CABINET

TUESDAY, 14 JULY 2020 AT 10.00 AM

ROOM CC2, COUNTY HALL, LEWES

++Please note that this meeting is taking place remotely++

MEMBERSHIP - Councillor Keith Glazier (Chair)
Councillors Nick Bennett (Vice Chair), Bill Bentley, Claire Dowling, Carl Maynard, Rupert Simmons, Bob Standley and Sylvia Tidy

A G E N D A

1 Minutes of the meeting held on 23 June 2020 *(Pages 3 - 4)*

2 Apologies for absence

3 Disclosures of interests

Disclosures by all members present of personal interests in matters on the agenda, the nature of any interest and whether the member regards the interest as prejudicial under the terms of the Code of Conduct.

4 Urgent items

Notification of items which the Chair considers to be urgent and proposes to take at the appropriate part of the agenda. Any members who wish to raise urgent items are asked, wherever possible, to notify the Chair before the start of the meeting. In so doing, they must state the special circumstances which they consider justify the matter being considered urgent.

5 Reconciling Policy, Performance and Resources - State of the County *(Pages 5 - 80)*
Report by Chief Executive

6 Joint targeted area inspection of the multi agency responses to children's mental health in East Sussex *(Pages 81 - 102)*
Report by Director of Children's Services

7 Sussex Wide Children and Young People's Emotional Health and Wellbeing Service Review *(Pages 103 - 254)*
Report by Director of Children's Services

8 Internal Audit Annual Report and Opinion 2019/20 *(Pages 255 - 272)*
Report by Chief Operating Officer

9 Any other items considered urgent by the Chair

10 To agree which items are to be reported to the County Council

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent

LEWES BN7 1UE 6 July 2020

Contact Andy Cottell, 01273 481955,
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NOTE: As part of the County Council's drive to increase accessibility to its public meetings, this meeting will be broadcast live on its website and the record archived for future viewing. The broadcast / record is accessible at:
www.eastsussex.gov.uk/yourcouncil/webcasts/default.htm

CABINET

MINUTES of a meeting of the Cabinet held on 23 June 2020 at County Hall, Lewes

PRESENT Councillors Keith Glazier (Chair)
Councillors Nick Bennett (Vice Chair), Bill Bentley, Claire Dowling, Carl Maynard, Rupert Simmons, Bob Standley and Sylvia Tidy

Members spoke on the items indicated

Councillor Barnes	- item 5 (minute 10)
Councillor Bennett	- item 5 (minute 10)
Councillor Godfrey Daniel	- item 5 (minute 10)
Councillor Davies	- Item 5 (minute 10)
Councillor Field	- item 5 (minute 10)
Councillor Scott	- item 5 (minute 10)
Councillor Shuttleworth	- item 5 (minute 10)
Councillor Standley	- item 5 (minute 10)
Councillor Swansborough	- item 5 (minute 10)
Councillor Tidy	- item 5 (minute 10)
Councillor Tutt	- item 5 (minute 10)
Councillor Ungar	- item 5 (minute 10)

8 MINUTES OF THE MEETING HELD ON 2 JUNE 2020

8.1 The minutes of the Cabinet meeting held on 2 June 2020 were agreed as a correct record.

9 REPORTS

9.1 Copies of the reports referred to below are included in the minute book.

10 COUNCIL MONITORING 2019/20 - END OF YEAR

10.1 The Cabinet considered a report by the Chief Executive.

10.2 It was RESOLVED to note the end of year monitoring position for the Council

Reason

10.3 The report set out the Council's position and year end provisional outturns for the Council Plan targets, revenue budget, capital programme, savings plan together with strategic risks for 2019/20

11 ASHDOWN FOREST TRUST 2019/20

11.1 The Cabinet considered a report by the Chief Operating Officer.

11.2 It was RESOLVED to note the report and the Ashdown Forest Trust Income and Expenditure Account for 2019/20 and Balance Sheet as at 31 March 2020.

Reason

11.3 To note the final accounts for the Ashdown Forest Trust for 2019/20

12 MODERNISING BACK OFFICE SYSTEMS

12.1 The Cabinet considered a report by the Chief Operating Officer together with a further report containing exempt information set out in a later agenda item.

12.2 It was RESOLVED to:

1) approve the procurement of a Software-as-a-Service system to replace the current SAP solution, and an implementation partner to support the configuration and roll-out of the new system;

2) delegate authority to the Lead Member for Resources to consider the response to the procurement exercise and to award a contract; and

3) note the additional information on indicative costs and benefits contained in a separate report later on the agenda (Part II).

Reason

12.3 The Cabinet considered indicative costs and benefits to progress a procurement exercise to upgrade or replace the Council's existing corporate system, which manages the organisation's business critical finance, HR, Payroll and Purchasing processes.

13 ITEMS TO BE REPORTED TO THE COUNTY COUNCIL

13.1 The Cabinet agreed that agenda items 5 and 6 should be reported to the County Council.

[Note: The items being reported to the County Council refer to minute numbers 10 and 11]

14 EXCLUSION OF THE PUBLIC AND PRESS

14.1 It was RESOLVED - exclude the public and press from the meeting for the remaining agenda items on the grounds that if the public and press were present there would be disclosure to them of exempt information as specified in paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended), namely information relating to the financial or business affairs of any particular person (including the authority holding that information).

15 MODERNISING BACK OFFICE SYSTEMS

15.1 The Cabinet considered a report by the Chief Operating Officer.

15.2 It was RESOLVED to note the report

Reason

15.3 The report contained exempt information in relation to an earlier item on the agenda

Report to:	**Cabinet**
Date:	**14 July 2020**
By:	**Chief Executive**
Title of report:	**Reconciling Policy, Performance and Resources (RPPR) – State of the County**
Purpose of report:	**To update members on the issues which need to be taken into account in the priority and budget setting process for 2021/22 and beyond**

RECOMMENDATIONS:
Cabinet is recommended to:

i. note the evidence base on demographics (appendix 1) and the National and Local Policy outlook (appendix 2);

ii. agree officers update the Medium Term Financial Plan as the basis for financial planning when more information is available, as set out in paragraph 4;

iii. agree officers review the Capital Programme and Strategy (appendix 3), as set out in paragraph 5;

iv. review the priority outcomes and delivery outcomes (appendix 4) which form the basis of the Council's business and financial planning, as set out in paragraph 6;

v. agree to review and reset the East Sussex Core Offer (appendix 5) to take account of the impact of the coronavirus pandemic, as set out in paragraph 7; and

vi. agree to receive reports on more detailed plans for 2021/22 and beyond in the autumn when there is greater certainty about the impact of the coronavirus pandemic on East Sussex and future resources.

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1. Background

1.1. The State of the County report is part of the Council's Reconciling Policy, Performance and Resources (RPPR) process, its integrated business and financial planning cycle. This report contains the normal elements included in the report, the demographic evidence base; the national and local policy context; an update on our medium term financial planning position and Capital Programme. However, the coronavirus pandemic has had a profound impact on our communities and services which we are not yet fully able to quantify and reflect in our future service offer and finances.

1.2. This report sets out the current position and evidence base and gives our current understanding of how we will need to reset our services to deal with the future, as we learn to live with the reality of a world with COVID-19 and the significant impact this has on people's lives; manage the legacy impacts of the initial wave of infection; and respond to potential new waves of infection for the

foreseeable future. The RPPR process, bringing together our policy, business and financial planning and risk management, provides the vehicle for the Council's service and financial recovery and reset.

1.3. In developing our medium and longer term plans we will need to have regard to the broader context in which we will be working. This includes:

- The impact of operating in an economy which is in recession. The Government will have to consider how it begins to pay off the borrowing it has made – this could mean a mixture of higher taxation, with possible impact on economic recovery and reductions in public service expenditure. Both would impact on the Council's income and ability to spend.

- The lasting impact the pandemic will have on young people in terms of education and employment opportunities.

- The impact of the end of the transition phase of Brexit on the economy, our responsibilities and our access to goods and services.

- The conclusion the Government might draw from the pandemic in terms of public services – for example will lessons learnt in the response help to shape a solution for better integration in health and social care and what will be the effect on the role of local government in the future?

- What has the impact been on our supply chains and what does that mean for our choices about commissioning and direct provision?

- The impact of the pandemic on our public and Voluntary and Community Sector (VCS) partners – we need to build on the positive aspects of the work with them during the emergency to tackle issues in the future, including the increased need that is likely to exist in our communities as a result of the pandemic.

- The uneven nature of recovery both for our services and for society and the economy, and the impact of future waves of infection on both.

2. Current Position

2.1. The coronavirus pandemic is different to other emergency situations, in that recovery is not about moving back to a pre-COVID-19 world, but considering how our services, communities and businesses need to adapt to and change to the new reality of coronavirus being with us for the next year as a minimum; while managing the recovery from and legacy impacts of the initial wave of infection. Although national restrictions are gradually being lifted in light of declining rates of transmission, at a local level we expect to be taking steps to keep transmission rates low and deal with potential outbreaks for some time, which will have an impact on our resources and the way we deliver services.

2.2. Recovery needs to be considered in a number of timeframes:

- Immediate: preparatory work that, subject to resource, be undertaken during the response phase in preparation for recovery;
- Medium term - first weeks and months: living with the virus and social distancing and making sure our services can operate in this new context; and
- Longer term: first year and beyond, the world post vaccine.

2.3. Recovery will not be linear; we are likely to see waves of infection in the future which may necessitate moving in and out of some measures of emergency provision. Nor will it be even across services. Adult Social Care, for example, will be dealing with the consequences of the early rate of infection and the decisions which were made, whilst trying to maintain services required as the health service begins to move towards business as usual and needing to react to any further waves of infection.

2.4. The emergency has necessitated new ways of working and has given rise to new partnerships and possibilities. These may offer opportunities to create a positive legacy for the future as we develop our recovery plans. As we move into our recovery we need to think about:

- What did we stop doing that should remain stopped?
- What did we stop doing that we should bring back?
- What have we started doing that we need to stop?
- What have we started that should continue?
- Are there totally new things that we might need?

2.5. The local and national policy context at Appendix 2 sets out the latest thinking on these issues, although plans will continue to develop over the summer as more information on what living with COVID-19 looks like for the future emerges.

2.6. We need to use our existing political and business planning processes to develop our plans. COVID-19 is now a reality to be taken into account in our plans, not an episode from which we will move on. The following principles will guide the planning of COVID-19 recovery for East Sussex County Council services and the Council's wider support for residents and businesses:

1. our usual business planning process (RPPR), led by Cabinet and CMT, will be used to undertake recovery planning, adjusting our current priorities and ambitions where required for 2020/21; and medium/long- term planning from 2021/22 and beyond, as we gain further insights into the impact of the pandemic;

2. the Council's Core Offer, Priority Outcomes and subsidiary Delivery Outcomes will be reviewed and revised as needed to ensure they are the right for recovery plans, recognising the fundamental changes that have taken place in society and the way it works, and building on the positive lessons we have learnt (see paragraphs 6 and 7 below). Some services we set up in response to the pandemic may need to continue into the foreseeable future and the impact of decisions we have taken could have long lasting service and financial consequences (for example in ASC);

3. the Council's financial resource allocations for current and future years will be reviewed and revised to take account of changes in availability and priorities; and

4. learning from what has worked well and what has not during the crisis will be fully considered in recovery planning and long-term planning for services and partnerships.

2.7. As always, we will ensure that in recovery planning:

- What we do represents good value for money;
- Our activities are transparent and we can be held to account;
- We operate as One Council and focus on key areas for County Council action;
- We prioritise the investment available for front line service delivery by maximising the resources available to us;
- We remain true to our purpose and carry out all we do professionally and competently; and
- We remain ambitious, optimistic and realistic about what can be achieved.

3. Demographic and Demand Changes

3.1. Appendix 1 sets out the key factors in relation to demography, housing, deprivation, health and economy affecting the county and the impact they are having on demand for our services. Much of this data relates to a pre-pandemic world. The main trends impacting the county council are:

3.2. **Older People -** form a high proportion of the population of the County which has an impact on the demand for services and the Council's finances. This group is particularly likely to be impacted by COVID-19 and the long-term effects on their health and wellbeing will need to be considered as part of our longer-term planning.

3.3. **Children and Young People** – there will be a small rise (2.2%) in the number of children and young people in the county over the next three years. The number of pupils in primary schools has plateaued and will start to fall from 2021/22. Secondary pupil numbers are expected to continue to increase and peak around 2025/26. We are planning 500 additional permanent school places to meet demand between 2019/20 and 2025/26. The attainment of our most disadvantaged pupils is below the regional and national rate.

3.4. 542 children had Child Protection Plans at the end of March 2020, a rate of 50.9 per 10,000 children. This is above the expected rate compared to the Income Deprivation Affecting Children Index (IDACI) but is linked to the relatively low numbers of children who are in care placements. The focus continues to be ensuring the right children are made subject to plans for the right amount of time.

3.5. **Economy** - the latest year for which there are figures is 2018/19 and these showed a small decrease in the proportion of the working age population in full time employment (73.6% compared to 74.6% in 2017/18). Employment was lower than in England 75.6% and the South East 78.4%. The Alternative Claimant Count which shows the number of people claiming any unemployment related benefit e.g.

Universal Credit (seeking work), Job Seekers Allowance etc in February 2020 was 3% in East Sussex compared to 3.2% for England. Youth (18-24) unemployment is higher at 4.4%, with the highest rate in Hastings (7.3%). Public administration, education and health are the largest employment sectors in the County, with retail being the next largest sector.

3.6. The long-term impacts of COVID-19 on the economy are yet to be fully understood, but the number of people in East Sussex claiming Job Seekers Allowance and Universal Credit and seeking work more than doubled between March and May 2020; 68% of businesses in East Sussex are furloughing staff; and 30% have accessed loans, grants and or business rates relief.

3.7. **Climate change –** CO2 emissions were falling in all sectors in East Sussex except transport before the pandemic. The long-term changes as a result of new ways of working have yet to be seen but could contribute to meeting the Council's climate change targets.

4. Medium Term Financial Plan

4.1. When the 2020/21 balanced budget was approved by Full Council on 11 February 2020, the deficit on the Medium Term Financial Plan (MTFP) to 2022/23 was £9.322m. Updating the MTFP for normal factors (such as inflation and an additional year) prior to the impact of COVID-19, the position would have been a deficit budget position by 2023/24 of £8.123m:

Medium Term Financial Plan	**2021/22 £m**	**2022/23 £m**	**2023/24 £m**
Total Budget Deficit / (Surplus)	**(0.185)**	**6.542**	**8.123**
Annual Budget Deficit / (Surplus)	**(0.185)**	**6.727**	**1.581**

4.2. The pandemic and its impacts has caused such an unprecedented level of financial uncertainty that at this point, it is not possible to present a draft MTFP to 2023/24. It is planned to work through the details required to bring forward an updated MTFP in the autumn.

4.3. At a national level, Government funding that ESCC will receive between 2021/22 – 2023/24 is yet to be confirmed. The Spending Review (SR) 2019 was for a single year, therefore funding will need to be announced for SR20, the date of which is still to be confirmed. Additionally, the Fair Funding Review and Business Rate Retention reform have been delayed until at least 2021/22. In order to allow the MTFP to be developed, it is essential that some level of certainty of Government funding is received.

4.4. At a local level, the impact of the pandemic and economic downturn on income collection rates for Council Tax, growth on the Council Tax base and the levels of Business Rates have yet to be understood and modelled out. There is the

potential for a significant reduction in the collection of Council Tax in 2020/21, which will be managed through the Collection Fund in 2020/21, with the deficit having to be accounted for in 2021/22-2023/24. The delay in the Business Rates Retention reform and the impact of business failure arising from the economic downturn has the potential to significantly reduce income in 2021/22 onwards. Government has announced that Council Tax and Business Rates deficits can be spread over three years, rather than requiring repayment next year; and an apportionment of irrecoverable Council Tax and Business Rates losses between central and local government for 2020/21 will be agreed in the next Spending Review. We will not know the implications of these provisions for the MTFP until the local impact on Council Tax and Business Rates has been modelled and the apportionment has been agreed.

4.5. The COVID-19 financial data return for June has been submitted to MHCLG. This shows expenditure to be incurred and projected lost income from coronavirus to be £17m greater than the funding we have received. This impacts 2020/21 and it is unclear how this can be projected into 2021/22. If further Government funding is not forthcoming to meet this pressure, then this will need to be managed through the use of reserves for 2020/21. On 2 July, Government announced an additional £500m un-ringfenced funding for COVID-19 spending pressures and at the time of writing we await detail of allocations. An income guarantee, where all relevant losses over and above the first 5% planned income from sales, fees and charges will be compensated for at a rate of 75p in every pound, was also announced and we await guidance on how this will work in practice.

4.6. There are no unallocated reserves that can be used to meet ongoing pressures in 2021/22 and beyond, therefore, it is essential that the Government's future financial settlement recognises the burden falling on local authorities as a consequence of COVID-19, as the pressures are exceptional and beyond what could reasonably be planned for.

4.7. The MTFP should also factor in the budget requirements for services. Over the summer services will be working to review their core service offers, as recovery from COVID-19 gathers pace. Until this work is complete it is not possible to model out a set of balanced budget scenarios.

4.8. Proposed savings of £3.251m were included in 2021/22, when the budget was set. Given the circumstances, these savings will need to be reviewed as the MTFP is developed.

5. Capital Programme

5.1. The approved programme has now been updated to reflect the 2019/20 outturn and other approved variations and material non-COVID-19 related updates, revising the gross programme down to £570.3m to 2029/30. The details are set out in Appendix 3, together with the revised programme.

5.2. The Capital Strategy to 2029/30 will be revised once we understand the post-COVID-19 Council Plan and related considerations that are being developed over the summer, alongside potentially more certainty regarding Government funding.

6. Council Priority Outcomes

6.1. The Council's business and financial planning is underpinned by its four priority outcomes, which provide a focus for decisions about spending and savings and will direct activity across the Council. The current four priority outcomes are:

- Driving sustainable economic growth;
- Keeping vulnerable people safe;
- Helping people help themselves; and
- Making best use of resources.

The priority outcome that the Council makes the "best use of resources" is a test that is applied to all activities.

6.2. Each priority outcome is supported by a number of delivery outcomes, which shape Council Plan performance measures and targets. These are set out at appendix 4.

6.3. We will need to review both our priority and delivery outcomes to ensure the priorities we are working to deliver, and the way we measure the performance of our activities and services, remain appropriate in the new post-COVID19 operating context. Particular consideration will need to be given to:

Driving sustainable economic growth -

6.4. This priority outcome and its subsidiary delivery outcomes drive our work to support a thriving economy in East Sussex, which is key to the wellbeing of the county.

6.5. The coronavirus pandemic has had a marked impact on the local and national economy. As more evidence of the impact on employment levels, on business start-ups and closures, on which industries have shrunk and grown and on how workplaces are now operating becomes available we will need to consider if there are new trends that mean we need to change where we focus our efforts to support delivery of this priority to improve the prosperity of our local communities. Such trends could be increased remote working, high levels of youth unemployment, growth in social care labour market gaps, or new digital skills requirements.

Making best use of resources -

6.6. The County Council remains committed to working with our partners, residents and businesses to tackle the climate emergency. The County Council has set a target for its own activities to be carbon neutral as soon as possible, and in any event by 2050. In June, Cabinet agreed both the corporate Climate Emergency Plan, setting out actions to be taken towards achieving this goal; and the East Sussex Environment Strategy, setting out actions we will take with our partners to protect and enhance the local natural environment and tackle and adapt to climate change.

6.7. It is important that our priority to "make best use of resources" is viewed in this context and its interpretation is not just confined to making best use of resources in terms of money.

6.8. Our ambitions for carbon neutrality need to be embedded within our business and financial planning. This is why our existing Council Plan includes 'ensure all Council activities are carbon neutral as soon as possible and in any event by 2050' as a delivery outcome of 'making best use of resources', as the priority is applied to all activities and is a touchstone for all that we do. Progress towards carbon neutrality is a test that should be applied in the same way we consider whether we are securing best value for public money and that resources are used in a way that deliver maximum benefits for residents.

6.9. Cabinet are asked to consider whether this priority outcome should therefore be expanded to "making best use of resources in the short and long term" to better reflect that the Council's decisions should be guided by a test priority that we ensure sustainability of our resources, both in terms of money and environmental assets.

7. Core Offer

7.1. The Core Offer also underpins our business and financial planning and represents a level of service below which we should not go in order to meet the needs of residents, not only for the services we provide but to play our part in supporting them in their wider health and wellbeing needs. This includes access to well-paid jobs, decent affordable housing and good mental and physical health. The East Sussex Core Offer is attached at appendix 5.

7.2. The Core Offer model provides a helpful framework for us to review the Council's activities in the aftermath of the initial emergency response to the pandemic and begin to shape the reset of our service and financial offer from 2021/22 onwards.

7.3. We will need to review whether the activities within the current Core Offer, and the volumes of those activities, are regarded as core to meeting residents' needs in the new operating context. We will need to consider where local need for services and prioritisation of services have diverted from our current Core Offer as a result of the pandemic and whether the offer should be amended to include these in the longer term. We will also need to consider if there are existing elements of our core offer that are no longer priorities in the new operating context.

7.4. Particular consideration will need to be given to:

- Shielding and community hubs – whether there is a requirement and we have the resources to continue this activity, with our partners, to help people requiring support to manage life under COVID-19 restrictions;

- Outbreak Management – what role we will be required to play in managing local outbreaks, set out in our Local Outbreak Management Plan;

- Mental Health support – whether additional support will be required given the impact of COVID-19 on residents' emotional and mental wellbeing; and

- Building Use – if there are changes that can be made to the use of our building estate, to more effectively support the Council's operations and service delivery.

7.5. As set out above, future funding levels are uncertain. As more information becomes available in the coming months, we will work up scenarios of revenue funding and use both this and the new assessment of the core work the Council must do to meet residents' need to shape our business planning for 2021/22 onwards.

7.6. Cabinet are asked to agree that officers work over the summer to undertake a review of the Core Offer, as set out in the paragraphs above, and to report back to Members on next steps in the autumn.

8. Lobbying and Communications

8.1. Work has begun to understand the impact of coronavirus on East Sussex residents and changes in how this impact is felt on the county over the coming months. The three-part plan is to carry out:

1. A streamlined online survey open to all via social media, web and email. This will give a fast and wide-ranging snapshot of general issues and attitudes among residents. A two-week survey began on 15 June and results will be available in early July.

2. Two cross-sectional resident surveys - one this summer and another near the end of 2020. Each will be a telephone survey of at least 1,000 residents, to give a fully representative sample of the population across East Sussex. Asking many of the same questions at different points in time will allow us to gauge both residents' current experience and attitudes and how those evolve with the pandemic and recovery.

3. Individual surveys by specific theme, service area or demographic group. There will be many other pieces of resident research and engagement, often more detailed, commissioned by individual services or partners, such as the recent Healthwatch East Sussex survey or work with business representatives.

8.2. This survey work will feed into our lobbying of Government both as a council and in partnership with others locally and nationally, including with our MPs, to ensure the full impact of the pandemic on our communities is understood and addressed in future policy and funding decisions.

8.3. In the absence of the anticipated Fair Funding Review, our lobbying will continue to call for certainty of future funding for local government. This will be paramount to ensuring we secure adequate resource to deliver what will be required to support East Sussex residents, communities and businesses in the wake of the coronavirus pandemic, including opportunities to continue positive preventative work that could most effectively manage future need.

9. Next Steps

9.1. Work will continue over the summer to understand the impacts on our services of the coronavirus pandemic and to reset and reopen our services when appropriate.

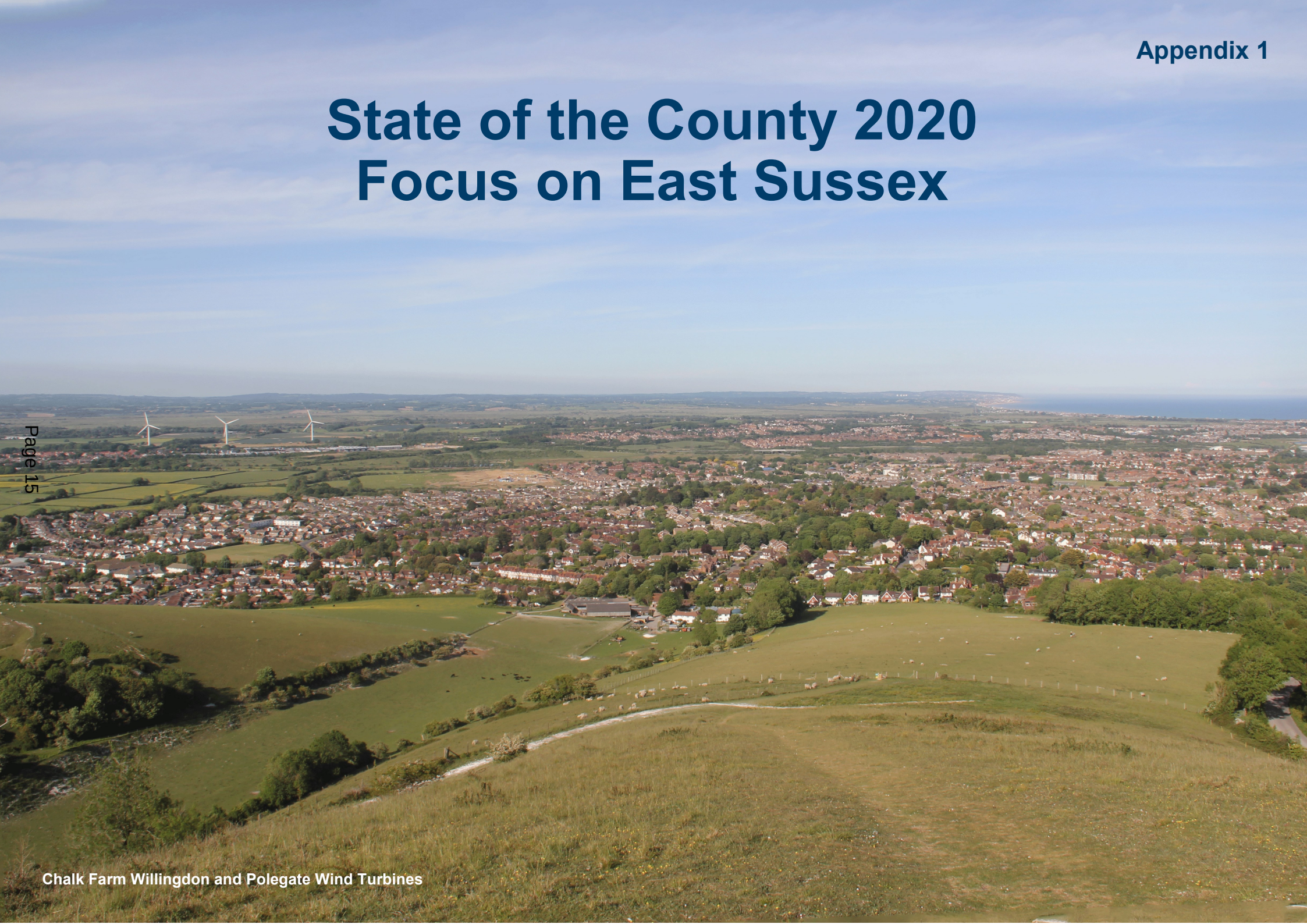
9.2. Subject to agreement by Cabinet, the Council's Priority and Delivery Outcomes and Core Offer will be reviewed to take account of this impact. We will report back to Members in the autumn with an updated assessment of our priorities, service demand and funding expectations to inform more detailed business and budget planning for 2021/22 and beyond.

9.3. Members will continue to be consulted on plans as they are developed through Cabinet, County Council, Scrutiny Committees, Whole Member Forums and specific engagement sessions throughout the 2020/21 Reconciling Policy, Performance and Resources process.

Becky Shaw
Chief Executive

Appendix 1

State of the County 2020
Focus on East Sussex



Chalk Farm Willingdon and Polegate Wind Turbines

State of the County 2020: Population

Population 2020		Births		Deaths		Migration in		Migration out		Population 2024
559,409	+	20,136	-	25,944	+	144,961	-	120,129	=	578.433
										+19,024 (3.4%)

Population change 2020-2024: compared to 2020, by 2024 there will be:

19,024 more people living in East Sussex **(+3.4%)**

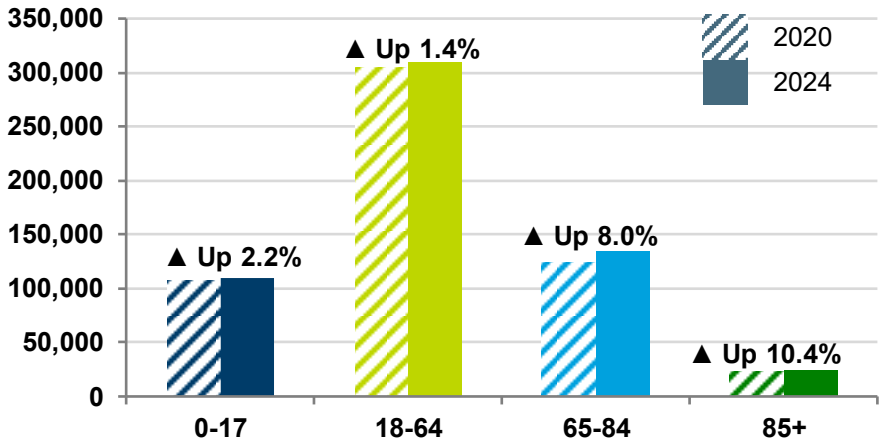
An increase of **2.2%** (**2,366** people) in the number of children and young people

An increase of **1.4%** (**4,407** people) in the working age population

8.3% (12,252) more people aged 65 and over

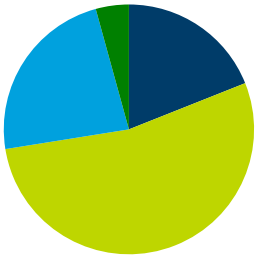
In East Sussex **4.3%** of people will be aged 85+, a greater proportion than England, **2.7%.** Ranked **2nd** in England for the highest proportion of population 85+, (ONS estimate 2019)

Projected population by age 2020-2024



Age band	2020	2024	Change
0-17	107,350	109,720	2,370
18-64	305,090	309,500	4,410
65-84	124,570	134,500	9,930
85+	22,390	24,710	2,320
All people	**559,410**	**578,430**	**19,020**

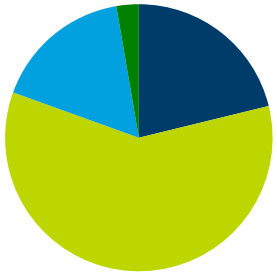
East Sussex



Population 2024

Age Range	East	England
0-17	19.0%	21.2%
18-64	53.5%	59.4%
65-84	23.3%	16.8%
85+	4.3%	2.7%

England



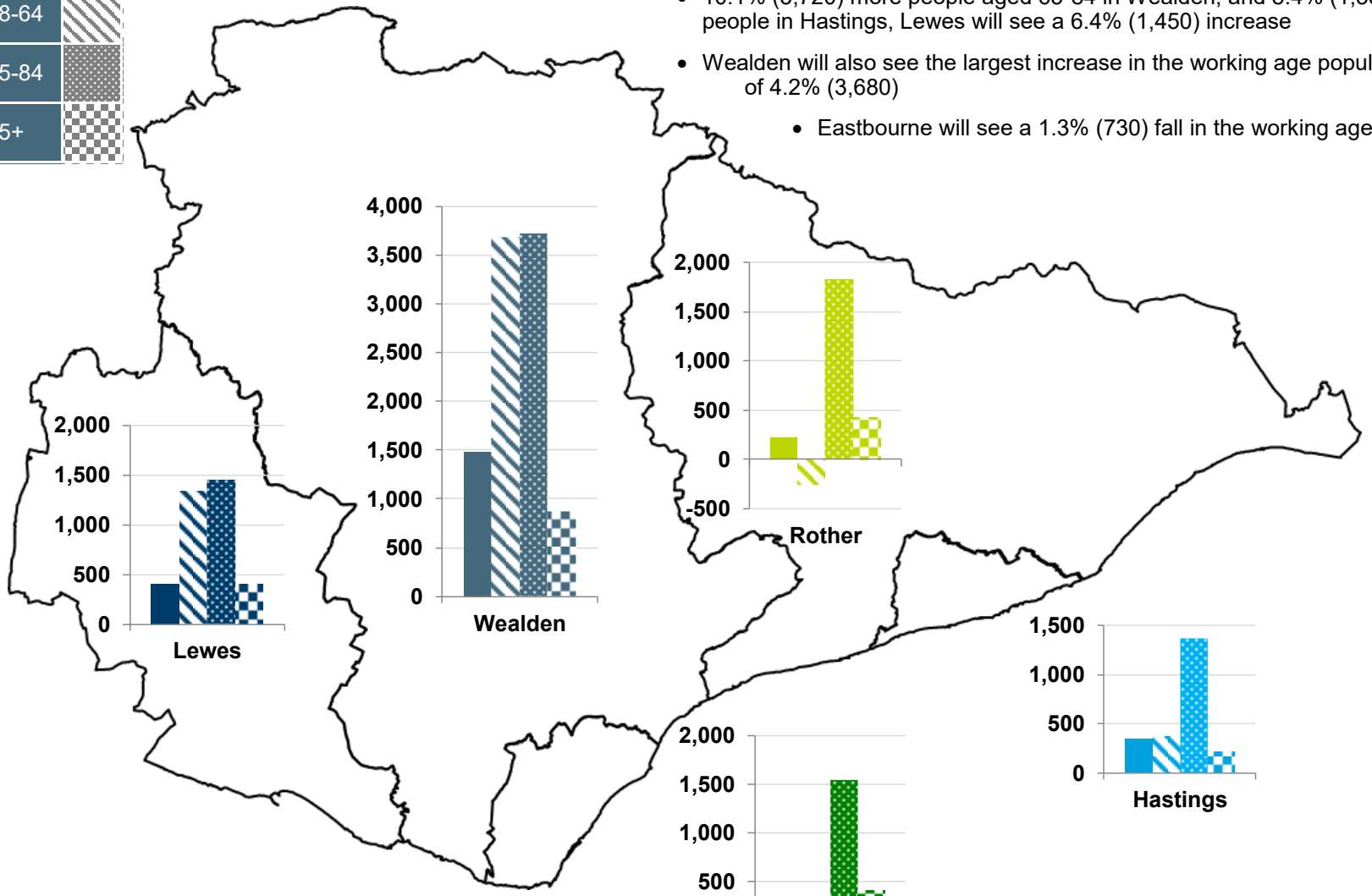
Source: ESCC population projections (dwelling led) April 2020. All figures round to nearest 10, therefore totals may not sum.
ONS trend-based population projections England May 2019

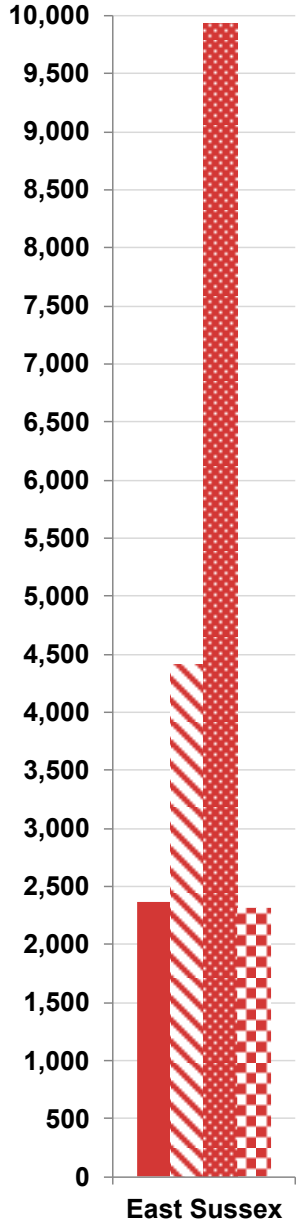
Age band
0-17
18-64
65-84
85+

East Sussex population change 2020 - 2024

Districts population change: by 2024 there will be

- An increase of 14.1% (870) more people aged 85+ in Wealden; the smallest increase will be in Hastings, 8.4% (220)
- 10.1% (3,720) more people aged 65-84 in Wealden, and 8.4% (1,380) more people in Hastings, Lewes will see a 6.4% (1,450) increase
- Wealden will also see the largest increase in the working age population (18-64), of 4.2% (3,680)
- Eastbourne will see a 1.3% (730) fall in the working age population





Source: ESCC population projections (dwelling led) April 2020
All figures round to nearest 10, therefore totals may not sum

Older people moving in and out of East Sussex 2015 - 17

- 11,656 people aged 65+ moved into East Sussex from elsewhere in England between 2015 - 2018. 7,652 moved out of the county, making the net increase 4,004
- The largest net inflow of people arrived from Kent, Brighton & Hove, Croydon and Surrey
- The largest net outflow of people aged 65+ was to Devon, with 70 more people moving there than coming to East Sussex; second was Somerset with a total of 47
- 2,659 people aged 65+ moved to East Sussex from London, with only 570 people moving into London
- Households of people aged 60+ have the highest average levels of disposable income, when compared to all other households
- The average life expectancy at 65 for people in East Sussex is a further 20.8 years

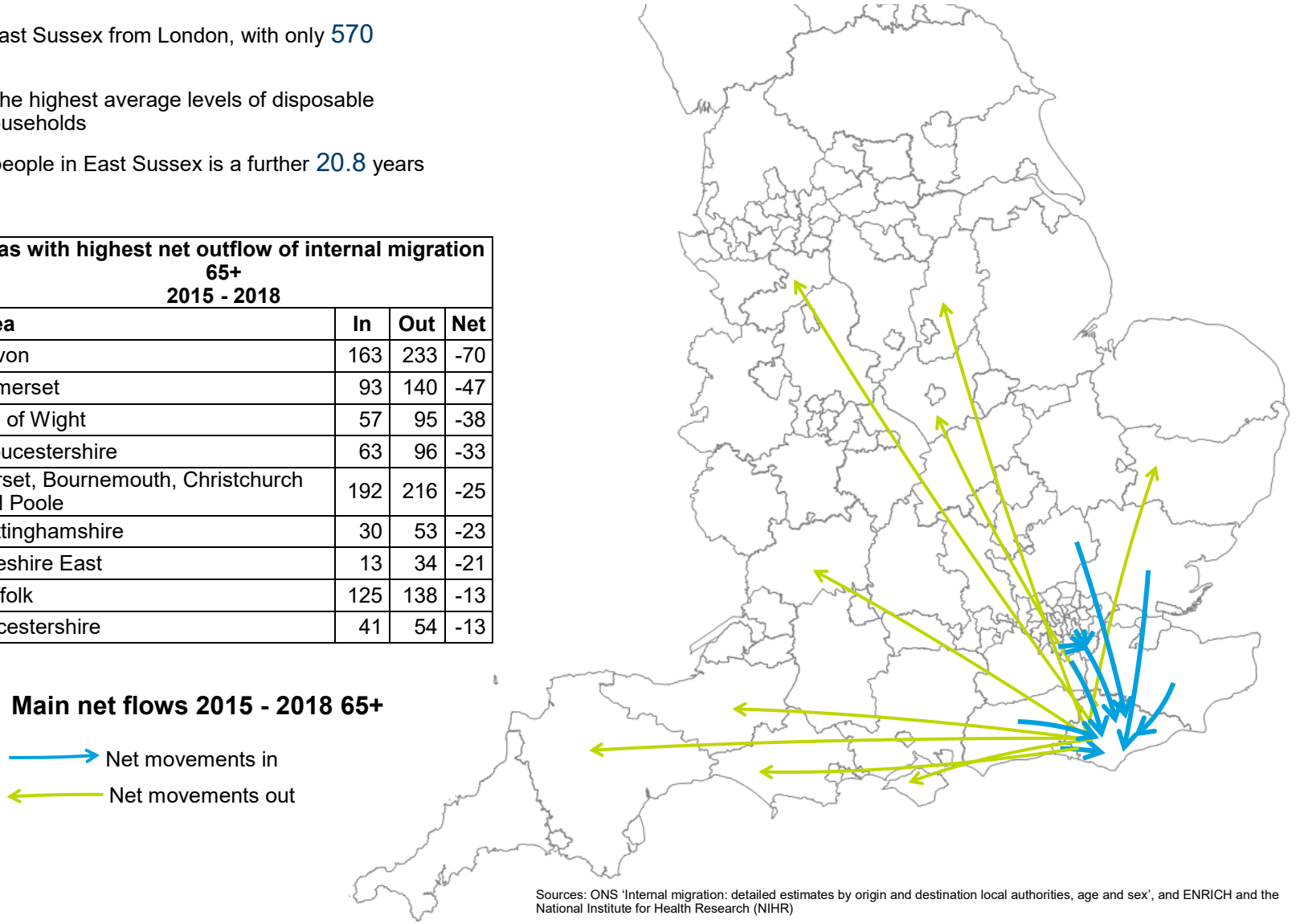
Areas with highest net inflow of internal migration 65+ 2015 - 2018

Area	In	Out	Net
Kent	1,961	1,246	715
Brighton and Hove	977	469	508
Croydon	432	70	362
Surrey	786	427	359
Bromley	368	113	255
West Sussex	1,375	1,179	196
Bexley	152	35	117
Hertfordshire	236	123	113
Merton	127	14	113
Sutton	155	42	112
Lewisham	105	14	91
Greenwich	96	13	83
Essex	252	171	81
Lambeth	86	7	79
Wandsworth	92	14	78

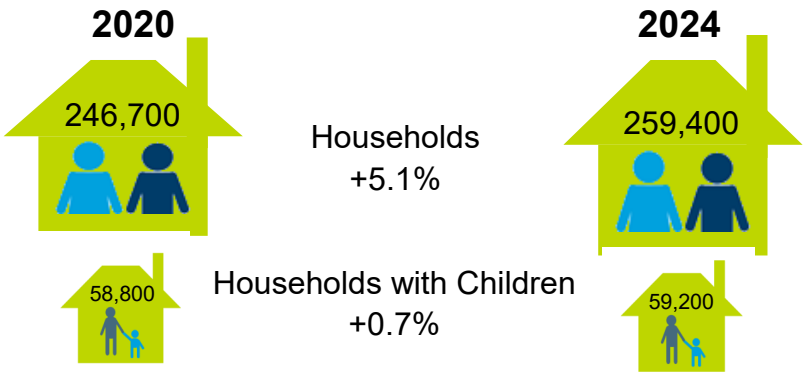
Areas with highest net outflow of internal migration 65+ 2015 - 2018

Area	In	Out	Net
Devon	163	233	-70
Somerset	93	140	-47
Isle of Wight	57	95	-38
Gloucestershire	63	96	-33
Dorset, Bournemouth, Christchurch and Poole	192	216	-25
Nottinghamshire	30	53	-23
Cheshire East	13	34	-21
Suffolk	125	138	-13
Leicestershire	41	54	-13

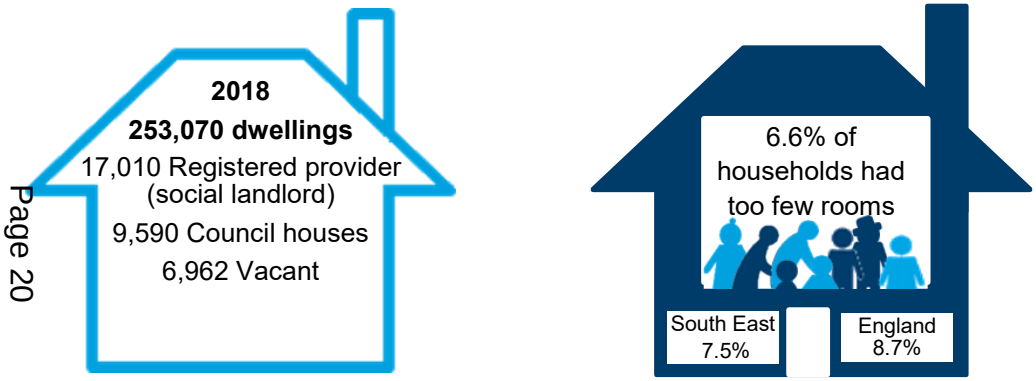
Main net flows 2015 - 2018 65+



Sources: ONS 'Internal migration: detailed estimates by origin and destination local authorities, age and sex', and ENRICH and the National Institute for Health Research (NIHR)



Source: ESCC household projections by type, dwelling led, April 2020



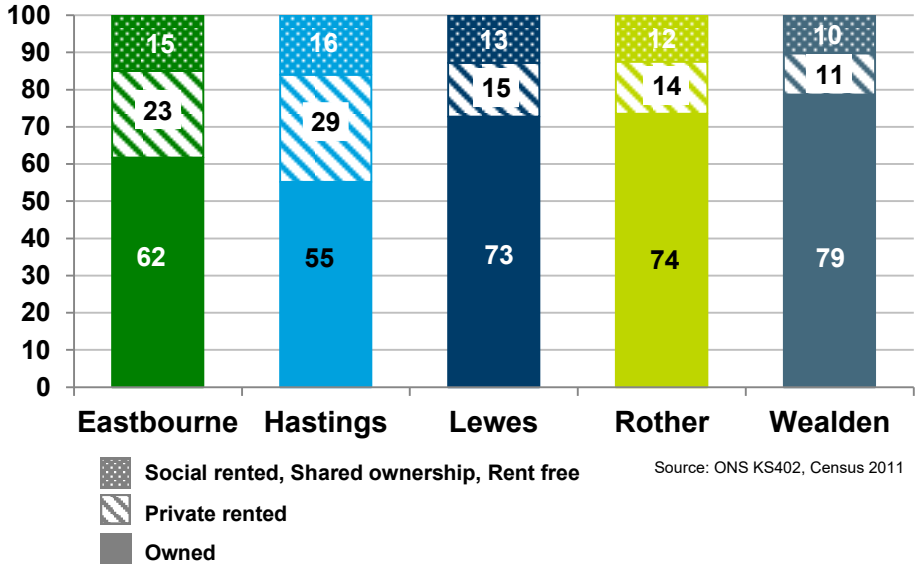
Sources: Census 2011, MHCLG live tables on dwelling stock including vacants
Note: Affordable housing includes housing for social rent, shared ownership, low cost home ownership and sub-market rent

Local Plans (adoption date)	Number of dwellings over plan period
Eastbourne: Core Strategy Local Plan (February 2013)	5,022 (2006-2027) 239 per year
Hastings: The Hastings Planning Strategy (February 2014)	3,400 (2011-2028) 200 per year
Lewes: Joint Core Strategy (June 2016)	6,900 (2010-2030) 345 per year
Rother: Core Strategy (September 2014)	5,700 (2011-2028) 335 per year
Wealden: Core Strategy (February 2013)	9,440 (2006-2027) 450 per year

Local Plans produced by district and borough councils and the South Downs National Park Authority show the level and distribution of growth across the County. Currently around 2,000 new homes are proposed per year alongside additional employment workspace.

