



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.

Title: Foundations
For Our Future –
the final Report
from the Sussex
Wide Children &
Young Person's
Emotional Health
& Wellbeing
Service Review

Date of Meeting: 28 July 2020

Report of: Clinical
Commissioning
Group/ Executive
Director Families,
Children and
Learning

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Wards Affected:
ALL

FOR GENERAL RELEASE

Executive Summary

Foundations For Our Future (Appendix 1) is the independently authored report from the **Sussex Wide Children & Young Person's Emotional Health & Wellbeing Service Review** which was jointly commissioned by Sussex Clinical



Commissioning Groups (CCGs), the three local authorities in Sussex and Sussex Partnership NHS Foundation Trust (SPFT). The Review was independently chaired throughout its duration.

The Review was structured to provide an in-depth and up-to-date picture of the services and support available to children and young people and was a listening and analytical exercise aimed at gathering a wide scope of information and feedback, from quantitative data to qualitative insights, of the emotional health and wellbeing services and support on offer to children and young people, aged 0 -18, and their families in Sussex.

The Review was not a formal public consultation, the communications approach developed was designed to support and promote targeted and meaningful stakeholder engagement work. The scope of the Review was wide, taking a broader view of the services and support available and provided an opportunity to step back and consider not only what is offered currently but also, what might be offered in future and how organisations across Sussex can improve that offer, through working collaboratively or by making changes to their own structures, systems or practices.

This Report affects children, young people and their families and carers in Brighton & Hove.

Foundations for Our Future was completed in the weeks prior to the emergence of the coronavirus pandemic.

The effects of the pandemic on children and young people are already emerging. They are directly experiencing social distancing, high levels of isolation, imposed absence from school and some support systems, and the wider social and economic dislocation COVID-19 will cause. A survey conducted by Young Minds¹ in the early weeks of lockdown found that many children and young people reported increased anxiety, problems with sleep, panic attacks or more frequent urges to self-harm among those who already self-harmed. The Children's Commissioner for England has suggested that the harm to children's future prospects is likely to be particularly felt by the poorest and youngest. There have also been reports of falling referrals to specialist mental health services during the lockdown.

These are of course issues of great concern, but there have also been positives across the country and in Sussex specifically. Organisations have collaborated, innovated and made changes to their ways of working that in other circumstances might have taken months or years to bring about. There are reasons to be encouraged that these positives can be maintained and built upon as we move forward into restoration and recovery of services.

Within this context, the recommendations in Foundations for Our Future can now move forward to publication and implementation. It does so in a new landscape

¹ https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf

where the messages in the report about transformation and improvement are perhaps even more relevant than before the pandemic emerged.

The implementation timeline for the recommendations in the report are those that developed before the pandemic caused work to be paused. That timeline will now be reviewed and adjusted to reflect the new context in which they need to be delivered. There will also be a re-consideration of the priority of each recommendation and where possible, particular aspects of work may be accelerated. The implementation will take place alongside the broader restoration and recovery process, and will feed into that work.

The report can now act as a lever for change in this new landscape, driving transformation, including to specialist mental health services, and a renewed focus on the importance of population mental health and wellbeing approaches and the key role of schools. Doing this will not only respond to the issues raised in the report, but will contribute to the wider response to the impact of COVID-19.

The mental health and emotional wellbeing of children and young people in Sussex, as well as supporting our workforce in this field, remains a priority for us and the partner organisations remain committed to implementing the recommendations in the report with vigour and pace.

Glossary of Terms

All terms are described or explained within the body of this report. Within Foundations For Our Future there is an additional glossary of terms included in the appendices.

1. Decisions, recommendations and any options

1.1 The final Report is appended and the Board is requested to:

- a) Note the Independently Chaired Report – Foundations For Our Future - at Appendix 1**
- b) Agree the Concordat which underpins the partnership commitment to act upon the recommendations – at Appendix 2 and;**
- c) Agree in principle the recommendations described in the Report and included here at section 2.17 below. A further update to be provided to the Board in respect of the financial implications for Brighton & Hove City Council prior to final sign off .**

2. Relevant information

2.1 Across Sussex, NHS and local authority partners had increasingly become aware that the experience of children and young people, and their families and carers, who needed emotional and wellbeing support required improvement.

