Witness Name: Dr Shermin Imran and
Ms Amanda-Jayne Brown
Exhibits:
Date:27th August 2025

THE SOUTHPORT INQUIRY

FIRST WITNESS STATEMENT OF
DR SHERMIN IMRAN AND MS AMANDA-JAYNE BROWN

This statement is jointly authored by Dr Shermin Imran and Ms Amanda-Jayne Brown. Together, we held senior leadership responsibilities during the relevant period and contributed to the preparation of this statement.

INTRODUCTION

Dr Shermin Imran

1. I am Dr Shermin Imran, MBBS, FRCPsych, GMC No: 5183861, Consultant Child & Adolescent Psychiatrist and Lead Consultant for Forensic Child and Adolescent Mental Health Services North West (FCAMHSNW). I am employed by Greater Manchester NHS Foundation Trust (GMMH), based at Prestwich Hospital, Manchester, M25 3BL.

2. I trained as a Specialist Child and Adolescent Psychiatrist and approved clinician under Mental Health Act and have been working as a Consultant Psychiatrist at GMMH Child and Adolescent Mental Health Service (CAMHS) since 2008, for 10 years as an in-patient psychiatrist and over the last 7 years as a psychiatrist within FCAMHSNW. I have experience of working as a Lead Psychiatrist for CAMHS at GMMH and have also volunteered as an advisor for NHS England and the Royal College of Psychiatrists. I am an approved trainer

and continue to train psychiatrists in CAMHS at GMMH. There has been no change in my role since this incident.

Amanda Jayne-Brown

3. I am Amanda-Jayne Brown, Head of Operations for the CAMHS Division within GMMH. The Forensic Child and Adolescent Mental Health Services North West (FCAMHSNW), sits within the portfolio of the CAMHS Division. I am employed by Greater Manchester NHS Foundation Trust (GMMH), based at Prestwich Hospital, Manchester, M25 3BL.

4. I trained as a Specialist Child and Adolescent Social Worker qualifying in 1995, working with both Statutory and Voluntary Organisations as a protected Social Woker. My Professional Registration number is SW42218 . I specialise in Child and Adolescent Mental Health in 2004. In addition to my Social Work Qualifications, I hold a MSc in Organisational Development Management awarded in 2010. Throughout my 30-year career I have been a clinician, led and managed children's services at both a junior and senior level, before developing an adult/Child mental health portfolio as Head of Operations. I have been a Head of Operations for 7 years. There has been no change in my role since this incident.

5. This witness statement is made to assist the Southport Inquiry (the "Inquiry") with the matters set out in the Rule 9 request, dated 12 August 2025. For ease of reference and to ensure that all matters are appropriately addressed, the questions asked within the request letter are reflected in the sub-headings below.

BACKGROUND

Please provide an overview of the role and remit of FCAMHS (operated by Greater Manchester Mental Health Foundation Trust) and briefly summarise the work done by the service.

1. FCAMHSNW is one of thirteen regional forensic mental health services for children and young people in England. GMMH has been commissioned to operate FCAMHS for the North West, since 2017. FCAMHS is commissioned

to deliver quality mental health consultation, advice, assessment and limited intervention for high-risk young people with complex needs who are:

- Under 18 at the time of referral, with no lower age threshold
- Presenting with serious conduct, emotional distress; neuropsychological challenges, severe mental health concerns, or neurodevelopmental conditions, where there are valid concerns about the potential presence of such conditions;
- Usually involved in dangerous, high-risk behaviours whether they are in contact with the youth justice system or not.

2. Advice and Consultation:

   The allocated FCAMHS practitioner will engage with professionals closely involved with the young person to gather pertinent information. This information will be utilised to formulate a structured narrative of the young person's difficulties. This narrative will integrate information from various sources and elucidate the reasons for the young person's presentation, its development, and its maintenance within a biopsychosocial framework. Subsequently, the practitioner will provide guidance and recommendations to professionals working directly with the young person to address any areas of unmet need and mitigate high-risk behaviours.

3. Assessment:

   In complex high-risk cases where it has not been possible to develop a formulation from consultation and a specialist opinion is required, a FCAMHS practitioner will undertake a direct assessment. This involves interviewing the young person, their parents or carer and, if necessary, administering specialist assessment tools. Subsequently, an assessment report is developed which contains a formulation of the presenting difficulties and risks and provides recommendations to the professional network directly involved in the young person's care, or that a referral is made to a specific agency to provide care or treatment.