Local Plans are being reviewed and have to consider higher housing targets to meet the assessed need. For example, the Wealden Local Plan Submission Document January 2019 provided 950 dwellings a year, however ,this plan was withdrawn in January 2020. A new strategy is being developed and according to the standard methodology set out in the National Planning Framework, the minimum annual housing need figure that Wealden will have to consider is 1,231 homes.

Households percentage by tenure type 2011

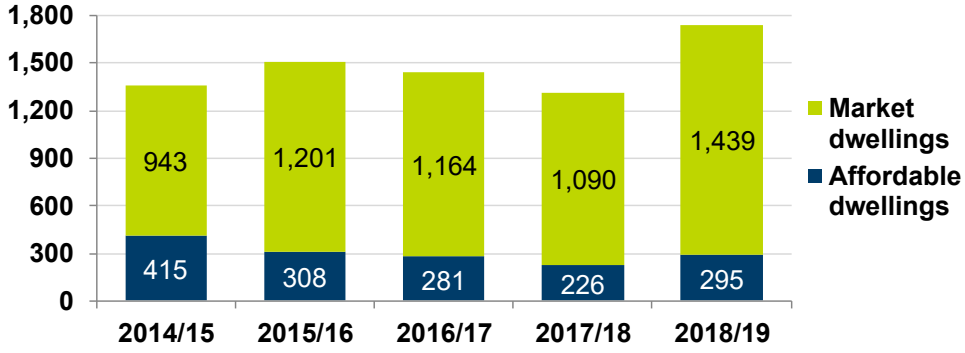


Source: ONS KS402, Census 2011

Notes

- A dwelling is a self-contained unit of accommodation used by one or more households as a home, e.g. a house, apartment, mobile home, houseboat. A single dwelling will be considered to contain multiple households if either meals or living space are not shared
- A household consists of one or more people who live in the same dwelling and also share meals or living accommodation, and may consist of a single family or some other grouping of people
- Social rented includes council houses and registered providers such as Housing Associations or not-for-profit housing providers approved and regulated by Government. They provide homes for people in housing need and many also run shared ownership schemes to help people who cannot afford to buy their home outright

Completed new dwellings



Source: ESCC Housing Monitoring Database, Lewes District Council housing monitoring system

Housing affordability 2019

Median average - house prices : residence-based annual earnings

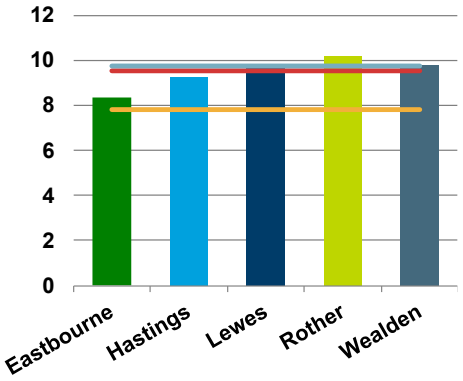
East Sussex

£280,000 9.5 x earnings £29,345

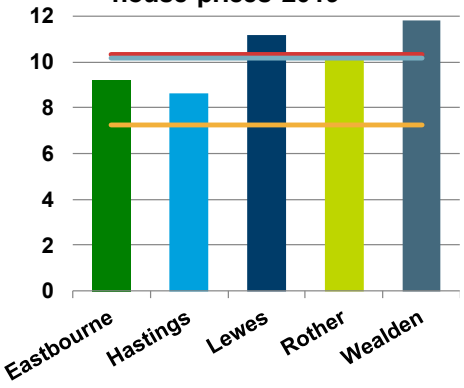
England

£240,000 7.8 x earnings £30,661

Ratio: median earnings to median house prices 2019

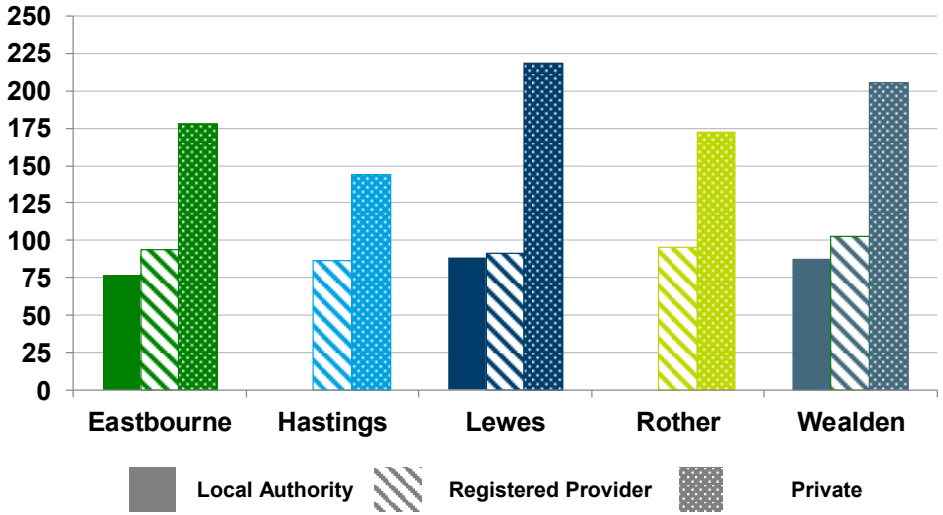


Ratio: lower quartile earnings to lower quartile house prices 2019



Housing affordability - renting

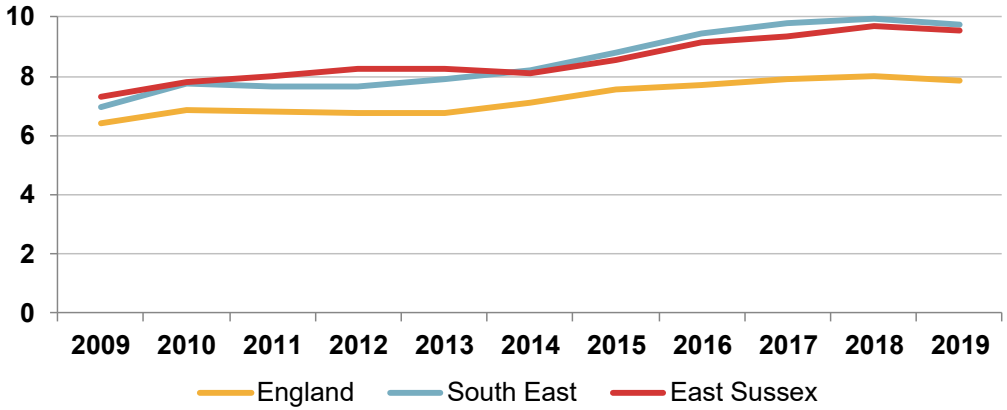
Average rent £ per week 2018/19



South East average not published, Hastings and Rother don't have any LA housing stock

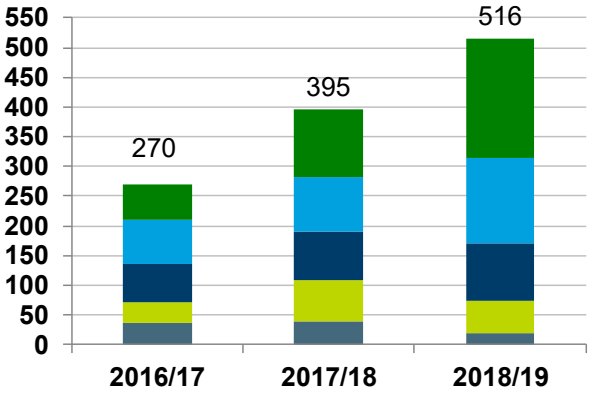
Source: Gov.uk Private rental market summary statistics, Gov.uk Live tables on rents, lettings and tenancies

Ratio of median earnings to median house prices



Sources: ONS ratio of house price to residence-based earnings (lower quartile and median)

Number of households in temporary accommodation

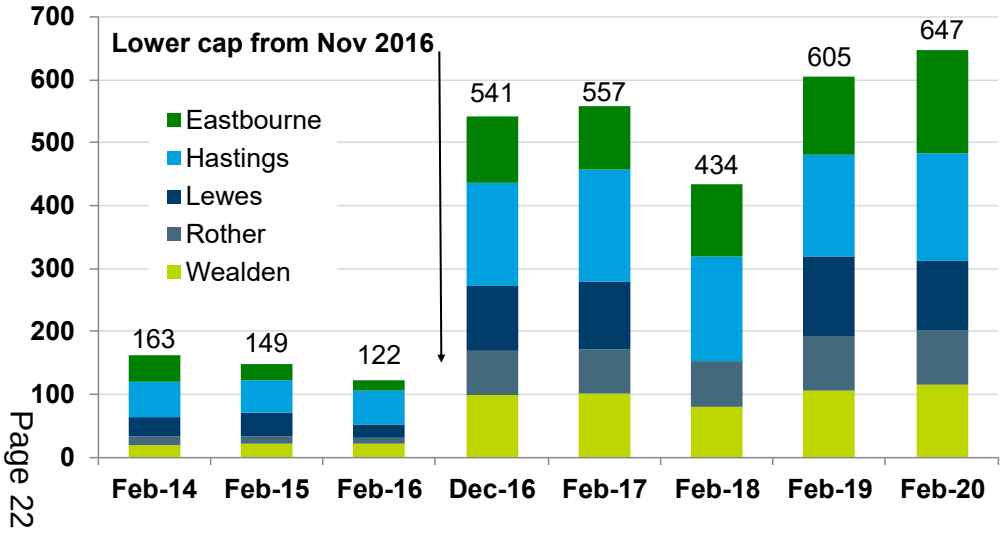


	2016/17	2017/18	2018/19
Eastbourne	60	114	201
Hastings	74	92	145
Lewes	66	80	96
Rother	33	69	56
Wealden	37	40	18

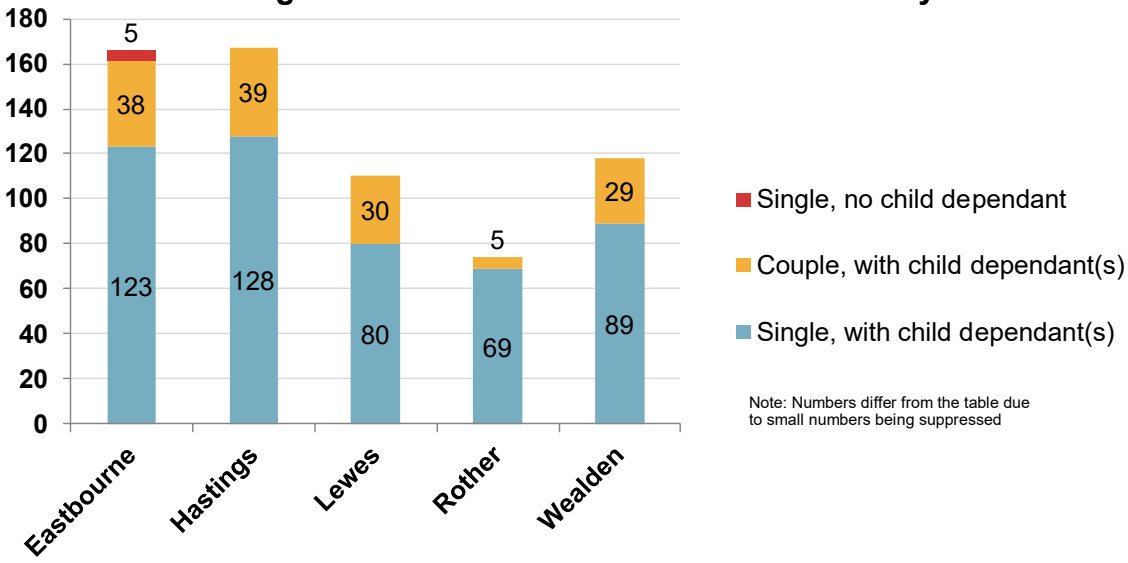
Source: Gov.uk live tables on homelessness

The Benefit Cap

Households subject to the benefit cap, housing benefit and universal credit total



Households subject to the benefit cap, housing benefit and universal credit total February 2020



Note: Numbers differ from the table due to small numbers being suppressed

Households subject to the benefit cap, housing benefit and universal credit by district

	Feb 14	Feb 15	Feb 16	Dec 16	Feb 17	Feb 18	Feb 19	Feb 20
Eastbourne	43	28	17	104	100	114	125	164
Hastings	56	51	52	166	177	167	162	171
Lewes	31	37	22	102	108	Sup	125	110*
Rother	15	12	9	70	70	72	88	87
Wealden	18	21	22	99	102	81	105	115
East Sussex	163	149	122	541	557	434	605	647

Sources: Department for Works and Pensions, Small numbers may be suppressed (Sup)

*Universal credit only, housing benefit figure suppressed

The Benefit Cap, Housing Benefit and Universal Credit

- A limit on the total amount of benefit most people aged 16 -64 can get, it is applied through Housing Benefit or Universal Credit. Intended as an incentive to work, increase fairness, and make savings
- When introduced the cap was £26,000 p.a. for couples and parents with children, £18,200 for single people without dependant children. Reduced to £20,000 and £13,400 in November 2016 and remain at that for 2020
- 77% (489) of capped households in East Sussex are single-parent families; England 71%

Intentionally homeless families

- Where a family is considered to be intentionally homeless by a local housing authority (district or borough council) Children's Social Care must ensure that a child is not destitute. This may require provision of temporary housing
- These families cannot claim Housing Benefit or Universal Credit to help with their housing costs, so the full cost is met by the County Council. East Sussex Children's Services spent £430,000 on 42 such families in 2019/20

Sources: East Sussex County Council Children's Services

Index of Multiple Deprivation (IMD) 2019

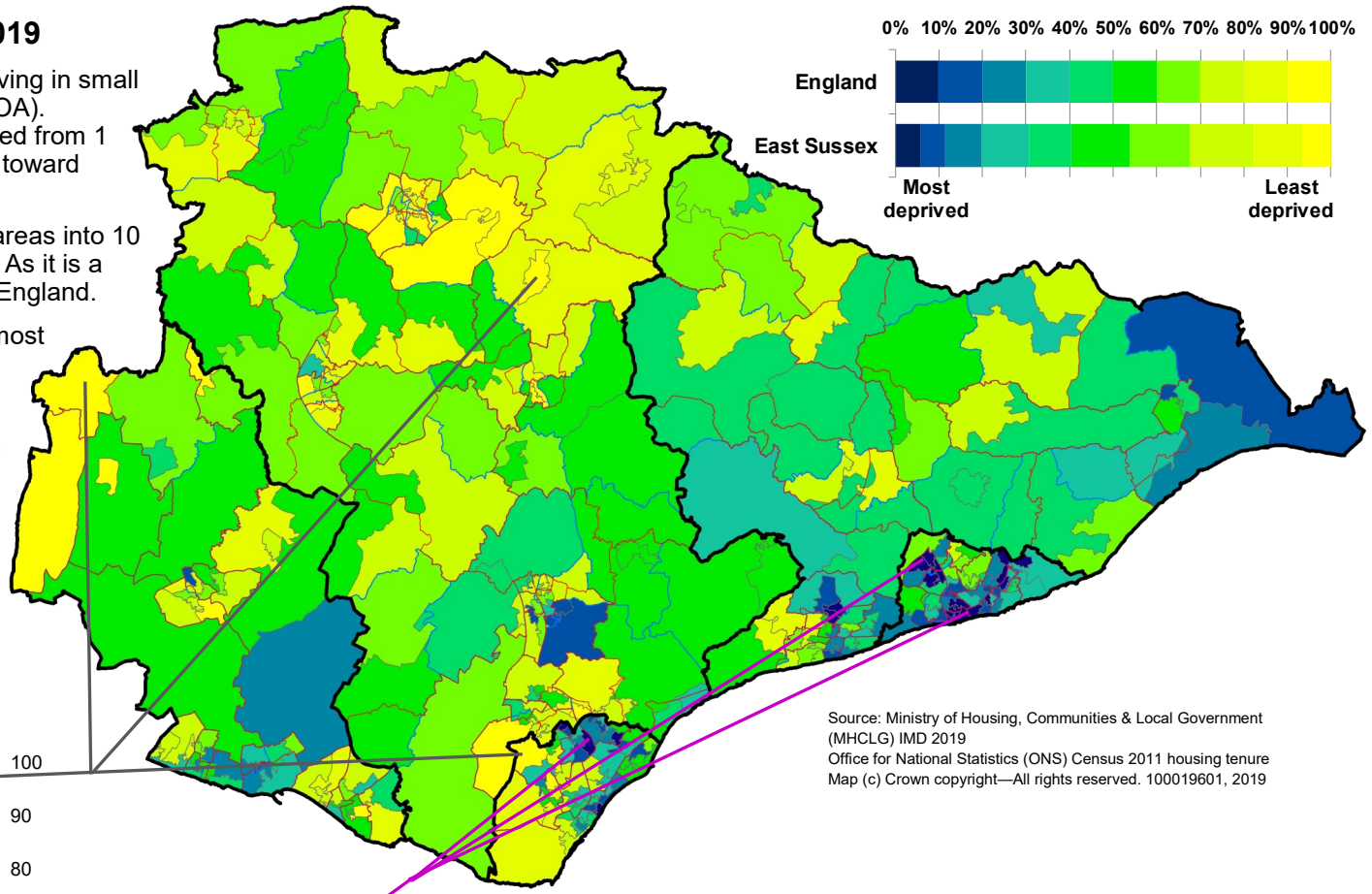
IMD is the official measure of relative deprivation for people living in small areas in England called Lower-layer Super Output Areas (LSOA). There are 32,844 LSOA averaging 1,500 residents each ranked from 1 (most deprived) to 32,844 (least deprived). IMD are weighted toward income/employment deprivation.

LSOA deprivation is shown by decile i.e. dividing the 32,844 areas into 10 equal groups from most deprived 10% to least deprived 10%. As it is a relative measure there will always be this even range across England.

In East Sussex there are 329 LSOAs, of which 22 are in the most deprived 10% nationally, 16 of these are in Hastings, 4 Eastbourne, and 2 Rother. 21 LSOA are in the least deprived 10% nationally, of these 13 are in Wealden, 6 Lewes, and 2 Eastbourne. Overall East Sussex has become relatively more deprived compared to IMD 2015.

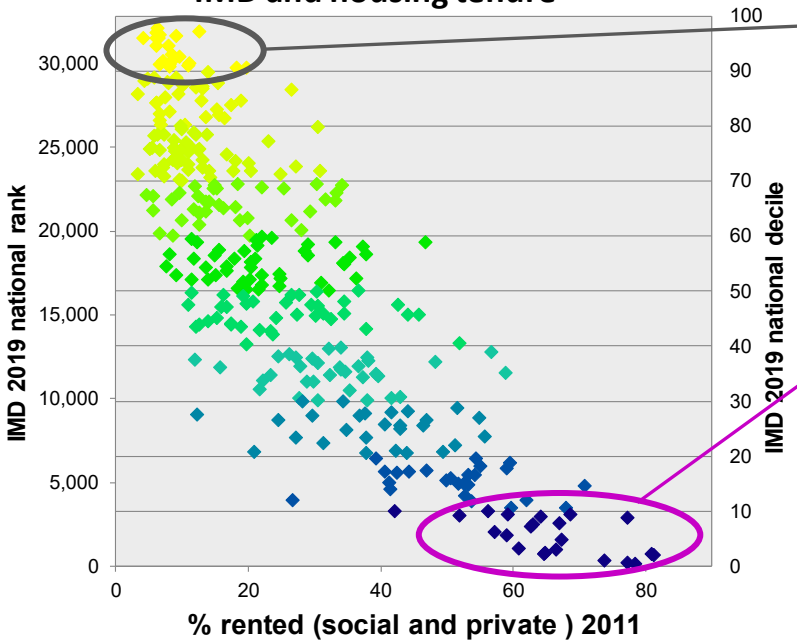
People that are more deprived may produce higher demand for County Council and other public services, particularly where they are in clusters of deprived LSOA. They are characterised by poorer health and disability, lower skills, educational disadvantage, higher crime and drug misuse.

Further information is available at eastsussexinfigures.org.uk.



Source: Ministry of Housing, Communities & Local Government (MHCLG) IMD 2019
Office for National Statistics (ONS) Census 2011 housing tenure

IMD and housing tenure

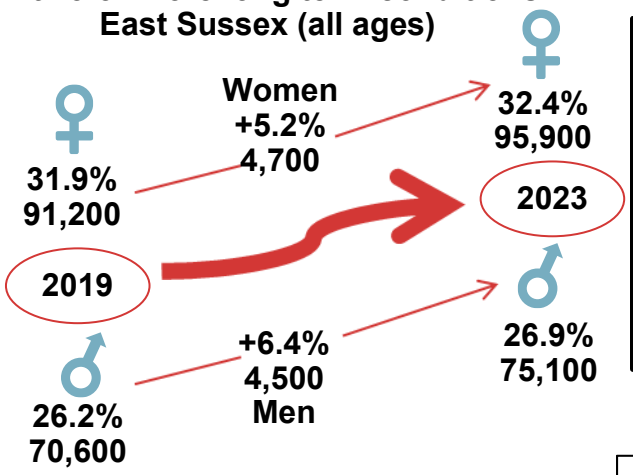


Deprivation and Housing

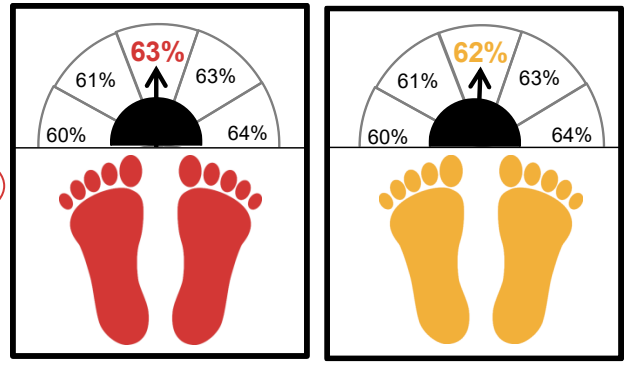
Areas of high deprivation correlate with rented housing that is meeting a need for low cost housing. This includes concentrations of social rented tenures (up to 70%) and private rented tenures (up to 68%), and both (up to 81%). Measures of deprivation include the indoor living environment and in these areas more properties (excluding social housing) may be in poor condition or without central heating, leading to higher heating costs and other negative outcomes.

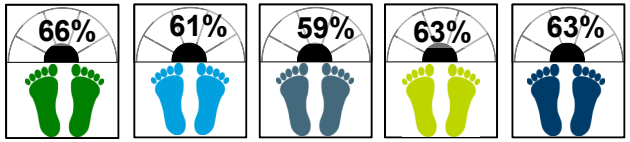
The relationship with housing tenure type means that the areas of high deprivation may not change IMD decile quickly unless there are significant housing developments or a process of gentrification. Where household income increases people are likely to move to other areas and be replaced by people with greater need for low cost housing. In the least deprived LSOA home ownership is highest, up to 95.2%. However, deprived people may be found in all areas, and not all people in a deprived area will be deprived, as suggested by the more even mix of tenure types across middle level deprivation areas.

Estimated number of people with two or more long term conditions in East Sussex (all ages)

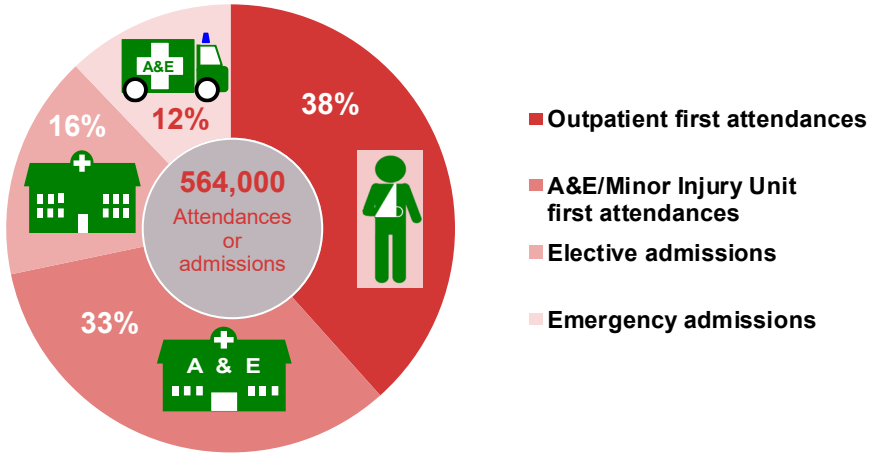


Adults overweight or obese 2018/19



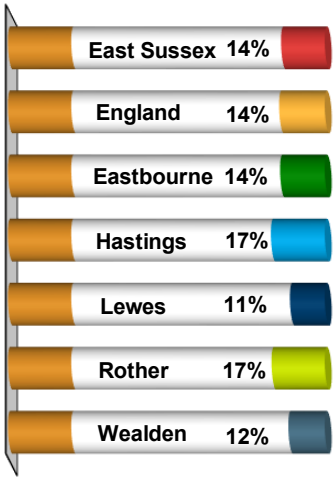


Hospital activity 2019/20 provisional data



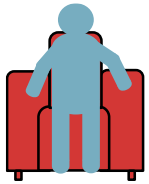
Source: Hospital Episode Statistics accessed via DAE. NHS Digital

Current smokers age 18+, 2018



Source: Public Health Outcomes Framework, Public Health England

Physical activity amongst adults in East Sussex, 2017/18

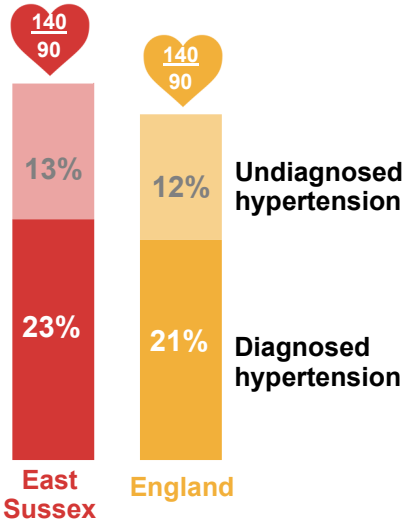


23% do less than 30 minutes a week

77% do 30 minutes or more a week

Source: Public Health Outcomes Framework, Public Health England

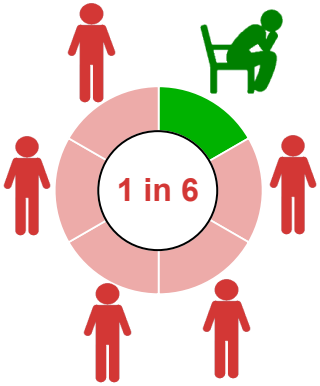
People with high blood pressure (hypertension) 2016/17



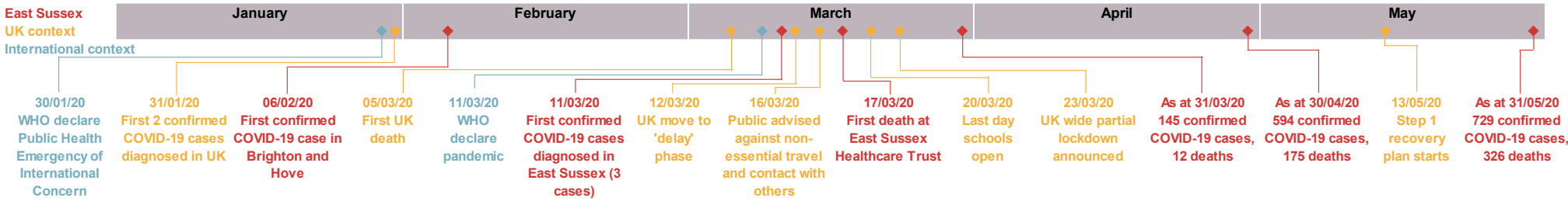
Adult drinkers in East Sussex who drink at high risk, 2016

Source: Local Alcohol Consumption Survey undertaken by Ipsos-MORI on behalf of Public Health England, 2016

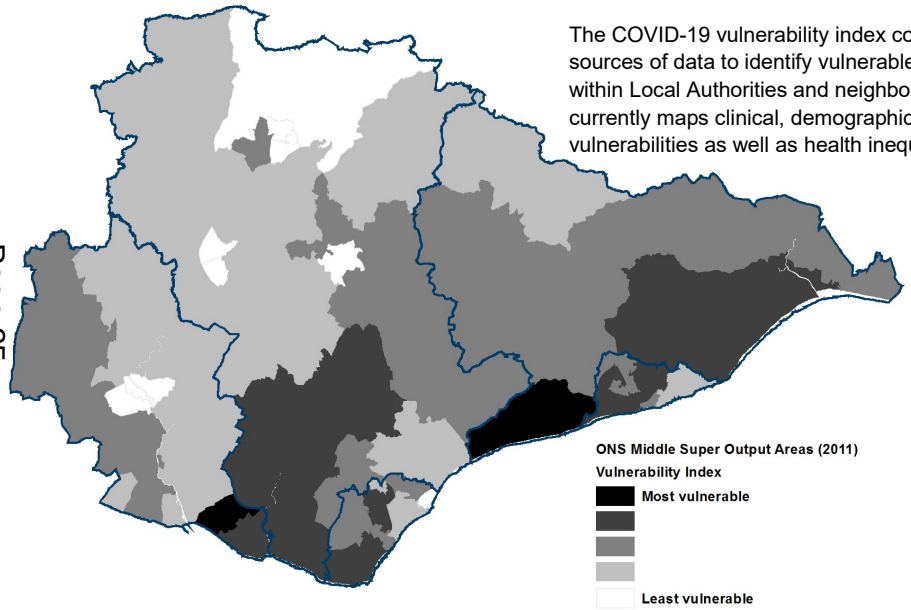
Estimated prevalence of people with a mental health condition at any one time



More information available from ***Picture East Sussex*** – *The Annual Report of the Director of Public Health 2018/19* www.eastsussexjsna.org.uk/publichealthreports



British Red Cross COVID-19 Vulnerability Index



The COVID-19 vulnerability index combines multiple sources of data to identify vulnerable areas and groups within Local Authorities and neighbourhoods. The Index currently maps clinical, demographic and social vulnerabilities as well as health inequalities.

Risk factors of poorer outcomes

Increasing diagnosis rates with increasing **age**

Of confirmed cases, persons aged 80 and over are **70x** more likely to die compared to Under 40s

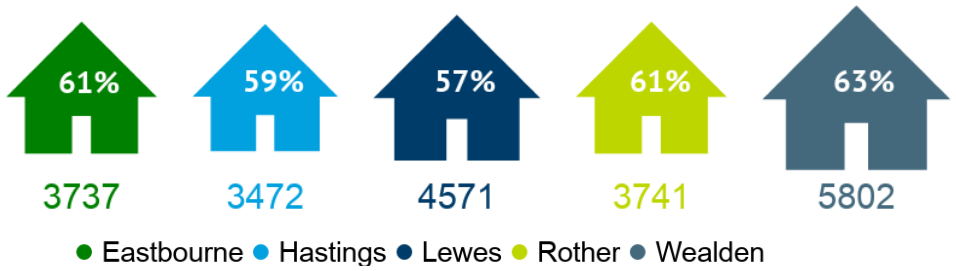
Working age **males** with COVID-19 are **twice** as likely to die compared to females ♂

Local authorities with the highest diagnosis and death rates are mostly **urban**

Persons living in the **most deprived** areas have higher diagnosis rates and more than double the death rate compared to those in less deprived areas

Diagnosis rates highest in people from **Black ethnic** groups with the highest death rates among those of Black and Asian ethnic groups

Numbers of people identified by the NHS as needing to shield and the percentage registered for help (as at 25th June)



Source: Ministry of Housing, Communities & Local Government

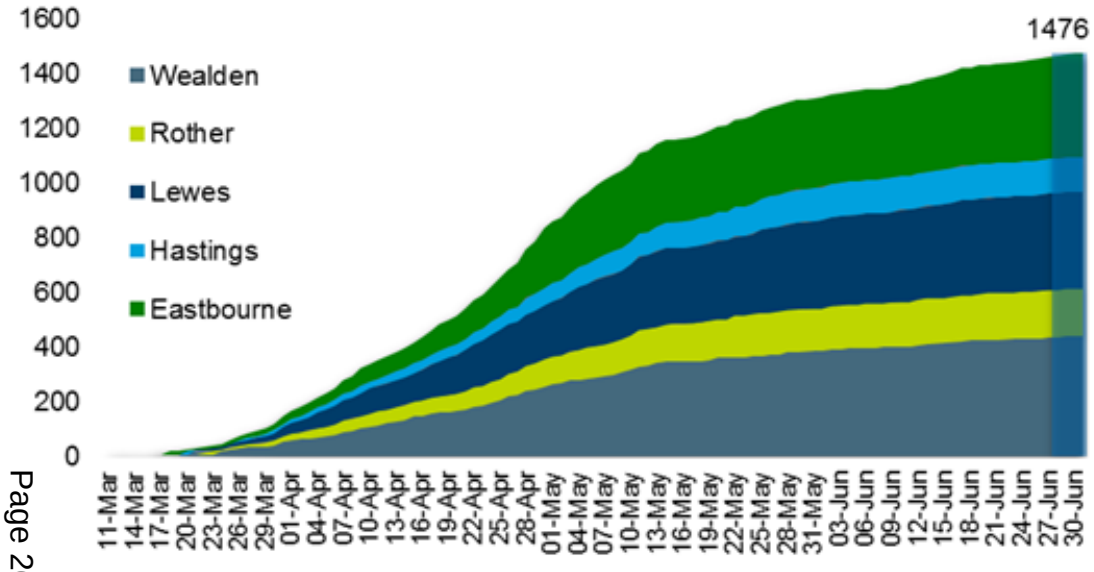
Studies looking at outcomes of patients with COVID-19 and analysis of death certificates suggests that there is an increased risk of an adverse outcome for patients with the following:

- diabetes
- chronic obstructive pulmonary disease
- hypertensive diseases
- dementia
- chronic kidney disease
- obesity

Source: Disparities in the risk and outcomes of COIVD-19, Public Health England, June 2020

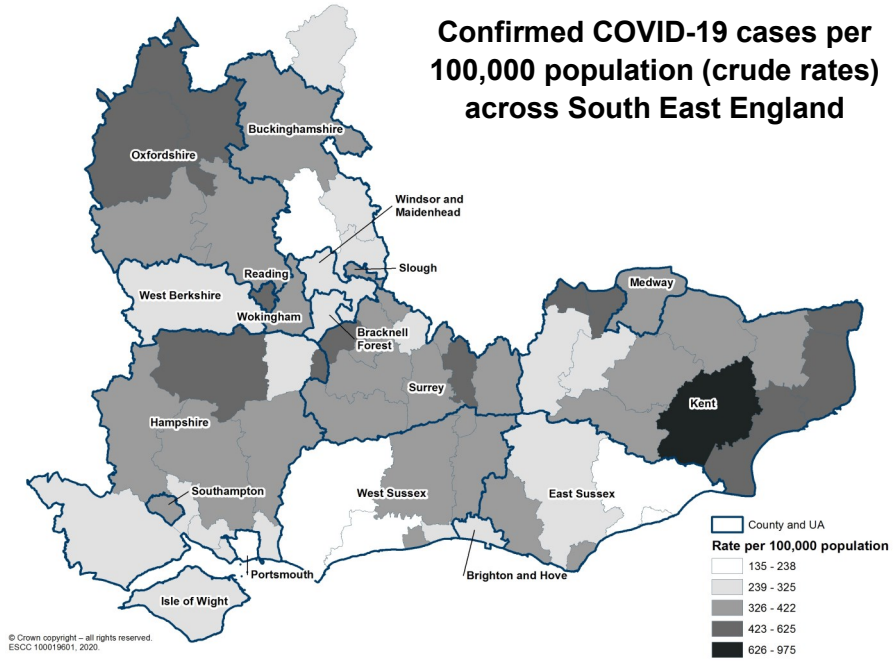
NOTE: the latest data is available from Public Health England

Daily cumulative cases for East Sussex residents



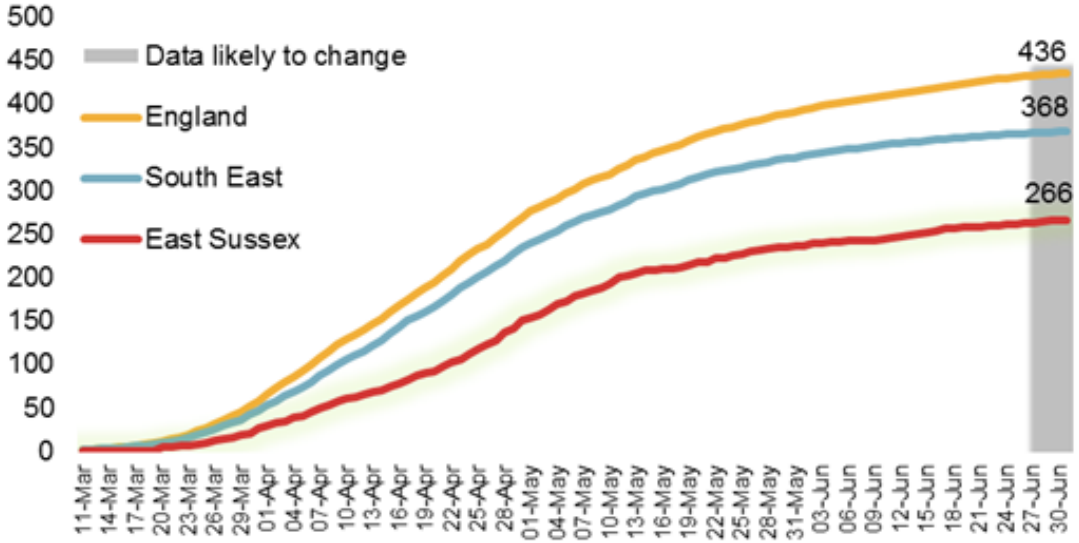
Source: Public Health England. Data in shaded area may increase with subsequent data releases

Confirmed COVID-19 cases per 100,000 population (crude rates) across South East England



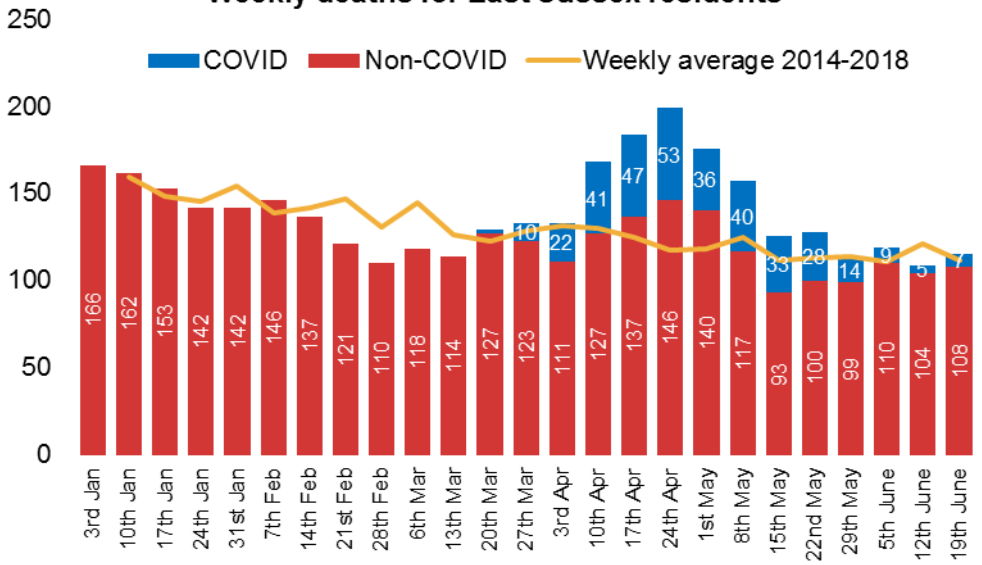
Source: Public Health England. Data as published 03/07/2020