2.2 To better understand; the obstacles to access and to treatment; what needed to improve; and what worked well in the current system, the Sussex Wide Children & Young Person's Emotional Health & Wellbeing Service Review was jointly commissioned by Sussex CCGs, the three local authorities in Sussex and Sussex

Partnership NHS Foundation Trust (SPFT). The Review focused on obtaining an in depth understanding of the emotional health and wellbeing services and support on offer to children and young people, aged 0 -18, and their families in Sussex. The Review was established in January 2019 and the final report – **Foundations For Our Future** will be the published document from the review, coming at a time of unprecedented focus on children and young people’s mental health both locally and nationally.

2.3 The partners to the Review, requested that it should result in ambitious recommendations for action.

2.4 The Review was conducted to provide an in-depth and up-to-date picture of the services and support available to children and young people and was a listening and analytical exercise aimed at gathering a wide scope of information and feedback, from quantitative data to qualitative insights. The Review was not a formal public consultation and the communications approach developed was designed to support and promote targeted and meaningful stakeholder engagement work, making every effort to be as inclusive and wide-reaching as possible within the timescales and available resources. The scope of the Review was wide, taking a broader view of the services and support available and offered an opportunity to step back and consider not only what is provided currently but also, what might be offered in future and how organisations across Sussex can improve that offer, through working collaboratively or by making changes to their own structures, systems or practices.

2.5 Oversight - A complete list of those local senior leaders providing oversight can be found in the full Report at Appendix 2. The Oversight Group (OSG) was chaired by Adam Doyle, Chief Executive Officer of the Clinical Commissioning Groups in Sussex and the Senior Responsible Officer for the Sussex Health and Care Partnership.

2.6 Review Panel - The OSG was supported by an independently chaired Review Panel (RP) and a review team. The RP included; clinical leaders (both local and regional), commissioners, experts by experience, engagement representatives, the voluntary sector, schools and colleges representatives, Special Educational Needs and Disabilities (SEND) leaders, quality & safety leads and Public Health, all of whom possessed a depth of knowledge of children and young people’s experiences and perspectives, as well as issues relating to emotional health and wellbeing and children and young people’s mental health. Steve Appleton² was commissioned as the independent chair of the RP and is the author of the final report. The RP was accountable to local organisations through the OSG.

2.7 Terms of Reference - The Review process was governed by a Terms of Reference (ToR). The full details are providing in appendix 1 but in summary included engagement levels of service users, effectiveness of pathways, quality and timeliness of services, evidence of outcomes and a range of areas to inform future commissioning.

² <http://www.contactconsulting.co.uk/>

2.8 Key Lines of Enquiry (KLOE) - The ToR were defined into a concise set of KLOE which enabled the RP to focus and consider a series of questions that informed the final report and its recommendations. The KLOE can be summarised under the following headings;

- **Access to services:** how easy is it to get a service and what could we do better?
- **Capacity:** how long do people wait to be seen, why is this and what can we do about it?
- **Safety of current services:** how are children kept safe when accessing services?
- **Funding and commissioning:** what are the available resources locally?
- **The experience of children, young people and their families:** what knowledge do our communities have of services and do they think their experiences are being heard?
- **Effectiveness:** do the current pathways deliver the care and support we need?
- **Relationships and partnership:** how well do services work together?

2.9 Over the duration of the Review, more than 40 engagement events were attended and just under 1500 individual voices were heard through online surveys, open space events, visits to services and focus groups. Over 700 people responded to the five online surveys alone, with one in four Sussex GPs responding to their specific survey. This feedback contributed to the findings of the Report and the themes and recommendations that inform implementation.

2.10 The Oversight Group developed a Concordat Agreement as the partnership framework to act upon the recommendations and to implement change across the health and social care system.

2.11 National and local context

2.11.1 In 2015, the coalition government published Future in Mind³, a report of the work of the Children and Young People's Mental Health Taskforce. This outlined the transformation of design and delivery of the mental health offer for children and young people in any locality, describing a step change in how care is delivered, moving away from a system defined in terms of the services organisations provide (the tiered model) towards one built around the needs of children, young people and their families. It described a five-year ambition to create a system that brings together the potential of the NHS, schools, social care the third sector, the internet, parents and children and young people, to improve mental health, wellbeing and service provision.