4. Intervention within the Young Person's Professional Network:

A FCAMHS practitioner can provide supervision to community practitioners (i.e. those working locally with the young person), in line with the consultation model; provide specific training, reflection or guidance to address issues identified within the formulation; psychoeducation around diagnoses; and time-limited support to young people to understand their formulation. FCAMHS is not commissioned, as per the NHS England FCAMHS Service Specification, to deliver interventions directly to young people to address areas of unmet need, for example, the treatment of a mental health condition.

5. During FCAMHS involvement with a young person, the referrer or other lead professional remains the responsible case co-ordinator. This professional is responsible for holding the overarching risk assessment and management plan for the young person, ensuring that advice and recommendations are included in the young person's care plan, and ensuring that allocated actions are completed by members of the young person's professional network.

Please explain how FCAMHS works with CAMHS at Alder Hey Children's NHS Foundation Trust, and the respective roles and remits of the two services.

6. Alder Hey Children's NHS Foundation Trust are commissioned to provide child and adolescent mental health services (CAMHS) in Liverpool and Sefton. These services provide support for children and young people up to the age of 18, who are experiencing mental health difficulties which include:
    - Anxiety
    - Attachment disorders
    - Conduct and behavioural problems
    - Depression
    - Emotional and behavioural difficulties associated with learning disabilities
    - Obsessions and compulsions
    - Psychosis
    - Post-traumatic stress disorder
    - Self-harm
    - Complex psychological difficulties

7. The CAMHS teams are commissioned to provide treatment to children and young people with underlying mental health conditions, employing a diverse range of psychosocial interventions, talking therapies, and pharmacological interventions. CAMHS will also conduct a risk assessment and collaborate with the young person, their parents and carers to develop a comprehensive management plan. This collaborative approach aims to mitigate the risk they pose to themselves, others, and from others.

8. FCAMHS can accept referrals directly from practitioners working at Alder Hey Children's NHS Foundation Trust, in line with the inclusion criteria for the service. The referrer is required to obtain the child or young person's consent, or the consent of the person with parental responsibility if under 16, prior to making the referral to the service, and include a detailed account of the forensic concerns, risks, and mental health needs. As described earlier in this statement, FCAMHS do not take over case management responsibility, and the referrer from Alder Hey remains the lead co-ordinating professional, unless another lead professional who has agreed to take on this responsibility is identified, such as the allocated social worker.

9. During the consultation process, the practitioner from FCAMHS may recommend:
   - A specific assessment CAMHS should undertake;
   - A type of treatment or therapy;
   - Information to be included in a risk assessment;
   - Changes to a risk management plan which reduce and mitigate an identified risk;
   - Onward referral to another assessment pathway not held within CAMHS, such as the local neurodevelopmental pathway.

10. The recommendations arising from the review are intended to be system-wide, rather than limited solely to CAMHS. Recommendations are clearly described with designated community professionals as action owners. It is the

responsibility of community professionals to progress the specific actions and discuss any barriers and facilitators during the consultation process. This approach also enables the actions to be followed up during the consultation process.

Overview of FCAMHS' involvement with AR

Referral to FCAMHS, forensic assessment and closure to FCAMHS

Please review GMMH000012 and summarise the criteria for referral to FCAMHS.

11. FCAMHS accepts referrals for children and young people aged 18 and under, residing in Greater Manchester, Lancashire, South Cumbria, Merseyside, Tameside, Glossop, West and East Cheshire. They may present with serious conduct, emotional, neuropsychological, or mental health issues, including neurodevelopmental conditions like learning disabilities and autism. These young people often engage in dangerous, high-risk behaviours, whether in contact with the youth justice system or not. This includes young people who pose a high risk to others through acts like fire setting, physical assault, and sexual offending.

12. In exceptional cases, the service can support other young people with complex needs, causing significant concerns across agencies. This is agreed on a case-by-case basis, depending on clinical need and presenting issues.

Please summarise the circumstances in which a referral to FCAMHS will be closed.

13. The decision for closing a referral is made by the FCAMHS practitioner in discussion with the referrer and other professionals involved. In general, referral closure will either follow a period of consultation or an assessment, and the professional network are satisfied to implement the associated recommendations and do not require further consultation. All referrals are closed with the caveat that the young person can be referred back to FCAMHS up until their 18th birthday for further consultation if there is an escalation or

change in their risk profile, or if there has been no change in their presentation following a satisfactory trial of the recommendations.

14. FCAMHS require the young person to be open to a lead co-ordinating professional for the duration of the service's involvement. If the co-ordinating professional discharges the young person and no other service take over co-ordinating responsibility for the young person, then FCAMHS will escalate concern within the local system at a senior level; i.e. assistant director and/or above. FCAMHS will close the referral, having provided an explanation for doing so after raising risk concern to the local system i.e. education, youth offending, social care, camhs any other interested party.