Daily cumulative cases per 100,000

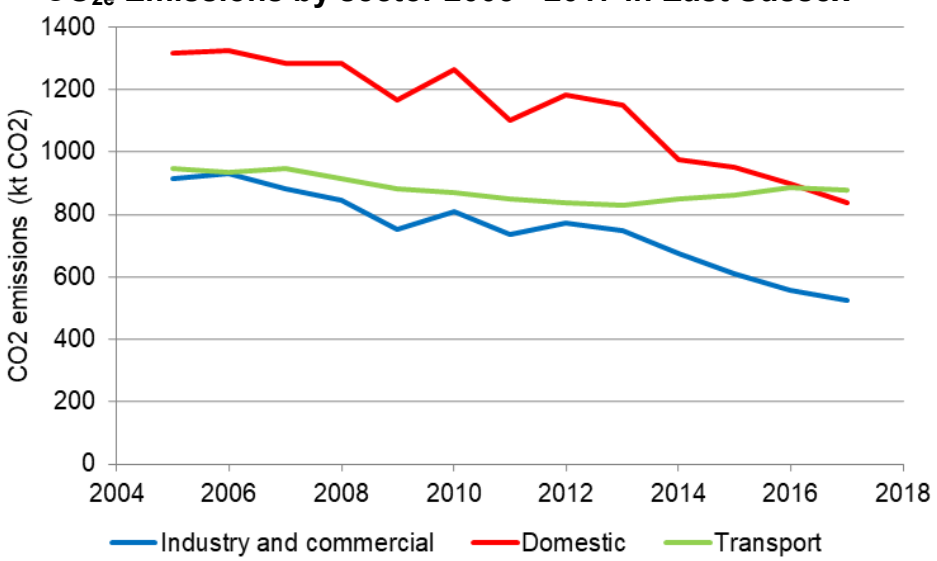


Source: Public Health England

Weekly deaths for East Sussex residents

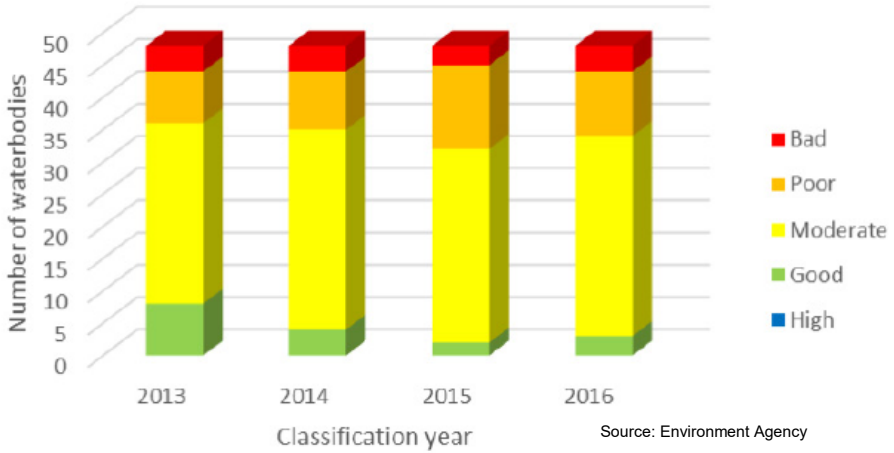


CO_{2e} Emissions by sector 2005 - 2017 in East Sussex



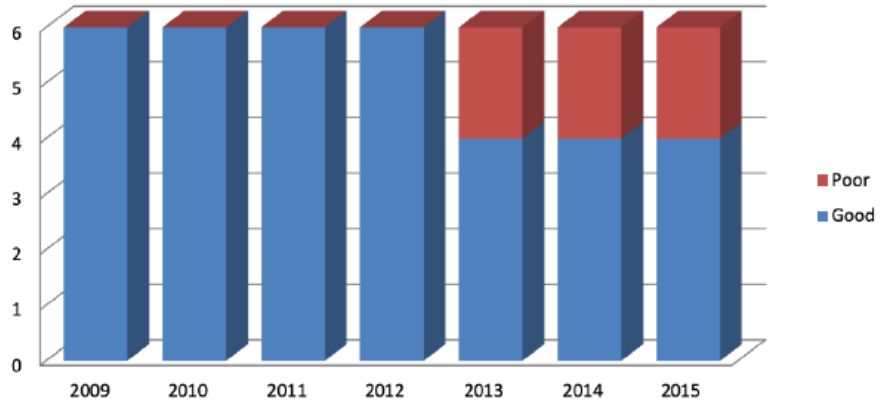
Source: Source: Department for Business, Energy & Industrial Strategy 2019

Overall status of surface water bodies in East Sussex



Source: Environment Agency

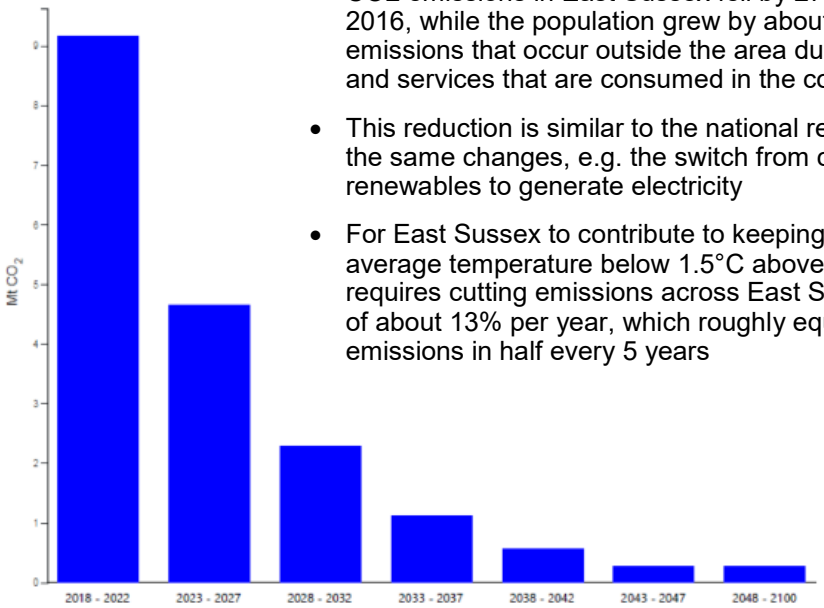
Overall ecological status of Groundwater bodies in East Sussex



Source: Environment Agency

- Water pollution is mostly caused by land management practices (e.g. agricultural run-off), wastewater treatment plants, and urban and highway run-off
- The quality of waterbodies has deteriorated in recent years. The quality of some ground waters, which provide about 70% of drinking water, have deteriorated due to rising nitrate levels, mostly due to historic farming practices

Cumulative CO_{2e} Emissions budget for East Sussex from 2018 - 2100

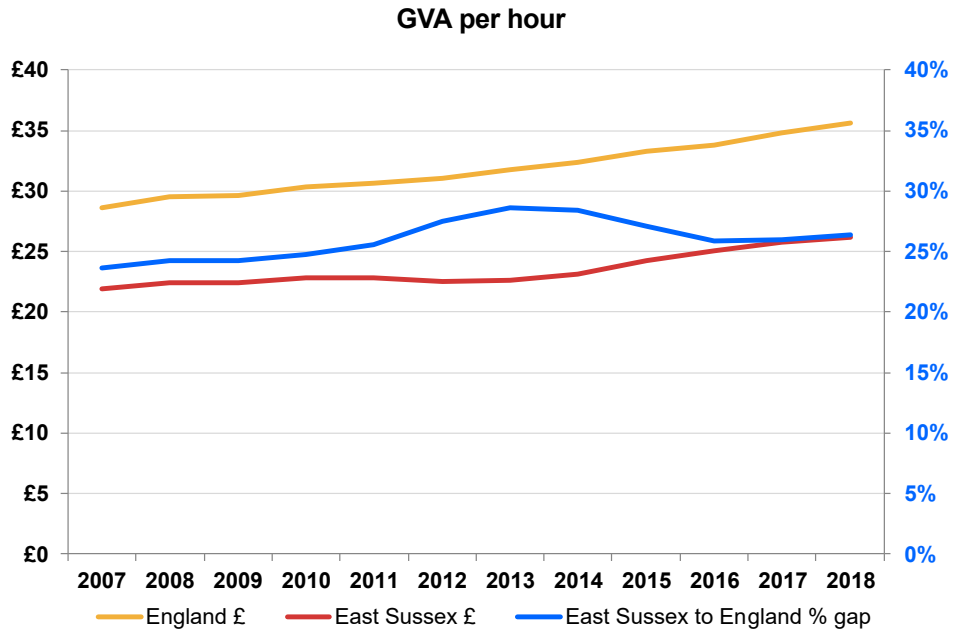


- CO2 emissions in East Sussex fell by 27% between 2005 and 2016, while the population grew by about 8%. This excludes emissions that occur outside the area due to demand for goods and services that are consumed in the county
- This reduction is similar to the national reduction, and driven by the same changes, e.g. the switch from coal to gas and renewables to generate electricity
- For East Sussex to contribute to keeping the increase in global average temperature below 1.5°C above pre-industrial levels requires cutting emissions across East Sussex by an average of about 13% per year, which roughly equates to cutting total emissions in half every 5 years

Source: Source: Tyndall Centre for Climate Change, 2020

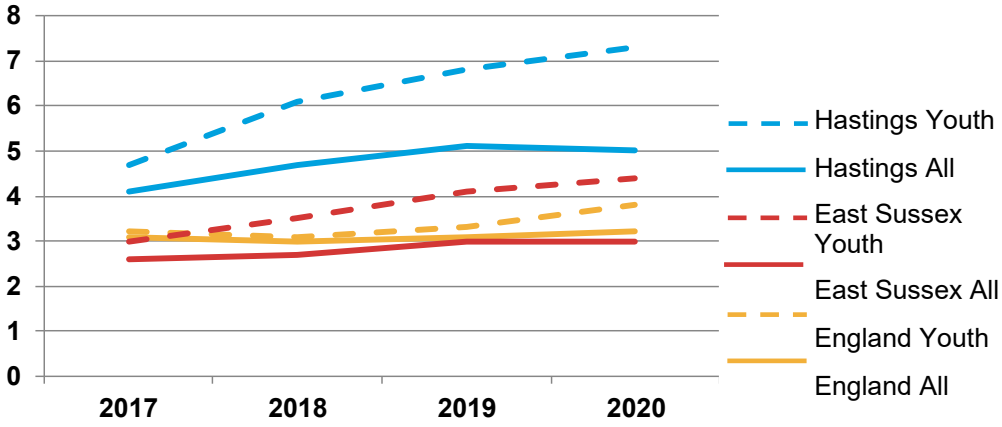
GVA per hour

- Gross Value Added (GVA) per hour measures the value of goods or services produced in an area per hour worked in that area. Note that revised GVA data was released in December 2019 which substantially changes the GVA attributed to East Sussex



Source: ONS Subregional productivity: labour productivity indices by UK NUTS2 and NUTS3 subregions

Unemployment rate: percentage of adult and youth population

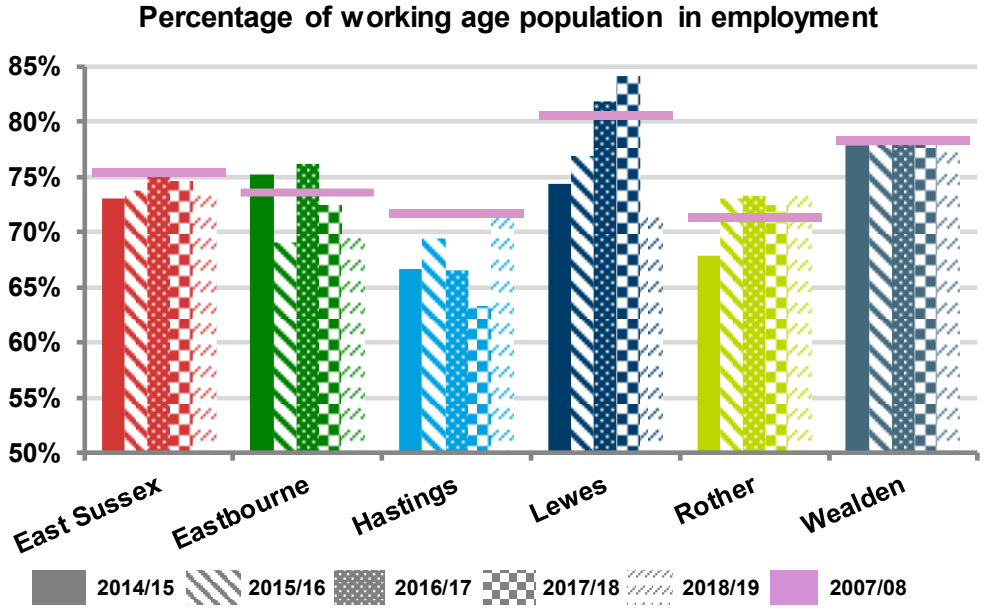


Sources: DWP alternative claimant count experimental statistics, ONS population statistics

Employment

- 73.6% of working age population (age 16-64) in employment 2018/19 (down from 74.6% in 2017/18), England 75.6%, South East 78.4%
- County employment remains below the pre-recession level of 75.5% in 2007/08
- Employment in Lewes fell by 14.6% in 2018/19
- Employment levels in Hastings recovered in 2009/10, since then they had been fluctuating downwards, however in 2018/19 they increased to 72.0%
- Employment in Eastbourne fluctuated after the recession; currently below the 2007/08 rate

Sources: ONS Annual Population Survey



Unemployment

- The Alternative Claimant Count records the number of people claiming any unemployment related benefit e.g. Universal Credit (seeking work), Job Seekers Allowance etc. At February 2020, East Sussex 3%, England 3.2%
- Youth (18-24) unemployment is higher, 4.4%, and impacted more by economic shocks (e.g. rapid change in GVA) than the general adult rate; this is an international trend explained by issues around finding a first job and labour market policies e.g. differential employment protection, minimum wages, targeted support (e.g. apprenticeships and vocational training for disadvantaged youth). In East Sussex it is most keenly seen in Hastings, 7.3%

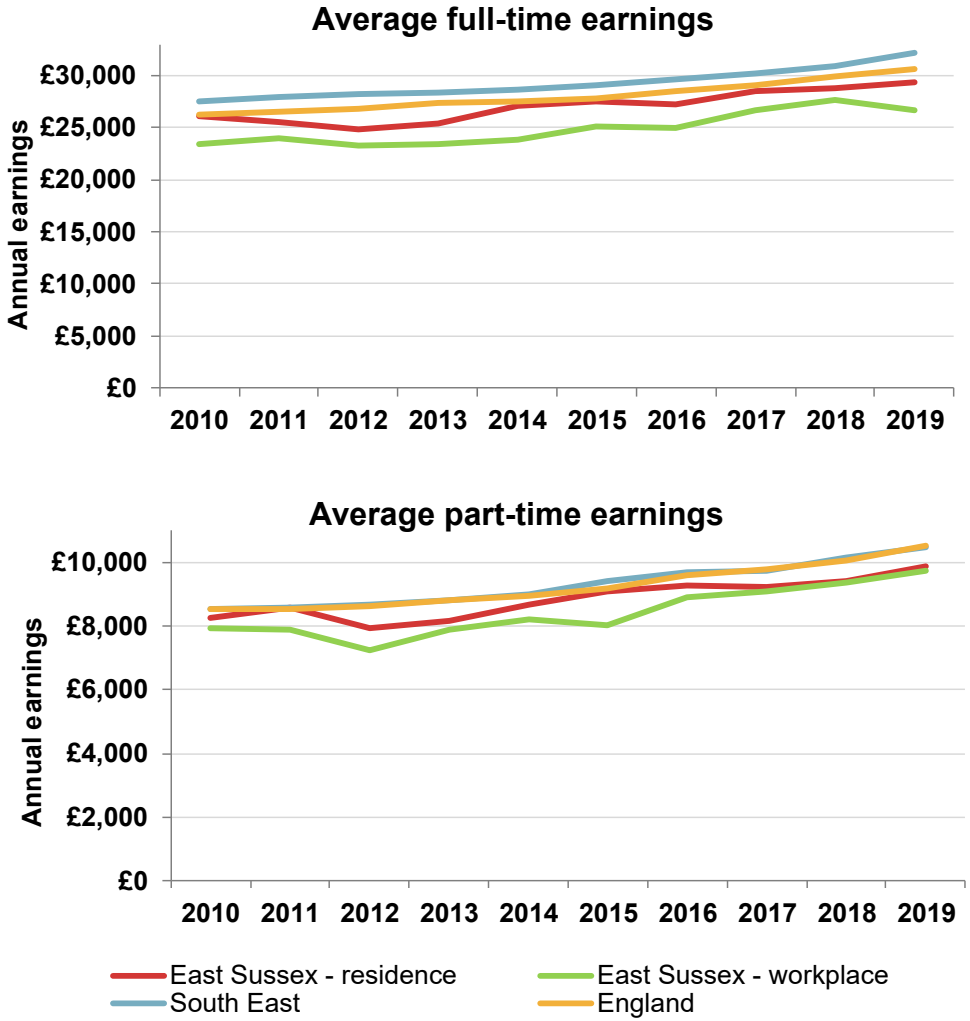
Earnings

Average (median) full time earnings	Workplace-based			Residence-based		
	2010	2019	% Change 2010/19	2010	2019	% Change 2010/19
Eastbourne	£25,120	£30,001	19.4%	£25,598	£29,287	14.4%
Hastings	£21,700	£24,050	10.8%	£21,711	£24,655	13.6%
Lewes	£23,931	£28,516	19.2%	£27,898	£32,786	17.5%
Rother	£21,371	£23,516	10.0%	£29,024	£28,718	10.4%
Wealden	£23,341	£27,046	15.9%	£30,792	£31,786	3.2%

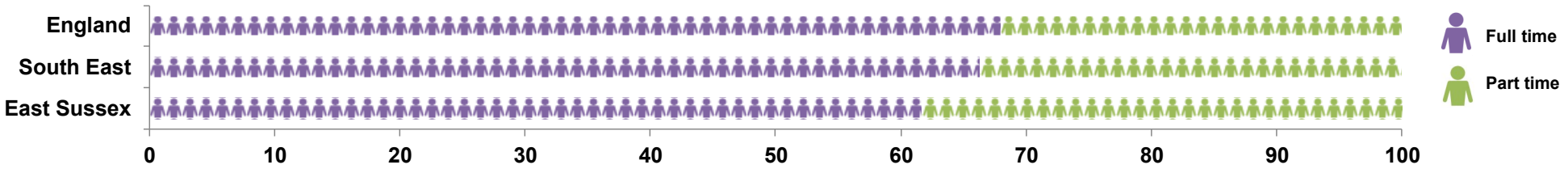
Average (median) part time earnings	Workplace-based			Residence-based		
	2010	2019	% Change 2010/19	2010	2019	% Change 2010/19
Eastbourne	£8,735	£10,386	18.9%	£7,867	£10,870	38.2%
Hastings	£8,010	£9,519	18.8%	*£7,404*	£9,773	32.0%
Lewes	*£9,281*	£9,738	4.9%	£9,570	£9,753	1.9%
Rother	£6,372	£10,817	69.8%	£7,678	*£8,655*	12.7%
Wealden	£7,513	*£9,229*	22.8%	£8,212	*£9,385*	14.3%

Data for annual earnings are not available for some areas. For these areas annualised weekly earnings are used and are recorded in ***bold grey italics.*** Annualised weekly earnings are not produced on an identical basis to annual earnings and are therefore not directly comparable.

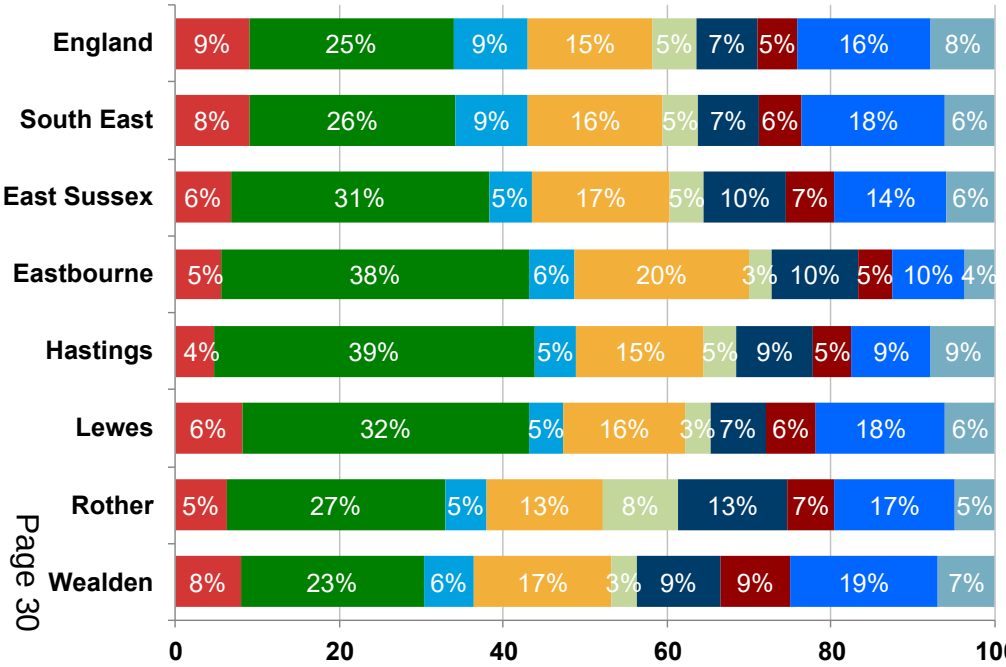
Sources: Annual Survey of Hours and Earnings (ASHE), ONS Business Register and Employment Survey (BRES)



Percentage of people who work full time and part time



Employment by industry



Active Businesses:
2017: 24,170
2018: 23,985

Source: ESCC Business demography, districts, ESCC New business registration rate, districts

2018: 2,230 business starts,
2,235 business closures,
a reduction of 7.3% from 2017

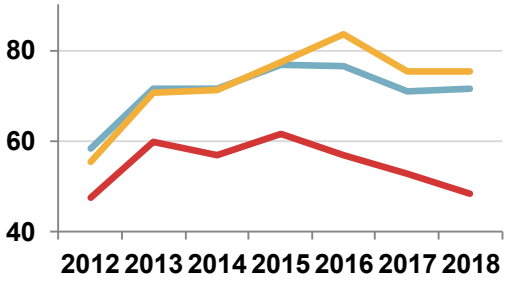
New business registration rate per 10,000 people:

East Sussex rate fell by 8.0% between 2017 and 2018 to 48.5

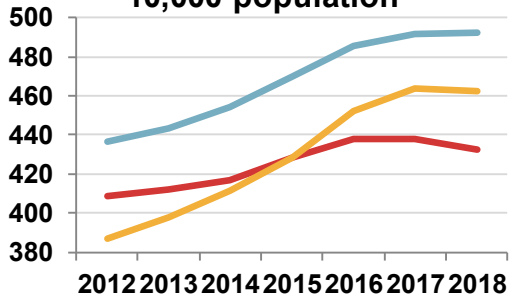
Highest in Wealden 52.0

Lowest in Hastings 44.3

New business rate per 10,000 population



Active business rate per 10,000 population



Source: ONS Business Demography data. Nomis mid-year estimate population data

East Sussex | South East | England

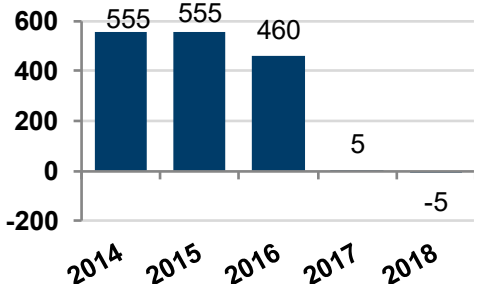
Source: ONS Business Demography tables

	Professional, scientific and technical		Public admin, education and health		Admin and support services
	Retail, wholesale, motors		Finance, insurance and real estate	Hotel	Accommodation and food
	Construction		Other		Manufacturing

Other includes: Arts, entertainment and recreation; Other service activities; Agriculture, fishing, mining and utilities; Transportation and storage; Information and communication.

Source: Business Register and Employment Survey (BRES) 2018

East Sussex Business births - deaths



Source: ONS Business Demography tables

	2013	2014	2015	2016	2017	2018
Eastbourne	75	95	115	60	0	5
Hastings	70	95	130	60	10	10
Lewes	160	155	70	110	25	5
Rother	135	55	10	70	0	5
Wealden	105	155	230	160	-30	-30

eSussex Broadband

- The eSussex project, led by the Council, is delivering internet connectivity for homes and businesses in the county by investing in fibre infrastructure
- Three contracts, worth over £32m in total, have been connecting premises which are not considered commercially viable by private providers
- The third contract began delivering at pace in March 2020 and will deliver full fibre (fibre to the premises) to over 5,500 premises by December 2021
- Superfast coverage, in spring 2020 is 97%

Source: ESCC Broadband team

Meeting business needs

- Innovative firms employ a higher share of Science, Technology, Engineering, Art and Maths (STEAM) graduates

- There are six Skills East Sussex (SES) business-led sector task groups for:
  - engineering;
  - land-based;
  - construction;
  - creative and digital industries;
  - visitor economy; and
  - health and social care

1,000

Students visited 34 businesses between October and December 2019 as part of the 'Open Doors' project to learn about the range of jobs available in industries including web design, event management, engineering, construction and hospitality among others.

Source: ESCC Economic Development

- 21 Industry Champions were recruited in 2019/20 to act as ambassadors for their sectors and promote careers to young people

Source: ESCC Economic Development

Qualifications of working age population 2019

- Qualification levels are broadly in line with England and South East averages
- Lewes and Wealden have a significantly higher proportion of better qualified people compared with other districts in the county

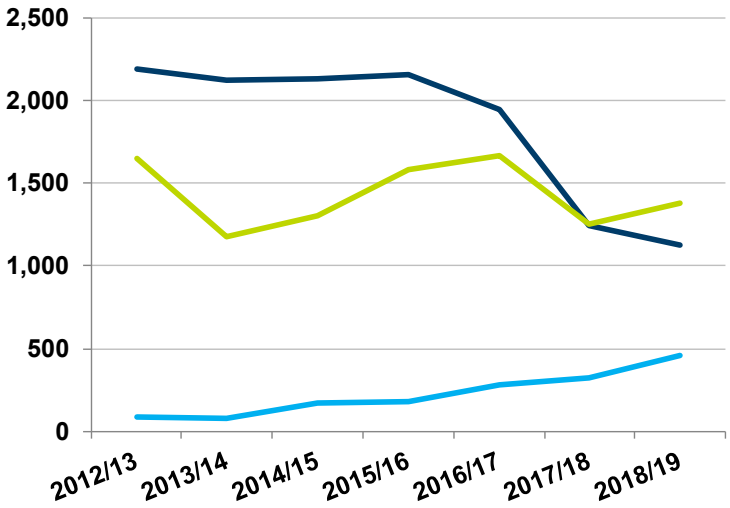
Qualifications of working age population 2019	None	Level 1	Level 2	Level 3	Level 4+	Other
England	7.5%	10.1%	17.2%	18.5%	40.0%	6.7%
South East	5.8%	9.7%	17.0%	18.7%	43.4%	5.4%
East Sussex	6.2%	13.0%	20.4%	17.7%	35.6%	7.1%
Eastbourne	5.4%	16.7%	24.4%	12.2%	32.7%	8.7%
Hastings	12.2%	10.7%	20.6%	9.3%	38.4%	8.8%
Lewes	8.5%	7.1%	20.1%	21.5%	39.7%	3.1%
Rother	3.0%	14.9%	23.4%	26.1%	24.8%	7.8%
Wealden	3.4%	14.5%	16.2%	19.6%	39.3%	7.0%

Note: Survey data, confidence intervals apply e.g. up to +/- 3.8% for East Sussex, with potentially much larger confidence intervals for District and Borough areas. Therefore care should be taken when reading these results.

None: No academic or professional qualifications

Source: ONS Nomis Annual Population Survey: Qualifications of working age population, 2019

East Sussex apprenticeship starts



	2018/19
Intermediate level	1,130
Advanced level	1,380
Higher level	460

Apprenticeship rates

6% Apprenticeship starts in East Sussex in 2018/19

44% Higher level apprenticeship starts in 2018/19

Apprenticeship Levy East Sussex County Council

December 2019:

1.8% of staff apprentices, against the 2.3% target

Placing us joint fourth highest nationally amongst county councils

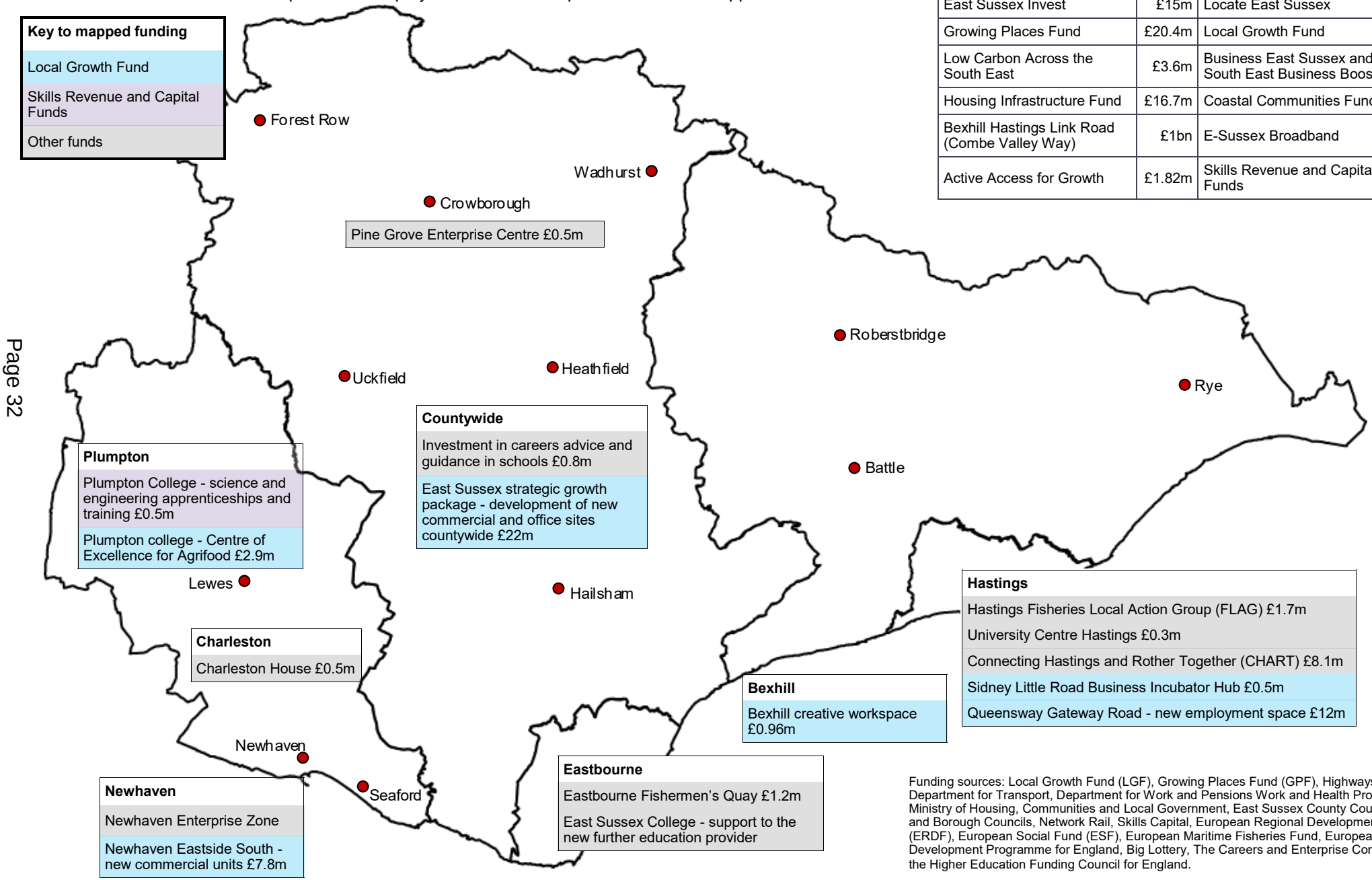
4th highest nationally

Source: Department for Education (DfE) further education data library, apprenticeships

The maps on the following two pages highlight programmes and schemes which will contribute towards the East Sussex Growth Strategy from 2014 until 2020.

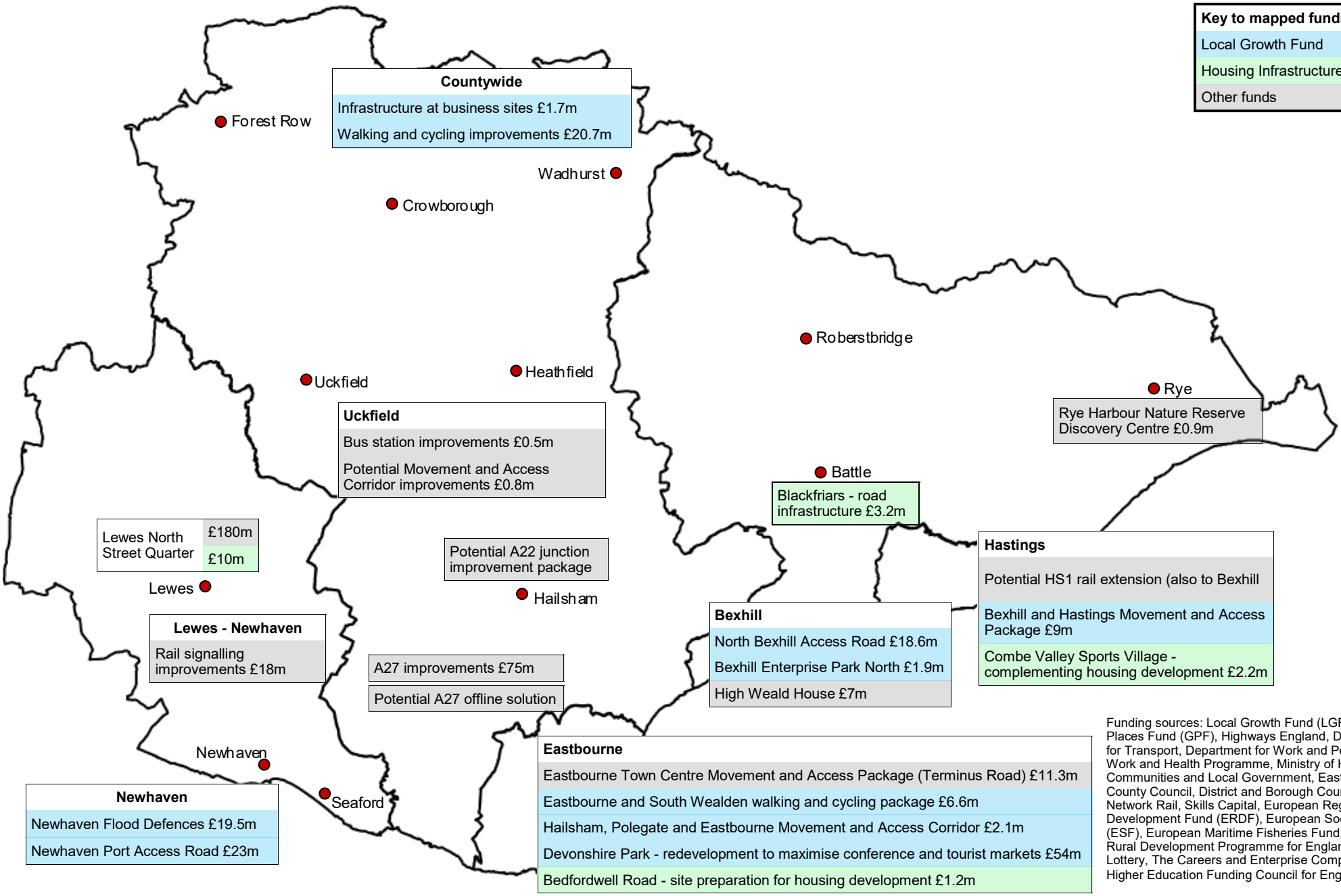
Skills and Business: This map focuses on projects which will help boost skills and support businesses.

Countywide funding and Investments, including leveraged funds			
East Sussex Invest	£15m	Locate East Sussex	£1.26m
Growing Places Fund	£20.4m	Local Growth Fund	£216m
Low Carbon Across the South East	£3.6m	Business East Sussex and South East Business Boost	£1.8m
Housing Infrastructure Fund	£16.7m	Coastal Communities Fund	£6.3m
Bexhill Hastings Link Road (Combe Valley Way)	£1bn	E-Sussex Broadband	£28.5m
Active Access for Growth	£1.82m	Skills Revenue and Capital Funds	£10m+



Funding sources: Local Growth Fund (LGF), Growing Places Fund (GPF), Highways England, Department for Transport, Department for Work and Pensions Work and Health Programme, Ministry of Housing, Communities and Local Government, East Sussex County Council, District and Borough Councils, Network Rail, Skills Capital, European Regional Development Fund (ERDF), European Social Fund (ESF), European Maritime Fisheries Fund, European Rural Development Programme for England, Big Lottery, The Careers and Enterprise Company and the Higher Education Funding Council for England.

Infrastructure: This map focuses on projects which will improve the infrastructure in East Sussex.

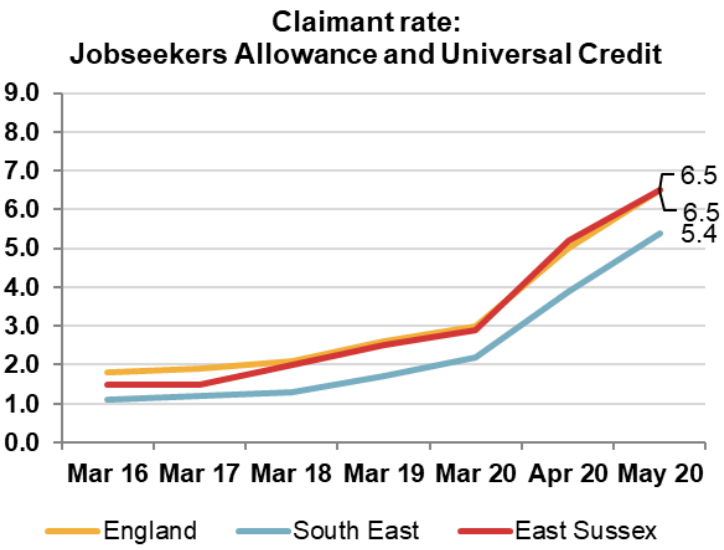


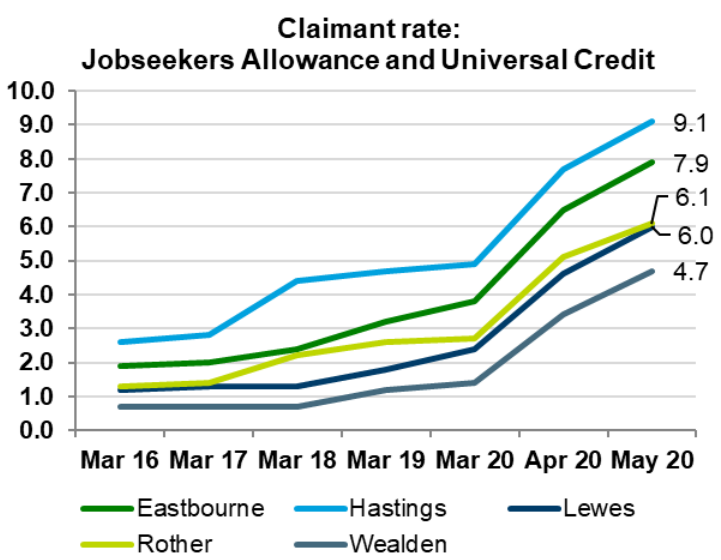
Funding sources: Local Growth Fund (LGF), Growing Places Fund (GPF), Highways England, Department for Transport, Department for Work and Pensions Work and Health Programme, Ministry of Housing, Communities and Local Government, East Sussex County Council, District and Borough Councils, Network Rail, Skills Capital, European Regional Development Fund (ERDF), European Social Fund (ESF), European Maritime Fisheries Fund, European Rural Development Programme for England, Big Lottery, The Careers and Enterprise Company and the Higher Education Funding Council for England.