2.11.2 Locally, the Review drew on all strategies and plans related to children and young people's emotional health and wellbeing in developing the KLOE and enabling a better understanding of the challenges and context. These local plans included; Local Transformation Plans (LTP), SEND (Special Educational Needs and Disabilities) strategies, Suicide Prevention Plans, Early Years Plans and local joint needs assessments.

³ Future in Mind, Promoting, protecting and improving our children and young people's mental health and wellbeing, NHSE 2015, <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

2.12 Prevalence and need - Nationally, 70% of children and young people who experience a mental health problem haven't had appropriate support at an early enough age⁴ and reporting of emotional and wellbeing problems has become increasingly common. The numbers of those reporting such problems is rising.

Wellbeing has been shown to decline as children and young people get older, particularly through adolescence, with girls more likely to report a reduced feeling of wellbeing than boys do. As a group, 13-15 year olds report lower life satisfaction than those who are younger.⁵

Children from low-income families are four times more likely to experience mental health problems compared to those from higher-income families.⁶ Among LGBTQ+⁷ young people, seven out of 10 girls and six out of 10 boys describe experiencing suicidal thoughts. These children and young people are around three times as likely as others to have made a suicide attempt.⁸

In pre-school children (those under the age of five), the national prevalence of mental health disorders is one in 18, with boys 50% more likely to have a disorder than girls.⁹ Of the more than 11,000 14-year-olds surveyed in the Millennium Cohort Study in 2018, 16% reported they had self-harmed in 2017/18.¹⁰ Based on these figures, it is suggested that nearly 110,000 children aged 14 may have self-harmed across the UK in the same 12-month period.¹¹ Young women in this age group were three times more likely to self-harm than young men.¹² An estimated 200 children a year lose their lives through completed suicide in the UK.¹³

It is estimated that one in ten children and young people have a diagnosable mental disorder, the equivalent of three pupils in every classroom across the country.¹⁴

In England, the demand for specialist child and adolescent mental health services is rising, with record levels of referrals being reported.¹⁵

⁴ Children and Young People Mental Health Foundation accessed December 2019 <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>

⁵ State of the Nation 2019: Children and Young People's Wellbeing Department for Education October 2019 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/838022/State_of_the_Nation_2019_young_people_children_wellbeing.pdf

⁶ Children and young people's mental health: The facts Centre for Mental Health 2018 https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_ChildrenYoungPeople_Factsheet.pdf

⁷ LGBTQ+ is used to represent those people who are lesbian, gay, bisexual, transgender, questioning and "plus," which represents other sexual identities including pansexual, asexual and omnisexual

⁸ Children and young people's mental health: The facts Centre for Mental Health 2018 https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_ChildrenYoungPeople_Factsheet.pdf

⁹ Mental health of children and young people in England, 2018 <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

¹⁰ Millennium Cohort Study <https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/>

¹¹ The Good Childhood Report Children's Society, 2018 <https://www.childrensociety.org.uk/good-childhood-report>

¹² Brooks et al 2015 in Children and young people's mental health: The facts, Centre for Mental Health, 2018 https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_ChildrenYoungPeople_Factsheet.pdf

¹³ Burton, M. Practice Nursing Vol. 30, No. 5 <https://www.magonlinelibrary.com/doi/pdf/10.12968/pnur.2019.30.5.218>

¹⁴ Supporting mental health in schools and colleges Department for Education/NatCEN Social Research and National Children's Bureau, August 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/634725/Supporting_Mental_Health_synthesis_report.pdf

¹⁵ Children's mental health services: the data behind the headlines Centre for Mental Health October 2019 <https://www.centreformentalhealth.org.uk/blog/childrens-data>