15. If a young person open to FCAMHS moves out of the region, then the young person will remain open to the service, despite them residing in an out of area locality, to maintain continuity. The FCAMHS practitioner will seek assistance from the FCAMHS team where the young person now resides, who can assist in providing local knowledge to support the consultation process. If the young person's relocation is likely to be permanent, then the two FCAMHS services will agree a transfer the referral.

Please explain the nature and purpose of a forensic assessment by FCAMHS.

16. A forensic assessment is conducted by the FCAMHS practitioner in complex high-risk cases where it has not been possible to develop a comprehensive formulation and recommendations through the consultation process, or when a specialist opinion is required. Assessments take place with the young person and their parents or carers in a local venue, to support engagement.

17. The service can draw upon the skills of a full and diverse multidisciplinary team, undertaking specialist social work, specialist LD and Mental Health Nursing, psychological, psychiatric, speech and language, and neurodevelopmental assessments. It is important to note that FCAMHS did not have the capability to undertake assessments for autism or developmental language disorders, when AR was involved with the service; this capability was a very recent

development from service transformation funding in 2023/24 to improve access for young people with a learning disability or autism.

In hindsight, do you consider that a forensic assessment should have been undertaken by FCAMHS in relation to AR? If so, why and when? If not, why not?

18. I have reviewed exhibits [GMMH000006 and GMMH000007], which are letters that summarise FCAMHS consultation meetings that took place on 21 January 2020 and 4 March 2020, written by John Hicklin, Clinical Nurse Specialist at FCAMHS. In these letters Mr Hicklin summarises the discussion from the meetings and makes several recommendations. Mr Hicklin believed AR likely had autism, which needed specialist assessment. He thought this assessment would help to categorise AR's high-risk behaviour, support with the development of a risk management plan, could be used in the development of an Education and Health Care Plan (EHCP), and assist in the identification of education provision that would meet his needs. Mr Hicklin also recommended several psychologically informed interventions which could be commenced by CAMHS, considering a likely diagnosis of autism, to address his high-risk behaviour.

19. In exhibit [GMMH000007], which details the second FCAMHS consultation meeting that took place on 4 March 2020, Mr Hicklin stated that, until AR had been assessed for autism, FCAMHS would not be able to contribute further to the understanding of risk. Considering the capabilities of the service as it was then, I believe it is unlikely that a direct assessment would have led to a different understanding of AR's difficulties or additional recommendations being made.

20. After the autism assessment, a referral back to FCAMHS for further consultation may have been helpful. FCAMHS could have supported professionals to formulate AR's behaviour and risk in the context of a diagnosis and advise on adapting interventions to improve their effectiveness. If, at this consultation, gaps were identified in the formulation, a forensic assessment, then, may have been helpful.

In hindsight, do you consider that it was appropriate for AR's case to be close to FCAMHS in March 2020? If so, why? If not, why not?

21. It is my opinion that there may have been value in delaying discharge and holding a further multiagency professional meeting. At this meeting FCAMHS could have recommended professionals challenge Sefton CAMHS' decision to discharge or recommend that they identify an alternative service who could take on the psychologically informed interventions. FCAMHS could also have recommended that another professional take on the responsibility for escalating AR's autism assessment on the neurodevelopmental pathway.

Risk Assessments

Please provide an overview of:

A. How risks are assessed at FCAMHS;

B. How risks were assessed in AR's case by FCAMHS.

22. When FCAMHS accepts a referral for a young person, the responsibility for holding and maintaining the risk assessment, remains with the referrer or lead co-ordinating professional. FCAMHS do not take on the responsibility for assessing the young person's risk or putting in place a risk management plan, as these processes require direct contact with the young person and the capability to enact the management plan. Additionally, as FCAMHS involvement is time limited, with routine meetings taking place monthly or more frequently, the service would not be able to respond to the changes in risk in a timely manner.

23. FCAMHS supports the professional network in completing their risk assessment by gathering risk information through the consultative process, interpreting this information to develop an understanding of the risk, and making recommendations for inclusion in their risk management plan. FCAMHS draw upon a large evidence base of research and literature, to develop the risk formulation and recommendations.

24. In AR's case, risk information was first shared when telephone advice was sought from FCAMHS and, subsequently, when he was referred to the service. This information was used to triage him against the FCAMHS inclusion criteria. During the consultative process, Mr Hicklin gathered risk information from the professional network in attendance at the meetings. An understanding of risk was developed based on this information and recommendations were shared, which are described in exhibits [GMMH000006 and GMMH000007].