Unemployment

- There was a sharp increase in people claiming Jobseekers allowance and Universal Credit (and searching for work) in May 2020 (Note this is slightly different to the Alternative Claimant Count which records the number of people claiming any unemployment related benefit)
- Across East Sussex the number of people claiming increased by 11,640 to 20,775 between March and May 2020, the figures for the district are:

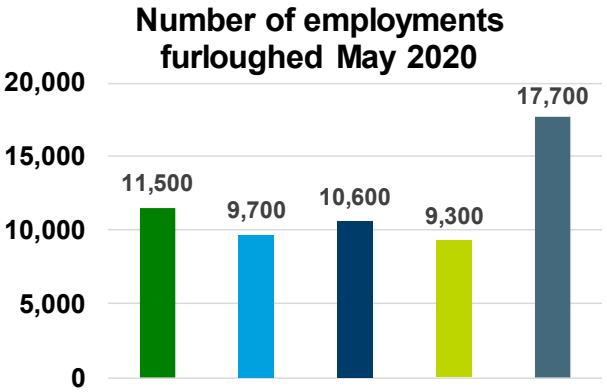
Unemployment 2020	March	May	Increase
Eastbourne	2,245	4,735	2,490
Hastings	2,780	5,185	2,405
Lewes	1,410	3,515	2,105
Rother	1,380	3,100	1,720
Wealden	1,315	4,245	2,930

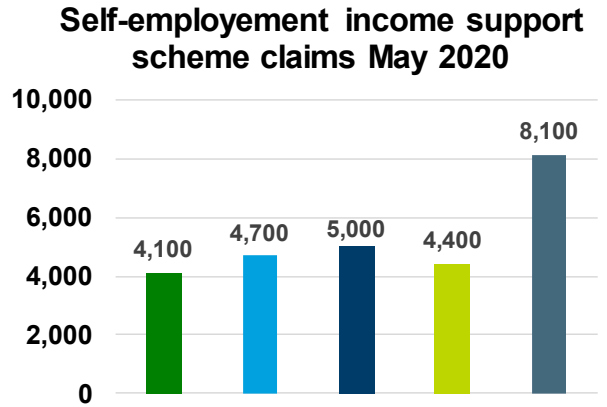




Business and employment

- 68% of businesses in East Sussex are furloughing staff, and 30% have accessed loans, grants and or business rates relief
- The COVID-19 pandemic has had a significant impact on almost all sectors of the East Sussex economy, with the visitor, retail and the creative and digital sectors particularly hit
- Businesses in the construction sector have continued to operate at non-domestic sites where possible, implementing social distancing and using PPE
- The engineering sector has continued to operate, but has experienced supply chain challenges and have an older average employee age than other sectors which has led to labour challenges due to some staff self-isolating or shielding
- In the land based sector, many East Sussex farms have participated in a national campaign to recruit local seasonal workers, to replace those who normally arrive from the EU
- Health and social care is one of the few sectors which needs new and additional staff





In East Sussex for the period up to 31/05/2020 there were estimated:

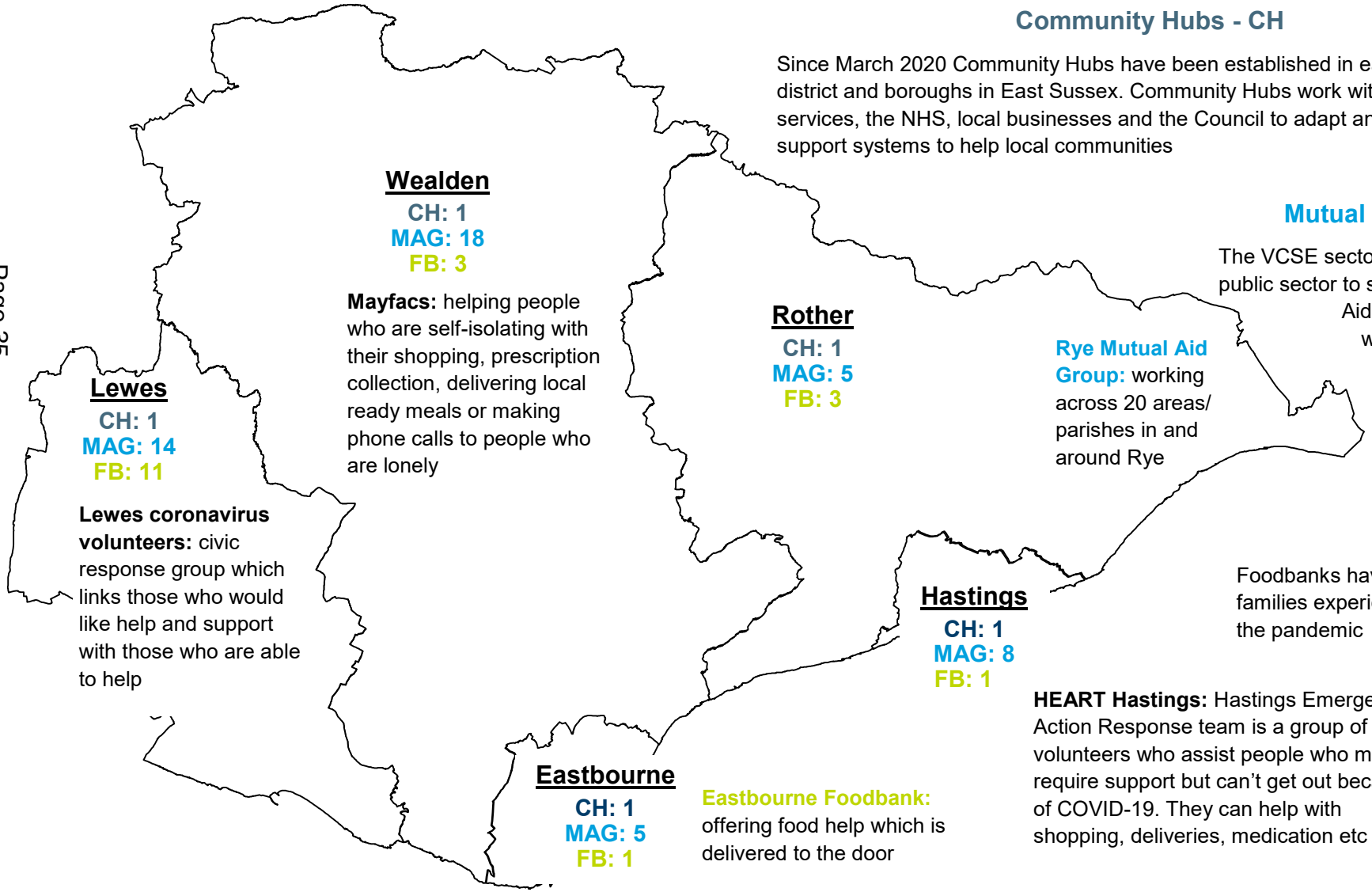
- 58,900 employments furloughed
- 26,200 claims to the Self-employment income support scheme (SEISS) with a total value of £79.1m

Source: ESCC Claimant Count including JSA and Universal Credit by age, 2018-2020 - districts, and ESCC Economic Development Team, HM Revenue and Customs

Voluntary, Community and Social Enterprise sector work and responding to COVID-19

The Voluntary, Community and Social Enterprise (VCSE) sector provides a wide range of services in East Sussex. **46%** of people volunteered for a group or organisation in 2019, with over a quarter (27%) doing so at least once a month.

VCSE organisations have responded rapidly to the outbreak of Covid-19 in East Sussex. Many have adapted their services from face to face to online support, and developed teams of trained volunteers who can continue to assist people during the pandemic. Just a few examples are given here.



Community Hubs - CH

Since March 2020 Community Hubs have been established in each of the district and boroughs in East Sussex. Community Hubs work with emergency services, the NHS, local businesses and the Council to adapt and develop support systems to help local communities

Mutual Aid Groups - MAG

The VCSE sector has been working with the public sector to support the creation of Mutual Aid Groups, which enable people who want to help others to become volunteers, and assist people in the community who require food, social contact or support at home

Foodbanks - FB

Foodbanks have continued to offer a lifeline to families experiencing financial hardship during the pandemic

Wealden
CH: 1
MAG: 18
FB: 3

Mayfacs: helping people who are self-isolating with their shopping, prescription collection, delivering local ready meals or making phone calls to people who are lonely

Rother
CH: 1
MAG: 5
FB: 3

Rye Mutual Aid Group: working across 20 areas/ parishes in and around Rye

Lewes
CH: 1
MAG: 14
FB: 11

Lewes coronavirus volunteers: civic response group which links those who would like help and support with those who are able to help

Hastings
CH: 1
MAG: 8
FB: 1

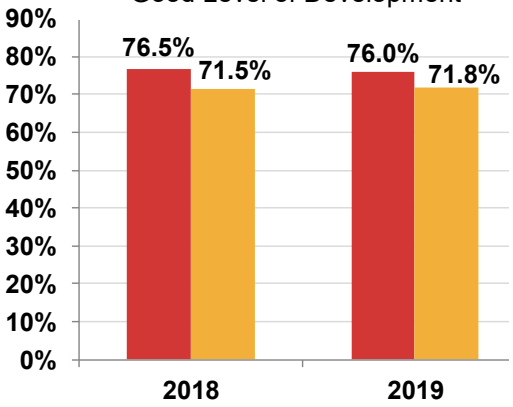
HEART Hastings: Hastings Emergency Action Response team is a group of volunteers who assist people who may require support but can't get out because of COVID-19. They can help with shopping, deliveries, medication etc

Eastbourne
CH: 1
MAG: 5
FB: 1

Eastbourne Foodbank: offering food help which is delivered to the door

Early Years (age 0-5)

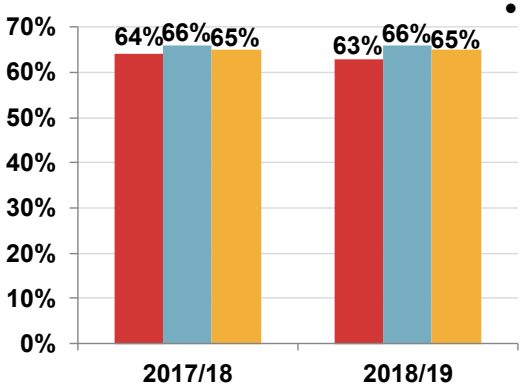
Good Level of Development



- Early Years Good Level of Development is achieving the expected standard for: communication and language; physical development; personal, social and emotional development; literacy and mathematics

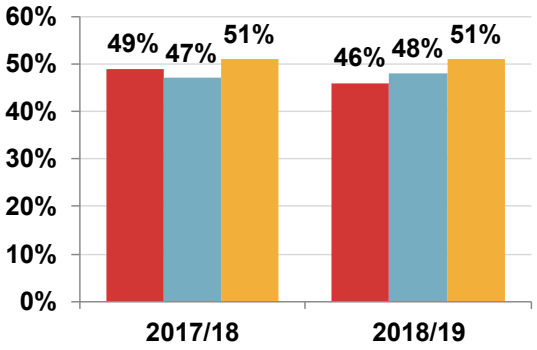
Key Stage 2 Expected Standard

(age 7-11)



- At Key Stage 2 the percentage of pupils reaching the expected standard in reading, writing and maths combined

Key Stage 2 Expected Standard disadvantaged pupils

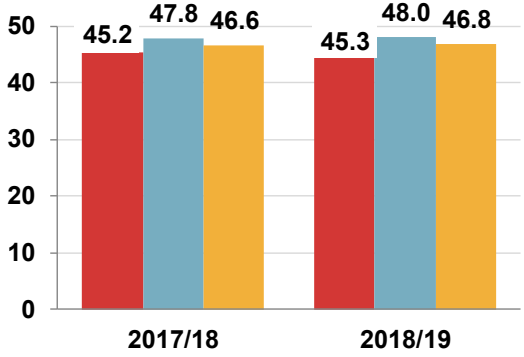


Key Stage 4 - Attainment 8 / Progress 8

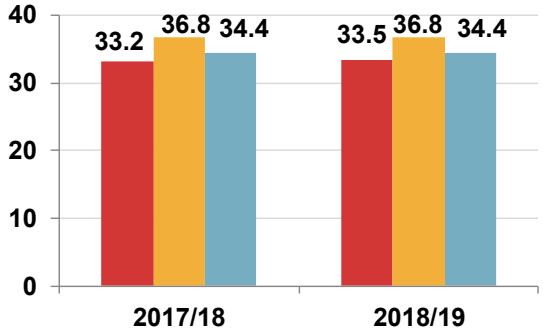
- Attainment 8 is the students' average achievement across eight subjects: English, mathematics, three English Baccalaureate (EBacc) subjects (from sciences, computer science, geography, history and languages), and three further subjects, from the range of EBacc subjects, or any other GCSE or approved, high-value arts, academic, or vocational qualifications
- Progress 8 is a measure of students' progress across the Attainment 8 subjects from the end of primary school (Key Stage 2) to the end of secondary school (Key Stage 4). Scores for East Sussex are below national

Attainment 8 Score

(Age 14 - 16)

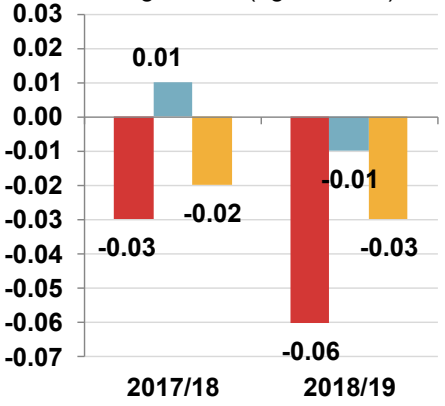


Attainment 8 score for disadvantaged pupils



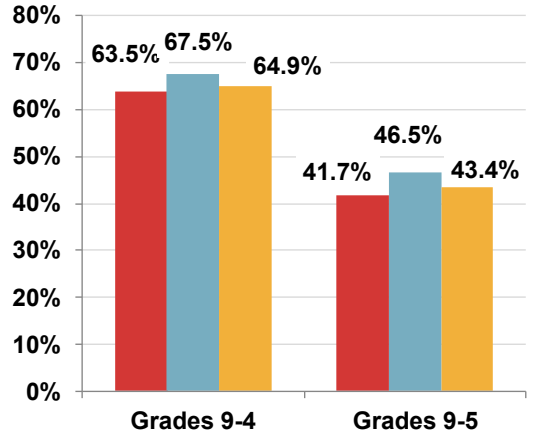
Progress 8

Average score (age 14 - 16)



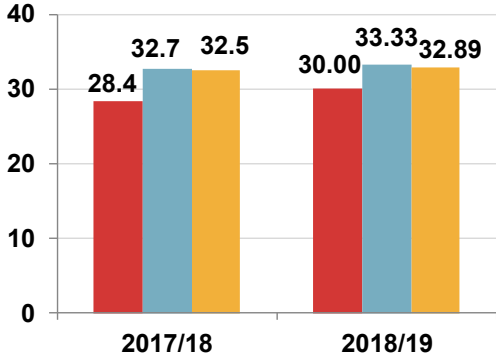
GCSE 2018/19 (age 14 - 16)

Pupils acheiving a pass in English and maths



A Level (age 16 - 18)

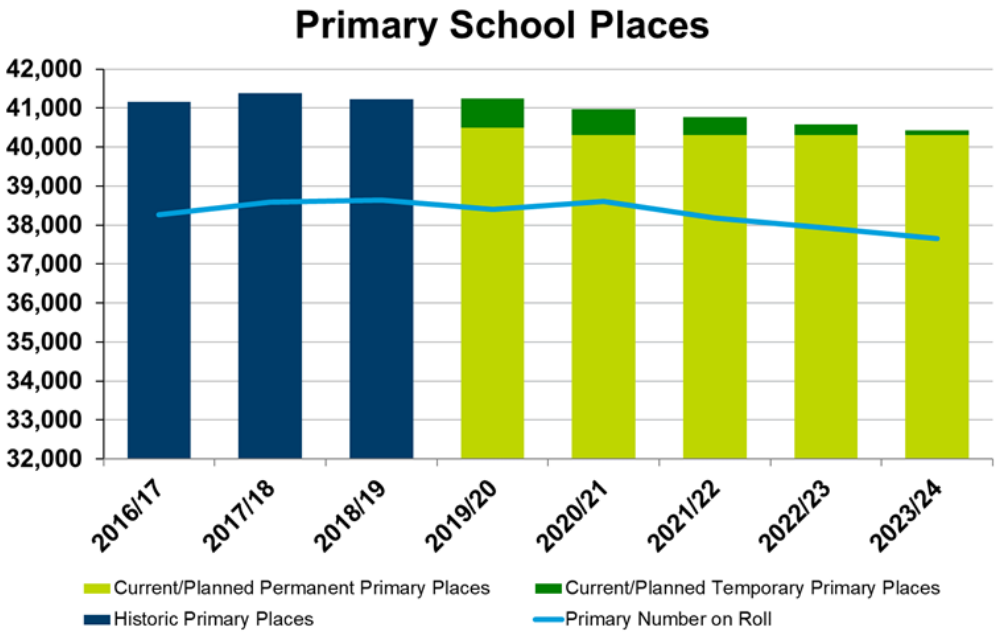
Average point score per entry best three

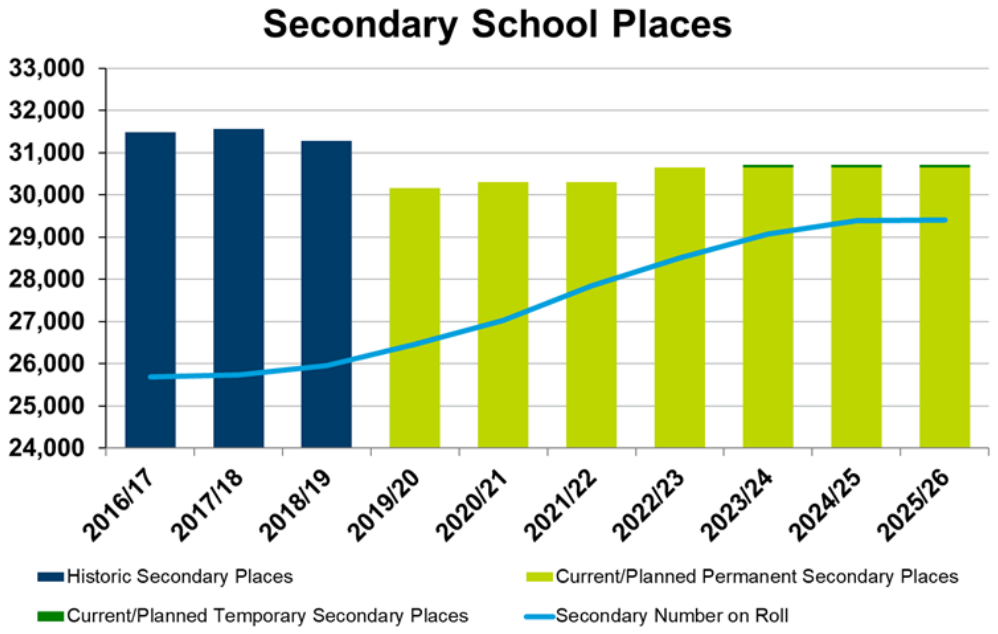


- Following the cancellation of all assessments, tests and exams in England (from Early Years through to Post 16), Ofqual has determined a process where students' work (up until March 2020) is assessed to enable them to receive grades for GCSEs, AS and A levels in time to progress.

Source for all: DfE

East Sussex | South East | England





Source: ESCC Pupil Forecasting Model 16th July 2019

Primary school places

- Total numbers of pupils in primary schools have now plateaued and are forecast to fall from around 2021/22
- There will be a net reduction in capacity of 819 places, between 2019/20 and 2023/24, as previous temporary capacity will be removed when no longer required

Secondary school places

- Secondary pupil numbers are expected to continue to increase and peak around 2025/26
- 500 additional permanent places will be added between 2019/20 and 2025/26 to meet forecast demand in local areas

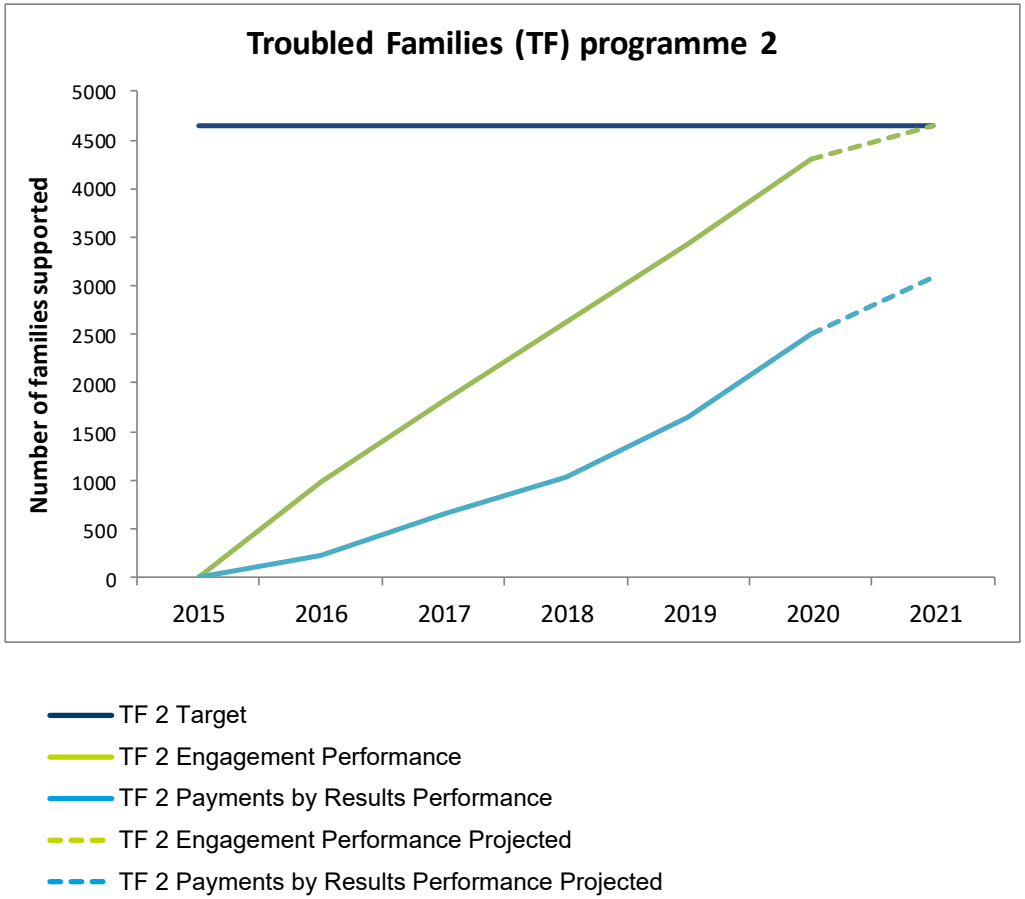
Projected change in youth population

	2020	2021	2022	2023	% change 2020-2023	2024	2025	2026	2027	2028	% change 2024-2028
0-3	21,100	21,070	21,140	21,220	+0.6%	21,250	21,400	21,510	21,610	21,660	+1.9%
4-10	43,060	42,710	42,200	41,940	-2.6%	41,760	41,780	41,580	41,370	41,270	-1.2%
11-15	31,290	32,100	32,700	33,290	+6.4%	33,530	33,620	33,580	33,250	32,830	-2.1%
16-17	11,900	12,050	12,450	12,950	+8.8%	13,190	13,440	13,670	13,990	14,120	+7.1%

Source: ESCC population projections by age and gender (dwelling led) April 2020, numbers rounded to 10

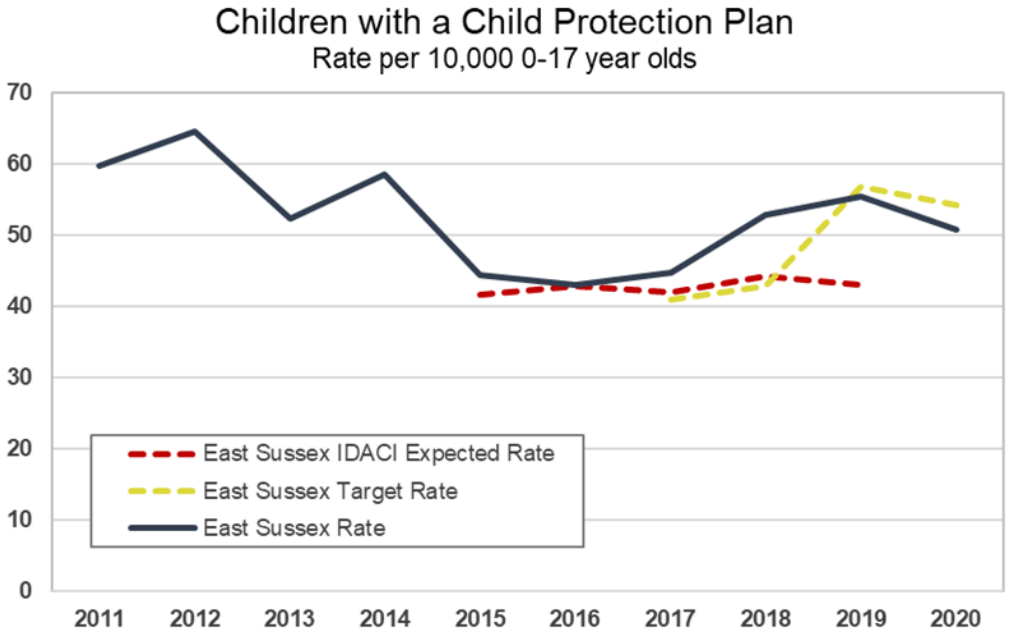
Troubled Families results

- The national Troubled Families programme (TF2) runs from 2015 to 2021
- Troubled Families promotes whole family working which is now a core element of Children's Services delivery
- Payment by Results outcomes are achieved when families reach significant and sustained progress thresholds in six key areas
- Successful family outcomes impact positively on all priority outcomes and reduce demand for other services
- By the end of 2019/20, 4,306 families had received or were receiving support and 2,504 had achieved Payment by Results outcomes

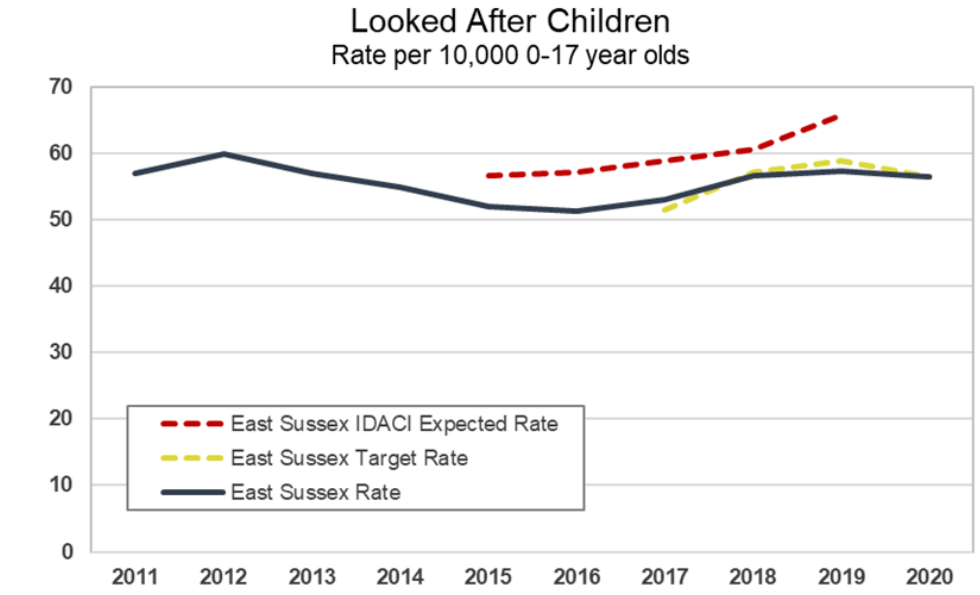


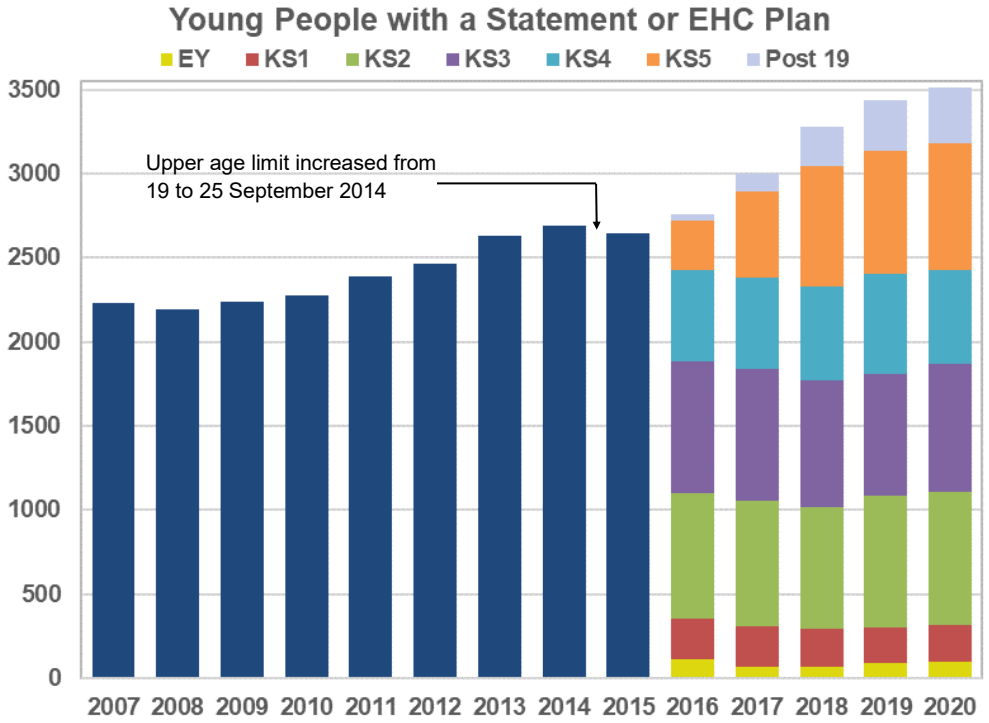
Child Protection (CP) Plans

- At the end of March 2020, the number of CP plans was **542**, a rate of **50.9** per 10,000 children
- This is above the expected rate benchmarked for child deprivation; the Income Deprivation Affecting Children Index (IDACI) but is linked to the relatively low numbers of children who are in care placements. The focus continues to be ensuring the right children are made subject to plans for the right amount of time
- Improved practice on Child Sexual Exploitation (CSE), domestic violence and neglect have resulted in more children being identified who need to have a CP plan



Source for all: ESCC Children's Services





Source for all: ESCC Children's Services

Looked After Children (LAC)

- After reaching a low of **544** in 2016, LAC numbers increased to **602** in 2018 and have since remained fairly consistent, with **601** children looked after at the end of March 2020 (56.5 per 10,000 children)
- Our strategy of using Early Help and CP plans to keep children at home is connected to the rate of Looked After Children (LAC)

Special Educational Need (SEN) and Disability

- Council funded high cost placements at Independent and Non-Maintained Special Schools (INMSS) have increased significantly since 2015 but remain between 7% and 8% of the total number of Education, Health & Care Plans (EHCPs)
- EHCPs of SEN maintained by the Council increased by **54%** from 2010 **(2,280)** to 2020 **(3,510)**:
  - The vast majority of the increase since 2015 has been in the Key Stage 5 and Post 19 groups
  - Numbers are currently forecast to rise to approximately **3,900** by 2022
  - Over half of the number of newly issued EHCPs are, now, placed within special schools. This has been a shift since 2014 when the majority of children with EHCPs were placed in mainstream schools.
  - Due to increased demand, there has been an increase in the number of specialist placements. The county has secured agreement for four new free schools (three special schools and one alternative provision). The first, an alternative provision provider and a special free school for children with social, emotional and mental health needs and autism are planned to open in September 2020
- For 2020, East Sussex EHC Plans as a percentage of population aged 0-25 **(2.37%)** continues to be above that of England **(2.23%)**

Until Sep-14 a Statement of SEN could remain in place until the young person reached the age of 19. Since the SEND reforms were introduced from Sep-14 EHC Plans can remain in place until the young person reaches the age of 25

Early Help and Social Care

- 40% reduction (220 - 132) in contacts to our Single Point of Advice (SPOA) against the average for the 20 weeks before lockdown. Especially from schools and GPs, and around child and young people's mental health
- Referrals to social care reduced by 24% (331-251) against the average for the 20 weeks before lockdown, with a 73% reduction in school referrals and a 3% increase from the Police
- There is a potential backlog of cases that may be referred once schools are open to more students. The most significant area of reduction is contacts from schools with outcomes relating to mental health
- The number of children with a child protection plan has increased from 542 (week commencing 9 March) to 586 (week commencing 15 June)
- The number of looked after children has reduced slightly from 605 (week commencing 9 March) to 602 (week commencing 25 May)

Attainment and Attendance

- No assessments for Early Years Foundation Stage or Key Stage 2
- No GCSE or A levels exams will be taken this summer
- For academic year 2019/20 GCSE and A level awards, schools and colleges are being asked to provide centre assessment grades for their students.
- The DfE will not be publishing data on outcomes from academic year 2019/20, nor producing any league tables. The Council will only have limited access to school by school data which cannot be verified or used for accountability purposes

Schools have remained open for vulnerable children and children of key workers, with:

- 2,000 children attended school week commencing 18 May; two thirds are children of key workers and one third vulnerable children
- 1,187 laptops are being distributed to the most vulnerable Year 10 pupils. Working in partnership with Uni Connect and Hastings Opportunity Area we have ordered in excess of 200 additional devices to support our most vulnerable learners

All pupils: 13,102 attended school week commencing 22 June

The East Sussex Vulnerable Children's Risk Assessment Process has been devised and implemented during COVID-19 to support LA services and schools to work together on:

- Assessing and managing risk of vulnerable children and encouraging their attendance at school to mitigate these risks
- Developing improved systems of sharing information and utilising resources to monitor at-risk children during partial school closures
- Checking if there are barriers to attending school and working to resolve these
- Coordinating resources to support schools to widen provision

Exclusions: The reduced number of children in schools will deflate the number of exclusions issued this year. As schools did not use normal attendance monitoring systems, there will be an impact on the recording and accuracy of exclusion data

Compared to 2020, by 2024 there will be:

- An increase in the population of working age people (age 18-64) of **4,407** (1.4%)
- A countywide increase in older people (age 65+) of **12,251** (8.3%) from 146,962 to 159,213

→ Eastbourne: 1,952 more (up 7.4%) biggest increase in age 75-84 **(21.0%)**

→ Hastings: 1,596 more (up 8.4%), a decrease in 65-74 (-1.5%), but 8.4% in 85+ and **26.6%** in 75-84

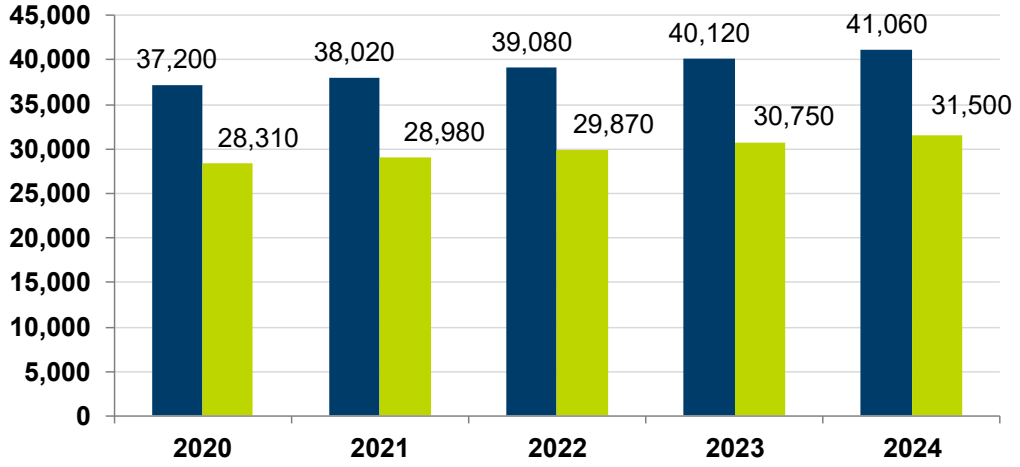
→ Lewes: 1,848 more (up 6.8%) biggest increase in age 75-84 **(20.2%)**

→ Rother: 2,265 more (up 7.2%), small decrease in 65-74 (-3.1%), **21.9%** rise in 75-84

→ Wealden: 4,590 more (up 10.6%), **25.0%** rise in 75-84 and 14.1% rise in 85+

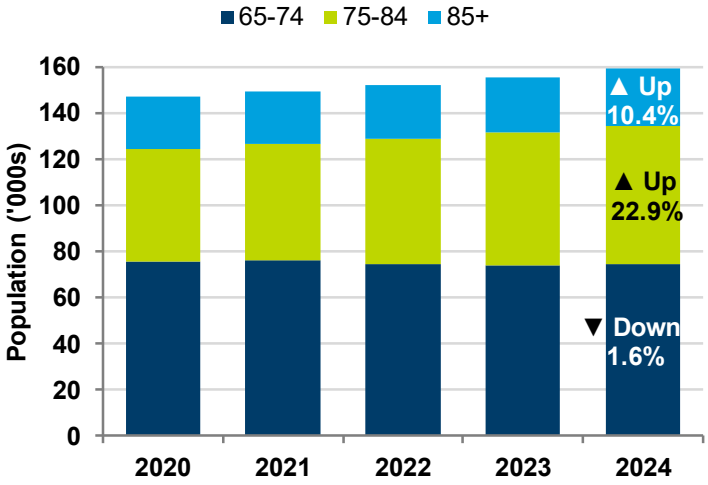
- 41,060 older people (age 65+) projected to have a limiting long term illness whose day to day activities are limited a little (up 10.4%), 31,500 limited a lot (up 11.2%)
- 12,350 older people (65+) projected to have dementia (up 10.7%)

Older people (age 65+) with a limiting long term illness projections



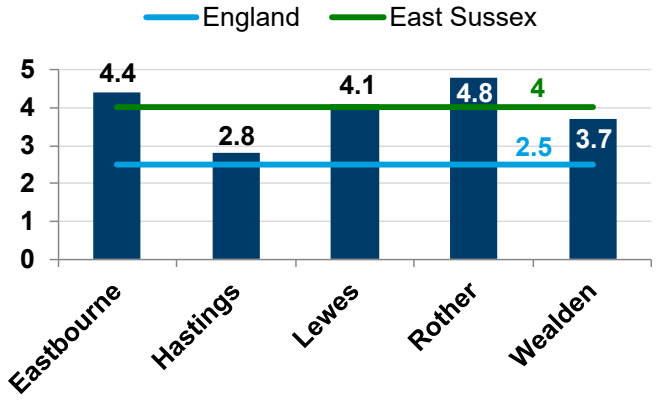
Source: POPPI, www.poppi.org.uk

Increase in older people, 2020-2024



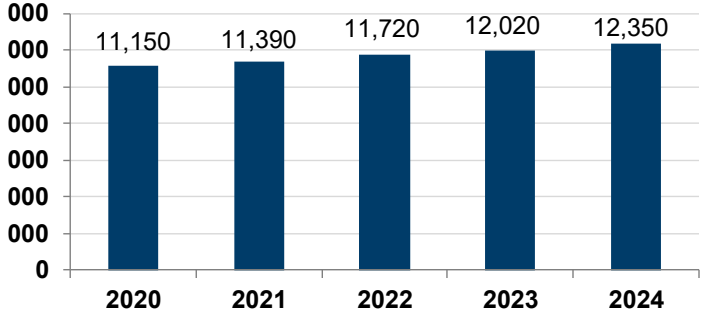
Source: ESCC population projections (dwelling led) April 2020

Population % 85+ (mid 2019 est)



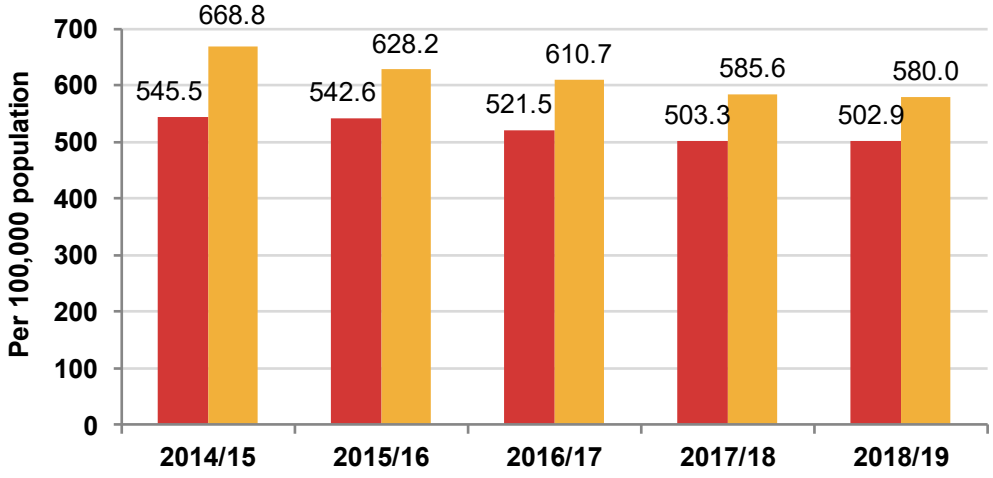
Source: ONS Population estimates -2019

Older people (age 65+) with dementia projections



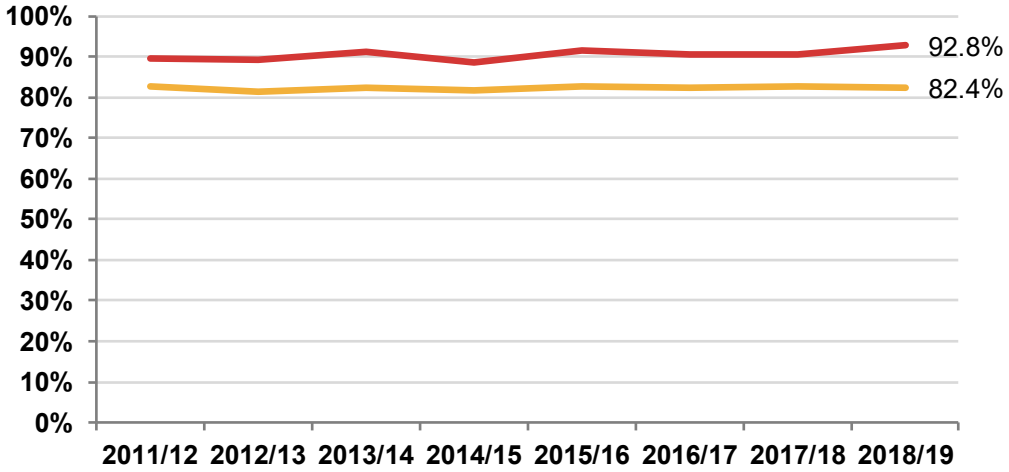
Source: POPPI, www.poppi.org.uk

Long-term support needs met by admission to residential and nursing homes (Older people 65+)



Source: NHS Digital Adult Social Care Outcomes Framework data ASCOF 2A2
Note: New definition 2014/15 onwards, not comparable to previous years

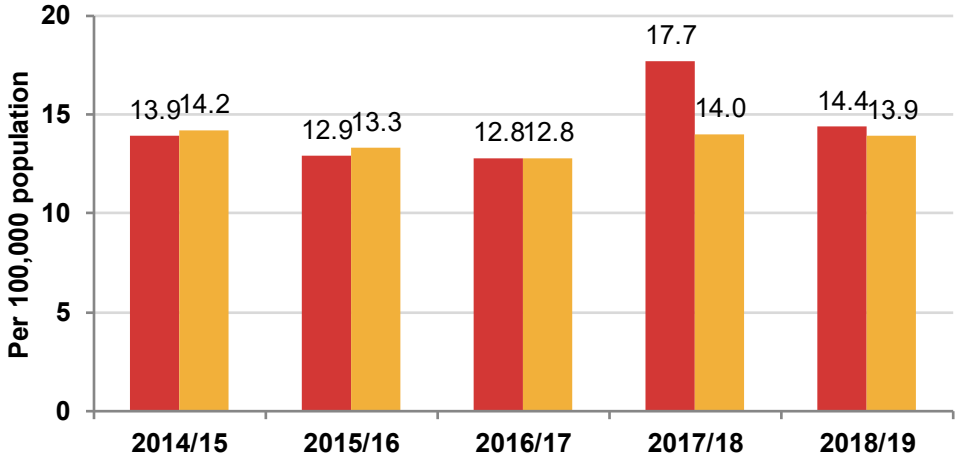
Older people (65+) still at home 91 days after discharge from hospital



Source: NHS Digital Adult Social Care Outcomes Framework ASCOF 2B1

East Sussex England

Long-term support needs met by admission to residential and nursing care homes (Working age people 18-64)



Source: NHS Digital Adult Social Care Outcomes Framework data ASCOF 2A1
Note: New definition 2014/15 onwards, not comparable to previous years

Community care and promoting independence

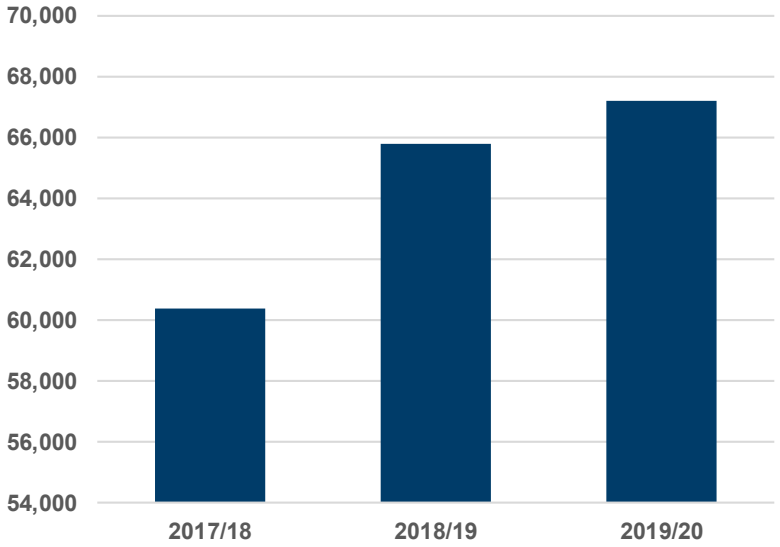
- Permanent admissions of working age people (18-64) to long term residential care reduced in 2018/19 but are slightly above the national rate
- Permanent admissions of older people (age 65+) reduced again 2018/19 and remain significantly below the rate for England
- The proportion of older people (age 65+) still at home 91 days after discharge from hospital into reablement/rehabilitation services increased in 2018/19 to 92.8%, and remains significantly above the national figure of 82.4%
- 92.2% of people who received short-term services during the year, required no ongoing support or support of a lower level; significantly higher than the national average of 7.6%

