



Scrutiny Task Group Scoping Paper
Community and Wellbeing Scrutiny Committee
Child and Adolescent Mental Health Services

Young people and mental health

1. Improving the mental health of Brent's young people is a considerable challenge. According to data based on national projections, it's thought that one in ten school-age children in Brent have a diagnosable mental health condition which equates to an estimated 4,575 children and young people. However, while early intervention can prevent crisis and the development of long-term mental health conditions in later life, national research suggests that only one in three of those with diagnosable conditions will access any form of mental health support. Furthermore, mental health problems in children and young people can result in lower educational attainment while early support avoids young people falling into crisis and the need for long-term interventions into adulthood. ¹

2. Brent has a disproportionately large number of young people in social groups who for environmental reasons may be at higher risk of developing poor mental health. Vulnerable groups include those in contact for the first time with the criminal justice system, children and young people from BME communities, children with a learning disability and children and young people who go missing. Furthermore, there is a correlation between a risk of poor mental health and poverty, and Brent has the highest number of children who are living in poverty of any borough in north-west London. ²

3. As well as the emotional pain and cost to children, young people and their families there is also an economic cost resulting from poor mental health. For example, Brent has the fourth highest crime cost in London as a result of conduct disorder. A study in 2016 identified that it was a priority to ensure that mental health projects which promote the importance of good emotional health are available to all schoolchildren. These programmes could save Brent an estimated £23million over five years. ³

Brent's child and adolescent mental health services

¹ 'Child and Adolescent Mental Health Services in Brent', Brent CCG, report to Scrutiny Committee 9 February 2016, p1; 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p8

² Ibid p9

³ 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p11

4. In March 2015, the government published Future in Mind – a strategy for promoting and improving young people’s mental health – which also offered additional funding for Child and Adolescent Mental Health Services (CAMHS). In response, a Local Transformation Plan for CAMHS was developed across north-west London with a dedicated plan and objectives for Brent. This was developed in partnership by the NHS and the local authority, and agreed by the Chair of the CCG and the Council Leader. In Brent the implementation of the plan is led by a subgroup of the Children’s Trust, chaired by the CCG’s Assistant Director. The transformation plan, which was developed with young people’s involvement, will implement improvements across CAMHS services. The plan was approved by NHS England in December 2015. An update on progress with the plan was given to Brent’s Health and Wellbeing Board on 22 March 2016. ⁴

6. At present, CAMHS in Brent spans universal services from tier 1 for every child and family to tier 4 specialist services for smaller numbers of children and young people. Children and young people experiencing difficulties that could be related to their mental health are usually first identified as needing tier 1 services, for example by a teacher, GP or health visitor. Tier 1 can include online self-help or self-instruction, peer mentoring, children’s nurture groups, and parents’ training. Tier 2 are single professional specialist services and community-based services delivered by mental health professionals such as psychotherapists and psychologists working in GP practices, schools and youth services. They identify severe or complex needs, requiring more specialist intervention or treatment at a higher tier. ⁵ Tier 3 and tier 4 offer more specialist support for mental health problems. At tier 2 an estimated 4,575 children and young people will require support, 1,370 children at tier 3, and 60 at tier 4. ⁶

7. For specialist community CAMHS, the largest group receiving support in absolute numbers is White British although this group only makes up around one quarter of Brent’s under 18 population. The peak age for females to receive support is 10 and for males it is 15. ⁷

8. In 2015/16, spending on CAMHS in Brent was £2,471,000 by Brent CCG and £403,629 by NHS England. Brent Council’s Public Health gave a one-off grant of £30,000 towards funding training for school staff. There is also the funding of £370,751 towards the Targeted Mental Health in Schools (TaMHS). ⁸ However, Brent’s spending on CAMHS is slightly below the median average for London

⁴ ‘Child and Adolescent Mental Health Services in Brent’, Brent CCG, report to Scrutiny Committee 9 February 2016, pp.1-2; ‘Update on Children and Young People’s Mental Health and Wellbeing Transformation Plan’, Brent Health and Wellbeing Board 22 March 2016

⁵ www.icptoolkit.org/child_and_adolescent_pathways/about_icps/camh_service_tiers.aspx

⁶ Ibid pp.8-9

⁷ ‘Child and Adolescent Mental Health Services in Brent’, Brent CCG, report to Scrutiny Committee 9 February 2016, pp.5-6

⁸ Brent CCG, report to Scrutiny Committee 9 February 2016, p3

boroughs.⁹ Future in Mind noted that nationally few children with diagnosable mental health conditions access NHS-funded community mental health services and there is a specific requirement to increase access for those children to services.

