



## **Community and Wellbeing Scrutiny Committee**

19 July 2017

### **Report from the Director of Policy, Performance and Partnerships**

For information

Wards affected: ALL

### **Report by the Child and Adolescent Mental Health Services Scrutiny Task Group**

#### **1.0 Summary**

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

#### **2.0 Recommendations**

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

#### **3.0 Background**

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

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

#### **4.0 Detail**

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

#### **Brent Clinical Commissioning Group**

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

#### **Brent Clinical Commissioning Group and Brent Council**

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

## **5.0 Financial Implications**

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

## **6.0 Legal Implications**

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

## **7.0 Diversity Implications**

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

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