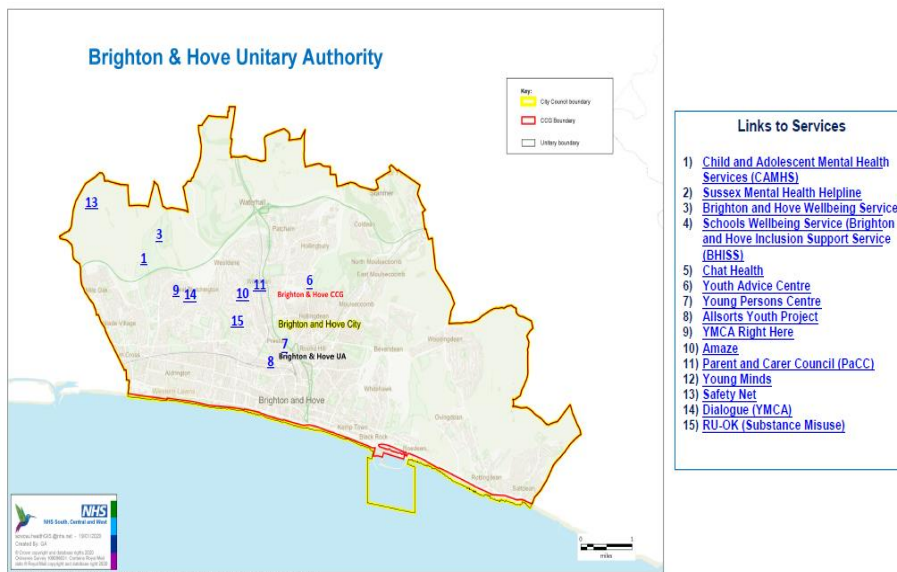
2.13 Sussex - key messages from the Review

- In Sussex, the **estimated prevalence of mental health disorders** in children and young people aged 5 – 16 years as a percentage of the population of that age (2015 estimates) is; West Sussex 8.4%; East Sussex 8.8% and B&H 8.4%. The England figure is 9.2%. This means that all areas in Sussex report below the England average.
- In terms of **emotional disorders as a percentage of the population** aged five - 16 years (2015 estimates), all Sussex areas report below the England average of 3.6%; West Sussex (3.2%); East Sussex (3.4%); and B&H (3.3%).
- In contrast, for **school pupils with social, emotional and mental health needs** (primary and secondary school age combined), all Sussex areas report a higher prevalence of the England average at 2.31%; West Sussex (3.01%); East Sussex (2.52%); and B&H (2.47%).
- The percentage of 16 - 17 year olds **not in education, employment or training** (NEET) or whose activity is not known is; West Sussex (9.0%), East Sussex (4.9%) and B&H (4.5%). This is against an England average of 6.0%.
- **Hospital admission as a result of self-harm** for the age group 10 - 24 years per 100,000 population (2017/18) is 467 for the South East Region. In West Sussex the value is 536, in East Sussex it is 527 and in B&H it is 548. This means that all Sussex areas are above the region average.
- For **completed suicide**, the average rate per 100,000 of the population aged 10 - 34 years is measured over the period 2013 – 2017. For the region, the value is 10.5: in West Sussex it is 12.4; in East Sussex it is 13.2 and in B&H it is 11.8. This means that all areas are above the regional average.

2.14 Review methodology - The review was conducted using a mixed methodology approach using both qualitative and quantitative evidence gathering. The Review Panel received a significant amount of information, views and opinions during the quantitative and qualitative data gathering phase. The report in appendix 1 provides detail on the quantitative and qualitative data gathering that was included.

2.15 Current service pattern - Across Sussex, there are a number of emotional health and wellbeing services for children and young people. Nationally, the average per CCG area is three and locally, each of the three CCG areas has more than eight. Although SPFT is the primary provider of specialist mental health services there are numerous other providers and services that are able to offer support and services to children and young people who may need help and support with their emotional health and wellbeing.

There are over 50 different services offering emotional health and wellbeing support across Sussex. Approximately half of that number are local, regional or national services with a specific focus on emotional health, wellbeing or mental health. Other services have a wider remit e.g. Allsorts, Youth Advice Centre and Amaze. Some of these services are commissioned locally, while others have a national delivery profile that can be accessed by children and young people locally. Some services are commissioned by partner organisations while others are grant or aid funded. Services in Brighton & Hove are shown in the map below.



Where service numbers are not shown on the map, this may indicate a digital service or alternative form of contact. Please refer to the 'List of Services' for the corresponding County.

2.16 Key findings - The Review Panel has considered and analysed a wide range of evidence and information. Drawing on this has enabled the identification of a series of key findings in relation to children and young people’s emotional health and wellbeing in Sussex. Key findings are described in greater detail in **Foundations for Our Future** and are provided here from the Executive Summary of that document.

The following key findings have been translated into recommendations which are described in section 2.17.1 below.