Scrutiny's role

9. Child and Adolescent Mental Health Services (CAMHS) was last reviewed by the Scrutiny Committee in February 2016 when members were updated about the Local Transformation Plan and discussed related issues such as the rates for referrals.¹⁰

10. In June 2016, the new members of the Community and Wellbeing Scrutiny Committee, which superseded the former Scrutiny Committee, identified CAMHS as an area which required more attention by them and put it on their work programme for 2016/17. It is timely for scrutiny to carry out a task group review CAMHS because of the transformation plan which is being implemented at present.

11. The purpose of this scrutiny task group will be to review the effectiveness of the CAMHS model in providing support to young people in Brent at present, and how the model could be adapted to better meet needs in the future.

12. However, to be workable in such a broad area the scope of the task group's enquiry needs to be tightly focused. Therefore, it's suggested that the task group is limited to certain areas of CAMHS in Brent. The focus will be:

- children and young people in Brent aged 12 to 18
- existing referral and discharge pathways
- examples of good practice
- existing identification at tiers 1 to 3
- awareness in schools and other settings for children and young people.
- how well existing or proposed services would meet requirements of National Institute of Clinical Excellence (NICE) guidance and the THRIVE model.¹¹

13. A task group will need to be aware of the existing 'escalator' model for CAMHS, which is organised in tiers but is moving towards universal, targeted and specialist support, and the appropriateness of other frameworks such as THRIVE. It can also look at the desirability of any proposed changes such as the introduction of a lead provider model, what the 'front door' should be for referrals, and if there should be a centralised way to direct children's cases as well as the proposals for mental health co-ordinators and the role of extra support.

⁹ 'North West London CAMHS Assessment' Meic Goodyear and Lorraine Khan, UCL Partners, May 2016, p11

¹⁰ Brent Council Scrutiny Committee minutes, 9 February 2016

¹¹ THRIVE is the Anna Freud Centre and Tavistock model for CAMHS. See www.annafreud.org/media/2552/thrive-booklet_march-15

14. In terms of identification, it can look at issues of stigma deterring children and young people from seeking help, how different communities in Brent may understand mental illness and how schools and other settings for young people understand their role in supporting emotional wellbeing.

15. It can also look at the existing challenges such as increasing number of young people accessing the service, waiting times for referrals and support and the effectiveness of present provision, including how far early intervention could prevent cases reaching a higher clinical threshold of support at tier 3.

16. A task group can examine the challenges faced in redeveloping CAMHS from the perspectives of professionals, parents, children and young people in the borough.

17. As members, a scrutiny task group can bring a fresh perspective to the challenges of CAMHS and triangulate the different sources of information and data, and review the relationships and co-ordination between the NHS, Brent Council's Children's Services, Children's Trust, Health and Wellbeing Board, schools and the voluntary sector.

18. The task group's objective is to develop up to **five recommendations** which are clear and directive and based on a rigorous challenge and supported by detailed evidence. Rather than carry out a policy review, which may result in very little change, the task group will make recommendations which can then be implemented by the Cabinet, or requested for implementation by the NHS, health partners or any other organisation.

19. The methodology will be to gather qualitative and quantitative evidence to develop its recommendations. In particular, the task group will do a series of face-to-face interviews with those involved.

These could include:

- NHS and health providers
- Brent CCG
- Parents and young people
- Voluntary sector representatives
- School and further education representatives
- Strategic Director of Children's Services and Cabinet Member for Children and Young People.

20. The task group will report back to the Community and Wellbeing Scrutiny Committee by 9 May 2017. The detail of the meetings will be in the task group's project plan.

21. The task group will be required to adhere closely to its terms of reference as set out in Appendix A.

22. The membership of the committee will be up to four members and if appropriate one co-opted member from the committee. This number include a chair of the task group. The list of task group members is set out in Appendix B.

23. Scrutiny Officer James Diamond from Strategy and Partnerships in the Chief Executive's Department will support the task group, and liaise with the other organisations involved in the task group's work.

APPENDIX A

Terms of reference

The terms of reference for the task group will be to:

- a) Understand the existing CAMHS model and its effectiveness in delivering services.
- b) Evaluate the effectiveness of early intervention in preventing the need for advanced support.
- c) Review waiting times for referrals to services.
- d) Highlight issues of concern in services or areas of good practice.
- e) Reflect on co-ordination, planning and co-operation between different agencies and organisations.
- f) Evaluate transformation proposals such as a single provider model or the development of mental health co-ordinators.
- g) Reflect on under-representation of some groups of young people from support.
- h) Evaluate the existing referral system for parents, the local authority, schools, voluntary organisations and other appropriate organisations, and proposed changes.

APPENDIX B

Task group membership

Cllr Ahmad Shahzad OBE, task group chair

Cllr Ruth Moher

Dr Jeff Levison, co-opted committee member