March 2019

Agenda Rank	Item	Report Details	Cabinet Member	Brent Council Officers	Other Organisations
1.**	Contextual Safeguarding Overview task group	Full report and recommendations of the members' task group	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	
2.*	Improving educational achievement of Black Caribbean boys	Review of underachievement in schools of boys of black and Caribbean heritage.	Cllr Amer Agha, Schools, Employment and Skills	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	
3.*	School Standards and Achievement Report 2017-18	Scrutinise school standards for 2017-18	Cllr Amer Agha, Schools, Employment and Skills	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	
4.**	Young People Not in Education Employment and Training (NEET)	Scrutinise numbers of NEET young people and how the local authority is addressing this issue.	Cllr Mili Patel, Children's Safeguarding, Early Help and Social Care	Gail Tolley, Strategic Director, Children and Young People Andrew Ward, Head of Finance	

Wednesday 17 April 2019

Agenda Rank	Item	Themes	Cabinet Member	Brent Council Officers	Other Organisations
1.	Transforming Care	Implementation of Brent's Transforming Care programme set up in response to Winterbourne View report.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care	Sheik Auladin, Chief Operating Officer, Brent CCG
2.	Safeguarding Adult Review: Adult B	Recommendations following the review into the case of Adult B.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care	Sheik Auladin, Chief Operating Officer, Brent CCG Michael Preston-Shoot, Independent Chair, Brent Safeguarding Adults Board
3.	Brent's Open Spaces and Physical Activity	Review how open spaces are helping to promote physical activity.	Cllr Krupesh Hirani, Cabinet Member Public Health and Culture	Dr Melanie Smith, Director Public Health Amar Dave, Strategic Director Regeneration and Environment	
4.	Home Care Recommissioning	Update on Task Group Report presented to Cabinet in April 2018.	Cllr Harbi Farah, Adult Social Care	Phil Porter, Strategic Director Community Wellbeing Helen Woodland, Operational Director Social Care	

5.	Childhood Obesity: Overview and Scrutiny Task Group Report	Presentation of recommendations from members' task group.	Cllr Krupesh Hirani, Cabinet Member Public Health and Culture	Dr Melanie Smith, Director Public Health	
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*Items involving school education. ** Items which may involve partnership work with schools.