Source: NHS Digital Adult Social Care Outcomes Framework data

Integrating health and social care

- There is now a single East Sussex Clinical Commissioning Group (CCG), and 12 Primary Care Networks, enabling the Council and the CCG to work together and explore taking forward an integrated approach to commissioning health and social care outcomes
- Our East Sussex Health and Social Care System partnership consists of the East Sussex CCG, the Council, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and Sussex Partnership NHS Foundation Trust, working with our wider system including Primary Care Networks, district and borough councils, Healthwatch and the voluntary and community sector. The key aim is to improve the health, health inequalities and the wellbeing of local people, and make the best use of our combined resources, through more integrated care and an enhanced focus on prevention and reablement after episodes of ill-health
- Through our East Sussex Health and Social Care Plan we have set out the priority developments we need to work on collectively to meet the health and care needs of our population, over the next 3-5 years. This is also the East Sussex contribution to the wider Sussex Health and Care Partnership Strategy to help achieve NHS Long Term Plan ambitions. We will review our plans using learning from responding to COVID-19, and the need to continue to manage existing and new challenges and requirements as they arise so that our response is coordinated and provides safe, effective care
- The Integrated Care Partnership (ICP) in East Sussex has begun to enable greater levels of collaboration across health and social care provision and commissioning. Together with our integrated health and social care outcomes commissioning this will help us to deliver improved outcomes and reduce health inequalities for our population

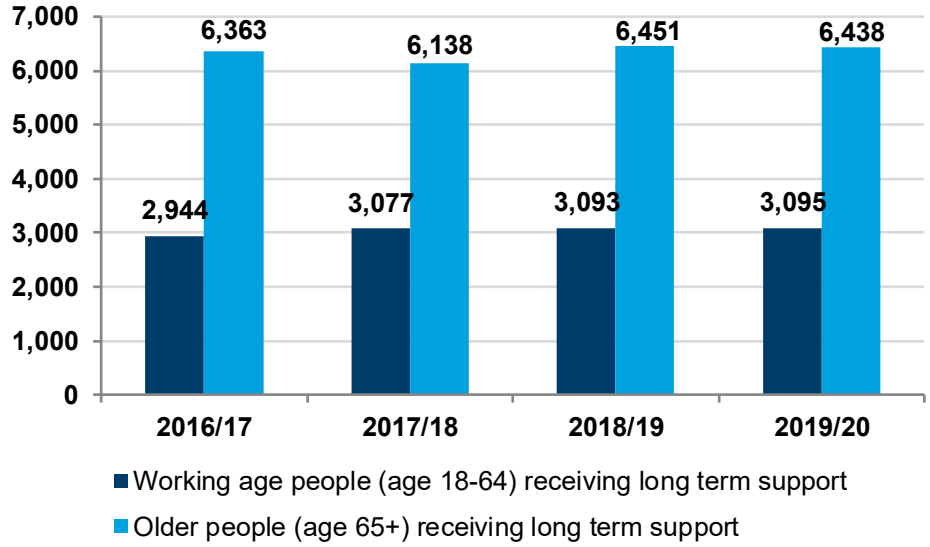
Requests for support
Access contacts handled



- The Access team in Health and Social Care Connect (HSCC) handled **67,218** contacts in 2019/20, an increase of **1,407 (2%)** compared to 2018/19

Source: East Sussex Health and Social Care Connect

People receiving Long term support

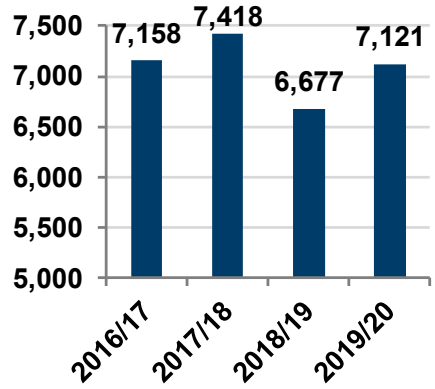


- The total number of clients receiving Long Term support has decreased by 0.1% in 2019/20 to 9,533

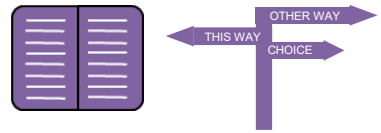
Long Term support encompasses any service or support which is provided with the intention of maintaining quality of life for an individual on an ongoing basis, and which has been allocated on the basis of eligibility criteria/policies (i.e. an assessment of need has taken place) and is subject to regular review

Source: East Sussex Health and Social Care Connect

Carers receiving support

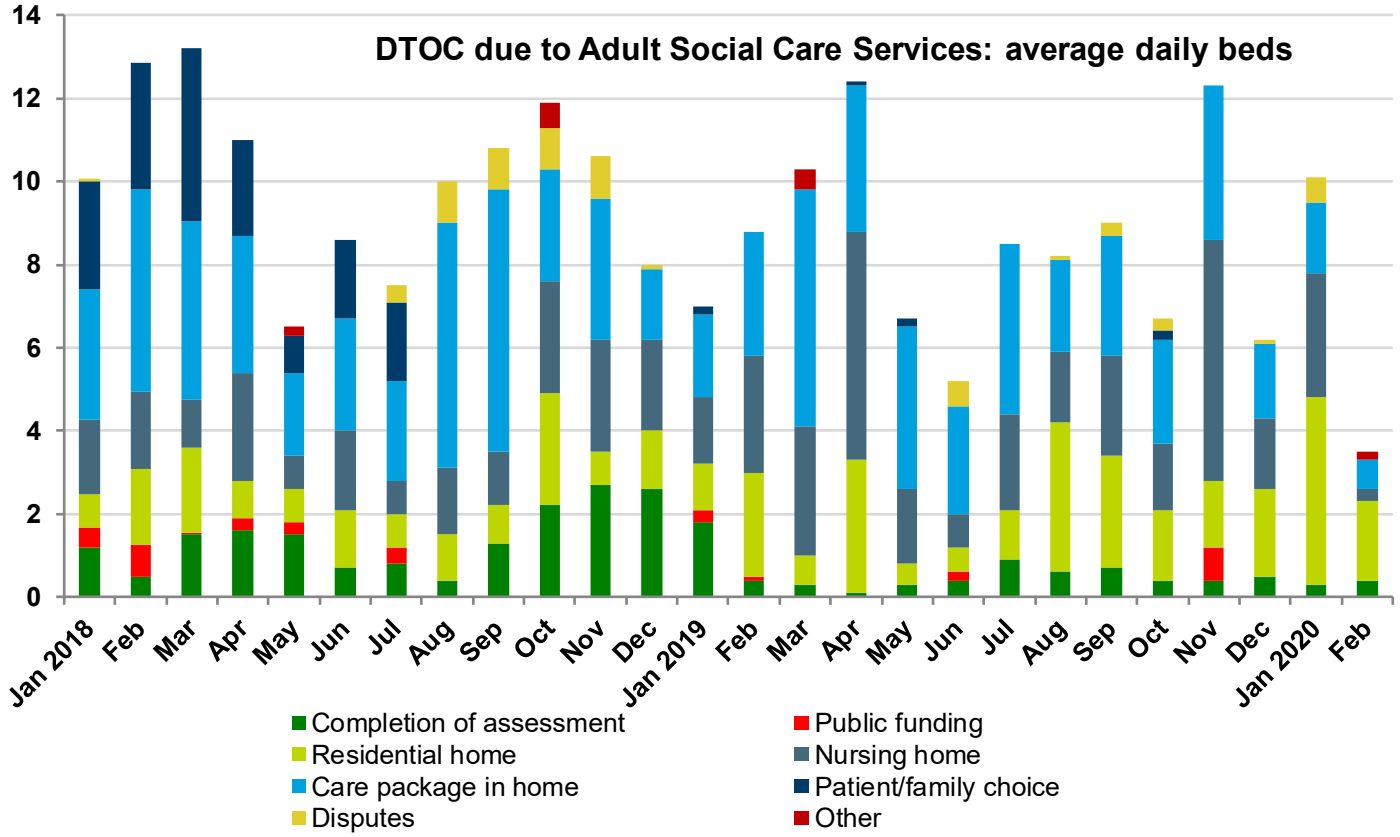


- The total number of carers receiving support has increased by 6.6% in 2019/20
- Carers receive support including Information, Advice and Other Universal Services / Signposting



Source: East Sussex Health and Social Care Connect

Delayed Transfers of Care (DTOC)



DTOC due to Council services only: average daily beds per month

- Average daily DTOC beds is based on the number of delayed days divided by number of days in the month giving an average number of delays per day
- Delays attributable to Adult Social Care (ASC):

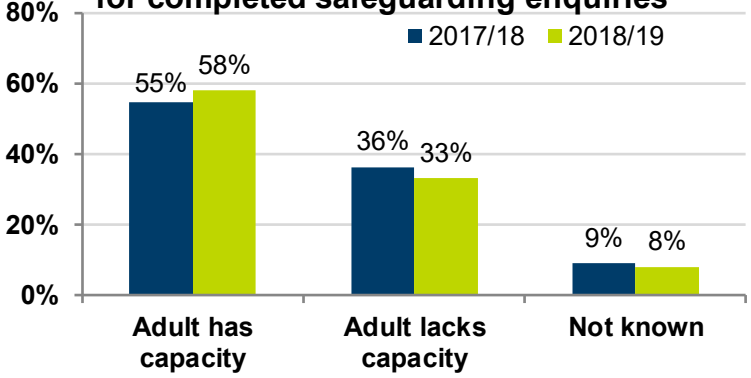
10.3, March 2019 → 3.5, February 2020

The number of delays attributable to ASC has significantly reduced, and consistently met the target of 11.5 or less

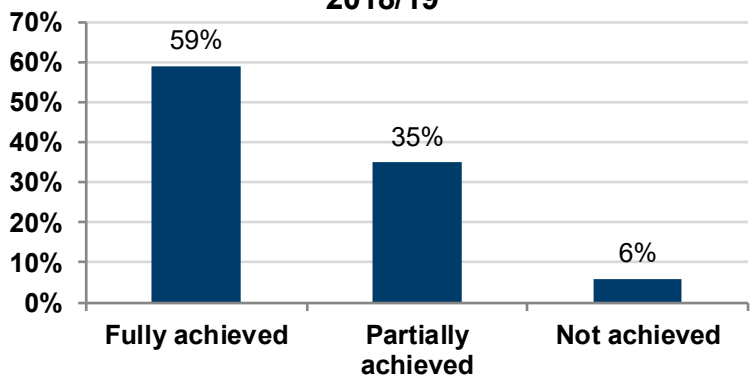
- The main reasons for ASC delays in February 2020 were:
  - → Awaiting residential home placements: average 1.9 delays per day, 54% of delays
  - → Awaiting care package in own home: 0.7 delays, 20% of delays

Adult Safeguarding

Mental Capacity and advocate support for completed safeguarding enquiries



Safeguarding enquiries: outcomes 2018/19



- There has been a decrease in the percentage of safeguarding enquiries for adults who lack capacity between 2017/18 and 2018/19 (36% to 33%)
- Of the adults who lacked capacity, 99% were supported by an advocate which was the same as 2017/18
- 94% of safeguarding enquiries resulted in the expressed outcomes being achieved or partially achieved in 2018/19

Source for all: East Sussex Adult Social Care and Health

- Since March 2020 all parts of the social care sector have been responding to the COVID-19 pandemic, including making changes to service delivery to care for the most vulnerable people during lockdown, physical distancing, shielding and isolation, as well as to discharge pathways to rapidly allow for surge capacity in hospitals
- In East Sussex this has been supported by regular communication and sharing of information and guidance, training and good practice, and daily monitoring of the sector to support business continuity and provide rapid multi-disciplinary support in emergency situations
- This has included specific steps taken by the Council and the East Sussex CCG to alleviate short-term financial pressure on care homes, home care, extra care, Direct Payments and Personal Assistants and commissioned services as a result of responding to COVID-19
- An East Sussex Care Homes Resilience Plan has been developed to draw together our work as a health and social care system on infection prevention and control, training, PPE, reducing workforce movement, quarantining, stepping up NHS clinical support, comprehensive testing and building the workforce
- Our care sector has reported ongoing concerns about PPE, workforce challenges and the impact on short, medium and long term financial outlook caused by COVID-19 and the ongoing need to prevent and control infection. We will continue to work as a whole health and social care system to manage existing and new challenges and requirements as they arise from COVID-19, and deliver co-ordinated support to enable our local independent care sector to provide safe, effective care for our population. This will focus on all aspects of social care, including care homes, home care, personal assistants, extra care, and supported housing, and for the Council will be managed alongside significant financial risks that have arisen from the pandemic

Personal Protective Equipment (PPE):

The Local Resilience Forum for East Sussex has issued stocks of PPE to care homes, home care providers, GPs, pharmacies etc

	IIR Masks	Small gloves	Medium gloves	Large gloves	Aprons	FFP3 masks	Hand san-itiser	Body Bags	Visors	Waste bags
TOTAL ISSUED = 494,806 items	89,443	66,000	108,600	95,600	132,100	2,167	158	10	728	0

Significant funding has been provided to the care sector to help support them through COVID-19:

(Figures are support that has been committed to; not all funds will necessarily have been paid at the time of publication)

- £2.8m committed as a temporary fee uplift equal to 10% of gross costs. This is paid home care, extra care, residential & nursing care and supported accommodation providers for 3 months and is additional to previously agreed fees for 2020/21
- £0.8m resilience payments paid to day care and homecare providers to guarantee a minimum level of payment where providers may incur reduced activity
- £1.5m a month on PPE up to the end of May 2020
- Nearly £5m committed for block purchases of beds and homecare hours to support the NHS in discharging people from acute settings
- £0.6m supporting community hubs, grants to the voluntary sector and food to shielded groups

We use a wide range of data to help us understand the context for our plans and the impact we are having through our work and in partnership. A selection of this data is listed below. Years are financial (April-March) or academic (September-August) unless otherwise stated.

CY = Calendar Year (January-December) NA = Data Not Available

Measure	17/18	18/19	*18/19 Eng*
Percentage of working age residents (16-64 year olds) with a level 4 or higher qualification (HNC, HND, degree etc.) (CY)	37.0% (2018)	35.6% (2019)	40.0% (2019)
Percentage of working age residents (16-64 year olds) with no qualifications or qualified only to NVQ1 (CY)	20.9% (2018)	19.2% (2019)	17.6% (2019)
Annual gross full time earnings, median average (residence based)	£28,746	£29,345	£30,661
Percentage of working age population (16-64 year olds) in employment	74.6%	73.6%	75.6%
People claiming unemployment related benefits (alternative claimant count) , percentage of population 16-64 year old at February	2.7%	3.0%	3.1%
New business registration rate per 10,000 people over 16 (CY)	52.7	48.5	75.2
New houses built, total completed / total affordable	1,316 / 226	1,734 / 295	N/A
Percentage of children achieving a good level of development in all areas of learning ('expected' or 'exceeded' in the three prime areas of learning and within literacy and numeracy) in the Early Years Foundation Stage Profile (EYFSP)	76.5%	76.0%	71.8%
Percentage of pupils reaching the expected standard at key stage 2 in reading, writing and mathematics	64%	63%	65%
Average Attainment 8 score per pupil state funded secondary schools	45.2	45.3	46.8
Average Progress 8 score for state funded secondary schools	-0.03	-0.06	-0.03
Percentage of pupils who achieved a 9-5 pass in English and maths GCSEs	41.4%	41.7%	43.4%
Average Attainment 8 score per pupil of Looked After Children	18.4	14.9	19.2
Average point score (APS) per entry for level 3 exams including A levels (16-18 year olds)	30.85	30.98	32.23
Attainment of A level students (age 16-18) average point score (APS) per entry, best 3	28.35	30.00	32.89
Attainment of A level students (age 16-18) % achieving grades AAB or better at A level, of which at least two are in facilitation subjects	8.9%	9.6%	14.1%

Measure	17/18	18/19	*18/19 Eng*
Rate per 10,000 (aged 0-17 population) of Looked After Children	57	56	65
Rate per 10,000 (aged 0-17 population) of children with a Child Protection Plan	52.8	53.5	43.7
Percentage of children who ceased to be looked after adopted during the year ending 31 March	20%	16%	12%
Percentage of adults (aged 18+) classified as overweight or obese	61.8%	63.5%	62.3%
Percentage of children aged 4-5 years with excess weight (overweight or obese) LA by postcode of child	23.3%	23.4%	22.6%
Percentage of children aged 10-11 years with excess weight (overweight or obese) LA by postcode of child	29.6%	28.2%	34.3%
Proportion of people who use Adult Social Care services who feel safe	71.5%	72.7%	70.0%
Proportion of people (65 and over) who were still at home 91 days after discharge from hospital	90.7%	92.8%	82.4%
Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population per year	17.7	14.4	13.9
Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population per year	503.3	502.9	579.4
Proportion of older people aged 65 and over who received reablement services following discharge from hospital	3.0%	2.9%	2.8%
Adult social care short-term services proportion of new service users that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level	93.3%	92.2%	79.6%
Proportion of people who use Adult Social Care services who find it easy to find information about support	78.6%	75.5%	69.7%
Social isolation: percentage of adult social care users who have as much social contact as they would like	51.3%	49.2%	45.9%
Suicide rate per 100,000 of population, three year average	13.1 (2015-2017)	13.7 (2016-2018)	9.6 (2016-2018)
Number of people killed or seriously injured on the roads (CY)	355 (2018)	410 (2019)	N/A

National and Local Policy Outlook 2020 **APPENDIX 2**

1. Introduction and Contents

1.1. In recent months, East Sussex County Council has played an essential role in the response to the coronavirus pandemic. We have worked alongside partners at the local, regional and national level to prevent the spread of coronavirus, save lives and provide emergency support to communities and businesses. What we have needed to deliver has been of a new order. We have innovated at scale to maintain services and adapted quickly to remote delivery and working. We have also started some completely new services and activities.

1.2. As we move from the initial stages of the response, we are working to recover our services and activities that have had to be changed, reduced or paused in the lockdown, in so far as is possible, in line with national guidance for safe working and the need to continue social distancing. This recovery process will take account of the potential for a return to increased restrictions in future waves of infection.

1.3. Recovery will not necessarily mean returning services to how they were before. The pandemic has had a significant impact on the Council's operations, the communities we support and the partners we work with. We will need to evaluate how the pandemic and measures taken in lockdown have impacted immediate demand for our services and how we can best meet this. We will need to consider what activities we have started that will need to continue. We will also take the opportunity to reflect on whether there are activities we have stopped that we should not restart and on whether different ways of working have improved outcomes and productivity that should be retained.

1.4. This appendix sets out the national policy context to this work and the local policy outlook for ESCC, including an early assessment of how the pandemic has impacted the Council's services and how we are planning to recover and reset our activities and priorities in the coming months.

1.5. This appendix includes sections on:

- Overall Context
- Adult Social Care and Health
- Children's Services
- Schools
- Place Services
- Local Democracy
- Supporting Services
- Workforce

2. Overall Context

National COVID-19 Recovery Strategy

2.1. In May, the Government published a cautious roadmap to 'return life to as close to normal as possible, for as many people as possible, as fast and fairly as possible, in a way that avoids a new epidemic, minimises lives lost and maximises health, economic and social outcomes.' The plan moved the national pandemic

response from phase 1 ‘contain, delay, research, mitigate’ to phase 2 ‘smarter controls’, with steps to reduce controls on individuals and businesses over the following two months. Phase 3 is ‘reliable treatment’ and will be entered when there is a viable vaccine or treatment to reduce loss of life.

2.2. Government has set out that the phased lifting of lockdown is reliant on compliance with five tests, which are:

1. Protect the NHS’s ability to cope. We must be confident that we are able to provide sufficient critical care and specialist treatment right across the UK.
2. See a sustained and consistent fall in the daily death rates from COVID-19 so we are confident that we have moved beyond the peak.
3. Reliable data from SAGE showing that the rate of infection is decreasing to manageable levels across the board.
4. Be confident that the range of operational challenges, including testing capacity and PPE, are in hand, with supply able to meet future demand.
5. Be confident that any adjustments to the current measures will not risk a second peak of infections that overwhelms the NHS.

2.3. Step 2 of phase 2 began on 1 June with the re-opening of primary schools for years reception, 1 and 6. Throughout June, as Government has determined the five tests for easing lockdown continue to be met, we have seen the phased re-opening of non-essential businesses, gradual re-opening of places of worship and phased return of year 10 and 12 secondary school pupils that have exams next year.

2.4. On 19 June the UK’s coronavirus alert level was downgraded from four to three, as the virus is in general circulation but transmission is not high or rising quickly. In light of this, the Government confirmed step 3 of phase 2 could progress on 4 July with the hospitality industry (museums, cinemas, pubs, restaurants and hairdressers) reopening with some restrictions in place. The timetable for further adjustments will depend on continuing to meet the five tests, and the infection risk at each point of review.

2.5. The Strategy sets out that throughout the ‘smarter controls’ phase people will need to continue to minimise the spread of the disease through good hygiene practices: hand washing, social distancing and regular disinfection of surfaces and Government has emphasised that these measures will be in place for some time. Government is also clear that for the foreseeable future, workers should continue to work from home wherever possible. These requirements will continue to affect the way we work and deliver services.

<u>Personal Protective Equipment (PPE)</u>

2.6. Since the start of the pandemic, adequate supply of PPE has underpinned the safe and effective delivery of public services. This will remain the case for some time and there will continue to be high demand nationally and internationally for PPE until we find a reliable treatment or vaccine for COVID-19.

2.7. Supply of PPE has improved in East Sussex, and our procurement team has made good progress on building a supply chain and stock.

2.8. A central online PPE portal is being rolled out by Government, starting with access for small care providers, which will reduce reliance on deliveries of PPE through the Local Resilience Forums. As new arrangements come into effect, we will review the need to continue with the County Council-led local support but will only withdraw when there is confidence in the supply to the care sector and others requiring PPE.

Economic Outlook

2.9. In April, the Office for Budget Responsibility (OBR) assessed the potential impact of coronavirus on the UK economy and public finances. The OBR's analysis was based on a three-month lockdown scenario, where economic activity gradually returned to normal over the following three months. It was updated in May but before Government announced its plans for easing lockdown, so this is not reflected in the modelling.

OBR scenario				
Updated 14 May	Q2 2020	Q3 2020	2020	2020-21
Real GDP (percentage change on previous period)	-35%	27%	-12.8%	
Unemployment rate (per cent)	10%	8.5%	7.3%	
Public Sector Net Borrowing (£ billion)*				£298.4bn
Public Sector Net Debt (Per cent of GDP)				95.8%

*Often referred to as the deficit

2.10. The scenario projected a sharp fall in national economic output (GDP) in Q2 (April, May and June) of 2020, due to closure of businesses and requirements to stay home in the lockdown, followed by recovery in Q3 (July, August and September). For the year, however, GDP was projected to shrink by nearly 13%. The OBR will next update their coronavirus scenario on 14 July.

2.11. The projected fall in national economic output, along with the increase in public expenditure to support services, incomes and businesses will undoubtedly influence Government's plans for future public expenditure. An announcement or emergency budget to set national fiscal policy for the immediate term is expected in early July and a Spending Review later this year.

2.12. The pandemic has also increased unemployment and the number of people claiming benefits. In May 2020, 20,775 people were claiming Universal Credit and Job Seekers Allowance because they were unemployed and actively seeking work in East Sussex, which is an increase of 11,640 since March 2020 (up 127%). Claimant numbers have increased by 160% since May 2019 and are at their highest since April 1993. The true extent of the impact of the pandemic on employment levels in the county may not, however, be clear until later this year when the coronavirus job retention scheme (furlough) ends.

2.13. The immediate recession and potential longer-term economic downturn resulting from the pandemic will have a profound impact on the prosperity and wellbeing of our residents and is likely to drive a new need for our services which we will need to take account of in our RPPR planning.

Brexit

2.14. The UK left the European Union (EU) on 31 January 2020 and entered a transition period which is set to end on 31 December 2020. Negotiations to agree a deal for our future trading relationship with the EU re-started in April after a pause at the start of the pandemic. There is, however, a possibility that an agreement will not be reached and the UK will exit the transition period without a trade deal.

2.15. If later this year it becomes likely we will not reach a trade deal with the EU, we would expect national and local government to step up planning for any impact of no trade deal on our borders, businesses, procurement, and ability to deliver public services. This may involve Local Resilience Forums at the same time as they are playing a core role in the COVID-19 pandemic response which would be a considerable challenge. This could also require trading standards to undertake new regulatory activities, including at Newhaven Port, which would stretch capacity and could have associated costs.

Devolution

2.16. The Government has committed to agreeing more devolution deals in England. Prior to the pandemic, in the December 2019 Queen's Speech, the Government announced it would publish an English Devolution White Paper to 'unleash the potential' of all English regions by increasing the number of mayors and doing more devolution deals across 'functional economic areas' to level up powers and investment. The White Paper would also include plans for 'spending and regional growth funding', which indicated the Shared Prosperity Fund – intended to replace EU Regional Development Funds – would be linked to these proposals.

2.17. In June, in response to a Parliamentary question the Local Government Minister confirmed a Devolution White Paper will be published in the autumn setting out plans for economic recovery and renewal, and that plans would include restructuring local institutions to deliver these outcomes, establishing more mayors and more unitary councils.

3. Adult Social Care and Health

Coronavirus Impact and Recovery

3.1. ESCC has maintained provision of Adult Social Care services wherever possible in the pandemic, including through more virtual processes/ contact with clients. Our business continuity plan, which covered key risks and mitigations in the case of pandemic flu, has been adapted and deployed. We have continued to meet our statutory duties and have not had to implement Care Act easements. There has, however, been significant disruption to our services and it will take some time to restore these to business as usual and to deal with backlogs that have built up.

3.2. Since March 2020, all parts of the social care sector have been responding to the pandemic, including making changes to service delivery to care for the most vulnerable people in our population during lockdown, physical distancing, shielding and isolation, as well as to discharge pathways to rapidly allow for surge capacity in hospitals within our system. In East Sussex this has been supported by regular communication and sharing of information and guidance, training and good practice,

and daily monitoring of the sector to support business continuity and provide rapid multi-disciplinary support in emergency situations. This has included specific steps taken by the County Council and Clinical Commissioning Group (CCG) to alleviate short-term financial pressure on care homes, home care, extra care, Direct Payments and Personal Assistants and commissioned services as a result of responding to COVID-19.

3.3. Our care sector has reported high levels of ongoing concern about PPE, workforce challenges and the impact on short-, medium- and long-term financial outlook caused by COVID-19 and the ongoing need to prevent and control infection. We will continue to work as a whole health and social care system to manage existing and new challenges and requirements as they arise from COVID-19 and deliver co-ordinated support to enable our local independent care sector to provide safe, effective care for our population. This will focus on all aspects of social care, including care homes, home care, Personal Assistants, Extra Care, and supported housing, and for the Council will be managed alongside significant financial risks that have arisen from the pandemic.

3.4. Responding to the pandemic has generated substantial unplanned costs and demand pressures. For Adult Social Care, the most significant of these include purchase of PPE for services; supporting the care market, including 10% per month additional support to care providers in line with Government guidelines; and costs associated with additional demand for services from hospital leavers.

3.5. In terms of our services, there has been an improvement to some outcomes, client experience and productivity as a result of more virtual working, which we will look to retain in future. For example, there has been an increase in delivery of care assessments and reduction in waiting times for reviews of support plans through remote assessment. There has also been a slight uplift in the numbers of people accessing substance misuse treatment. Similarly, the rapid establishment of shielding support and Community Hubs to provide emergency support and advice for vulnerable residents (see 3.16-3.22 below) required an agility in approach and delivery across all tiers of local government and partnerships that we will want to replicate in future working.

3.6. Some services, however, cannot as easily be adapted to remote working and more consideration will need to be given to how these can operate effectively with an ongoing need for social distancing. This includes occupational therapy clinics, blue badge clinics, day services for older people and the skills development and employment pathway for people with learning disabilities, which had to temporarily close.

3.7. We anticipate the easing of the lockdown could result in a surge in demand for some services, including support for victims of domestic violence, substance misuse services and support for mental health. Increased demand for these services could also be sustained if we enter a period of economic downturn or recession.

3.8. In the coming months we will review our activities across all services and operations to consider how to best meet the new needs of our clients and residents, retain improvements to service outcomes and delivery that have resulted from

working differently, and ensure resilience of services to potential future waves of infection and lockdowns. The review will cover:

- working arrangements – looking to retain the mix of IT-enabled remote and office-based working that has improved outcomes and productivity;

- integrated working arrangements with the NHS – the established integration programme between health and social care in East Sussex has strengthened our local response to the emergency. We will assess where integrated working, for example the new Community Discharge Hubs to support rapid discharge of patients from hospital into more appropriate settings, could be retained to enhance our work in the future;

- how we deliver prevention and manage demand, including next steps on Community Hubs (see 3.16-3.22 below);

- reviewing the role of our directly provided services to consider how we support the whole care sector and their business continuity, respond to new models of integrated care and deal with ongoing requirements to manage a response to COVID-19;

- continue to develop arrangements for how people access and receive support that takes account of integration with health, digital opportunities and partnership working with the voluntary and community sector and Borough and District Councils that reduces demand for funded personal care support;

- reviewing commissioned services in partnership with providers through taking account of the learning through the pandemic response and new responsibilities for broader support of care markets; and

- considering how we work with partners to deliver our community safety priorities, taking account of learning through the pandemic and opportunities presented by the development of community hubs and new ways of working.

3.9. The review will involve detailed engagement with staff, clients, carers, delivery partners and stakeholders and any decisions on changes to services will be taken by Members.

<u>Care Home Support and Resilience Plan</u>

3.10. Supply of social care provision has come under real pressure in East Sussex in the first months of the pandemic, with several local providers unable to accept new referrals at any one time.

3.11. We have provided a suite of support for providers. This includes a daily bulletin, regular web-based provider forums, a dedicated email address for questions and issues and a dedicated email address for raising PPE shortages, upon which we have prioritised allocation. We have also provided financial support to protect providers' cashflow and help meet additional costs, including a 10% uplift payment for the period 1 April to 30 June 2020 for existing residential and nursing home placements.

3.12. Work to support care homes has formed part of our wider system response to COVID-19 since the beginning of the emergency in March. We have had in place an integrated health and social care plan in East Sussex which delivers the objectives set out in the Department of Health and Social Care (DH&SC) COVID-19 Adult Social Care Action Plan. This includes testing all patients before admission to a care home. Patients testing positive are supported through a period of isolation at either Bexhill Care Centre or in a community health unit before moving, when clear, to a care home. This helps give care homes the reassurance they require to accept discharges and maintain the required flow of patients from hospital.

3.13. The full range of work being taken forward by our health and social care system to support care homes to provide safe and effective care was set out in our East Sussex Care Home Resilience Plan, which was submitted to Government on 29 May 2020. This covers actions being undertaken by ESCC and East Sussex CCG on infection prevention and control, training, PPE, reducing workforce movement, quarantining, stepping up NHS clinical support, comprehensive testing and building the workforce.

3.14. Government has allocated a £600m Infection Control Fund nationally to support adult social care providers to reduce the rate of transmission in and between care homes and support wider workforce resilience. ESCC has been allocated £10.7m based on the number of registered care home beds in the county during May 2020. The grant will be paid in two equal instalments in May 2020 and July 2020. ESCC must allocate 75% of each month's funding straight to care homes in East Sussex on a 'per bed' basis, including to social care providers with whom we do not have existing contracts. Receipt of funding is reliant on providers having completed the Capacity Tracker at least once and receipt of further funding is reliant on consistent completion of the tracker. There is an expectation for local authorities to undertake assurance that providers have used the money for the purposes it was provided and if this is not the case, the authority is expected to take reasonable steps to recover the money that has not been so used. ESCC has discretion to allocate the remaining 25% of that month's funding to care homes or to domiciliary care providers and to support wider workforce resilience in relation to COVID-19 infection control.

3.15. The Infection Control Fund is part of a wider Care Homes Support Package from Government to support the social care sector in its response to COVID-19. Government has established a taskforce to oversee delivery of this package and of the DH&SC Social Care Action Plan. As part of its work, the taskforce will set out advice to the Minister of State for Social Care on what needs to be in place in the care sector in England to respond to COVID-19 ahead of winter. This may have implications for ESCC and our local care providers.

<u>Shielding and Community Hubs</u>

3.16. 21,000 East Sussex residents have been identified by the NHS as being extremely clinically vulnerable to COVID-19 and were asked to 'shield' during lockdown (not leave their homes and minimise all non-essential contact with other members of their household). Of these, approximately 11,000 have asked for extra support.

3.17. ESCC has had a significant role in supporting these people. We have proactively contacted residents in the shielding group to determine if they require support and have maintained a shielding helpline that at its peak was operating from 8am-8pm 7 days per week. We also conducted follow-up calls to a large number of residents. In response to the issues raised on these calls we have directly provided food boxes (where the Government's provision fails, residents have specific needs or there is an urgent/additional need for support), provided wellbeing and care support, arranged pharmacy collections, and arranged other ad-hoc support. At the end of May, ESCC had spent just under £250k on food distribution for this group. From 1 June we piloted a model, with East Sussex Fire and Rescue Service, where shopping was delivered to residents rather than food boxes.

3.18. Additionally, a much wider group of residents have required support of some description to manage life under the COVID-19 restrictions. The five Community Hubs have provided support to this group, reinforcing and complimenting a huge and unknown level of support provided by local communities to those in need. The five Community Hubs are led by the East Sussex Borough and District Councils with their local Voluntary, Community and Social Enterprise organisations (VCSE). ESCC's role has been to coordinate, support, convene and give space for local community capacity.

3.19. Support for people shielding and Community Hubs were established at pace and are a manifestation of strong collaborative working between the public, VCSE organisations and communities in East Sussex. The models of support are, however, reliant on redeployed and volunteer staff in all East Sussex Councils.

3.20. We are considering what shape this support should take in future. From 6 July, people shielding are able to spend time outdoors in a group of up to 6 people, while maintaining social distancing, and single people are able to form a 'support bubble' with another household. Government's shielding support will remain in place until the end of July to provide time to adjust to changes. From 1 August, unless there are significant rises in cases, the shielding programme will be paused and clinically extremely vulnerable people will be able to visit shops and places of worship and attend work. The food and medicine boxes facilitated by the National Shielding Service will stop.

3.21. The change to guidance on shielding is based on the latest scientific evidence which shows the chance of encountering the virus in the community continues to decline. However, pausing of the programme is reliant on cases not significantly rising. The categorisation of 'clinically extremely vulnerable' will remain in place indefinitely and community transmission will continue to be closely monitored and the Government will tighten advice to this cohort as needed. If this happens, what support would be in place and whether councils will need to step in to bolster support, is uncertain.

3.22. As part of the ASC Recovery Plan we will work with partners to consider what level/type of ongoing support is required and how we can maintain it and manage its costs when staff are redeployed back into their usual roles. The opportunity for

Community Hubs to provide an ongoing preventative/ early intervention role in local communities will also be explored.

National Test and Trace Programme

3.23. On 28 May, the Government launched the national test and trace programme. It is now possible for anyone in England who has symptoms to get tested for COVID-19. Those who test positive are asked for details of people they have been in close contact with and places they have visited over the last seven days, either by a contact tracer, by a text or by email. Once they have given those details, those contacts will then be alerted by phone, text or email and depending on their level of risk and will be instructed to isolate for up to 14 days, even if they do not have symptoms.

Local Outbreak Control Plans

3.24. East Sussex County Council has produced a COVID-19 Outbreak Control Plan, as required by the Government, to prevent cases of the virus where possible in East Sussex and to respond to any local outbreaks.

3.25. The plan will continue to evolve as guidance is received from Government. The plan covers the following areas:

- Care homes and schools
- High risk places, settings and communities
- Testing
- Contact tracing
- Integrated data
- Supporting vulnerable people
- Governance

3.26. Planning to prevent and respond to cases of COVID-19 in our communities requires a whole system and multi-agency approach, including the Government's Test and Trace programme. A wide range of stakeholders have contributed and commented on this plan and will continue to shape its development. More detail on operational delivery elements will be added to the Outbreak Control Plan as more guidance is produced nationally and as the national Joint Biosecurity Centre becomes fully operational.

3.27. The Health and Wellbeing Board is the local accountable body for leading the delivery of the plan and the Board includes County Council and Borough and District members. £300m funding has been allocated to support the development of these plans, which will be distributed based on public health grants to local authorities and £2.5m has been allocated to East Sussex. Our Local Outbreak Management Plan will be considered by the Health and Wellbeing Board at its meeting on 14 July 2020.

Integrating health and social care

3.28. There is now a single East Sussex CCG, and 12 Primary Care Networks, enabling the Council and the CCG to work together and explore taking forward an integrated approach to commissioning health and social care outcomes for our population. Our East Sussex Health and Social Care System partnership consists of East Sussex Clinical Commissioning Group, East Sussex County Council, East Sussex Healthcare NHS Trust, Sussex Community NHS Foundation Trust and

Sussex Partnership NHS Foundation Trust, working with our wider system including Primary Care Networks, District and Borough Councils, Healthwatch and the voluntary and community sector. The key aim we share as health and social care organisations in East Sussex is to improve the health, health inequalities and wellbeing of local people, and make the best use of our combined resources, through more integrated care and an enhanced focus on prevention and re-ablement after episodes of ill-health.

3.29. Through our East Sussex Health and Social Care Plan we have set out the priority developments we need to work on collectively to meet the health and care needs of our population, over the next 3-5 years. This is also the East Sussex contribution to the wider Sussex Health and Care Partnership Strategy to help achieve NHS Long Term Plan ambitions. We will need to review our plans in light of the recent learning from responding to COVID-19, and the need to continue to manage existing and new challenges and requirements as they arise so that our response is coordinated and provides safe, effective care to our population. This includes making a start as an Integrated Care Partnership (ICP) in East Sussex to enable greater levels of collaboration across health and social care provision and commissioning. Together with our integrated health and social care outcomes commissioning this will help us to deliver improved outcomes and reduce health inequalities for our population.

4. Children's Services

4.1. Throughout the pandemic, the department has monitored a range of indicators to assess the impact of COVID-19 and lockdown on Children's Service's activity and need:

- *Front Door contacts* - We have seen a reduction in activity in the front door teams but since mid-May have seen referral rates picking up again. The social work teams have RAG rated all the vulnerable young children working with colleagues in schools and Standards and Learning Effectiveness Services to maintain oversight

- *Children on Child Protection (CP) Plans* - The number of children on CP plans has increased from 542 week commencing 9 March to 586 week beginning 15 June. This is in part due to CP plans not ceasing as it is difficult to step down safely at this time

- *Looked After Children* – numbers have remained level. Several programmes about new service models for accommodating Children in Care have been paused. Work has now commenced to consider the No Wrong Door Approach, the Attachment Programme and an Expansion of the Family Group Conference Programme

- *Unaccompanied asylum-seeking children* - concerns around COVID-19 infection in the migrant camps around Calais and Brexit has seen a significant increase in migrants making their way to this country, and particularly Kent. Kent County Council have asked all authorities to help by offering placements. East Sussex has also seen an increase locally so it is anticipated numbers

could rise considerably during 2020/21 particularly if a mandatory transfer scheme is introduced.

4.2. The department has also undertaken an assessment with local universities on where there may be increased need for support for vulnerable children as lockdown is eased and we will use this and the monitoring we have undertaken to inform priorities for our services in recovery.

4.3. Remote and virtual working has the potential to improve delivery and productivity through reducing the need to travel long distances to undertake physical visits and reduce need for travel for training and 'professional to professional' meetings. This however, must be balanced with effectiveness of interventions. We will also need to ensure staff are appropriately supported to do their jobs remotely, particularly Newly Qualified Social Workers.

Children and Young People's Emotional Health and Wellbeing

4.4. There is considerable concern about the impact of lockdown on children's emotional wellbeing as they do not have access to friends, wider family and support networks. At the extreme end there is concern of higher levels of self-harm and suicide.

4.5. Work has been ongoing with partners to plan for an increase in work as lockdown eases. Running alongside this has been the publication of the Sussex-wide review of Emotional Health and Wellbeing support of children and young people which has identified a range of recommendations to improve the nature and quality of services to this group of children and young people. This work will complement the actions being taken by partners in response to Joint Targeted Area Inspection of multi agencies responses to Children's mental health in East Sussex, which was published in April 2020 following a February inspection.

5. Schools

5.1. As part of national measures to reduce the spread of the coronavirus, all schools and nurseries in East Sussex were closed from Friday 20 March, with limited school places for children of key workers and vulnerable children and young people. To support sustainability, East Sussex paid an additional £177,500 to support those nurseries, pre-schools and childminders who remained open.

5.2. To support remote learning, the Department for Education (DfE) provided digital devices (laptops and tablets) and internet access for disadvantaged children and with partners we funded 200 supplementary devices for disadvantaged year 10 pupils in maintained schools.

Vulnerable Groups

5.3. As part of our duty for safeguarding children and supporting schools to safeguard vulnerable children and young people (0-25), we have undertaken a vulnerable children risk assessment. Each school was sent the list of children in their school and asked to respond to a series of questions including whether the child was attending school, what contact the school has had with the child/family and whether any risks have been highlighted. Support is provided to schools to manage remote

safeguarding arrangements, but for some children, where social care determine that they would be safer in school or college, we support schools to offer appropriate provision.

5.4. The vulnerable children risk assessment process has been completed in two cohorts. Cohort 1 was every child and young person in East Sussex with a social worker, with an EHCP and/or who is a Young Carer. Around 6,300 children and young people have moved through the Cohort 1 risk assessment process. In East Sussex, 7.2% of vulnerable children across all phases are attending (the national is about 5%).

5.5. Cohort 2 was high risk Cohort 1 cases (identified by the Steering Group); new Child in Need and Child Protection cases and newly issued EHCPs since Cohort 1; children open to ISEND where ISEND have concerns regarding increased risk due to lockdown and children and young people where ESCC has agreed to issue an EHCP. Schools, settings and colleges have also been invited to add children and young people to their Cohort 2 list who do not have an EHCP and have a diagnosis (or are on the pathway for diagnosis) of neurodevelopmental issues, such as Autism or ADHD, sensory processing or attachment; where lockdown could escalate difficulties and impact on wellbeing.

Re-opening Schools

5.6. Since 1 June, early years providers and primary schools in East Sussex have been open to reception and years 1 and 6, with measures in place for social distancing. Since 15 June, secondary schools have been open for year 10 and 12 pupils that have exams next year. Attendance numbers have been increasing throughout June and 13,102 pupils attended school in East Sussex week commencing 22 June, which represents 27% of all primary pupils, 6% of secondary and 22% of special school pupils. We will continue to support headteachers with safely welcoming children back to school and to plan for re-opening of schools to all years in September, which will be a considerable challenge. Guidance for full reopening of schools was published by the Department for Education on 2 July and we will support schools with implementation in East Sussex. There is significant work to be done to ready schools over the summer.

