



**Cabinet**  
11 September 2017

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

For information

Wards affected:  
ALL

**Brent's Child and Adolescent Mental Health Services: A  
Scrutiny Task Group Report**

**1.0 Summary**

- 1.1 This report sets out the recommendations developed by members of a task group set up to review Child and Adolescent Mental Health Services (CAMHS).

**2.0 Recommendations**

- 2.1 Members of the Cabinet to note the recommendations and contents of the task group's report as they were agreed by Community and Wellbeing Scrutiny Committee on 19 July.

**3.0 Background**

- 3.1 The Community and Wellbeing Committee agreed in its work plan for 2016/17 to set up a number of task groups to review important areas of policy, including a task group to evaluate the provision and development of CAMHS in Brent.
- 3.2 The scope was set out in the scoping paper agreed 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. This included looking at the transformation plans being developed.
- 3.3 The focus of the task group in gathering evidence was on qualitative evidence from face-to-face discussions with NHS and health providers, Brent Clinical Commissioning Group (CCG), school and further education representatives, and community representatives.
- 3.4 The chair of task group was Councillor Ahmad Shahzad OBE, the other members were 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.

- 3.5 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.
- 3.6 The transformation plan, which was developed with young people’s involvement, is implementing 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.
- 3.7 Brent has a disproportionately large number of young people in social groups who may be at high-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 In total, the task group developed five recommendations in its report which were discussed and agreed at committee on 19 July 2017 [Appendix A]. In the report, the task group said that four of the recommendations were for Brent CCG and one was a joint recommendation to be implemented by Brent CCG and Brent Council.
- 4.2 In attendance at Scrutiny and Wellbeing Scrutiny Committee on 19 July to discuss the report, which was presented by the task group chair, was the Strategic Director for Children and Young People, the Cabinet Member for Children and Young People as well as the Assistant Director of the CCG, the Chief Operating Officer and Vice-Chair of the CCG.
- 4.3 Brent CCG gave their response to the report and its recommendations at the meeting. While they agreed with the recommendations, the CCG requested that recommendation four should also be a joint recommendation for the council and CCG. However, after discussion, members of the committee said all the five recommendations should be as they stand in the report.
- 4.4 The recommendations are as follows.

##### 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.

- 4.5 As stated in the task group report, an external body or local authority executive is not compelled to act on a recommendation; however, an executive must respond within two months. NHS organisations are expected to give a meaningful response within 28 days of recommendations being agreed by a local authority's scrutiny committee. Again, they are not legally compelled to act on a scrutiny committee's recommendation.

## **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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