- (i) Access to services is difficult and the current pattern of provision is complex and hard to navigate. There is a lack of knowledge about the range of emotional health and wellbeing services in Sussex and an over reliance on referral to specialist mental health services.
- (ii) Referral criteria and thresholds (entry standards) for services are not well articulated and are not clear to either professionals or the public. Sometimes, services appear to work in isolation from one another and are not joined up.
- (iii) Children and young people often experience lengthy waits for assessment and the provision of services. This is the case in both statutory and third sector services. There are minimal support options for children, young people and their families while they are waiting. There is a national target for the numbers of young people who need services who are accessing services; this is 34% for 2019/20 and (at least) 35% for 2020/21. Some areas in Sussex are achieving that access rate while others are not. We should also be concerned about the 65% who do not form part of this target.
- (iv) Sussex faces a workforce challenge, both in recruitment and in retention but also in the professional and skill mix. In specialist services, there is a high proportion of part-time workers, which can have an impact on consistency of contact and continuity of care.
- (v) In specialist provision, we have a picture of lower levels of acceptance of referrals, lower levels of conversion from assessment to treatment, and longer waits

for assessment. The smaller waiting list numbers may be indicative of the factors outlined above.

(vi) A rapid process of SPFT specialist services modernisation to improve pathways, access and outcomes is required.

(vii) We saw no direct evidence during the review that would demonstrate that specialist or other services are not safe. However, the data in Sussex shows that the number of children and young people admitted to hospital due to self-harm is higher than both the region and England average. We cannot evidence whether what we have seen and heard has directly contributed to this position, but there is a need to positively address, monitor and respond to the current trends.

(viii) Commissioning of services is not consistent across Sussex and suffers from a lack of co-ordinated leadership, capability and capacity. Existing organisational structures mean that it has been hard to establish clear lines of responsibility. This has also hampered the connectivity between emotional health and wellbeing and the physical health needs of children and young people. There is no over-arching strategic vision for emotional health and wellbeing services or description of the need to integrate physical health and emotional health services across Sussex. There is a need for clear leadership and capability to drive transformation and integration.

(ix) Commissioning is not outcomes led and at present, it is difficult to determine the range of delivery outcomes, both positive and negative in relation to children and young people's emotional health and wellbeing.

(x) Distribution of current levels of investment does not take account of the levels of need across Sussex. There is a lack of clarity in relation to current reporting about expenditure and gaining understanding and being explicit about the level of investment remains a challenge. Investment is largely focused on reactive, treatment-focused specialist services. The balance between investing in those services and investing in prevention, promotion, self-care and resilience, and schools based support does not appear proportionate.

(xi) Schools and colleges do have, and should continue to have, a central role in relation to children and young people's emotional health and wellbeing. However, at present, they are not uniformly equipped to do this, nor is it clear that they are sufficiently resourced. School leaders clearly see and understand the issues relating to emotional health and wellbeing. They want to respond to it, and to do so with urgency. They agree it is part of what they should do. What they need is the help, resources and support to do it in the best way possible.

(xii) The opportunities to engage children, young people and their families and carers and draw on their experiences and views have not yet brought about change they seek. The voice of children and young people is not being heard or used as effectively as it could be. The mechanisms for engaging them in a meaningful process of listening and responding, has not yet been demonstrated or featured in co-design and co-development.

2.17 Summary and recommendations - The current pathway and service model for emotional health and wellbeing for children and young people in Sussex does not appear to be effective and would benefit from radical transformation. The full recommendations from **Foundations For Our Future** provide an opportunity to do this. Recommendations have been aligned to all local Health and Wellbeing Strategies and supports the overall purpose of local strategies by;

- Identifying shared priorities and outcomes for improving health and wellbeing
- Supporting effective partnership working that delivers health improvements for all
- Setting out a way to support and drive the innovation required

In particular;

a) Recommendations 1) to 9) which focus on commissioning, strategic planning, investment and comprehensive delivery of services align to the principles 1 – 6 and 7 which guide the delivery of the Strategy; partnership and collaboration, health is everyone’s business, health and work, prevention and empowerment, reducing health inequalities, the right care in the right place at the right time and keeping people safe.

b) Recommendations 10) to 18) are aligned to the goals of ‘Risks to good emotional health and wellbeing will be addressed’ and ‘High quality and joined up services will consider the whole family and ...services will intervene early to prevent problems escalating’ as part of Starting Well. These recommendations also connect to ‘Mental health and wellbeing will be improved and easier access to responsive mental health services will be provided’ as part of Living Well (although Living Well is primarily aimed at adults of working age, this will apply to young adults as well).

c) Recommendations 19) and 20) are aligned to principle 7 which focuses on engagement and involvement. These recommendations support the principle that local people of all ages will be active partners in the design, development and delivery of health and care services and are supported to manage their health.