Involvement with other agencies

Insofar as FCAMHS was involved with other relevant agencies, what is your reflection on FCAMHS' dealing with them in relation to the events under investigation? Please address matters such: as any joint working arrangements; information sharing and the effectiveness of communication; and the degree of openness between agencies.

25. On reviewing the electronic patient record of FCAMHS involvement in AR's case, I can see that Mr Hicklin made several attempts via phone and sent an email to Mr Skott Morgan, Mental Health Practitioner for Sefton CAMHS, before he successfully spoke to him. This does not appear to have had caused significant delays in the consultative process.

26. There was no representation from Sefton CAMHS at either of the FCAMHS consultations. I believe it would have been helpful for CAMHS to be present at both meetings to enable members of the professional network to ask them questions, to allow them to share their clinical opinion within the forum, and to support the development of the collaborative formulation and understanding of risk. Given the recommendations made by FCAMHS in the first consultation meeting, which includes psychological intervention to address high risk behaviour, their perspective on the suitability of CAMHS taking on this recommendation would have been beneficial and advising about alternative local resources, if required.

Reflection on events

On reflection, do you consider that FCAMHS could have done more or done things differently. Both with the corporate knowledge that the service had at the time and, if different, now with the benefit of hindsight and/or wider understanding of the events.

27. As previously advised, with the knowledge that the service had at the time, there may have been value in holding another consultation meeting following the discussion on 4 March 2020. At the second consultation meeting, FCAMHS became aware that practitioner from the Criminal Justice Liaison and Diversion Team and Sefton CAMHS had discharged AR. However, it was noted that Ms Anna Croll, Case Manager for Sefton Youth Offending Team, had become involved to deliver offence specific interventions as part of AR's 10-month referral order. It was not clear in exhibit [GMMH000007], a letter which summarised the consultation meeting, who would be taking over responsibility as the lead co-ordinating professional, and would be monitoring the implementation of FCAMHS recommendations and ensuring they were included in the overarching care plan and risk management plan for AR. This meeting could also have been used to explore, who would be contacting the neurodevelopmental pathway to request that AR's assessment be expedited and to consider what service could have taken on the recommendation of delivering psychological interventions to AR.

Do you consider that the (a) guidance; (b) training; and (c) resources available to FCAMHS were adequate for the nature of the involvement it had in the events under investigation? Please address this both with the corporate knowledge that the service had at the time and, if different, now with the benefit of hindsight and/or wider understanding of the events.

28. The training available to FCAMHS practitioners at the time of the service's involvement with AR was fit for purpose and in line with the expectations set out in the National Service Specification. The service was adequately resourced to operate in line with the service model. The Standard Operating Procedure for the service was in draft and but did provide sufficient guidance to professionals

on undertaking the core functions of the service. Mr Hicklin was a very experienced practitioner within the service and was familiar with the protocols and resources available.

29. At the time of the services involvement with AR, the service did not have the ability to undertake a direct assessment of autism, to clarify the formulation and be able to provide specific advice and recommendations as a result of such a diagnosis. That said, FCAMHS explained a range of factors to be considered in a risk assessment in case of a diagnosis of autism in the letter detailing the second consultation.

Improvements

Please summarise the key findings of the Rapid Review of Care conducted by FCAMHS following the Southport Attack (GMMH000008) and any changes which were brought following that review.

30. A Rapid Review of Care was conducted by GMMH on 30 July 2024. The review focused on the full duration of FCAMHS involvement, from 13 December 2019 to 11 March 2020. The following care or service delivery concerns were found:

- AR was referred to FCAMHS on 13 December 2019, but an initial consultation meeting did not take place until the 21 January 2020. This is beyond the four-week key performance indicator, which requires a date for the consultation meeting to be offered within four weeks of referral. It is important to note, this key performance indicator was not in place at the time of AR's involvement with FCAMHS and is a more recent development.
- The clinical record for AR does not reveal whether letters detailing the consultation were sent to all professionals involved in the consultation process. A consultation template has been in place since August 2023, which now mandates this.
- The consultation letters are well written; however, the clarity and readability of the letter could be made clearer with headings and recommendations

separated as a bulleted list. Again, a template for consultation letters has been in place since August 2023 which addresses this.

- The consultation suggested that AR may be displaying traits indicative of autism, and it was recommended to Sefton CAMHS that they refer AR to the local neurodevelopmental pathway. In 2022, NHS England increased FCAMHS funding to improve access to the service for young people with autism or a learning disability, and these funds should be used, in part, for autism diagnostic assessments. FCAMHS now has the capability to offer an autism assessment to young people where an excessive delay in completing this assessment may increase the risk of a young person entering the criminal justice system or their admission to a secure setting.