5.7. On Friday 19 June, Government announced a £1bn fund to help children catch up on school missed in the lockdown period. £350m of the funding is intended to give the most disadvantaged pupils access to tutors over the next academic year. Primary and secondary schools will be given £650m to spend on one-to-one or group tuition for any pupils they think need it. At the time of writing, we await more details on how the funding will be allocated and what it can be used for.

Home to School Transport

5.8. The Home to School Transport Team are making safe arrangements for pupils that require Home to School Transport to return to school. Risk assessments have been undertaken for all pupils attending and due to return to special schools. Operators have been provided with guidance and PPE has been supplied for crews that cannot maintain social distancing on board vehicles, with weekly kits prepared at County Hall for operators to collect.

5.9. Transport Officers are also preparing safe arrangements for those clients who require transport to attend day centres as they begin their phased return.

6. Place Services

Coronavirus Impact and Recovery

6.1. Many services in the Communities, Economy and Transport directorate have continued to operate virtually during the first months of the pandemic, with some staff re-deployed from their usual area of work to support areas of high demand. Household Waste Recycling Centres were closed at the start of the emergency but were supported to re-open in May with restrictions in place to allow social distancing. The following sections set out the primary areas where we will continue to adjust and respond to the pandemic and will be the areas of focus for recovery.

Libraries and Information Service

6.2. Libraries will start to reopen during step 3 of the lockdown easing, currently expected to take place in early July. Plans are being developed to initially open five libraries to ensure we can provide a safe service for both staff and customers. Subject to the successful operation of these, further libraries may open later in the summer/early autumn. We will also be re-establishing the Home Library Service.

6.3. During the lockdown period the eLibrary (our online offer) provided services. The offer was improved, and staff provided promotional updates, 'how to' guides and telephone support to people unfamiliar with the eLibrary. This led to a significant increase in eBook and eAudiobook loans, usage of online newspapers and magazines - roughly double the pre-COVID levels and there has been a large spike in new members joining online since we closed. We are delivering our Learning Services offer (IT, maths and English courses and qualifications) remotely and exploring what other parts of our offer could be delivered virtually or in person (with social distancing in place) in future.

6.4. Libraries staff have been involved in supporting the Registration Service, Adult Social Care's food delivery scheme and work to make calls to the shielded. Most of these staff will need to return to normal duties as the library service reopens.

Registration Services

6.5. The service was providing death registrations only during the lockdown period. Work is now underway with the regulator and neighbouring registration services to establish the best ways to recover from the backlog of Births, Notices and Ceremonies that have been building up since March, whilst maintaining death registration provision. With no weddings or ceremonies taking place during the lockdown period, and significant uncertainty over the ability of approved marriage premises to reopen it is likely that wedding income for this year will be negligible.

Trading Standards and re-opening retail premises

6.6. Trading Standards scaled back its proactive work with businesses, visits and compliance work (except for high-risk areas such as animal welfare and rogue traders) at the height of the pandemic. This was substituted by the large increase in work advising on, and investigating, business closure restrictions imposed by COVID-19. Officers have been continuing with ongoing investigations remotely as far

as possible and have increased support for scams victims, identifying and advising on the new variety of scams emanating from the pandemic. Trading Standards have also been proactive in monitoring the market regarding PPE as well as supporting ESCC, Sussex Police and the CCG with procurement of such items.

6.7. Trading Standards and environmental health have worked closely together during the pandemic and a single point of contact has been established to enable queries and concerns about compliance from businesses and residents to be managed effectively. This will continue.

6.8. The end of the EU Exit transition period at the end of December 2020 is likely to increase the requirements on Trading Standards in terms of additional import controls and the need to support business transition to a new regulatory framework, independent of the EU.

Resilience and Emergency Planning

6.9. The Sussex Resilience Forum (SRF) must provide a coordination and communications role in supporting the multi-agency response to the pandemic, including emergency PPE and death management. The nature of the pandemic means we are likely to transition in and out of response and recovery.

6.10. The SRF will have a light touch coordination and communication role in the recovery phase. The recovery phase will be local authority led and will focus on local recovery; focussed on the three parts of Sussex rather than the whole. Where there is a role for a pan-Sussex response, this will be co-ordinated by a Recovery Coordinating Group overseen by the Executive Group chaired by the Chief Executive, supported by the chief executives of partner agencies across Sussex.

6.11. Looking further ahead, the SRF may be required to respond in case of a no deal Brexit at the beginning of next year.

Household Waste Recycling Sites

6.12. Household Waste Recycling Sites re-opened on 18 May, with restricted vehicular access and reduced number of un-loading bays to allow for social distancing, only accepting household waste and recycling. Restrictions reduced on 2 July, with vans allowed on all sites twice a week and chargeable waste (plasterboard, soil, hardcore, tyres and asbestos) accepted. We will continue to review the operation of sites and look to ease the remaining restrictions when safe and appropriate.

Highways and Transport

6.13. Work continued on highways maintenance during the lockdown and the Highways Service was able to provide a near normal service, whilst maintaining safe-distancing and ensuring the safety of the workforce and public. The roads patching programme and resurfacing programme has progressed to plan. Work on the Newhaven Port Access Road project also continued throughout the lockdown period.

6.14. The Government announced the bringing forward of previously announced funding for measures to encourage cycling and walking in May. East Sussex will

receive £2.4m of funding in two tranches. Plans for use of the first tranche of £470k were submitted on 5 June and covered new signage and pop-up walking and cycling measures.

6.15. The remaining tranche will be used for more permanent improvements and measures to manage movement of people on the roads and pavements in the context of ongoing outbreaks of COVID-19. At time of drafting this report we do not know when this second tranche will be released.

6.16. The changes in the amount of travel people undertake and the modes of transport used, arising from the pandemic, will need to be considered as part of Local Transport Plan 4. This includes the impact on our public transport routes. Local bus companies received some support as part of the Government's emergency response to the pandemic, but there remain questions about their longer-term viability in a context where people are being discouraged from using public transport. Whilst walking and cycling will be important in towns, consideration will need to be given to how access to services is supported in rural areas.

6.17. The council has continued to pay its suppliers during the COVID-19 period in line with Government Cabinet Office guidance, but at the time of writing this report it is uncertain how much longer these payments will need to be maintained, and when full services can be resumed. This is particularly relevant to buses where patronage remains low.

Transport for the South East

6.18. Work on the Transport for the South East Transport Strategy and the proposal to government have continued during this period with a successful Board meeting held virtually in April where Board members agreed the draft version of the Strategy.

6.19. A further Board meeting in July will finalise both the strategy and proposal which will then be submitted to Government. A decision on this year's Department for Transport grant funding allocation for the technical programme is expected soon.

Economy

6.20. The impacts of the COVID-19 outbreak on East Sussex businesses have been significant and will be ongoing. Whilst much financial support has been provided by Government, this will be reduced as recovery begins. The short- and long-term impact of the pandemic on our national and local economy will be significant.

6.21. Business East Sussex, part of the South East Local Enterprise Partnership South East Business Hub has been providing support and advice to East Sussex businesses during this time.

6.22. The economic development team have been working locally to support Team East Sussex to understand the stresses emerging in our businesses and set out priorities and plans to help the East Sussex economy emerge stronger and more robust than before the pandemic. Following extensive consultation, an East Sussex Economy Recovery Plan is being developed based on the following ambitions and proposals:

- Capitalise on digital connectivity
- Attract new inward investment
- Re-start the visitor economy
- Expand low carbon transport and energy infrastructure
- Help local businesses adapt, recover and grow
- Retain our skills infrastructure, support employment, build workforce resilience
- Local supplier and procurement opportunities
- Adapt and improve place making

6.23. The ERP once complete, will perform a number of functions. It will:

- Co-ordinate all economic recovery activity of partners;
- Become a bidding document that we will use to secure anticipated financial support from Government;
- Provide a means through which the East Sussex business community (which in addition to traditional private enterprise, also includes cultural institutions, social enterprises voluntary and community sectors) can galvanise its efforts in recovery; and
- Provide a lobbying document for use particularly with Government and the South East Local Enterprise Partnership (SELEP) to articulate our needs.

6.24. The impact of COVID-19 on 16-24 year olds is of particular concern, and calls are being made for a national strategy for pathways to employment and progression with input across the Government. Skills East Sussex, which brings together business representatives from the various sectors who work with training providers to develop courses based on their needs, is heavily involved in developing the actions required to respond to this concern. This will form an important arm of the Economy Recovery Plan, and the East Sussex College Group has already committed £1m from its Adult Education Budget to retrain people who have lost jobs through the lockdown.

6.25. Our East Sussex cultural sector has suffered during this crisis. These organisations contribute much to both our local economy and provide outreach to support wellbeing, provide volunteering opportunities and generate significant tourism footfall. Some have launched fundraising/crowdfunding campaigns and sought to secure grants from other arts and cultural bodies. Most are considering some opening in 2020 as a loss leader, but it is likely many may not be able to fully open for business until Spring 2021, if they can survive this period.

<u>Climate change</u>

6.26. The Councils' corporate Climate Emergency Plan and the Environment Strategy were agreed by Cabinet on 3 June. These cover both the Council's actions to reduce its impact on the climate and environment and the work it is doing in partnership with others. These were developed in the pre-COVID-19 environment and some of the positive lessons about travel and work patterns will need to be considered for the future.

6.27. Our ambitions for carbon neutrality also need to be embedded within our business and financial planning. As part of this State of the County report, Cabinet are asked to consider whether our test priority outcome 'making best use of

resources', which is the priority applied to all activities and the touchstone for all that we do, should be expanded to "making best use of resources in the short and long term" to better reflect that the Council's decisions should be guided by a test priority that we ensure sustainability of our resources, both in terms of money and environmental assets.

7. Local democracy

7.1. Local democratic accountability and transparency have been maintained throughout the COVID-19 restrictions. Arrangements to hold Member meetings remotely under the new regulations were rapidly put in place, enabling core business to continue in a robust and open way. Public access to remote meetings has been arranged via our existing webcasting site and agendas for remote meetings are being published as normal.

7.2. Virtual meetings of the County Council, Cabinet and a number of other committees and boards have taken place using the technology and remote meetings procedures we have put in place to support these. As we move forward, lessons from this new way of working could be applied in a post COVID-19 world to enable local democracy to operate more flexibly if the legislation allows. Longer-term, a level of remote working has the potential to offer different options for Member participation, reductions in travel and ways to broaden engagement, for example in scrutiny work.

7.3. The ongoing role of Members in community leadership and amplifying both strengths and challenges in their divisions will continue to play a vital part in informing the Council's ongoing response to COVID-19 and how the learning is taken forward into recovery and future service delivery.

7.4. The next County Council election is scheduled to take place in May 2021. Work will take place over the coming year to provide information to prospective candidates about the Council's work and the role of a county councillor through our 'Be a councillor' campaign. A comprehensive induction programme will be prepared for newly elected councillors to support them in taking up their roles. Learning from the COVID-19 experience will be built into the practical support and development offered to all Members. We will work closely with district and borough councils, who administer the election on behalf of the County Council, on the statutory election process.

8. Workforce

8.1. Following the Government's 'stay at home' message, the Council moved quickly to support all staff to work from home where this was appropriate to their role. Routine projects to upgrade ICT software and refresh equipment were already well progressed and this enabled the majority of staff to work remotely with relative ease.

8.2. It was, however, recognised that working from home on a continual basis could have an impact on staff mental wellbeing, particularly around feelings of isolation and/or anxiety. The Council already has a firm commitment to supporting the wellbeing of staff with a range of innovative initiatives having been implemented over recent years. Our 'Time to TALK' campaign and related resources provide the

cornerstone of our approach. Specifically, in response to COVID-19, we further promoted and re-purposed this campaign, including utilising our 100+ Mental Health First Aiders to support virtual team meetings and the offer of 1-1 support sessions.

8.3. We have also used the Council's staff communications platform 'Yammer' to host a dedicated wellbeing campaign with a different theme each week. For example, week 1 focussed on emotional support, week 4 on managing remote teams and week 7 on self-care and support. We have a dedicated Wellbeing Intranet page which hosts a wealth of information and signposts to resources on a variety of subjects to support staff during this challenging time.

8.4. During the pandemic, the direct experiences for some of our staff have been significant and potentially traumatic, particularly for those working in a residential setting. The impact will vary considerably due to different roles and personal situations. If these are not addressed, these challenges could lead to long term consequences, both in terms of the health and wellbeing of our staff and in relation to retention issues in the future. In response to this, in addition to the resources and initiatives outlined above, an offer based around coaching on both a group and individual basis is currently being developed. The intention is to use experienced coaches to offer facilitated sessions to consider an approach of compassionate leadership, providing the opportunity for managers to share expertise and best practice whilst also enabling specific challenges they are facing to be explored.

8.5. At an early stage, a Council-wide 'staff deployment' scheme was agreed, enabling staff from across the Council to volunteer to be deployed into a Team/Service requiring additional staff capacity in order to maintain critical services. At the time of writing, approximately 155 staff have been deployed into a range of roles such as distribution of PPE, food delivery, contacting residents in the shielded group, providing support to the Community Hubs and driving duties. In addition, staff have also been deployed within departments. For example, in Adult Social Care and Health, staff within Learning Disability Services moved from Day Centres into Residential Services in order to keep those critical services operating.

8.6. The Council has seen relatively low levels of sickness absence. Between the end of March to the beginning of June, 236 staff had been absent as a consequence of COVID-19 and 126 staff have self-isolated (this does not include those staff who were self-isolating but well enough to work from home).

8.7. As the easing of the lockdown restrictions continue, the Council is planning the future working arrangements and the safe return to the workplace of those services where there is a need for them to resume as soon as possible for the public. In order to help managers consider how they will manage a return to work for their Team, a comprehensive advice and information pack has been prepared. This contains:

- a guide for managers working in one of the 'hub' buildings (County Hall, St Mary's House, St Mark's House and Ocean House);
- a guide for managers working in any 'satellite' building;
- workplace FAQs for hub buildings;
- workplace FAQs for satellite buildings;

- HR FAQs;
- a building occupancy survey form;
- an individual risk assessment for managers to complete for staff that could be more vulnerable to COVID-19 health impacts due to demographic factors (age, biological gender, ethnicity and weight), to identify reasonable steps that should be taken to control risks in the workplace; and
- a new e-learning course which we will be asking those staff who will be returning to the workplace to complete before they do so.

8.8. Looking ahead, it is critical that we ensure we use the lessons learned from COVID-19 to inform our future workforce planning arrangements. The overwhelming success of our remote working arrangements have provided us with the opportunity to reconsider how we best use our office spaces as well as future working arrangements. Our reset and recovery planning will include considerations around working practices and models of service delivery. Whilst it is still too early to assess with any certainty what the impact of the last 3 months will be on our recruitment and retention position, it is likely that we will see a greater level of interest in jobs with the Council, particularly in the event of recession. The success of our remote working arrangements will also enable us to attract and secure applicants from a much wider geography, including outside of East Sussex, than we have done traditionally.

9. Supporting Services

Orbis Partnership

9.1. East Sussex and Surrey County Councils have been working in partnership on business services since 2015 through Orbis. Brighton & Hove City Council joined the partnership in May 2017 and Business Services budgets were integrated in April 2018. The partnership has achieved £12.9m ongoing savings between 2016/17 and 2019/20 for the partner councils. A further £8.2m of one-off savings have also been delivered by the partnership. The Orbis Business Plan 2021 sets out the further savings target for 2020/21.

9.2. Orbis has been through a period of review and refresh to ensure the partnership fits the requirements of each sovereign partner. Several changes were implemented during 2019/20 and the new operating model started in April 2020 accompanied by a new Inter-Authority Agreement signed by the three partners.

9.3. All services delivered through the Partnership have made important contributions in supporting the County Council to respond to the coronavirus pandemic and move to agile and remote ways of working. We have benefitted from investment that the Council has made in the IT infrastructure, as well as ensuring HR, finance, procurement and IT service support focus on the needs of the Council's front-line delivery services.

9.4. For 2020/21 we will have both an internal focus on how we run the partnership but more importantly a customer focus on meeting the needs and priorities of the three partner councils as they focus on recovery. Key areas that we are focussing on are:

- adoption and implementation of digital technologies to support Council priorities and developments in service delivery and service user experience through the recovery activity;
- enhance remote and agile working through exploitation of technology and further building the digital skills and confidence of the Council's workforce; and
- using digital technology to improve business processes and minimise dependency on manual and paper-based activity that ties services to buildings.

Strategic Property Asset Collaboration in East Sussex (SPACES)

9.5. SPACES is a partnership between local authorities, emergency services, health services and several Government departments in East Sussex and Brighton & Hove. The programme was formed in 2011 as part of the East Sussex Strategic Partnership with the aim of facilitating co-location and collaboration on property-based activity.

9.6. SPACES has successfully bid for funds from One Public Estate (OPE) phases 5 and 7, which has allocated funding to support the delivery of collaborative public sector land and property projects which lead to reduced revenue costs, increased capital receipts and an opportunity for aligned service delivery as well as potential for housing development on surplus sites.

9.7. We will be looking to engage in the next round of OPE funding and focus on surplus sites to identify any marriage value or land swap opportunities. There will also be a focus on the challenges partner organisations face in their property-based activity, such as finding appropriate resource, to identify if a joint approach could help overcome them. The SPACES Strategy is being drafted to help identify where SPACES can assist partners in achieving their property goals.

Property Asset Management

9.8. The County Council has a property asset disposal and investment strategy which is integral to the Capital Strategy and programme both in terms of investing in priority areas and generating capital receipts to fund other capital priorities. This strategy will be reviewed to reflect learning from experience in the coronavirus pandemic to reflect the Council's demands on assets and buildings and the standards these need to be delivered to.

Legal Services

9.9. As new legislation/guidance has emerged relating to the coronavirus pandemic, we have provided legal advice and support across the Council on a broad range of pandemic related issue. The team has worked closely with colleagues in Children's Services and the local courts to make arrangements for remote hearings in respect of proceedings to safeguard children most at risk and to put together an offer for use of ESCC equipment and premises for contested hearings.

Coroner Services

9.10. Coroner Services has been an integral component of the Local Resilience Forum in terms of planning for COVID19 and addressing the practicalities of dealing with COVID19 deaths. Although COVID19 as a cause of death does not in itself result in a referral to the Coroner, the Coroner has dealt with referrals where COVID-19 is suspected alongside another cause. Post mortems have continued to be

undertaken in a timely manner and the Coroner has successfully managed to undertake paper inquests where basic medical evidence only is required. Non-paper inquests cannot be held remotely and have currently been delayed until August 2020.

Communications, lobbying and engagement

9.11. Work is underway to discuss with residents the impact that COVID-19 has had on them and to understand their priorities for reset and recovery in East Sussex. The council continues to play a leading role in publicising and signposting the services and resources to support residents, especially community hubs. Dedicated web pages on coronavirus, printed leaflets, social media campaigns and email bulletins have helped keep people informed and communication is evolving to reflect the changing effects of the virus in East Sussex.

9.12. In lobbying national government, the Council is clear about the limits on its current and future resources and identifies ways it can work with partners for the most effective local delivery of services.

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Capital Programme Update

1. Current Capital Programme - Expenditure Update

1.1 Table 1 below summarises the movements to the approved capital programme since budget setting in February 2020, noting that the first 3 years of the programme, to 2022/23, are approved, whist the remaining years to 2029/30 are indicative to represent the longer term planning for capital investment. The changes have included year-end and other material, non Covid-19 re-profiling in line with updated information and the approved governance and variation process. The impact of COVID-19 on the programme will be reported as slippage and/or under/overspend as part of the capital monitoring process.

Table 1 – Capital Programme (gross) movements

Capital Programme (gross) movements (£m)		**2019/20**	**MTFP Programme**			**Future Years**	**Total**
			2020/21	**2021/22**	**2022/23**	**2023/30**	
Approved programme at Feb 2020		99.595	100.456	58.889	58.036	345.358	**662.334**
Approved Variations	A	1.474	0.429	0.748	1.402	(0.594)	**3.459**
Re-profiling	C	(6.433)	(3.168)	9.754	(0.153)		**0.000**
Underspend	D	(0.133)	(0.828)				**(0.961)**
Less 2019/20 expenditure	E	(94.503)					**(94.503)**
Total Programme		**0.000**	**96.889**	**69.391**	**59.285**	**344.764**	**570.329**

1.2 Total 2019/20 capital expenditure was £94.5m (ref E) against an approved budget of £101.1m, (including £1.5m of approved variation (ref A)), resulting in a net variation of £6.6m (ref C + D).

1.3 Since February 2020 net nil approved variations amount to £1.5m in 2019/20 (ref A) comprising; Schools Delegated Capital of £1.4m and a reduction in the Economic Intervention Fund for revenue expenditure of £0.1m.

1.4 For 2020/21 onward there has been a reduction for a double count in the programme of £0.8m relating to funding of the Greenacres project. Net nil variations include £1.0m for Bexhill Creative Workspace; a reduction of £1.3m in line with the grant reduction on the SALIX scheme for street lighting and traffic signals; and £2.3m for the Economic Intervention Fund (EIF) loan repayments. This revised programme also reflects reprofiling of the current street lighting scheme and the EIF.

2.0 Programme Risks and Pressures

2.1 In February 2020, Full Council approved the 20-year Capital Strategy which underpinned a 10-year planned capital programme established to achieve agreed targets for basic need investment in support of the Council Plan. The purpose of the Capital Strategy is to drive investment ambition whilst also ensuring appropriate capital expenditure, capital financing and treasury management within the context of the sustainable, long-term delivery of services. The pressures and issues that Covid-19 has presented are unprecedented and has thrown many of the current planning assumptions off course. Over the summer, services will not only have to explore their revenue offer but whether the current targeted basic need investment and capital strategy remain appropriate to support the post Covid-19 service offer and Council Plan.

2.2 There are, additionally, a number of specific issues arising that are set out below: -

2.3 **South East Local Enterprise Partnership (SELEP) Funding** – As a consequence of Covid-19, it is estimated that schemes will slip gross expenditure of £12.1m together with associated specific funding of £11.3m. (Funding issues are noted at 3.3).

2.4 **Road funding** – announced in the March 2020 budget, an additional £7.7m one off funding has been allocated to the Council in 2020/21. The funding incorporates the Potholes Fund, from which the Council was allocated £0.6m in 2019/20. The national pots combined are shown in the table below:-

Table 2 – National Funding for Roads

	National £m	**ESCC Share £m**
Potholes Fund	500.0	tbc
Challenge Fund	100.0	tbc
Pothole Action Fund	50.0	tbc
	650.0	**7.7**

The funding is currently included at section 3, reducing the need to borrow, in line with the current capital strategy. Once the terms and conditions of the grant funding are clarified, this may impact on how the grant can be applied.

2.5 **Emergency Active Travel Fund** - Further indicative funding allocations totalling £2.4m from the Emergency Active Travel Fund have been announced to support the installation of cycling and walking facilities following the Covid-19 pandemic. This funding will be treated as specific grant having a net nil impact on the overall capital programme. Approval to include this funding in the capital programme will be through the variation process.

2.6 **School Basic Need** - As a result of Covid-19 the School Basic Need programme is anticipating additional expenditure of £0.6m due to work arounds to facilitate delivery at Seahaven, Robertsbridge and Lansdowne. There is a further risk relating to extension of time payments that may materialise depending on legal consideration. However, currently and at this level, any impact of Covid-19 is anticipated to be manageable within the overall programme funding. In addition, the programme is anticipating slippage of £1.8m as a result of delays caused by the pandemic. Future Schools Basic Need provision will be impacted by several factors, including any changes to the birth rate as a result of Covid-19 lockdown, a decision by Wealden District Council to withdraw its Local Plan and the requirement on them to build more homes over the plan period. It is too early to predict the impact of these on place planning strategies and school places, however, existing strategies as set out in the 10-year capital strategy will be reviewed on a regular basis.

2.7 **Modernising Back Office Systems** – Cabinet on 23 June 2020 approved the launch of the procurement for a Software-as-a-Service (SaaS) solution to replace the current SAP system for Finance, HR and Procurement. The cost of the new system will be determined at the end of the procurement process and will need to be reflected in the capital programme, in accordance with the governance process.

3.0 Current Capital Programme - Funding updates

3.1 Table 3 provides an updated funding position. Funding has been updated to reflect the 2019/20 outturn position, approved variations and other known funding changes. The revised borrowing requirement of £228.8m represents a reduction compared to that reported at February 2020 budget setting of £260.2m, the result of a reduction for the 2019/20 borrowing requirement of £24.2m, underspend of £1.0m and additional one off Highways Maintenance funding of £7.7m (announced at Budget in February 2020), offset by a small reduction in Incentive Fund Grant over the life of the programme of £0.2m and a correction to specific funding of £1.3m.

3.2 In general future years capital grants estimates, CIL and S106 targets remain at risk of reducing and MHCLG announced in May that only 2/3rds of SELEP funding will be received initially this year ahead of a review in September. Strategies and mitigations are currently under review to ensure that this will be at no financial detriment to the Council.

Table 3 - Capital Programme Funding

Capital Programme Funding (£m)	MTFP Programme			Future Years	Total
	2020/21	2021/22	2022/23	2023/30	
Gross Expenditure	**96.889**	**69.391**	**59.285**	**344.764**	**570.329**
Section 106 and CIL	(9.410)	(1.727)	(1.902)	(0.321)	(13.360)
Other Specific Funding	(27.947)	(5.340)	(1.079)	(2.450)	(36.816)
Net Expenditure by Department	**59.532**	**62.324**	**56.304**	**341.993**	**520.153**
Capital Receipts	(2.915)	(3.260)	(4.945)	(8.000)	(19.120)
Formula Grants	(26.317)	(17.237)	(21.537)	(143.305)	(208.396)
Section 106 and CIL Target	0.000	0.000	0.000	(28.392)	(28.392)
Reserves and revenue set aside	(5.783)	(4.544)	(3.742)	(21.414)	(35.483)
Borrowing	(24.517)	(37.283)	(26.080)	(140.882)	(228.762)
Total Funding	**(59.532)**	**(62.324)**	**(56.304)**	**(341.993)**	**(520.153)**

3.3 The revised programme is £570.3m. Although it should be noted that there may be further emerging overspends relating to Covid-19 that will need to be managed within the overall programme. Work will be ongoing over the summer to review and update the programme and Capital Strategy in support of the future service offer and Council Plan. Together with updates on grants, S106, CIL and capital receipts. A detailed programme is presented at annex 1.

ANNEX 1

CAPITAL PROGRAMME 2020/21 to 2029/30	2020/21 £'000	2021/22 £'000	2022/2 £'000	2023/30 £'000	Total £'000
Adult Social Care					
Older People's/LD Service Improvements	50	50	50		150
Greenacres	264				264
Adult Social Care Gross	**314**	**50**	**50**		**414**
Scheme Specific Resource – Other Specific Funding	(264)				(264)
Adult Social Care Net	**50**	**50**	**50**		**150**
Business Services					
SALIX Contract	440	350	350	2,450	3,590
Property Agile Works	374				374
Lansdowne Secure Unit - Phase 2	1,457	96			1,553
Special Educational Needs		800	1,600	800	3,200
Special Provision in Secondary Schools	2,379	60			2,439
Disability Children's Homes	242				242
Westfield Lane (delivered on behalf of CSD)	1,200				1,200
Core Programme - Schools Basic Need	13,308	19,688	12,002	43,875	88,873
Core Programme - Capital Building Improvements	9,214	7,983	7,982	55,873	81,052
Core Programme - IT & Digital Strategy Implementation	4,634	4,251	11,580	42,976	63,441
Business Services Gross	**33,248**	**33,228**	**33,514**	**145,974**	**245,964**
Scheme Specific Resource – Other Specific Funding	(1,897)	(446)	(350)	(2,450)	(5,143)
Scheme Specific Resource - S106 and CIL	(8,034)	(1,727)	(1,853)		(11,614)
Business Services Net	**23,317**	**31,055**	**31,311**	**143,524**	**229,207**
Children's Services					
House Adaptations for Disabled Children's Carers Homes	104	50	50		204
Schools Delegated Capital	791	760	729		2,280
Conquest Centre redevelopment	83				83
Children's Services Gross	**978**	**810**	**779**		2,567
Scheme Specific Resource – Other Specific Funding	(791)	(760)	(729)		(2,280)
Children's Services Net	**187**	**50**	**50**		**287**
Communities, Economy & Transport					
Broadband	4,279	3,276	3,277		10,832
Bexhill and Hastings Link Road	1,652	643	252		2,547
BHLR Complementary Measures	219				219
Economic Growth & Strategic Infrastructure Programme					
Economic Intervention Fund - Grants	542	460	599	899	2,500
Economic Intervention Fund - Loans	500	500	500	1,500	3,000
Stalled Sites	152	150	47		349
EDS Upgrading Empty Commercial Properties	7				7
Integrated Transport					
Community Match Fund	769	307	250		1,326
Newhaven Port Access Road	4,054	170	20	41	4,285
Real Time Passenger Information	284		44	121	449
Parking Ticket Machine Renewal	291				291
Queensway Depot Development (Formerly Eastern)	1,153				1,153
Hailsham HWRS	97				97

The Keep	24	73	49	945	1,091
Other Integrated Transport Schemes	3,235	3,152	2,969	21,183	30,539
Core Programme - Libraries Basic Need	670	262	619	3,143	4,694
Core Programme - Highways Structural Maintenance	18,404	17,850	12,946	142,859	192,059
Dropped Kerbs	1,000				1,000
Core Programme - Bridge Assessment Strengthening	1,267	1,285	1,260	12,460	16,272
Core Programme - Street Lighting and Traffic Signals	1,331	1,712	1,545	12,179	16,767
Street Lighting and Traffic Signals - SALIX scheme	935	1,869			2,804
Core Programme - Rights of Way Surface Repairs and Bridge Replacement Programme	596	565	565	3,460	5,186
LEP/SELEP schemes - delivery not controlled by ESCC					
Eastbourne Town Centre Phase 2	3,014				3,014
Bexhill Enterprise Park North	1,940				1,940
Exceat Bridge Replacement (Formerly Maintenance)	1,500	1,651			3,151
Eastbourne/South Wealden Walking & Cycling Package	2,988	363			3,351
Hailsham/Polegate/Eastbourne Movement & Access Corridor	1,203	206			1,409
Hastings and Bexhill Movement & Access Package	6,169	309			6,478
Queensway Gateway Road	504				504
Sidney Little Road Business Incubator Hub	435				435
Skills for Rural Businesses Post-Brexit	2,189	500			2,689
Bexhill Creative Workspace	946				946
Gross LEP/SELEP schemes sub total	**20,888**	**3,029**			**23,917**
Scheme Specific Resource – Other Specific Funding		(1,468)			(1,468)
Scheme Specific Resource - LEP Contribution	(17,557)	(1,095)			(18,652)
Scheme Specific Resource - S106 and CIL	(565)				(565)
Net LEP/SELEP schemes sub total	**2,766**	**466**			**3,232**
Communities, Economy & Transport Gross	**62,349**	**35,303**	**24,942**	**198,790**	**321,384**
Scheme Specific Resource – Other Specific Funding	(7,438)	(3,039)			(10,477)
Scheme Specific Resource - LEP Contribution	(17,557)	(1,095)			(18,652)
Scheme Specific Resource - S106 and CIL	(1,376)		(49)	(321)	(1,746)
Communities, Economy & Transport Net	**35,978**	**31,169**	**24,893**	**198,469**	**290,509**
Total Gross	**96,889**	**69,391**	**59,285**	**344,764**	**570,329**
Scheme Specific Resource – Other Specific Funding	**(10,390)**	**(4,245)**	**(1,079)**	**(2,450)**	**(18,164)**
Scheme Specific Resource - LEP Contribution	**(17,557)**	**(1,095)**			**(18,652)**
Scheme Specific Resource - S106 and CIL	**(9,410)**	**(1,727)**	**(1,902)**	**(321)**	**(13,360)**
Total Net of Specific Funding	**59,532**	**62,324**	**56,304**	**341,993**	**520,153**

Delivering Priority Outcomes

APPENDIX 4

The Priority Outcomes

The Council has four overarching priority outcomes: driving sustainable economic growth; keeping vulnerable people safe; helping people help themselves; and making best use of resources. Making best use of resources is the gateway priority through which any activity and accompanying resources must pass.

For each priority outcome there are specific delivery outcomes. These are referenced to performance measures in this Portfolio Plan.

Driving sustainable economic growth - delivery outcomes

1. Employment and productivity rates are high throughout the county
2. Individuals, communities and businesses thrive in East Sussex with the environment and infrastructure to meet their needs
3. The workforce has and maintains the skills needed for good quality employment
4. All children progress well from early years to school leaver and into education, training and employment

Keeping vulnerable people safe - delivery outcomes

5. All vulnerable people in East Sussex are known to relevant local agencies and services are delivered together to meet their needs
6. People feel safe at home
7. People feel safe with support services

Helping people help themselves - delivery outcomes

8. Commissioners and providers from all sectors put people first when providing services and information to help them meet their needs
9. The most vulnerable adults get the support they need to maintain their independence and this is provided at or close to home
10. Individuals and communities are supported and encouraged to be responsible, help others and make the most of community capacity and assets

Making best use of resources - delivery outcomes

11. Working as One Council, both through the processes we use and how we work across services
12. Working in partnership across the public , voluntary community, and private sectors to ensure that all available resources are used to deliver maximum benefits to local people
13. Ensuring we achieve value for money in the services we commission and provide
14. Maximising the funding available through bidding for funding and lobbying for the best deal for East Sussex
15. To help tackle Climate Change East Sussex County Council activities are carbon neutral as soon as possible and in any event by 2050
16. Applying strategic commissioning to ensure resources are directed to meet local need

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East Sussex County Council's Core Offer

As one council

We will:

- be driven by the needs of our residents, businesses and communities and focus on our four priority outcomes;
- be democratic, open and honest about our decision making;
- work with all our partners to make sure there is a shared view of priorities and that we make the most of opportunities and resources available in East Sussex;
- work effectively with the community and voluntary sector;
- work well as a single organisation;
- provide the best quality service we can within the resources we have available;
- compare our cost and performance against others to make sure we provide value for money;
- learn from others to improve outcomes for residents;
- ensure that as much money as possible is directed towards front line services;
- lobby hard to protect and promote the interests of East Sussex.

Customer Service

We will:

- respond to formal complaints and statutory information requests;
- seek to provide information and services online wherever possible.

Protecting and supporting vulnerable people

Children at risk

We will:

- provide a statutory social care offer to safeguard children at risk of harm. This includes: protecting children; looking after children who are in care, helping care leavers become successful adults and managing efficient and effective fostering and adoption services;
- we will provide an Early Help Service for 0-19 year olds where it helps us manage the demand for higher cost services, including an integrated service with Health Visitors for 0-5 year olds;
- we will work with partners to prevent young people from offending and to respond effectively when they do.

Special Education

We will:

- carry out statutory assessments of children with Special Education Needs (SEN), where there are significant barriers to learning;
- use our best endeavours to secure the right educational provision for those with the greatest need;
- fulfil our statutory duties to safeguard and promote the welfare of disabled children who meet the threshold under the Continuum of Need;
- where possible, work to build capacity in Early Years settings to ensure vulnerable pupils can attend a pre-school setting from 2 years old and can be supported to attend and succeed in mainstream schools.

Adults
We will:

- provide information and advice for all those seeking care and support;
- assess need and arrange help for individuals and their carers who are eligible for support from Adult Social Care;
- provide support that reduces the need for social care in the longer term and/or prevents the need for a more expensive service;
- continue to ensure that we safeguard vulnerable adults who are at risk of harm or abuse.

All Children

Schools
We will:

- operate a light-touch monitoring of the performance of maintained schools. We will use our best endeavours to intervene when a school is at high risk of failure;
- encourage the Regional Schools Commissioner to intervene where academies in East Sussex are under-performing;
- use our best endeavours to improve the outcomes of pupils vulnerable to under-achievement;
- promote post-16 participation in education and training, including provision and support for young people with learning difficulties/disabilities.

School planning and access
We will:

- plan to have enough Early Years and school places where they are needed;
- co-ordinate and administer the admission process;
- provide home to school transport where we have a statutory duty to do so.

Universal offer to all residents

Highways and Transport
We will:

- maintain roads, pavements, bridges, structures, highway drainage and verges and carry out repairs to our current standards;
- investigate road accident sites and take measures to prevent recurrence where this is possible;
- carry out safety audits of proposed highways improvement schemes;
- manage the national concessionary fares scheme and provide limited bus subsidies where they provide access to vital services, education and employment for communities which would otherwise be cut off;
- enforce civil parking restrictions where they are in place;
- carry-out strategic planning of the highways network to help to ensure the County's transport needs are met now and in the future;
- provide footpath clearance on priority and popular rights of way routes, maintain the Definitive Map and respond to public requests for footpath diversions and searches.

Economy and Trading Standards
We will:

- provide access to high quality employment to reduce avoidable reliance on public services by acting as a strategic economic authority that intervenes, in

partnership, decisively and cost effectively where it can make a difference, especially by levering in external funding;
- carry out food sampling and food inspection where the risk is high; carry out reactive animal health disease control and take enforcement action where necessary.

Waste Management
We will:
- dispose of waste collected by the borough and district councils and provide sufficient waste sites to meet national guidance.

Planning & Environment
We will:
- fulfil our statutory duties on planning, development control, flood risk and environmental management, including specialist environmental advice where required;
- provide emergency planning services.

Libraries
We will:
- provide a library service which meets our assessment of current and future needs.

Public Health
We will:
- Work at population level to identify the areas where risks and threats to health are greatest to create a healthier, happier and fairer East Sussex.

- Support the NHS to ensure a population health focus lies at the heart of integration and innovation within the NHS in East Sussex

- Ensure the protection of public health through outbreak management; screening; immunisation and emergency planning and preparedness, working with all relevant agencies and professions to gain maximum impact from our combined efforts.

- Continue the universal offer for school nursing and health visiting and look at the specification of future contracts to see if services could add more value to early years and preventive programmes within children's health and social care.

- Continue to offer the NHS Healthcheck programme, targeting specific populations and groups with the aim of reducing the life and healthy life expectancy gaps across the County.

- Contribute to health improvement by making targeted interventions focused on those populations for which there is clear evidence of efficacy and by tackling the wider the causes of ill health. We will draw on the preventative nature of the NHS long-term plan locally to align and gain value from integrated commissioning, design and provision of services.

- Provide Drug and Alcohol Services which concentrate on the provision of successful treatment and prevention of harm and keep pace with new threats and new treatment options.

- Commission sexual health services which seek to increase efficiency by modernising the way services are delivered and focus on areas of highest risk, whilst maintaining quality and access.

- Reduce management and support costs by 15% to bring in line with reductions already made across the remainder of the Council.

Archives and Records
We will:
- manage the records which we are required to keep by law. We will meet our basic statutory duties as a Place of Deposit for public records at The Keep including a basic level of public access to those records.

Gypsies and Travellers
We will:
- manage our current portfolio of permanent and transit sites.

Registration Service
We will:
- fulfil our duties to register births, deaths and marriages.

Community Safety
We will:
- deliver our local Community Safety priorities, commission effective substance misuse and domestic abuse support services and fulfil our statutory duties in relation to Prevent; Modern Slavery and the Crime and Disorder Act.

Support Services
We will:
- work in partnership with others to provide the best value for money, ensuring professional and modern support to front line services as efficiently as possible so maximum resource is focussed on front line delivery;
- manage our assets and central financial resources, including Treasury Management,
- capital and reserves prudently and effectively to support the County Council's business and sustainability.

Report to:	**Cabinet**
Date of meeting:	**14 July 2020**
By:	**Director of Children's Services**
Title:	**Joint targeted area inspection of the multi-agency responses to children's mental health in East Sussex**
Purpose:	**The report sets out the outcome of the joint targeted area inspection of the multi-agency responses to children's mental health in East Sussex 24 – 28 February 2020 and the multi-agency action plan.**

RECOMMENDATIONS

Cabinet is asked to note the findings of the inspection into the multi-agency responses to children's mental health in East Sussex which was published 14 April and the multi-agency action plan which has been developed to address the areas for development.

1 Background

1.1 This joint inspection was undertaken by the Office for Standards in Education, Children's Services and Skills (Ofsted), the Care Quality Commission (Health), Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (Police) and HMI Probation (YOT). This was a joint agency, three week inspection, with the inspectors on site from 24 to 28 February 2020. The inspection included an evaluation of the 'front door' and the effectiveness of practice and arrangements, in the different agencies, for identifying and managing risks of harm to children and young people. In particular, the inspection evaluated how agencies identify and respond to the inspection theme of children's mental health.

2 Supporting information

2.1 The outcome of the inspection was published 14 April and is attached at Appendix 1. The inspection letter does not include an overall judgement. It sets out the areas of strength across the partnership and areas for development.

2.2 The report includes positive feedback on the work of staff, leaders and key partners across the different partnerships in East Sussex, and the difference this is making to the lives of children, young people and families across East Sussex.

2.3 East Sussex was one of six local authority areas to be inspected under the deep dive area of mental health. Ofsted will publish a report later in the year which will pull together the findings from the six inspections and identify learning and good practice from all six inspections.

2.4 The report noted that:

- Partnership arrangements in East Sussex are well established and effective. Children's emotional well-being and mental health are a high priority in strategic planning. Service development directed through the East Sussex local transformation plan is delivering improving services for children and young people with mental health needs.

- Assessments of children's needs are of consistently good quality across a range of agencies within the partnership. They are comprehensive, consider history and demonstrate an in-depth understanding of emotional well-being and mental health needs.
- Leaders demonstrate a strong commitment to co-production with children and young people when implementing new or revised services. Leaders have continued to develop existing services to meet a greater range of children's emotional and well-being needs and have created new services to address emerging or lower levels of need. This work is supported by a highly effective Safeguarding Children Partnership and Health and Wellbeing Board.

2.6 The inspection letter also identifies 18 areas for development, across the partnership. The letter sets out that the Director of Children's Services should prepare a written statement of proposed action responding to the findings outlined in the inspection letter and that this should be a multi-agency response setting out the actions for the partnerships and, where appropriate, individual agencies. A multi-agency action plan, attached at Appendix 2, has been developed in response and has been shared with the inspectors for review. The inspection letter and action plan will be reported to the Health and Wellbeing Board and East Sussex Safeguarding Children's Board in July.

3. Conclusion and reasons for recommendations

3.1 Despite the very challenging financial context, in partnership we have maintained a focus on children's emotional wellbeing and mental health and on the key priority outcome of keeping vulnerable people safe. The focus on children's emotional wellbeing and mental health continues to be a priority in our response and recovery from Covid19. Cabinet is asked to note the contents of the inspection report and the multi-agency action plan which has been developed to address the areas for development.