2.17.1 The recommendations in full

1. The Oversight Group should become a body that takes responsibility for the implementation of the recommendations. Children and young people, parents and carers, third sector organisations and education services representatives should be part of this group. It should hold local organisations to account for implementation and take a role in enabling progress and unblocking any barriers to delivery. It should link to existing forums and governance groups to ensure a co-ordinated approach to delivery and communication. A new chair should be appointed before the inaugural meeting to take this forward.

2. A concordat has been developed and agreed. It should ‘seal in’ the commitment of all partners to work together on implementation of the review recommendations and should produce a quarterly update on the implementation of these recommendations and an annual statement of progress. All leaders of the partners who commissioned the review and published with the report should sign it. It is incumbent on the partner organisations and their leaders to work collaboratively to deliver the recommendations together to bring about the change that is needed.

3. The NHS and local authorities should jointly create a post of Programme Director for Children and Young People’s Emotional Health and Wellbeing with dedicated resource for change. This post should take a pan-Sussex responsibility for the improvement of emotional health, wellbeing and specialist mental health services and the implementation of the recommendations in this report, providing clear leadership and accountability.



A job description and person specification should be developed and where possible, the post should be recruited and in place as soon as is practical. During this time, continuity of leadership should be secured through a suitable candidate. The dedicated resource for change should also be identified, secured and deployed in line with the timeframe for the Director post, to support the ambitious implementation time-scales. The Director post should be fixed term for a minimum of two years, to see through transformational change.

4. A co-ordinated commissioning structure should be established for children and young people's emotional health, wellbeing and mental health across Sussex. As part of establishing that structure, consideration should be given to the capacity and capability that exists within current commissioning teams. It should also consider how to achieve better integration of physical and emotional health. The new structure should comprise commissioners from the NHS, local authority children's leads and education to create a holistic approach that is cross-sectorial in nature. The underpinning approach should be one that ensures the commissioning of a range of services and supports needed across Sussex, in line with Future in Mind, as well as giving focus to localities where specific needs dictate that local variation in service is needed. A shadow form structure should be in place where possible ahead of formal establishment.

5. Specialist mental health services for children and young people should be commissioned on a pan-Sussex basis to provide improved consistency in terms of service expectations. This arrangement must consider and develop a clear understanding about how best to achieve the right balance between clinical consistency across Sussex and the flexibility to meet local, population needs, for example in rural and urban areas.

6. There should be one strategic plan for children and young people's emotional health and wellbeing and mental health in Sussex. It should set a single strategic vision for Sussex, which is underpinned by a place-based approach to meeting local need. In so doing, it must set the overall strategic direction and provide a clear and demonstrable focus on addressing the diversity of need in specific localities through its strategic intentions.

7. Commissioning must focus on outcomes. There should be a Sussex-wide outcomes framework that is strengths based and resilience led with clear and auditable measures of quality and effectiveness across services, both pan-Sussex and at locality level.

8. The CCGs financial investment in children and young people's mental health services should be re-based to ensure that the level of spending is commensurate with the level of need and that the national investment targets are met. The local authority partners must work with the CCGs to ensure a fuller and jointly understood picture of current investment and identify areas for similar re-basing and rebalancing.

This must include consideration of the opportunities to recast the investment in specialist services and ensuring appropriate investment from commissioners into early help, prevention and other non-specialist support services. This should be

accompanied by a commitment to the transformation of specialist services to ensure a more effective system wide pathway. To aid that process, SPFT should lead a rapid process of modernisation of their specialist services to improve pathways, access and outcomes. Given the scale of transformation across partner organisations, it is recommended that a transformation programme is initiated on inception of this work.

9. The CCG and local authority partners should work together to determine and provide clarity about how much is invested and where, particularly the amount of investment in wellbeing support and commit to improving levels of financial resource being directed into public health, prevention, early intervention and promotion delivery.

10. The current landscape of provision requires further review by commissioners. The focus of this should be an examination of the number of providers and what they provide. It should have the aim of ensuring the right range of services and supports within a sustainable system and that are more easily navigable for children, young people and their families. This should include the need to ensure a fuller understanding of the range of services that need to be commissioned to build the right pathway that includes universal services, prevention and early help as well as specialist services.