31. The Rapid Review of Care found that the concerns raised in care or service delivery, had already been addressed through improvements that took place in the years following FCAMHS involvement with AR, prior to the incident taking place.

Please review the "Rapid Review Meeting outcome" (AHC000165).

A. Please summarise FCAMHS' involvement in the rapid review process.

B. Please provide details of any changes which were implemented by FCAMHS as a result of the rapid review.

32. The document Rapid Review Meeting outcome (AHC000165) indicates that information was received from FCAMHS; however, neither a representative from FCAMHS or GMMH are recorded as having attended the Rapid Review meeting which was held on 27 August 2024. There is no reference in the document to say whether FCAMHS or GMMH were invited. FCAMHS is referenced once in the main body of the document, which states that at a strategy meeting took place on 17 December 2019, and it was "recommended that further assessments were carried out by CAMHS, FCAMHS and Prevent to assess the triggers for his reactions". The document sets out no recommendations for FCAMHS.

Are you aware of relevant improvements that have been made in FCAMHS since these events?

33. In the years since FCAMHS has been involved with AR the service has made several improvements, which include:
    - Following an increase in funding the development of a learning disability and autism pathway in the service, FCAMHS has been provisioned to deliver autism assessments in those young people, where a diagnosis is suspected, and for the safety of the young person and others, it is not appropriate for the young person to wait.
    - Additional funding has also allowed FCAMHS to recruit a speech and language therapist, and specialist learning disability nurse, to enhance the service offer for young people with neurodevelopmental variance.
    - A template for consultation letters/reports is in place which, through use of headings, makes risk information and recommendations clearer. Each of these recommendations is now allocated to an agency, allowing FCAMHS to check the progress of recommendations at review meetings. The template also includes details of all professionals in attendance at the meeting and who the report was sent to. Confirmation of receipt is requested from each recipient, which is then recorded in the clinical record. The quality of the FCAMHS letters is audited regularly, internally and by commissioners. This ensures our partners are receiving clear advice and recommendations, which can easily be incorporated into their care plans and local risk assessments.
    - The escalation process is now clearer when a service does not adopt critical recommendations, closes referrals, or discharges in ways considered unsafe.
    - Practitioner guidance for when a case should be assessed has been strengthened.
    - The service now has key performance indicators in place, with respect to triaging referrals in one working day, offering an initial consultation within four weeks, and sending the letter detailing the consultation within three weeks of the meeting taking place.

- The decision to close a referral to FCAMHS has been made more robust. The practitioner now requires a colleague to scrutinise the clinical impression, recommendations, and decision to discharge, before providing their endorsement. If there is a difference in clinical opinion, the case is taken for senior review at the weekly FCAMHS multidisciplinary team meeting.

The Chair is tasked with making recommendations but ensuring, through engagement with relevant practitioners, the recommendations are practicable. Please set out any improvements that could be made relevant to FCAMHS' involvement that would be practicable and make and effective difference.

34. During the consultative process, FCAMHS recommended that AR be offered psychological interventions to address his high-risk behaviour in the context of his suspected diagnosis of autism. Sefton CAMHS subsequently discharged AR prior to the second consultation meeting as there was no evidence of mental illness and AR was on the waiting list for an autism assessment. There appears to be a gap in service offer for children and young people who display high-risk and high-harm behaviours, in the absence of a mental health disorder, who would benefit from a structured psychological intervention. Currently the FCAMHS service model, as described in the NHS England FCAMHS Service Specification, sets out no provision for this, and currently there would be feasibility issues to offering this within a regional model, due to insufficient resources, and distances would be prohibitively large for young people to attend a central clinic, or practitioners to regularly travel to a venue local to the young person.

35. Several solutions to the gap could include:
    - Investment in Youth Justice Services to recruit or train therapists to deliver a psychologically informed intervention to address high-risk behaviour.
    - The development of a specialist pathway in community CAMHS which permits them to accept these cases, with suitable investment to meet the increased demand on services or hold these services until there is another

organisation who would act as a lead professional, holding a risk share across the system.

- The development of a specialist psychological intervention service for young people who display high-risk high-harm behaviours.
- A review of the FCAMHS service model and increased investment, so that FCAMHS could deliver psychological interventions to this cohort of young people following a suitable forensic assessment.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed: Signature

Full name: Dr Shermin Imran

Signature

Signed:

Full name: Amanda-Jayne Brown

Dated: 27th August 2025