STUART GALLIMORE
Director of Children's Services

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BACKGROUND DOCUMENTS

- Appendix 1 Ofsted inspection letter
- Appendix 2 Multi-agency action plan

Appendix1

14 April 2020

Stuart Gallimore, Director of Children's Services, East Sussex
Giles York, Chief Constable, Sussex Police
Katy Bourne, Police and Crime Commissioner, Sussex
Sam Allen, Chief Executive, SPFT
Adam Doyle, Chief Executive Officer at NHS Eastbourne, Hailsham and Seaford CCG and NHS Hastings and Rother CCG and NHS High Weald Lewes
Allison Cannon, Chief Nurse Sussex CCGs, Head of Safeguarding East Sussex CCGs
Dr Adrian Bull, Chief Executive of East Sussex Healthcare NHS Trust
Reg Hooke, Chair, East Sussex Safeguarding Children Partnership

Dear local partnership

Joint targeted area inspection of the multi-agency responses to children's mental health in East Sussex

Between 24 February and 28 February 2020, Ofsted, the Care Quality Commission, HMI Constabulary and Fire & Rescue Services and HMI Probation carried out a joint inspection of the multi-agency response to abuse and neglect in East Sussex.[1] In the inspection of the 'front door' of services, we evaluated agencies' responses to all forms of abuse, neglect and exploitation, as well as evaluating responses to children living with mental ill health. This inspection included a 'deep dive' focus on the response to children subject to child in need and child protection plans, and children in care, who are living with mental ill health.

This letter to all the service leaders in the area outlines our findings about the effectiveness of partnership working and of the work of individual agencies in East Sussex.

Partnership arrangements in East Sussex are well established and effective. Children's emotional well-being and mental health are a high priority in strategic planning. Service development directed through the East Sussex local transformation

[1] This joint inspection was conducted under section 20 of the Children Act 2004.

plan is delivering improving services for children and young people with mental health needs.

Leaders demonstrate a strong commitment to co-production with children and young people when implementing new or revised services. Leaders have continued to develop existing services to meet a greater range of children's emotional and well-being needs and have created new services to address emerging or lower levels of need. This work is supported by a highly effective Safeguarding Children Partnership and Health and Wellbeing Board.

There is an embedded culture of collaborative learning and development across the partnership in East Sussex. Schools are well supported to play a key role in identifying and supporting the emotional well-being needs of children.

The recent move to extend and integrate the Single Point of Advice (SPOA) is helping to address emerging emotional well-being needs of children. An effective multi-agency safeguarding hub (MASH) ensures that, where risk of harm is identified, child-focused responses follow, and children are protected. Many children benefit from interventions to address their complex needs within appropriate timescales. However, some children wait too long when they need a mental health assessment by the child and adolescent mental health services (CAMHS).

While the numbers of children receiving emotional well-being or mental health services are monitored, there is more to do to evaluate the quality of the experiences of children within different mental health pathways and to measure the impact of interventions. A Sussex-wide independent review of access to emotional health and well-being support is currently under way and will inform future evaluations and planning.

During this JTAI, inspectors found that some areas of multi-agency working could be further strengthened. Most of these areas are already a focus within strategic and operational plans to improve outcomes for children.

Key strengths

- Professionals make timely and sufficiently detailed referrals about the safety, emotional well-being or mental health of a child or young person through the recently established SPOA triage service. This reduces the number of referrals a child or young person experiences and ensures better access to services to meet their needs. Children are appropriately signposted to other services, including targeted emotional well-being support, if they do not meet the threshold for specialist CAMHS intervention.

- Thresholds for services are understood across the partnership. This demonstrates the positive impact of a range of safeguarding children training on frontline practice to recognise and respond to risks from abuse, exploitation and neglect.
- Initial decision-making within the SPOA avoids delays in assessing children's needs. Within the MASH, most police referrals to children's social care are triaged jointly. This helps prioritise children at risk of immediate harm.
- When children are identified as being at potential risk of significant harm, multi-agency strategy discussions are mostly timely. There is effective information-sharing from partners and consideration of children's histories and their emotional and well-being needs.
- Assessments of children's needs are of consistently good quality across a range of agencies within the partnership. They are comprehensive, consider history and demonstrate an in-depth understanding of emotional well-being and mental health needs.
- Children and families benefit from an exceptionally stable social care workforce and inspectors heard from young people and parents how much they value the continuity of relationship with their social worker. Social workers use a range of tools to support children's emotional well-being, including coping strategies for children experiencing anxiety. A cohesive practice model of relationship-based approaches continues to underpin high-quality social work with children experiencing poor emotional well-being or mental ill health.
- Children open to the youth offending service benefit from prompt access to specialist assessments, including psychological assessments, which analyse the effect of emotional and mental ill health on offending, leading to the timely provision of a range of appropriate services. Wider joint work with a range of partners and the placement of a youth offending worker at a local pupil referral unit is helping to support young people's desistance from further offending. Leaders of the youth offending service have analysed the prevalence of emotional and mental health needs in the children they supervise in order to better understand the profile of need.
- Children who are detained in custody are supported through timely identification of mental health needs by the liaison and diversion service. Assessments are completed, and plans put in place, which are shared with relevant agencies to ensure that the correct level of support is provided. Children are referred on for support, for example to Reboot, an early intervention project.
- The deep dive analysis of children identified that children benefit from a wide range of services to support their mental health needs within appropriate timescales. Specialist assessments clearly inform multi-agency planning and support appropriate interventions with families. For example, for one child, the substance misuse service facilitated a psychiatric assessment in response to escalation of risk-taking behaviours linked to increased substance misuse. This

ensured that there was clear recognition of their underlying mental ill health leading to increased absence from school and offending behaviour.

- Overall, children's plans are effective and bring together a range of services to support and address issues for children and adults, including their emotional well-being needs. For children unable to attend school full time, there is tailored education provision which is well matched to children's assessed needs, resulting in some improvement in engagement and learning.
- Professionals work with children to ensure that their mental health needs are prioritised at the child's pace. Therapeutic interventions are carefully sequenced to ensure that children do not become overwhelmed, outcomes in plans are realistic and there is a sensitive but tenacious approach by workers to keep the child engaged.
- Professionals make good use of children's complex life histories. Good information-sharing across partners ensures that other professionals understand what the child has experienced, and how their responses are affected by their mental ill health. This ensures that children do not have to repeat their, often traumatic, personal histories.
- There is effective work with brothers and sisters of children with mental ill health, including assessments and plans which recognise and address the emotional impact on children of living with a brother or sister with emotional well-being issues.
- There is a cohesive strategy to build the skills and capacity in schools to address children's emerging emotional well-being at an early stage. School leaders report increasing confidence in being able to plan this early support, facilitated by a dedicated school adviser for mental health and emotional well-being. One of the numerous examples of how this work is coordinated with school staff is the mental health network across schools, which includes 194 school leads and 85 governors.
- The trailblazer mental health support teams and the newly commissioned emotional well-being support service provided by the school health nurses have ensured that children with these needs can access early support across the whole county.
- Sussex Police has a clear approach to dealing with mental health vulnerability and is fully engaged with multi-agency safeguarding partners, supporting partnership initiatives to tackle those presenting risks to children and to formulate plans to support vulnerable children. An assistant chief constable is the force strategic lead for mental health and there is also a force lead who coordinates activity to promote awareness and to improve operational responses for children and young people living with mental ill health.
- The force has invested in mental health triage, meaning a police officer and a specialist mental health nurse jointly attend incidents for adults and children.

Prompt assessments of need reduce the occasions on which section 136 of the Mental Health Act is being used inappropriately. Nurses provide immediate advice, and officers across the force are increasingly knowledgeable and confident in responding to children and young people with mental ill health.

- The police workforce is well trained in responding to vulnerable members of the community, including those living with mental ill health. Regular professional development days include input on mental health. Training for officers on capturing the voice of children has resulted in better-quality police referrals to children's social care. Officers are increasingly aware of risks to children arising from criminal exploitation, and the force co-chairs the strategic multi-agency child exploitation group (MACE) group.
- Practitioners in the main health providers in East Sussex are well supported through robust supervision processes and their organisations' safeguarding specialists. There is good coverage of safeguarding training across the providers at all levels, including for staff who are providing direct support to children.
- There is a broad universal school health service that offers timely assessment. This provides good opportunities to identify additional health needs. There is active involvement with multi-agency safeguarding practice, and training around emotional well-being and mental health for children of secondary school age.
- Children and young people open to the substance misuse service (SMS) benefit from access to cognitive behavioural therapy interventions to support emotional well-being needs, without the need for onward referral. Effective joint work by SMS with partners, for example through an integrated clinic with specialist CAMHS, is supporting a coordinated approach to work with young people who have complex emotional well-being needs. The SMS team delivers training to staff in schools, CAMHS and GP practices.
- The safeguarding team in East Sussex Healthcare Trust has good oversight of children who attend the emergency department due to mental ill health. Young people deemed at high risk are reviewed at weekly meetings and this ensures that appropriate follow-up has taken place and information is shared with universal health services and primary care.
- General Practitioners have good oversight and flagging of children who have attended the emergency department. This alerts clinicians to safeguarding vulnerabilities relating to the child and family and ensures that appropriate follow-up has taken place.
- There are well-established, mature arrangements for the joint commissioning of emotional well-being and mental health services for children using a cohesive place-based approach as part of the Sussex-wide Integrated Care System. Senior commissioning posts are jointly funded by the clinical commissioning groups and East Sussex County Council.

- This continuity in leadership has ensured that successful services have continued to grow. For example, the jointly commissioned and local authority led 'Swift' service is providing multidisciplinary consultation, assessments and intensive interventions to address a range of identified needs, such as mental ill health, sexual abuse, sexual risk and domestic abuse. This well-established service continues to develop, with additional commissioning partners enabling it to offer other areas of specialism, such as trauma-informed responses to young people who are at high risk of exploitation. The emotional well-being needs of younger children are well considered, and video interactive guidance is available to adoptive parents and special guardians.
- Recent service developments, directed through the well-established East Sussex local transformation plan, are helping to provide better access for children to more targeted interventions for emotional well-being and mental health across the continuum of need. The newer primary mental health worker service, the extended SPOA, the mental health support teams for schools, and the newly commissioned emotional well-being services provided by the school health team provide greater capacity in the system to help children and young people to get more timely access to the right level of support. The local plan has made good use of existing sources of data and evidence-based research to help commissioners and partners understand the prevalence and profile of children living with mental ill health.
- The East Sussex Health and Wellbeing Board has effective oversight of how strategic priorities and ambition are translating into service delivery and integration. Further planned changes to governance should ensure that a high priority is given to children's mental health; for example, two new sub-groups have been created, which will report to the Health and Wellbeing Board.
- Co-production with young people is an integral part of strategic planning, commissioning and priority-setting in East Sussex, with senior leaders engaging with a range of young people's groups. Recent examples such as 'Takeover Challenge' and the 'Make Your Mark' ballot in schools have informed strategic priorities. Young people told inspectors that they can influence decisions and are helping to design services to support emotional well-being, so they are less stigmatising for children.
- A dynamic voluntary sector works collaboratively to deliver services to vulnerable children with a range of emotional well-being and mental health needs. The partnership has a clear strategic focus on building the capacity of the voluntary sector to deliver services at both a highly localised level, such as Hastings Opportunities Area Project, and across East Sussex. The sector is well represented in the East Sussex Safeguarding Children Partnership meetings and workstreams.
- The Safeguarding Children Partnership provides robust scrutiny of a wide range of safeguarding arrangements. The partnership's performance dashboard has a

breadth of key indicators across a range of partners and includes indicators about children's well-being and mental health, such as numbers of referrals to CAMHS. This routine scrutiny informs well-targeted quality assurance work. The Safeguarding Children Partnership also supports the strategic focus on schools and the voluntary sector having the capacity and resilience to provide accessible emotional well-being support to children. This is supported through a comprehensive training offer for partners, which is adapted to respond to demand and emerging themes, such as responding to children who self-harm.

- Learning from a recent serious case review, Child T, has been widely disseminated across the partnership and has improved frontline practice when working with older children with both long-term health conditions and mental ill health. As well as informing improvements at a local level, the learning is being used by several national organisations.
- The MACE has used analysis and profiling to understand the prevalence of mental ill health in young people at risk of exploitation to better understand how this increases children's vulnerability to exploitation. Responses to children who are at risk of criminal exploitation in East Sussex are developing, including the use of safeguarding approaches to reduce the risks children face from county lines. The partnership is considering, informed by an ongoing research, how to identify an approach to contextual safeguarding which will work within a large county with contrasting communities and profiles of need.
- Initiatives, like the recently established open access multi-agency i-Rock hubs, have been successful in providing immediate access to a range of services, including emotional well-being support, to young people who may not engage with traditional community mental health services.
- There is a range of training and support available for foster carers and residential workers to support children's mental ill health, including understanding self-harm and the impact of the digital world on emotional well-being. The mindfulness-based stress reduction course improves foster carers' own sense of well-being and helps to contribute to greater placement stability for children.
- Performance management, feedback from children and families, and audit information are all used effectively in children's services to inform improvements and service developments. A recent example of this, following a review of longer-duration child protection plans, is the development of the Be-safe team to provide intensive support to families where there are long-term interventions to address neglect.

Case study: highly effective practice

Children benefit from well-coordinated multi-agency working that is informed by high-quality assessments of needs completed and shared across relevant agencies in East Sussex.

For one child, an exemplary quality health assessment resulted in prompt action to address undiagnosed and emerging emotional well-being and mental ill health needs. The contribution from a consultant paediatrician ensured a good understanding of the difficulties linked to the child's attention and hyperactivity disorder. Close liaison between the child's social worker, 'Swift' and CAMHS services led to effective therapeutic work which took place at the child's pace. This work is informing a highly individualised learning programme which is helping to gradually improve attendance and engagement in education. Combined, these actions are providing the foundations for improved emotional and mental health.

Areas for improvement

- For some children, there are difficulties establishing the right pathway when their emotional well-being needs are first assessed or when there is a need to respond quickly to deteriorating mental health. Where emotional well-being or mental ill health are the presenting issue, professionals do not always consider the wider needs of children and young people. In a very small number of cases, there is delay for children while professionals agree which service is most appropriate to assess and address the children's emotional and mental health needs.
- The deep dive analysis of children identified that, although risk and children's mental health needs are recognised, this has not always translated into effective and timely multi-agency interventions for all children. In some cases where children may display chaotic and high-risk behaviours, and frequently go missing, the seriousness of new safeguarding incidents is not sufficiently recognised by professionals. The risks from professional networks becoming 'stuck' or overwhelmed when there is little improvement in children's emotional well-being, or families are highly avoidant, are not always recognised.
- Plans for children, including child in need and child protection plans, are not always clear about who is doing what and by when. Contingencies or alternative actions are not clearly set out, including when there is limited engagement by families. There are not always timely and effective escalations by agencies when risk is not reduced, and there is a lack of progress, including a lack of action in criminal investigations related to children with mental ill health who are at risk of harm and exploitation.

- When children are at risk of harm, actions agreed in multi-agency meetings, such as strategy meetings and MACE meetings, do not consistently record who will undertake tasks or timescales; this makes it difficult to hold professionals to account or ensure timely responses to risks. Not all strategy meetings are timely and a very small number lack information from all the key agencies.
- All children who may be at risk of exploitation are discussed in multi-agency child exploitation meetings. There is insufficient time in the meetings to consider each child in depth and this results in a lack of focus on key aspects of planning to tackle exploitation, including mapping and disruption activities. These weaknesses have been recognised by leaders and the scope and format of MACE meetings are currently under review.
- For children unable to attend or manage full-time education, referrals by schools for early intervention for attendance or behavioural concerns linked to mental ill health are not always timely. This results in delays for some children receiving a more tailored alternative educational provision.
- The current arrangements for assessing the mental health of children and young people who present at hospital emergency departments in crisis are insufficient due to the limited capacity of the mental health liaison provided to the emergency departments. Some children wait too long to be seen by specialist mental health practitioners and some are admitted to hospital unnecessarily. Leaders have been slow to address this key area of risk; however, plans are now under way to make immediate improvements in the liaison service.
- Some children and young people wait too long for an initial assessment by CAMHS, followed by significant waits to access treatment for mental ill health across most pathways and services within CAMHS. Despite attempts to address these delays, and support provided for some children via primary mental health workers, the overall response to address these unmet needs and the level of scrutiny and monitoring by commissioners have not been effective.
- Some children in care wait for a significant length of time for their treatment to begin due to insufficient resources to meet the level of increased demand for the looked after children mental health service (LACMHS). A waiting list of 15 children is actively managed through increased consultations with professionals, including foster carers, and the more recent offer of therapeutic group work. Liaison between looked-after children nurses and LACMHS needs strengthening to ensure that young people's mental health needs are kept under joint review. Leaders recognise that they need to do more to improve the access to therapeutic support for children in care.
- Communication and information-sharing between universal health services and GPs are underdeveloped. Not all practices have a named link health visitor although every health visiting team has a duty system in place as a more consistent support to GPs, and some are unaware of how to contact the school health service. This means that information about children's emotional and

mental health, and about safeguarding, may not be managed effectively between GPs and universal services, and there is a risk that neither service will have a complete picture of children's needs or risks.

- Assessment documentation in use in the emergency departments at the Conquest and Eastbourne hospitals does not contain a safeguarding assessment tool, and this does not support staff to be professionally curious about children's presentations. A mental health triage tool designed to support staff in identifying mental health needs is not being used routinely in the Conquest hospital. Furthermore, the child's voice is not consistently captured in the records, which means that practitioners cannot be assured of a holistic assessment of need, including consideration of the impact on a child, when a parent or carer attends the emergency department.
- GPs do not always adopt a 'think family' approach to identify the risks to children when parents, carers or other significant adults are seen. Not all GPs visited are yet fully aware of, or engaged with, the local multi-agency risk assessment conference (MARAC) processes to plan for victims at high risk of domestic abuse. The process for requesting information from health services to inform MASH decisions is underdeveloped. Requests do not give enough detail about concerns for children to support the practitioner in identifying what information is appropriate to share, and subsequent decision-making is not consistently fed back to health services.
- When there are cumulative concerns about children, including their mental ill health, these concerns are not always being recognised or informing decision-making. There is not currently a system to consider children about whom there are a high number of repeat contacts to children's social care. This is compounded by limited recording of the rationale for decisions made by managers within the SPOA and the MASH.
- For children who offend, the out-of-court disposal process does not consistently or effectively identify those who would benefit from assessment and interventions to address offending behaviour, including behaviour linked to mental ill health.
- Where children are detained in custody, officers do not always refer these incidents to children's social care. This means that, despite ongoing awareness-training, some officers do not yet fully understand the vulnerability of children who are in custody.
- The use of warning markers and flags for vulnerability and risk on police force systems is inconsistent and does not always support officers in responding to risk. A senior officer is leading a review to identify improvements in this area.
- In this inspection, a review of some children's cases where children were the victims of crime due to abuse or exploitation highlighted that the force has some areas of weakness in its investigations. Leaders are committed to addressing these areas for improvement, including the need for authoritative management and supervision of such investigations.

- Senior leaders have a range of measures to establish changes or trends in the use of services. However, the use of more qualitative information to establish whether young people have greater access to, and choice of services would better demonstrate the impact of these new services. Leaders intend to incorporate this within a wider review of the recently extended SPOA.

Case study: area for improvement

The partnership needs to do more to reduce delay and avoid drift in planning for children with long-term complex mental health needs.

Recently, one child in care has experienced a delay in receiving a specialist assessment, despite long-standing concerns in relation to emotional, behavioural and mental health issues. Delays in completing both specialist assessments and a neuro-developmental assessment have meant a delay in the start of therapeutic work. However, the child has benefited from direct work by their social worker, with whom they have a trusted relationship.

Partners missed earlier opportunities to consider this child at MACE and to create a robust response plan to a high number of incidents of being missing from care. This child has missed a significant amount of their education. Although more recent planning and interventions reflect a clearer focus and greater urgency in planning, they have not yet improved the child's safety and emotional well-being.

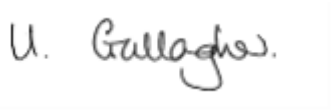
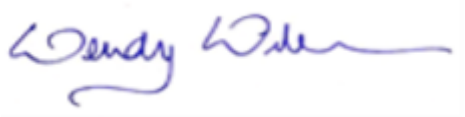
Next steps

The director of children's services should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the police, children's social care, the clinical commissioning group, health providers in East Sussex, and the youth offending service. The response should set out the actions for the partnership and, where appropriate, individual agencies.[2]

[2] The Children Act 2004 (Joint Area Reviews) Regulations 2015 www.legislation.gov.uk/uksi/2015/1792/contents/made enable Ofsted's chief inspector to determine which agency should make the written statement and which other agencies should cooperate in its writing.

The director of children's services should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 23 July 2020. This statement will inform the lines of enquiry at any future joint or single agency activity by the inspectorates.

Yours sincerely

Ofsted	**Care Quality Commission**
 Yvette Stanley National Director, Social Care	 Ursula Gallagher Deputy Chief Inspector
HMI Constabulary and Fire & Rescue Services	**HMI Probation**
 Wendy Williams HMI Constabulary and Fire & Rescue Services	 Helen Davies Assistant Chief Inspector

Ref	Areas for development	Actions	Completion date and key milestones	Lead/s
Multi- agency areas for development				
1	For some children, there are difficulties establishing the right pathway when their emotional well-being needs are first assessed or when there is a need to respond quickly to deteriorating mental health. Where emotional well-being or mental ill health are the presenting issue, professionals do not always consider the wider needs of children and young people. In a very small number of cases, there is delay for children while professionals agree which service is most appropriate to assess and address the children's emotional and mental health needs.	1.1 Undertake an audit of the emotional wellbeing team as part of the SPOA review	**October 2020**	Celia Lamden, Head of Early Help Services 0 – 19
		1.2 Revise and republish escalation processes for single and multi-professional groups agreed by all partners	**October 2020**	Health – Matt Stone, CAMHS Head of Service, Head of Service ESCC – Vicky Finnemore, Head of Specialist Services
		1.3 All young people with multiple complexities and risks associated are actively considered for a Multi-Agency Complex Case Plan which is shared with all relevant organisations	**October 2020**	
		1.4 East Sussex Complex Case planning oversight to be reviewed to ensure: • there are arenas for shared planning • risk management and information sharing available for cases which meet the partnership agreed criteria	**September 2020**	
		1.5 Review pathways, interfaces and governance between services.	**September 2020**	
2	The deep dive analysis of children identified that, although risk and children's mental health needs are recognised, this has not always translated into effective and timely multi-agency interventions for all children. In some cases where children may display chaotic and high-risk behaviours, and frequently go missing, the seriousness of new safeguarding incidents is not sufficiently recognised by professionals. The risks from professional networks becoming 'stuck' or overwhelmed when there is little improvement in children's emotional well-being, or families are highly avoidant, are not always recognised.	2.1 Ensure escalation processes are in place for single and multi-professional groups agreed by all partner agencies (in line with the actions for area 1)	**September 2020**	Health – Matt Stone, CAMHS Head of Service, ESCC – Vicky Finnemore, Head of Specialist Services
		2.2. Improve the understanding of when we need to suggest the use of the Complex Case Planning Framework (CCPF), especially in cases of high risk adolescents who have an overlap with MACE	**Include within Locality PiP 2020/2021 launched on 3rd June 2020**	ESCC – Chris Jackson Head of Service, Locality Social Work and Family Assessment
		2.3 Continue to improve the timely review of cases in the Meeting Before Action (MBA) process to ensure that children are not suffering delay whilst assessment and intervention is completed	**Introduce formal review of all MBA timescales on cases over 6 months within existing LMT structure (review each quarter in LMT Service Development meeting)**	ESCC – Chris Jackson Head of Service, Locality Social Work and Family Assessment
3	Plans for children, including child in need and child protection plans, are not always clear about who is doing what and by when. Contingencies or alternative actions are not clearly set out, including when there is limited engagement by families. There are not always timely and effective escalations by agencies when risk is not reduced, and there is a lack of progress, including a lack of action in criminal investigations related to children with mental ill health who are at risk of harm and exploitation.	3.1 Include within the Locality PiP 2021 an improved focus on clear timescales on all actions set out in the child's plan. If there is no obvious timescale to be added, practitioners are to use the date of the next formal review, e.g. Core Group, Family Support Meeting, Review Conference or LAC Review.	**Include within Locality PiP 2020/2021 to be launched on 3rd June 2020.**	ESCC Douglas Sinclair, Head of Children's Safeguards & Quality Assurance Chris Jackson, HOS, Locality Social Work and Family Assessment Police DCI Chris Mayle DCI – Emma Vickers

Ref	Areas for development	Actions	Completion date and key milestones	Lead/s
4	When children are at risk of harm, actions agreed in multi-agency meetings, such as strategy meetings and MACE meetings, do not consistently record who will undertake tasks or timescales; this makes it difficult to hold professionals to account or ensure timely responses to risks. Not all strategy meetings are timely and a very small number lack information from all the key agencies.	4.1 Improve the recording of strategy and MACE discussions so that all the agreed actions have a clear timescale for completion by a responsible person or agency	**Include within Locality PiP 2020/2021 to be launched on 3rd June 2020** **Include in MACE action plan 2020/21 – audit of MACE action plans re. actions/ Timescales**	ESCC - Chris Jackson HOS, Locality Social Work and Family Assessment Vicky Finnemore HOS Specialist Services Police - DCI Chris Mayle
5	All children who may be at risk of exploitation are discussed in multi-agency child exploitation meetings. There is insufficient time in the meetings to consider each child in depth and this results in a lack of focus on key aspects of planning to tackle exploitation, including mapping and disruption activities. These weaknesses have been recognised by leaders and the scope and format of MACE meetings are currently under review.	5.1 MACE Hub Pilot to be rolled out on a trial basis across the county on 20th April 2020. This is to be managed from both MASH Teams and to include representatives from Children's Social Care, YOT, Police, SFPT and Under 19's SMS. This will mirror recent development with the recent MARAC Hub pilot where we have introduced an enhanced screening process amongst core agencies to ensure that only cases requiring the full degree of panel oversight receive it.	**Countywide MACE Hub Pilot to be launched on 20th April 2020**	ESCC - Vicky Finnemore, Head of Specialist Services Police - DCI Chris Mayle
6	Senior leaders have a range of measures to establish changes or trends in the use of services. However, the use of more qualitative information to establish whether young people have greater access to, and choice of services would better demonstrate the impact of these new services. Leaders intend to incorporate this within a wider review of the recently extended SPOA.	6.1 SPoA Board to determine terms of reference and parameters for SPoA review after 12 month implementation as agreed by LTP Board	**September 2020** **Review December 2020**	Health – Matt Stone, CAMHS Head of Service ESCC - Celia Lamden, Head of Early Help Services 0 - 19
		6.2 Agreed i-rock qualitative data information to be included in periodic reviews (performance report already provided)	**Q2 review as planned**	
		6.3 Agreed PMHW qualitative data information covering impact and reach of service alongside experience of service users to be included in periodic reviews (performance report already provided)	**Q2 review as planned**	Health – Matt Stone, CAMHS Head of Service
		6.4 East Sussex School Health service to attend the East Sussex multi-agency Emotional Health and Wellbeing group (EHWG) to define and agree School health links with SPOA	**November 2020**	KCHFT Head of School Heath Service – Sally Pullen
		6.5 Define and agree with EHWG re development of the new East Sussex School Health service, EMB level 2 services and mental health support teams.	**September 2020**	
		6.6 Assess the impact and quality of children's experiences of accessing the new service by agreeing qualitative data source methods/frequency with partners	**September 2020**	
		6.7 Contribute to East Sussex mapping of mental health offer to schools being led by Schools Mental Health Lead.	**September 2020**	
East Sussex County Council				
7	For children unable to attend or manage full-time education, referrals by schools for early intervention for attendance or behavioural concerns linked to mental ill health are not always timely. This results in delays for some children receiving a more tailored alternative educational provision.	7.1 Initial communication to all schools on Covid-19 message board that JTAI highlighted the importance of early intervention, remind about how/where to refer and say that ISEND and SLES will be working with the Primary and Secondary Boards to explore any barriers to early intervention and support consistent practice across all schools.	**End of June 2020 (need to be mindful of Covid-19 priorities and the message not being lost)**	Beth Armstrong, Head of ISEND & Strategic Lead for Education, ISEND
		7.2 ISEND create a document of signs and indicators (similar to the language and approach for safeguarding) to support schools to see where there is an engagement concern that needs specialist advice/support. Document to include visuals to show the negative impact on the wellbeing of the young person as delay increases.	**End of October 2020 (need to be mindful of Covid-**	Beth Armstrong, Head of ISEND & Strategic Lead for Education, ISEND

Ref	Areas for development	Actions	Completion date and key milestones	Lead/s
			19 priorities and the message not being lost)	
		7.3 SLES and ISEND managers work with the Primary and Secondary Boards to research and develop a programme of communication and intervention to develop a consistent approach across all schools for early identification of need and early response to need.	**Programme developed - end of December 2020** **Programme run January 2021 to June 2021**	Beth Armstrong, Head of ISEND & Strategic Lead for Education, ISEND
8	When there are cumulative concerns about children, including their mental ill health, these concerns are not always being recognised or informing decision-making. There is not currently a system to consider children about whom there are a high number of repeat contacts to children's social care. This is compounded by limited recording of the rationale for decisions made by managers within the SPOA and the MASH.	8.1 Develop regular audit process where all children who receive 5 or more initial contacts in a quarter and where none of those leads to a service at level 3 or 4 Continuum of Need are reviewed. A selection of children who have received 3 or 4 initial contacts per quarter with the same outcome will also be reviewed	**Include within Locality PiP 2020/2021 to be launched on 3rd June 2020.** **Audits to take place each quarter of at least 15 children who meet these criteria. Audit group to consist of Head of Service, Early Help and Locality together with Operations Managers Early Help and DAT**	ESCC Chris Jackson, Head of Locality Social Work and Family Assessment Celia Lamden, Head of Early Help 0 - 19
9	For children who offend, the out-of-court disposal process does not consistently or effectively identify those who would benefit from assessment and interventions to address offending behaviour, including behaviour linked to mental ill health.	9.1 Implement and review the revised ES OCDP process (started April 2020). OCDP Review to include a multi-agency case audit at months 6 and 18. To include social care and mental health representatives.	**Quarterly audit – by YOT PM and Police rep. Further 6 & 18 month audits to be undertaken by YOT lead and multi-agency reps independent of service.**	Vicky Finnemore, Head of Specialist Services
		9.2 In May 2020 Sussex Police approved a new referral pathway for youth out of court disposals. This will be implemented in July 2020 and will be scrutinised at the Local Policing Accountability Board.	**To be implemented in July 2020**	Sussex Police Insp Adele Tucknott
Health				
10	The current arrangements for assessing the mental health of children and young people who present at hospital emergency departments in crisis are insufficient due to the limited capacity of the mental health liaison provided to the emergency departments. Some children wait too long to be seen by specialist mental health practitioners and some are admitted to hospital unnecessarily. Leaders have been slow to address this key area of risk; however, plans are now under way to make immediate improvements in the liaison service.	10.1 Sussex Health and Care Partnership (SHCP) developed and approved business case in 2019/20; increasing capacity and coverage in: i) NHS 111 ii) A&E Paediatric Liaison by 60% iii) Working to 24/7 access to assessment iv) Crisis Home Treatment Team	**Business case approved** **Q1 and Q2 2020/21 service model mobilisation; staff recruitment and training.**	Health – Matt Stone CAMHS Head of Service Niki Cartwright, Interim Director of Commissioning, NHS East Sussex CCG Brenda Lynes, Associate Director of Operations (Women and Children), ESHT

Ref	Areas for development	Actions	Completion date and key milestones	Lead/s
11	Some children and young people wait too long for an initial assessment by CAMHS, followed by significant waits to access treatment for mental ill health across most pathways and services within CAMHS. Despite attempts to address these delays, and support provided for some children via primary mental health workers, the overall response to address these unmet needs and the level of scrutiny and monitoring by commissioners have not been effective.	11.1Implementation of system wide improvements by increasing access to early interventions: i) Drop in Youth Hubs (x3) ii) Joint agency Single point of advice iii) Brief intervention service.	**December 2020**	Health – Matt Stone, CAMHS Head of Service Niki Cartwright, Interim Director of Commissioning, NHS East Sussex CCG Brenda Lynes, Associate Director of Operations (Women and Children), ESHT
		11.2SPFT to continue to report the CAMHS 'treatment pathway' waiting list to commissioners for each CCG locality on a monthly basis.	**December 2020**	
		11.3Plans in place to expand the ADHD pathway and further discussions relating to wider intervention demand will continue.	**December 2020**	
		11.4Business case developed for additional capacity to support CAMHS/ESHT Paeds to provide a single service for young people <11 with more than one neurodevelopmental problem	**Business case to be taken to LMT Q2 2020/21**	
12	Some children in care wait for a significant length of time for their treatment to begin due to insufficient resources to meet the level of increased demand for the looked after children mental health service (LACMHS). A waiting list of 15 children is actively managed through increased consultations with professionals, including foster carers, and the more recent offer of therapeutic group work. Liaison between looked-after children nurses and LACMHS needs strengthening to ensure that young people's mental health needs are kept under joint review. Leaders recognise that they need to do more to improve the access to therapeutic support for children in care.	12.1Re-issue the invitation to LAC Nurses to attend monthly referral/review meetings, chaired by LACAMHS and attended by social care and education representatives in order to address the waiting lists: (i) A new network consultation model package has been introduced to offer support for young people who are not presenting with high risk of harm to self or others. (ii) LACMHS has reduced the roll out of the Therapeutic Parenting Group from 2x per year to 1x per year to maximise clinicians' capacity for individual and dyadic work	**July 2020**	Health – Matt Stone, CAMHS Head of Service ESCC – Teresa Lavelle-Hill, Head of LAC Services
13	Communication and information-sharing between universal health services and GPs are underdeveloped. Not all practices have a named link health visitor although every health visiting team has a duty system in place as a more consistent support to GPs, and some are unaware of how to contact the school health service. This means that information about children's emotional and mental health, and about safeguarding, may not be managed effectively between GPs and universal services, and there is a risk that neither service will have a complete picture of children's needs or risks.	13.1The health visiting service will ensure that G.Ps have full details of their duty system which should be contacted for all discussions and information sharing about children aged 0 – 5 years. The health visiting service will continue to inform G.Ps when children move from Universal Plus to Universal Partnership Plus with reasons why.	**July 2020**	ESHT Sue Curties, Head of Safeguarding
		13.2Task and Finish has been set between Safeguarding Leads for Healthcare provider and Education to identify how information can be better shared (delayed due to Covid 19 Pandemic).	**September 2020**	
		13.3Discharge letter from the Emergency Department to the GP has been reviewed and includes safeguarding section.	**September 2020**	
		13.4CAMHs to return to the ESHT weekly Safeguarding Risk Meetings	**May 2020 - complete**	
		13.5Implement better methods of engagement and information sharing between public health nurses and GPs by: Named GP ES and KCHFT Named Nurse to develop a communication pathway between GPs & school nursing.	**September 2020**	CCG Named GP -Dr Judith Sakala Designated Nurse - Louise Jackson
		13.6Update GP safeguarding leads about information sharing process	**July 2020**	
		13.7Arrange 3 locality Primary Care engagement events to improve & develop relationships between GPs & HV & School nursing.	**September 2020**	
		13.8Share HV & school nurse contacts for each team, with each surgery.	**July 2020**	
		13.9Share GP secure emails and bypass numbers with HV & SN teams	**September 2020**	
		13.10 Named GP to work collaboratively with Head of HV Service to explore ways of extending link HV service to GPs that do not have the service.	**July 2020**	
		13.11 Details of SHOP to be re-shared with all GP surgeries including marketing literature and details of social media platform access.	**July 2020**	Sally Pullen, School Health Service KCHFT Head of Service Ben Brown, Consultant in Public Health
		13.12 School Nurses will attend GP cluster meetings at the six GP clusters in East Sussex	**December 2020**	
		13.13 School Nurses will promote service/refresh staff of service provision and use cluster meetings to understand the barriers that may affect interface between GP and School Health Service.	**December 2020**	
		13.14 With feedback from cluster meetings, barriers affecting the interface between GP and the school health services to be reviewed and monitored at local	**December 2020**	

Ref	Areas for development	Actions	Completion date and key milestones	Lead/s
		governance groups.		
14	Assessment documentation in use in the emergency departments at the Conquest and Eastbourne hospitals does not contain a safeguarding assessment tool, and this does not support staff to be professionally curious about children's presentations. A mental health triage tool designed to support staff in identifying mental health needs is not being used routinely in the Conquest hospital. Furthermore, the child's voice is not consistently captured in the records, which means that practitioners cannot be assured of a holistic assessment of need, including consideration of the impact on a child, when a parent or carer attends the emergency department.	14.1Assess the use of the current Safeguarding Confidential Tool through Audit.	**July 2020 – Audit has commenced to be completed by July**	Sue Curties ESHT Head of Safeguarding
		14.2Disseminate Learning through the divisional governance meetings including Risk Meetings.	**August 2020 Relevant Divisions to have sight of the audit findings**	
		14.3The existing Mental Health Assessment Tool usage to be audited internally (Urgent Care)	**July 2020 – Audit which has commenced to be completed**	
		14.4Focused training within the EDs from Safeguarding professionals regarding documentation – improving the capturing of the Childs Voice.	**September 2020 – already being developed along with Clinical Lead Urgent Care**	
		14.5Monitor documentation through Audit internally (Urgent Care).	**September 2020**	
		14.6Named Nurses to deliver Think Family Training which will include ED scenarios.	**September 2020**	
15	GPs do not always adopt a 'think family' approach to identify the risks to children when parents, carers or other significant adults are seen. Not all GPs visited are yet fully aware of, or engaged with, the local multi-agency risk assessment conference (MARAC) processes to plan for victims at high risk of domestic abuse. The process for requesting information from health services to inform MASH decisions is underdeveloped. Requests do not give enough detail about concerns for children to support the practitioner in identifying what information is appropriate to share, and subsequent decision-making is not consistently fed back to health services.	15.1Review the roles and responsibilities of the MASH Specialist Health Visitors and in particular whether enough of their time is being spent in MASH and whether processes are clear enough about what information they are being asked to gather to inform decision making. Review how the Specialist Health Visitors record such information on the MASH Information Gathering form (MIG). Review how we are informing health services about the outcome of MASH episodes.	**Include within Locality PiP 2020/2021 to be launched on 3rd June 2020 formally and then reviewed in supervision between Operations Manager and Practice Manager DAT by August 2020**	ESCC Chris Jackson, Head of Locality Social Work and Family Assessment ESHT Sue Curties, Head of Safeguarding
		15.2Audit of the information supplied by ESHT at MARAC Meetings	**Audit undertaken June 2020**	ESHT Sue Curties, Head of Safeguarding
		15.3HIDVA funding is in place which will improve information sharing between organisations and health.	**December 2020**	
		15.4Health Specialist to undertake an Audit of health information sharing within MASH	**September 2020**	
		15.5Improve information sharing by: Update CCG safeguarding training package for GPs to include specific section on information sharing & record keeping.	**June 2020**	CCG Named GP -Dr Judith Sakala Designated Nurse - Louise Jackson
		15.6Review CCG training regarding the 'think family' approach; update to include unborn babies.	**May 2020: Complete**	
		15.7Share briefings/newsletters to promote think family message.	**May 2020: Complete**	
		15.8Review use of Single View and promote use to Primary Care	**September 2020**	
		15.9Organise joint engagement events (links with action above) to include think family learning and record keeping.	**September 2020**	
		15.10 Develop & implement learning for GP's on DA & develop pathway for information sharing with MARAC for primary care. Working group to review pathways and processes for information sharing between primary care and MARAC.	**September 2020**	
		15.11 Working group to involve MARAC coordinators, and agree pathway.		

Ref	Areas for development	Actions	Completion date and key milestones	Lead/s
			September 2020	
		15.12 Working group to review and identify best resources for primary care in relation to MARAC.	**July 2020**	
		15.13 Prepare and send out a briefing to GPs regarding MARAC process.	**September 202 0**	
		15.14 Prepare and deliver a session for primary care protected learning events.	**September 2020**	
		15.15 Working group to implement methods to ensure GPs are routinely notified of the outcome of MARAC meetings, particularly where they have provided information to inform those meetings	**September 2020**	
		15.16 Designated Nurses (for adults & children) to link in with strategic commissioner in review of MARAC hubs in East Sussex	**September 2020**	
		15.17 Link with police to develop pathway & implement sharing of Domestic Abuse SCARF's, police notifications with GPs.	September 2020	
		15.18 Improve liaison with GPs & MASH: Named GP to complete an audit looking at when & how primary care are involved when children are referred to MASH.	July 2020	
		15.19 DN to link with MASH manager and share GP contact details with MASH so GPs can be contacted during screening.	July 2020	
		15.20 Named GP East Sussex to liaise with children services to develop a process for inviting GPs to Strategy meetings.	September 2020	
		15.21 DN to work with MASH manager & Specialist HV in MASH to ensure GP information gathering is considered to inform decision making	September 2020	
		15.22 Review role of specialist HV in MASH and information sharing for school aged children.	September 2020	
		15.23 Assess need & contribute to paper outlining resource requirements for MASH in East Sussex, for the commissioners to take forward.	September 2020	
Police				
16	Where children are detained in custody, officers do not always refer these incidents to children's social care. This means that, despite ongoing awareness-training, some officers do not yet fully understand the vulnerability of children who are in custody.	**Vulnerable Suspect Proposal:** A plan has been developed to respond to identifying Vulnerable Suspects. The proposal was submitted to the Force lead for Exploitation on 29/04/20 for review. This proposal will embed a new culture across the Force where we understand the notion that a person may be committing crime due to their vulnerability to exploitation from dominant others. These individuals require more careful consideration of their circumstances and a more rigorous safeguarding approach.	**'Vulnerable Suspect' Proposal is currently being reviewed by Force Lead for Exploitation – Outcome awaited.**	DI Lee Horner
		SCARF training for Custody: It was identified that there was an evident lack of SCARF submissions being submitted from Custody officers, and as a result, there is risk that safeguarding information could be lost. Sergeant Jodie Hearth, Custody Officer circulated comms to custody staff on 16/04/20 regarding the requirement to submit SCARFs when relevant safeguarding information may be disclosed or identified, and a training document was included which provided guidance on how to complete and submit a SCARF.	**Completed**	T/DCI Mick Richards – Child Protection Lead
17	The use of warning markers and flags for vulnerability and risk on police force systems is inconsistent and does not always support officers in responding to risk. A senior officer is leading a review to identify improvements in this area.	Full review of warning and flags has now been completed. Changes to NICHE will not take effect until at least Autumn / Winter of 2020. This is due to testing processes that need to take place first. Anticipate further training will be required following the implementation phase. Due to the number of NICHE 'signals' available it will still be challenging to ensure flags are applied correctly and consistently. In addition work is being proposed to apply 'virtual flags', resource is limited via CDD but workshops are being arranged to understand what factors could be automatically identified from the system to then flag cases as appropriate. This is a longer term aim.	Autumn/Winter 2020	D/Supt John Hull
18	In this inspection, a review of some children's cases where children were the victims of crime due to abuse or exploitation highlighted that the force has some areas of weakness in its investigations.	**Exploitation Leadership:** The Force has recently created an Exploitation Strategy Lead. Terms of reference are currently being developed concerning the meeting cycle, content and attendees.	TOR agreed June 2020	D/Supt Stuart Hale – Force Exploitation Lead

Ref	Areas for development	Actions	Completion date and key milestones	Lead/s
	Leaders are committed to addressing these areas for improvement, including the need for authoritative management and supervision of such investigations.	As part of this strategy an increase in detective numbers will go in to our Community Investigation Teams (CITs). The strategy will focus on a 4P approach to tackling exploitation, and pursuing where children as being trafficked or used in modern slavery offences most commonly associated with county lines. The detective uplift, the creation of the strategy, and the new Supt role will be able to tackle those individuals who exploit children. This will be a multi-agency approach, with coordination between areas including County Line, Serious Violence, Modern Slavery, Counter Terrorism Prevent and Modern Slavery.		
		1. IT Development to identify and respond to exploitation risk: Currently working on an analytics dashboard in Power BI regarding children coming to notice, and their risk profile. This information will be used at the MACE and within MASHs, and will also supplement and identify deficiencies in the submission of SCARFs. The dashboard will identify who the top vulnerable young people are, who is most at risk of exploitation in each area, and provide a data-driven overview of all children coming to the notice of police.	End of June 2020	Laurence Cartwright – Project Manager, Corporate Development

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Report to: **Cabinet**

Date of meeting: **14 July 2020**

By: **Director of Children's Services**

Title: **Final Report from 'The Sussex Wide Children & Young Person's Emotional Health & Wellbeing Service Review'**

Purpose: **Over the past eighteen months, system partners have been working together to deliver a Review of Children and Young Persons' Emotional Health and Wellbeing Services. This Review was Sussex wide.**

The partners who commissioned the Review - Sussex CCGs, Sussex local authorities and Sussex Partnership Foundation NHS Trust (SPFT), have now received the final Report, Foundations For Our Future (Appendix 1).