11. The Single Point of Access (SPOA) model should be swiftly developed and implemented across Sussex. The development of the model should draw on the current local experience as well as looking at models of good practice. It should provide improved and open access to universal services as well as targeted input, with minimum waiting times. It should be open to children and young people to refer themselves, as well as to their families, schools and colleges and general practitioners.

12. As part of the recommended specialist services transformation and modernisation process, the partners, led by SPFT should review and re-describe current thresholds and criteria for access to their services for children and young people. This should be done through a process of co-production between the partners to determine the most appropriate model and that it forms part the overall pathway, which should include earlier help and support provided by non-specialist services.

13. To better support schools and colleges, the current piloting of Mental Health Support Teams in Sussex should be accelerated and expanded so that 20-25% of all schools and colleges have access to mental health professionals in line with the Green Paper.

14. All commissioned services will be expected to deliver a demand, capacity and productivity review.

15. The organisations in Sussex should ensure service levels and capacity that are matched to local need. The changes required are likely to take some time to achieve. In the interim, the organisations must put in place the necessary pathways and interventions to support those children and young people who are waiting.

16. There should be a programme of awareness and education directed to statutory referrers that clearly describes the agreed pathway model and about when and to where to refer. This will include embedding the importance of, and confidence in, the full range of commissioned services.

17. To improve accessibility, and given the geography of Sussex, services must operate more flexibly. This includes working beyond traditional 9-5 working hours and school hours and should include evenings and weekends. In addition, services must be offered from a broader range of locations and where appropriate, in locations that are not necessarily based in statutory sector buildings. Exploration of on-line consultation, advice giving and support as well as the use of other digital options should be explored. This could include advice from specialist services to general practitioners and social prescribers.

18. A Sussex-wide audit and review of the targeted and specialist workforce should be undertaken. From this, plans should be developed to ensure that the number and mix of professionals working in services is appropriate. This audit should take account of any current or recent work conducted as part of the Local Transformation Plan process.

19. Children and young people should have a greater say in how resources are spent. An agreed proportion of the available financial resources should be delegated to children and young people to prioritise for their own communities and neighbourhoods. Commissioners and providers must also be able to demonstrate that children and young people have co-designed services and pathways.

20. A Children and Young People's Panel should be created. It should be composed of children and young people, their families and carers. It must attract dedicated resource to support its operation. The panel should be independently facilitated and run. It should provide an opportunity for children and young people to contribute to, and participate in the development of local services, strategies and plans. Recruitment to the panel should have as wide a representation from across Sussex as possible.

3. Important considerations and implications

Legal:

- 3.1 The aim of the Review and its recommendations align with the purpose of the Health and Wellbeing Board. The recommendations relate to various services provided by the Local Authority, namely Adult Social Services, Public Health, and Families, Children and Learning alongside its partners within the NHS and with its neighbouring local authorities. The Local Authorities services are provided as a result of statutory duties and powers.
- 3.2 The recommendations' impact will be to change the way these services are commissioned, accessed and delivered to improve outcomes and enable better coordination between the NHS, local authorities, third sector organisations and other stakeholders. This can be achieved within the existing legal framework. There may be a need for specific partnership

agreements (section 75, NHS Act 2006) to be created or varied to facilitate the implementation of some of the recommendations and this can be considered as the timetable is revised.

Lawyer consulted: Nicole Mouton

Date: 9/7/2020

Finance:

- 3.3 The recommendations in this report have significant and far reaching implications across all health and children's services partners across Sussex. The success of these initiatives will require partner organisations, CCGs, NHS trusts, schools and local authorities to work together to align funding and deployment of available resources. Work is already ongoing to align budget planning across the partner agencies to improve the efficient use of resources and co-ordination of service delivery. This will need to be strengthened and prioritised to enable delivery of the recommendations in this report.
- 3.4 It should be noted that the impact of the pandemic has made short and medium term financial planning considerably more uncertain. The full financial impact of the pandemic is not yet known, however, it seems certain that there will be substantial budget pressures that will need to be addressed with the risk of adverse impact on the available resources for service delivery and investment.

Finance Officer consulted: David Ellis

Date: 08/07/2020

Equalities:

- 3.5 As part of the process of the Review, an EHIA was completed.

The review, which was initiated in Spring 2019, was an information gathering process which will result in a number of formal recommendations for senior commissioning and strategic partners to consider and implement. The review was not a service change process and neither was it a consultation exercise. While pathways, access and waiting times were reviewed, this was not a formal review of current service process or policy or organisational strategy. As part of the evidence process, all local system strategies and CYP Local Transformation Plans (LTPs) were reviewed.

- 3.6 The programme will move to an implementation phase once senior leaders have agreed the Review recommendations. It is anticipated that a further

EHIA will be undertaken once, recommendations which might change process, are agreed.

Health inequalities noted so far are; flexibility of approach e.g. length of therapy episodes; being discharged if DNA (did not attend); having to restart treatment if a LAC (Looked After Child) is placed from one area of Sussex into another. The recommendations from the Review will respond to these inequalities with proposals for change. Through the process of the review a number of inequalities have been identified namely the approach.

As part of any recommendations around a co-production response we would seek further representation from these groups to address any gaps

3.7 The following areas were noted;

BAME groups – the low response from BAME groups is a recognised gap and is identified as a concern. The Review will highlight this lack of engagement with BAME groups – both CYP and with parents and families – and recommendations focussed on co-production and further engagement will respond to this gap.

Gender re-assignment - Given the lack of formal data and the significant qualitative evidence obtained through the engagement process of experience of the pathway, the specific impact of the findings of the review on trans CYP will be considered as part of the review recommendations.

Sexual orientation - Recommendations will reflect that CYP in these groups felt that organisations e.g. Allsorts were helpful in supporting them and helping them to access services. This will be included in recommendations for implementation.

Disability - The Review and engagement process has had a particular focus on children and young people who have Special Educational Needs and Disabilities (SEND). As part of the process: specific engagement events were held with CYP and their parents from B&H, East and West Sussex: feedback from groups and organisations representing CYP submitted evidence e.g. Amaze^[1]: and waiting times and waiting lists for access were scrutinised. In addition, many responses to the online surveys were from parents and carers of children in the SEND community, and other parents utilised the Freepost leaflet and direct email account. The Review has gathered a wide and representative view of children and young people and their parents and carers from the SEND community.

Sustainability:

^[1] <https://amazesussex.org.uk/>

3.8 Foundations For Our Future does not recommend specific service, commissioning or contracting changes and therefore does not impact on existing pathways of access, treatment and care for children and young people. In turn, this does not impact on sustainability of organisations within the Brighton & Hove system of delivery. The Review underpinning the Report was not a consultation exercise or a service change exercise. Once the 20 recommendations from the Report are endorsed by system leaders and organisations, the comprehensive implementation plan will identify where further EHIA's will need to be completed.

Public Health and other implications:

3.9 The Review Panel has included Public Health representation throughout the programme and the report has used a population health approach in its findings

3.10 There is the potential for both local and national media interest in this Report, its key findings and recommendations, once it is released into the public domain. This potential is increased because of the findings in relation to; performance, investment and access to services. Clinical Commissioning Groups (CCGs) have identified a communication lead who has drafted a communication plan which can be adopted across systems to ensure continuity of message and approach.

3.11 At no point during the review, was information received to suggest that a service or practice was unsafe. However, data does show that parts of Sussex are outliers, compared to the national average for self-harm and A&E attendance. For this reason and in the context of the extent of recommendations for change, it may be feasible that stakeholders (including the media), draws a direct conclusion to children and young people being at increased risk of harm in Sussex. This risk will be mitigated by a partnership communications plan with consistent messaging which will accompany the report's publication.

3.12 An Equality and Health Inequality Impact Assessment (EHIA) was completed as part of the Review and has identified areas of focus as part of the implementation plan to deliver the 20 recommendations in **Foundations For Our Future**.

3.13 **Foundations For Our Future** makes recommendations for service delivery changes. Current service providers in the City have been involved in the Review as; part of the Review Panel, membership of the Oversight Group or as a stakeholder with interest so have been engaged in discussions to date. Any future discussion focussed on contractual changes related to delivery, investment or pathways will be part of formal processes with commissioning organisations.

Supporting documents and information

- Appendix 1: Foundations For Our Future – the final Report from the Sussex Wide Children & Young Person's Emotional Health & Wellbeing Service Review
- Appendix 2 – The Concordat Agreement