The final Report details a number of recommendations about the commissioning and delivery of children and young people's emotional health and wellbeing services across the local health and social care partnership.

***RECOMMENDATIONS* – The Cabinet is recommended to:**

1) note and receive the Independently Chaired Report – Foundations For Our Future - at Appendix 1;

2) note the Concordat Agreement which underpins the partnership commitment to act upon the recommendations – at Appendix 2; and

3) endorse the recommendations described in the Report.

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1 Background

1.1. **Context -** Foundations For Our Future (shown in full at Appendix 1) is the independently authored report arising out of 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.

1.2. 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, of the emotional health and wellbeing services and support on offer to children and young people, aged 0 -18, and their families in Sussex. Key drivers and messages from the Review are summarised below.

1.3. 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 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.

1.4. Governance of the Review, methodology underpinning the process, and findings from the review are described below.

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

1.6. 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 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.

1.7. The Review was established in January 2019 and the final Report is the culmination of a year's work, coming at a time of unprecedented focus on children and young people's mental health both locally and nationally.

1.8. The partners to the Review, requested that it should result in ambitious recommendations for action. Those recommendations are shown in full in section 3 below and can be seen in context in **Foundations For Our Future.**

1.9. **Governance** - The Review process was delivered by an independently chaired Review Panel (RP) supported by a review team. The RP included; clinical leaders (both local and regional), commissioners, experts by experience, engagement representatives, the third 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 Appleton, UK Liaison for the International Initiative for Mental Health Leadership 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 Oversight Group (OSG).

1.10. The OSG, maintained oversight of the Review process and comprised of senior leaders from the local NHS CCGs, SPFT and the three local authorities. The OSG was chaired by Adam Doyle, Chief Executive Officer of the CCGs in Sussex and the Senior Responsible Officer for the Sussex Health and Care Partnership.

1.11. The OSG has developed a Concordat Agreement as the partnership framework to act upon the recommendations and to implement change across the health and social care system, when the appropriate governance process has been concluded.

1.12. The Review Panel, gathered, considered, analysed and synthesized a wide range of evidence and information from the methodology described below. Drawing on this enabled the identification of a series of key findings, shown in full below, in relation to children and young people's emotional health and wellbeing in Sussex. The key findings were presented to the Oversight Group in November 2019.

1.13. Those key findings have been translated into the recommendations in section 3 and in **Foundations For Our Future**.

1.14. **Terms of Reference -** The Review process was governed by a Terms of Reference (ToR) and supported by Key Lines of Enquiry (KLOE). The ToR in summary are;

- How effectively are children and young people and families engaged?
- How effective is the pathway in terms of equality of access, reach of service provision, integration, knowledge of services within the system, quality of referrals and responses to referrers, families and young people?
- What is the quality and timeliness of services delivered to children and young people?
- How well do stakeholders understand current contractual arrangements, thresholds, services and monitoring data?
- What evidence is there of outcomes from interventions?
- Review of the Children and Young Person's Journey.
- The story of children/young people as developed through case file audits and talking to children/young people and families.
- Experiences of all who are part of the system as referrers, sign-posters, practitioners, commissioners.
- Developing core points for future contracting.
- Setting the Sussex service provision in the context of regional and national delivery.
- Identification of key quality and outcome criteria with a robust reporting framework to allow robust assurance for statutory commissioning organisations i.e. CCGs, Local Authorities, NHS England/Improvement.
- Issues for future mental health strategy and commissioning of Children and Young People's Mental Health Services in Sussex going forward i.e. how much should we be investing and where? How do we ensure best value for money in meeting the needs of children across Sussex?

1.15. **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?

1.16. Both the ToR and KLOE can be found in the final Report at Appendices 3 and 4.

1.17. **Review scope -** The scope of the review was wide, taking a broader view of the services and support available. It was not a review of services specifically, neither was it a consultation exercise. The Review offered an opportunity to step back and consider not only what is offered currently, but also what can 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. 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 5 online surveys alone**.** All of this contributed to the findings of the Review and the themes and recommendations that inform implementation.

1.18. Across Sussex, NHS and local authority partners had increasingly become aware that the experience of children and young people, their families and carers who need emotional and wellbeing support required improvement. The Sussex Wide Children & Young Person's Emotional Health & Wellbeing Service Review was jointly commissioned by health and social care partnership leaders and focussed 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.

1.19. The scope and process of the Review outlined here align to ESCC key priorities in the following ways;

a) **Driving sustainable economic growth** – the Review identified a number of areas where efficiency, transformation and capacity growth would enable children and young people to progress well and these are described in Recommendations 10 – 18.

b) **Keeping vulnerable people safe** – the Review focussed on looking at how organisations could effectively work together to ensure that children and young people at risk of harm could be identified, supported and protected. Recommendations 10 – 18 describe how an integrated health and social care system might achieve the best possible services for local people.

c) **Helping people help themselves** – the breadth of engagement with local communities described in paragraph 1.16 above concentrated on understanding the current situation but also on what local people thought could be improved, done differently and deliver outcomes for them. Recommendations 19 and 20 drive this approach further by empowering local communities to thrive and tackle some of the issues they've highlighted as part of this process.

d) **Making best use of resources** – the Review was underpinned by; how to maximise resources, identifying value for money and return on investment, and how this could be achieved through working in partnership and commissioning strategically. Recommendations 1 – 9 offer a method and delivery vehicle to achieve this.

1.20. **Key findings** - The Review Panel 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 (appendix 1)** and are provided here from the Executive Summary of that document.

1.21. The following key findings have been translated into recommendations which are described in section 3.

(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 of 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. Supporting information

2.1. **Introduction -** Leaders in the local NHS CCGs, SPFT and the three local authorities commissioned the Review as, collectively, they believed that services and experiences were not as they'd want them to be for young people, their families and carers and therefore, felt that the time was right; to understand, plan for and respond to what could be improved. They provided a strong mandate and were determined that the Review should deliver clear findings, however challenging they might be. Those leaders requested that the process resulted in ambitious recommendations for action.

2.2. **Foundations for Our Future** - Foundations for Our Future, the final Report from the Review, is the culmination of a year's work and marks the conclusion of the thorough process of the Review of young people's emotional health and wellbeing services that has taken place across Sussex in line with the mandate described in paragraph 2.1 above. Foundations for Our Future describes all of the following paragraphs in greater detail and should be read as the definitive findings from the Review.

2.3. **Scope and process** - The Review was established to provide an up-to-date perspective on the services and support available to children and young people and to provide intelligence in relation to the KLOE described in paragraph 1.16 above. The Review was a listening and analytical exercise aiming to gather a wide variety of information and feedback, from quantitative data to qualitative insights to give local commissioning organisations a clearer, more in-depth view of the services and support on offer to children young people and their families. 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.

2.4. **Key communication messages** - The key messages underpinning the scope and process of the Review which formed a basis for the narrative were widely promoted and publicised through local systems, organisations and stakeholders. The key messages were;

(i) The number of children and young people needing help and support for their mental health and emotional wellbeing is growing. The NHS and local authorities across Sussex want to hear from people about how best to deliver the right care and support to local children and young people. We want to know what works well and what could be improved.

(ii) Staff working in health, social care, education and the voluntary sector work extremely hard to try to ensure children, young people and their families get the help they need and many children and young people report positive experiences of the care and support they receive.

(iii) Despite the efforts of hard-working and committed staff, the system doesn't always work as well as it should. Children, young people and their families and carers have said that they wait too long for an appointment, assessment or diagnosis. Others say that they don't know what services are available or don't feel that support is forthcoming or proactive enough. Many say that they have to repeat their story over and over again because the organisations involved in care and support don't talk to each other and share information. This is something that local health and social care bodies have collectively agreed needs to change.

(iv) The NHS and local authorities in Sussex, who provide many of the services to children and young people, have commissioned a review of these services. The review is looking at the emotional health and wellbeing services and support is available for children and young people in Sussex between the ages of 0-18 years of age and during transition to adulthood.

(v) The review will give an up-to-date perspective on the services and support available to children and young people. The Review Panel has been formed to gather evidence, insights and feedback from a wide variety of stakeholders – including children, young people and their families, to produce a report with recommendations for how services and support can be improved.

(vi) The NHS and local authorities have a shared ambition to improve services and support as a result of this work.

(vii) At a national level, the NHS Long Term Plan, which was published by health leaders in January 2019, made mental health and children services priority areas and our review supports these national ambitions.

2.5. **National context and local context** - In 2015, the coalition government published Future in Mind[1], a report of the work of the Children and Young People's Mental Health Taskforce. Future in Mind outlines a series of aims for transforming the design and delivery of the mental health offer for children and young people in any locality. It describes 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, to ensure they have easy access to the right support from the right service at the right time. It described a five-year ambition to create a system that brought together the potential of the NHS, schools, social care the third sector, the internet, parents and of course children and young people, to improve mental health, wellbeing and service provision. As the end of that five-year period approaches, this Review has taken into account the work that Future in Mind has stimulated, together with more recent policy development including the Five Year Forward View for Mental Health (FYFVMH)[2] and the NHS Long Term Plan[3].

2.6. The Review drew on all local strategies and plans related to children and young people's emotional health and wellbeing in developing the KLOE, understanding the challenges and context, and focussing on community priorities. These local plans included; Local Transformation Plan (LTP), SEND strategy, Suicide Prevention Plan, Early Years Plan and local needs assessments.

2.7. **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 age[4] and reporting of emotional and wellbeing problems has become increasingly common. Between 2004 and 2017, the percentage of five to 15 year olds who reported experiencing such problems grew from 3.9% to 5.8%.[5]

2.8. 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.[6]

2.9. Children from low-income families are four times more likely to experience mental health problems compared to those from higher-income families.[7] Among LGBTQ+[8] young

[1] 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] Five Year Forward View for Mental Health, NHSE Taskforce, 2016 https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
[3] https://www.longtermplan.nhs.uk/
[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] 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
[6] State of the Nation 2019: Children and Young People's Wellbeing Department for Education October 2019
[7] 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

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.[9]

2.10. In 2017, one in eight young people aged between five and 19 in England had a mental health disorder[10.] The World Health Organisation (WHO) describes mental health disorders as comprising a broad range of problems, with different symptoms. However, they are generally characterised by some combination of abnormal thoughts, emotions, behaviour and relationships with others. They can include depression, anxiety disorders and psychosis.[11]

2.11. 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.[12] 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.[13] 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.[14] Young women in this age group were three times more likely to self-harm than young men.[15] An estimated 200 children a year lose their lives through completed suicide in the UK.[16]

2.12. 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.[17]

2.13. In England, the demand for specialist child and adolescent mental health services is rising, with record levels of referrals being reported.[18]

2.14. **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

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[8] 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
[9] Children and young people's mental health: The facts Centre for Mental Health 2018
[10] Mental health of children and young people in England, ONS https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf
[11] World Health Organisation definition https://www.who.int/mental_health/management/en/
[12] Mental health of children and young people in England, 2018
[13] Millennium Cohort Study https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/
[14] The Good Childhood Report Children's Society, 2018 https://www.childrenssociety.org.uk/good-childhood-report
[15] Brooks et al 2015 in Children and young people's mental health: The facts, Centre for Mental Health, 2018
[16] Burton, M. Practice Nursing Vol. 30, No. 5
[17] Supporting mental health in schools and colleges Department for Education/NatCEN Social Research and National Children's Bureau, August 2017
[18] Children's mental health services: the data behind the headlines Centre for Mental Health October 2019

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.

2.15. **The challenge** - Half of all mental ill health starts by the age of 15 and 75% by the age of 18.[19] Effective early intervention is known to work in preventing problems occurring, or to address them directly when they do, before problems get worse. It also helps to foster a wide set of personal strengths and skills that prepare a child for adult life.[20] It can reduce the risk factors and increase the protective factors in a child's life. This is one example of the benefits of a broader approach that is less firmly rooted in more traditional models of support and that addresses not only mental ill health but which also focuses more on emotional health and wellbeing.

2.16. Experiencing poor emotional health and wellbeing or mental health problems is distressing enough but this is further compounded when the help needed cannot be accessed easily. This is something that NHS and local authority partners collectively agreed needed to change.

2.17. The challenge is clear. Improving emotional health and wellbeing is vital to ensuring happy, healthy, thriving children and young people. It is in this context that this review has been undertaken.

2.18. **Review methodology** - The review was conducted using a mixed methodology approach using both qualitative and quantitative evidence gathering. Quantative data gathering included:

- A service mapping exercise to establish the number and type of emotional health and wellbeing services provided in Sussex and which organisations delivered those.
- An information gathering process collecting data relating to current demand, performance and quality. Analysis of quantative data and information was undertaken by the commissioned NHS Benchmarking Network (NHSBN)[21]. National data was sourced, analysed and compared by NHSBN and local data, where it was available, was provided to NHSBN for analysis and inclusion in the final data Report.
- A review of published literature and grey literature (grey literature is research that is either unpublished or has been published in non-commercial form), research evidence, current national policy and local plans and strategies relating to children and young people's emotional health and wellbeing and mental health was undertaken to inform the report's findings.

2.19. Qualitative data and information gathering across Sussex included:

- Five 'open to all' listening events, using the Open Space model. Open Space is a technique for engaging with the community where participants create and manage the agenda and discussion themselves.

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19 Department of Health, Department for Children S and F. Healthy lives, brighter futures 2009 http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/285374a.pdf and Davies SC. Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence 2014.

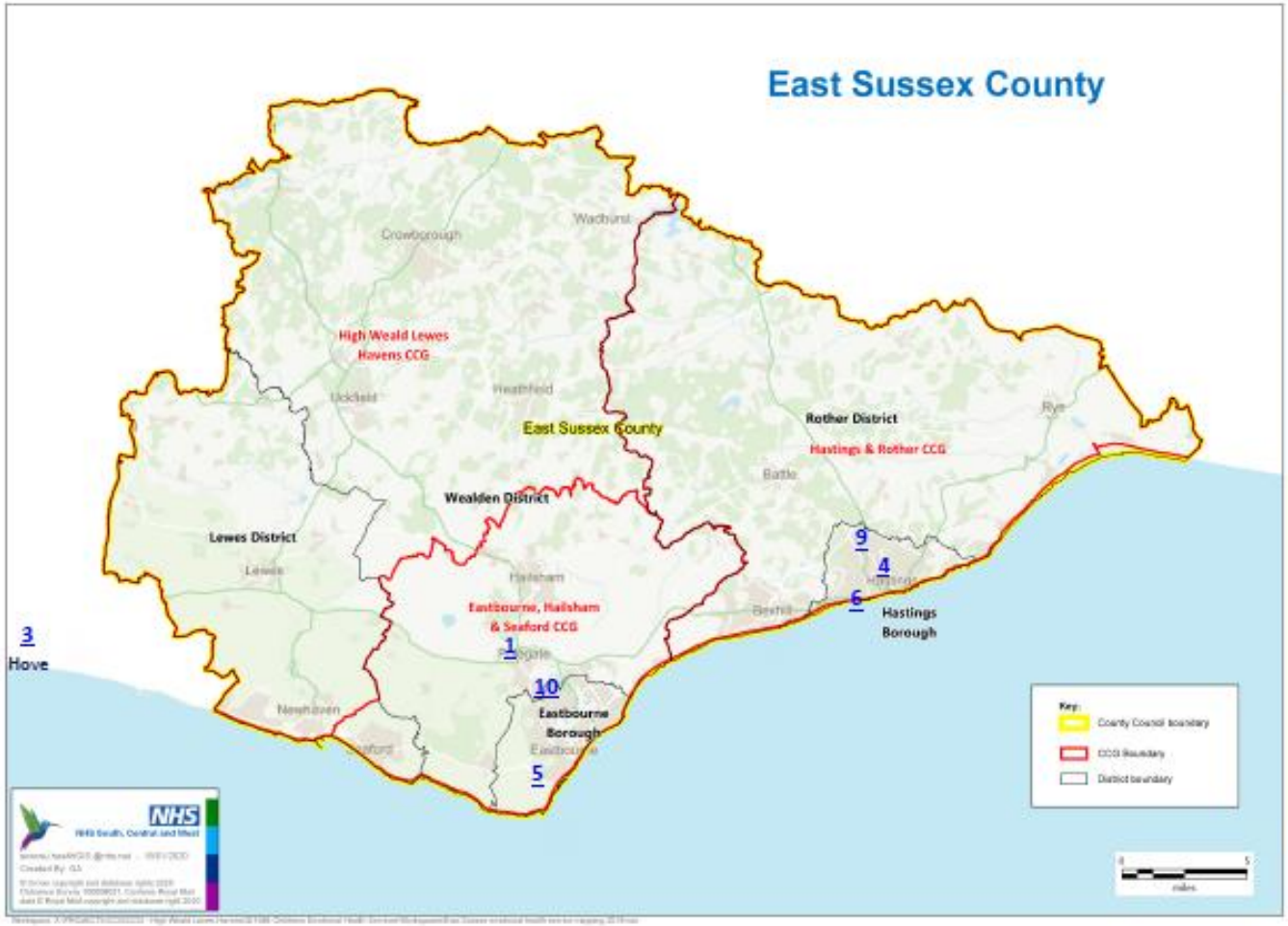
20 Early Intervention Foundation https://www.eif.org.uk/why-it-matters/what-is-early-intervention

21 https://www.nhsbenchmarking.nhs.uk/

- A series of focus groups, to discuss a range of issues in more detail. These focus groups included parent and carer representatives as well as professionals working in the NHS, local authorities and the third sector.
- A series of visits to provider services in Sussex. These visits focussed on gaining insights into service locations and environments and to hear directly from those working in the sector.
- Direct engagement events where RP members undertook face-to-face meetings and event attendance with a number of different organisations, groups and networks.
- Development, publishing and analysis of a series of online surveys, each focused on a specific group including children and young people, their parents and carers, schools and General Practitioners (GPs).
- Direct feedback was also invited from members of the public, children and young people and professionals. This was submitted in a number of ways, usually from individuals, through a dedicated email address, telephone number, online or by letter.
- Organisations, including Healthwatch and those in the third sector also provided feedback and evidence in the form of structured reports that were considered as part of the review.

2.20. **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.

2.21. 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 East Sussex are shown in the map on the next page.



Links to Services

1) Child and Adolescent Mental Health Services (CAMHS)
2) Sussex Mental Health Helpline
3) Discovery College
4) iRock
5) 3VA: Emotional Wellbeing Team – Early Help Keywork
6) Staying Well Space - Southdown
7) Community Connectors
8) The Youth Counselling Project
9) Fellowship of St Nicholas
10) ICE Project
11) E-Motion
12) Rise Above – My Mind
13) Young Minds
14) ISend
15) MindEd
16) MindOut
17) Listen-Hear!
18) Relate – CYP Counselling
19) MIND – Wellbeing in Hastings and Eastbourne Project
20) Big White Wall
21) Moodzone NHS
22) TripleP
23) Henry Healthy Families

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.

2.22. **Quantative and qualitative data -** The Review Panel received a significant amount of information, views and opinions during the quantative and qualitative data gathering phase.

2.23. **Quantative data and evidence** - In order to establish the pattern of performance and activity, the RP Panel considered both national and local data. This information was collected and analysed by the NHS Benchmarking Network (NHSBN).

2.24. The data reviewed and analysed by NHSBN relates predominantly to SPFT services - this is an important caveat to note when considering the information presented. This is a limitation brought about by; lack of data flow to Mental Health Services Data Set (MHSDS) from commissioned providers; a lack of data provided by other organisations and a lack of knowledge about other services that can be accessed locally but are not commissioned locally. Therefore making clear and reliable comparisons is not possible.

(i) **Data flow** - MHSDS data confirms 16 provider organisations within Sussex reporting data to the national data set. Provider organisations funded by the NHS are required to submit data to MHSDS. SPFT is the majority provider of specialist CYP (children and young people) MH (mental health) services to Sussex CCGs. In addition to SPFT, several other local providers operate in Sussex, delivering more targeted emotional wellbeing services). These services increase access and choice for referrers, for children, young people and their families. Data does not flow to MHSDS from all provider organisations and creates issues in being able to provide a complete picture of data and information relating to all services in Sussex.

(ii) **Access to services** - Up until 2018/19, referral rates to SPFT specialist services had been consistently higher than national growth with numbers exceeding national averages by between 9% and 31%. In 2018/19, SPFT received 3,359 referrals per 100,000 population, a reduction compared to 3,422 referrals per 100,000 population in 2017/18. These 2018/19 referral rates were below national average levels.

Across Sussex, 5,117 referrals were received by non-NHS providers, representing just under a third (31%) of total referral activity. 37% of referrals accepted across Sussex were within these services. We are unable to compare NHS and non-NHS activity across a number of years because of lack of information from the non-NHS sector.
57% of referrals received by SPFT's specialist mental health services were accepted and brought for a face-to-face assessment. This is the lowest acceptance rate in the peer group, and below the national average position of 76%.

(iii) **Waiting times (specialist services)** - Waiting times from initial referral to SPFT specialist services to the date of assessment is measured in days, and the period reviewed was April 2017 to June 2019. Although there is variation across Sussex teams on a monthly basis, the overall average position from the three services demonstrates increased waiting times from a low of 19 days in July 2017 to 42 days by June 2019.

In comparison, waiting times from assessment to treatment appear to have reduced, from 31 days in April 2017 to 18 days in June 2019.

(iv) **Activity (caseloads) -** A national total of 1,906 children and young people per 100,000 population (age 0-18) were on caseloads at year-end (31st March 2019). SPFT reported 1,208 per 100,000 population, which shows it has caseloads 37%

smaller than average. The lower caseloads seen in SPFT's services are also demonstrated in neighbouring Hampshire and Surrey.

(v) **Activity (contacts)** - A total of 89,855 CYP MH contacts were delivered across Sussex in 2018/19. SPFT's specialist services provided approximately 75% of these contacts with providers from other sectors delivering the remainder. This position is incomplete as data is not available for all providers.

(vi) **Investment** - There is a lack of published national local authority data on children's services in relation to emotional health and wellbeing and benchmarking is therefore not available.

NHS Benchmarking reviewed the reported Clinical Commissioning Group (CCG) baseline funding for mental health for each of the Sussex CCGs.

In England in 2018/19, average CCG spend per capita on children and young people's mental health services was £57 per capita (0-18). The average across all Sussex CCGs was £55, however there was local variation ranging from £39 to £76 per capita. Per capita spending on children and young people's mental services by Sussex CCGs is marginally below national average levels; however, there is variation evident across the seven Sussex CCGs.

Specifically, in East Sussex, the three CCGs spend per capita on children and young people's mental health varies from £50 in Hastings and Rother, £55 in Eastbourne, Hailsham and Seaford to £65 in High Weald Lewes Havens. The average disease prevalence rate for England for the 5 -16 year age range is 9.2% (Public Health England, 2015). The disease prevalence rate is broadly similar across the three CCCGs, with High Weald Lewes Haven at 8%, Hastings and Rother at 9.3% and Eastbourne, Hailsham and Seaford at 9%.High Weald Lewes Havens invests £8 more per capita than the national average despite having one of the lowest prevalence rates in Sussex. Hastings and Rother and Eastbourne, Hailsham and Seaford invest less per capita (£7 and £2 respectively) with Hastings and Rother having a higher prevalence rate.

2.25. **Qualitative evidence and information -** During the four-month engagement period, see also paragraph 2.17 above, the Review heard from over 1500 people. Of the 1500, over 700 people responded to the online survey for children, young people, families and health and social staff and 1 in 4 local GPs responded to the specific survey created for them.

2.26. Most importantly of all, the Review Panel heard directly from children and young people, their families and carers during the course of the engagement programme.

2.27. All of the comments, feedback and responses received through the engagement period were analysed, synthesised and summarised to inform the report findings and recommendations. We heard and read a range of very important messages and these have been summarised into a number of key themes and findings described in paragraph 1.22 above.

2.28. The map below details the engagement events held and attended across Sussex.

Site number	Site name	Postcode
1	Crawley Family Fun Day	RH10 1EH
2	YMCA Homeless Link/Art Club	RH11 7AQ
3	West Sussex Parent Carer Forum	RH10 1GE
4	West Sussex Youth Offending Service	RH11 7EL
5	West Sussex SEND Youth Advocacy Group	BN13 2QB
6	Open Space Event- Haywards Heath	RH16 3DN
7	Supported Families Drop in Centre	RH16 3HP
8	West Sussex Healthwatch	RH14 9QW
9	Thorney Island Armed Forces coffee morning	PO10 8DH
10	Focus Group	PO19 1LQ
11	West Sussex Youth Cabinet	BN13 2PQ
12	Youth Emotional Support (YES) Service	PO19 1DD
13	The Phoenix Centre Youth Group	PO21 5JD
14	Open Space Event	BN11 3PT
15	Allsorts Youth Project	BN14 7AP
16	Looked after children implementation group	BN13 2PQ
17	CAMHS Service	BN11 2DH
18	School Pupil Mental Health Champions	BN3 7BN
19	Disability Pride, Hove Lawns	BN3 2PE
20	Hangleton & Knoll parents and carers forum	BN3 7FP
21	Allsorts Youth Project	BN1 1AE

Site number	Site name	Postcode
22	BHASVIC Freshers Fair	BN3 6EG
23	YMCA Youth Engagement Session	BN3 1DG
24	Brighton & Hove Youth Council	BN3 3BQ
25	AMAZE	BN1 3XG
26	Open Space Event	BN1 9GR
27	Focus Group	BN1 1AF
28	Voices in Exile	BN2 1JP
29	Brighton & Hove Youth Advice Centre	BN1 4GB
30	Brighton Youth Offending Service	BN1 2RU
31	B&H Schools Wellbeing Centre	BN3 3BQ
32	Care for the Carers	TN22 1AE
33	Open Space	TN22 1AE
34	Mental Health Action Groups	BN25 2EE
35	Lewes and Havens Community Network (3VA)	BN10 8RJ
36	CAMHS Service, Hailsham	BN27 3DY
37	Substance Misuse & Mental Health Focus Group	BN21 1PY
38	CAMHS Users focus group	BN22 7RR
39	Open Space Event	TN34 3TA
40	People in Partnerships – World Mental Health Day	BN21 2UF
41	I-Rock	TN34 1DT

3. Conclusion and reasons for recommendations

3.1. **Summary and conclusion** - The current pathway and service model for emotional health and wellbeing in Sussex does not appear to be effective and would benefit from radical transformation. This is especially the case in relation to specialist mental health services. The findings and recommendations of this review provide an opportunity to do this.

3.2. The following key actions are a summary of the recommendations

- Radically redesigning of the service model with a particular focus on specialist mental health services
- Ensuring focussed investment on priorities and outcomes demonstrated across the provider pathway. Where the investment is largest, the challenge will be bigger.
- Establishing more effective partnership working across Sussex both in commissioning and in provision of services
- Hearing and responding to the voice of children and young people and ensuring improved co-production and co-design
- Ensuring that commissioning is more co-ordinated, strategic and has the capacity, capability and leadership to drive improvement. Effective commissioning should be characterised by investment targeted on agreed priorities and outcomes aligned to local need and prevalence that are able to be measured and evaluated against improvements for children, young people and their families.
- Developing a strategic outcomes framework that enables a full and accurate understanding of the return on investment
- Improving access and reducing waiting times across the pathway of care
- Simplifying the map of provision so that children, young people and their families can find help more easily and more quickly
- Making sure that levels of investment both in commissioning and provision reflect local need
- Improving accuracy and availability of data
- Addressing the workforce challenge particularly in specialist services

3.3. This review and its recommendations provide the opportunity for the local partners to focus on the improvements and changes that are needed. We believe that the report lays the foundations for the future, where the emotional health and wellbeing needs of children and young people in Sussex are responded to more effectively.

3.4. Once the Report has been received and agreed through formal processes, it is the intention that the Director of Children's Services for East Sussex and the Chief Executive SPFT, as joint chairs of the OSG for the Review, will take implementation of the recommendations forward.

3.5. We would like to acknowledge the commitment of all those who took part in the review, and who are involved in delivering and improving services. The review would not have been possible without the time, expertise and knowledge of the partner organisations and their staff, children, young people and their families.

STUART GALLIMORE
Director of Children's Services

Author: Sarah Lofts, Senior Programme Delivery Officer, Sussex NHS Commissioners
Email: s.lofts@nhs.net

BACKGROUND DOCUMENTS

None

SUSSEX-WIDE REVIEW OF

EMOTIONAL HEALTH AND WELLBEING SUPPORT

for children and young people

Foundations For Our Future

Report of the Sussex-wide review of Emotional Health and Wellbeing Support for Children and Young People

V5

May 2020

Independent Chair's Foreword

Foundations For Our Future is the culmination of twelve months' work and marks the conclusion of a thorough process of review of young people's emotional health and wellbeing services that has taken place across Sussex. This review comes at a time of unprecedented focus on children and young people's mental health more broadly, at local level as well as nationally and internationally.

Leaders in the local NHS Clinical Commissioning Groups, the NHS mental health provider Trust and the three local authorities commissioned this review. Collectively, they believed that services and experiences were not as they'd want them to be for young people, their families and carers and therefore, felt that the time was right; to understand, plan for and respond to what could be improved as well as being given ambitious recommendations for action. They provided a strong mandate and were determined that this review should deliver clear findings, however challenging they might be.

In conducting this review, my Review Panel colleagues and I have sought to focus on the issues of most importance to children and young people, their families and carers. We have gathered a wealth of evidence and information, including the views of children and young people, as well as professional opinion and expertise. We have used these to inform our findings and recommendations.

I want to thank all those people who took the time to contribute to the review. Your input was invaluable. We have listened and we have learned – we hope that our report and recommendations resonate with you.

We recognise that this report cannot address all the deficits in relation to emotional health and wellbeing services. However, we believe that the report provides the opportunity for focusing on the immediate priorities as well as longer-term ambitions.

The importance of improving emotional health and wellbeing services for children and young people is undeniable, as more and more of them experience emotional distress and mental health problems. We must make every effort to ensure that children and young people experiencing these difficulties can access the support that gives them the best chance of living happier, healthier lives.

This report provides a foundation for understanding what works well and what we need to do better and the recommendations provide the Sussex Partnership NHS Foundation Trust, the Clinical Commissioning Groups, the three local authorities and the third sector with a plan of how to make improvements that will

benefit children and young people in Sussex. I urge the local partners to act swiftly on the recommendations we have made. That is my challenge to them.

Steve Appleton
Independent Chair

February 2020

Foreword from the Review Panel Members

The most senior leaders in the NHS and in local authorities locally gave us the mandate to engage with Sussex communities and talk with them about their experiences of accessing, receiving and delivering emotional health and wellbeing support to children and young people.

We travelled across Sussex and on that journey, we heard from 1,500 voices who told us about their experiences.

We met with young people leaving care, young mums worried about their own emotional health and the impact on their children: we met with school pupils and college students who told us about their challenges and asked us for ways in which they could support themselves and their friends. We also heard about the specific emotional health and wellbeing issues experienced by children with special educational needs and disabilities, including those with autism.

Across Sussex we saw positive examples of: parenting, caring and family support; resources developed by young people for schools and parents and carers; and multi-agency working in schools and colleges taking universal, preventative and targeted approaches to supporting children and young people's emotional health and wellbeing. We met with grandparents who were supporting their grandchildren because their parents had their own mental health needs. Local services opened their doors to us and talked with us about the challenges and the pressures services faced. When people said 'you really should speak with so and so', we took time to make contact and do that very thing.

We heard difficult stories: from families and children waiting for appointments, from children and young people uncertain of where to turn, from GPs frustrated by their experience of trying to help, from school and college staff stretching their resources to meet their students' needs and from front line staff and managers trying to deliver the best care possible.

We were humbled and heartened by people's willingness to meet with us and tell their stories so readily and who invested their time and energy in doing so. We have strived to ensure that this report reflects those stories loudly and clearly.

Without exception, everyone we met showed a passion, a fierce commitment and a will to improve help and support for emotional health and wellbeing for the county's children and young people and their families and carers.
We have brought those voices together through this report and enabled people to tell their own story.

Alongside this narrative from our communities, we have gathered data and reviewed all of the current local strategies and plans for children and young people's emotional health and wellbeing. We saw many examples of good

practice on our road trip and we have captured them here to help inform the narrative. This huge wealth of information has informed the report and supports the recommendations we have made.

The senior leaders challenged us to be bold in our recommendations; and we hope we have met that challenge by providing the foundations for change in this report.

Review Panel Members

A response to the review from the Chair of the Oversight Group

When the partner organisations that commissioned this review set out on the journey over a year ago, we had already recognised that we needed to improve our emotional health and wellbeing services for children and young people in Sussex.

We knew that we needed to hear the voices of children; young people and their families and carers to better understand their experience of current services and to listen to the improvements they wanted us to make, so that we could act upon them. This united desire and ambition for our population about the improvements we will achieve, sits at the heart of this review process.

This review has been far-reaching and we have listened to the voices of hundreds of children, young people, their parents and carers as well as the views of professionals working in healthcare, social care and education. I thank all of those people for taking the time to tell us about their experiences of what works well here in Sussex, what needs to improve and how we might work together to achieve these changes.

Of the many things we heard, one of the most important for me is that the needs of children, young people and their families and carers must be at the centre of emotional health and wellbeing interventions and services that are responsive and that focus on building resilience. I, along with my partners in this review, am committed to doing everything feasible and possible to nurture the potential of our children and young people, especially those most vulnerable.

As Chair of the Oversight Group, responsible for the governance of this review process, I would like to take this opportunity to acknowledge and thank both Steve Appleton as the Independent Chair of the Review and the Review Panel members for all their hard work in bringing those voices together with a range of other evidence to underpin the findings in this report.

I am pleased that the review has identified the dedicated and hard work of people working in services to support children and young peoples' emotional health and wellbeing, together with examples of good practice taking place in Sussex. That does not however detract from the more difficult messages that there is much work to be done to improve the experiences and outcomes of children, young people and their families. On that basis, the partners to this review welcome its findings and recommendations and we are committed to driving those recommendations through to implementation.

Adam Doyle

Chief Executive Officer of the Clinical Commissioning Groups in Sussex and the Senior Responsible Officer for the Sussex Health and Care Partnership

Chair of the Oversight Group, Sussex-wide Children & Young Persons' Emotional Health & Wellbeing Services Review

Samantha Allen
Chief Executive Officer
Sussex Partnership NHS Foundation Trust

Karen Breen
Deputy Chief Executive Officer and Chief Operating Officer
Sussex Clinical Commissioning Groups

AnnMarie Dodds
Director of Children's Services
West Sussex County Council

Stuart Gallimore
Director of Children's Services
East Sussex County Council

Pinaki Ghoshal
Director of Children's Services
Brighton & Hove City Council

Building the Foundations: A concordat for action

As the partners that commissioned the review of children and young peoples' emotional health and wellbeing services in Sussex, we accept the challenge that the report has set out for us, both in its findings and its recommendations.

We are determined that the recommendations are translated into demonstrable actions, so that children, young people and their families reap the benefits of the work we now commit to undertake.

To ensure that all the partners play their part, we have developed this concordat for action. It means that the Clinical Commissioning Groups, Brighton & Hove City Council, East Sussex County Council, West Sussex County Council and Sussex Partnership NHS Foundation Trust are all equally committed to working together in a collaborative way to deliver the actions needed.

This is a significant statement of commitment to a common purpose that has been shared, agreed and signed by the senior leaders of each of the partnership organisations that commissioned the review.

The following statements describe that nature of that commitment:

We accept the recommendations and will work together in partnership to implement them. In doing so, we are collectively committed to the improvement of services to support the children and young people who experience poor emotional health and wellbeing in Sussex.

We will develop a clear and prioritised action plan to implement the recommendations. It will contain agreed timescales for the achievement of each of the recommendations and we will work together to regularly monitor our progress and hold each other to account for delivery. We will also ensure independent review of our progress over the period of implementation.

As senior leaders, we will set the standard in the way we work together. We will do so honestly and transparently and we will ensure effective collaboration at all levels of our respective organisations. We will actively support those working to deliver each of the recommendations and practically assist them to overcome any obstacles to achieving them.

We will work closely and constructively with our communities and our other partners in Sussex in the delivery of the recommendations. In particular, we will call upon our colleagues in the voluntary and third sector to commit to work with us and support us, on this journey of improvement.

We will give a strong voice to children, young people and their families. We will listen to them and continue to draw upon their experiences to guide our work to ensure a co-productive approach to improvement.

By signing this concordat, we as leaders are committing ourselves and our organisations to this work, to do it collaboratively and to improve the emotional health and wellbeing of children and young people in Sussex.

Signed:

Samantha Allen
Chief Executive Officer
Sussex Partnership NHS Foundation Trust

Adam Doyle
Chief Executive Officer of the Clinical Commissioning Groups in Sussex and the Senior Responsible Officer for the Sussex Health and Care Partnership

Geoff Raw
Chief Executive
Brighton & Hove City Council

Becky Shaw
Chief Executive, East and West Sussex County Councils

Executive summary

The Sussex Clinical Commissioning Groups, Sussex Partnership NHS Foundation Trust and the three local authorities in Sussex commissioned this review because they were aware that the experience of children and young people, their families and carers who need emotional and wellbeing support requires improvement.

During the review, we heard the views of children, young people and their families. We also heard from professionals working across Sussex. We conducted a wide-ranging engagement process, including service visits, focus groups, listening events and online surveys and heard from 1,500 people. We also gathered and analysed data and information about current services, quality, performance and financial investment.

What you read in this report is what we heard about people's experiences, their expectations and their own ideas about some of the potential solutions that could bring about improvement. We have drawn upon the things we heard along with the other evidence we reviewed to inform our findings and recommendations.

We considered the following key areas:

- 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?

By scrutinising these areas, we have identified a number of key themes and findings:

- The response to the challenges and recommendations set out in this report require a whole system response. This means that the partner organisations must work together closely in a spirit of openness, constructive challenge and positive ambition to deliver the changes needed.
- Access to services can be difficult and the current pattern of provision is complex and hard to navigate, with many different providers. There is a lack

of knowledge about the wider range of emotional health and wellbeing services in Sussex and an over reliance on referral to specialist mental health services, leading to higher demand.

- The range and development of upstream services and supports, through public and population health approaches, promotion, prevention and universal services, along with early help need to be expanded further to create a more effective pathway. Opportunities for open access to help and support, need to be created as part of the development of a new model of provision.

- 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.

- Children and young people often experience waits for assessment and the provision of services. This is the case in both statutory and third sector services. In specialist mental health services, waiting times for assessment have doubled in the last two years and although waiting times for treatment are falling, there is more to be done to improve access and response.

- In common with many other parts of the South East, Sussex faces a workforce challenge, both in recruitment and in retention, but also in the professional and skill mix.

- Distribution of current levels of investment does not take account of the levels of need across Sussex. Additionally, the level of investment made in children and young people's emotional health and wellbeing from local authorities does not have sufficient clarity. There are known reasons for this, but a clearer understanding of the level of investment made is required. Making planned investment in prevention, promotion, self-care and resilience, and schools based support as well as specialist services will, if done over time, achieve more balance and a model that is preventative and enables early intervention.

- There needs to be a better understanding of the range of services and interventions that should be available across the pathway and the levels of investment needed to be sustainable. As part of a process to achieve the change, a system wide approach is needed to review what is needed, accompanied by a rapid process of specialist services modernisation.

- We saw no direct evidence during the review to 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.

- 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.

- 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.

- 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.

- 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.

The current pathway and service model for emotional health and wellbeing in Sussex does not appear to be effective and would benefit from radical transformation. This is the case for the whole pathway, from upstream services, prevention, promotion and early help as well as in relation to specialist mental health services. The findings and recommendations of this review provide an opportunity to do this.

Our 20 recommendations pay particular attention on how best to address these findings. They focus on the following key actions:

- Radical redesign of the service model with a particular focus on creating a more effective pathway, improving access and achieving better outcomes
- Ensuring focussed investment on priorities and outcomes demonstrated across the provider pathway. Where the investment is largest, the challenge will be bigger
- Establishing more effective partnership working across Sussex both in commissioning and in the provision of services
- Hearing and responding to the voice of children and young people and ensuring improved co-production and co-design
- Ensuring that commissioning is more co-ordinated, strategic and has the capacity, capability and leadership to drive improvement
- Developing a strategic outcomes framework that enables a full and accurate understanding of the return on investment
- Simplifying the map of provision so that children, young people and their families can find help more easily and more quickly
- Making sure that levels of investment reflect local need
- Improving accuracy and availability of data
- Addressing the workforce challenge.

This review and its recommendations provide the opportunity for the partners to focus on the improvements and changes that are needed. We believe that the report lays the foundations for the future, a future in which the emotional health and wellbeing needs of children and young people in Sussex are responded to more effectively.

We would like to acknowledge the commitment of all those who took part in the review, and who are involved in delivering and improving services. The review would not have been possible without the time, expertise and knowledge of the partner organisations and their staff, children, young people and their families.

Introduction

In conducting this review, the Review Panel has taken account of the current picture in relation to the emotional health and wellbeing of children and young people, the issue of mental health problems and the policy context that addresses the challenge of responding to the needs of those children and young people.

For the purposes of this review, we offer the following definition of what is meant by emotional health and wellbeing or good mental health. Positive mental health or good mental health is the state of wellbeing. Mental ill health is therefore the absence of emotional and or mental wellbeing. A useful definition of emotional wellbeing is offered by the Mental Health Foundation as: 'A positive sense of wellbeing enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune.'[1]

The World Health Organisation (WHO) describes emotional health and wellbeing as 'the state of being in which every individual realises his or her own potential, can cope with the normal stresses of life, can live, work or study productively and fruitfully, and is able to make a contribution to her or his community'[2].

In the absence of a single, defined view, we believe that these two observations, when taken together, provide a useful and workable description of emotional health and wellbeing.

[1] Mental Health Foundation quoted by Imperial College Healthcare
http://www.imperialhealthatwork.co.uk/services/wellbeing/mental-emotional-wellbeing
[2] WHO in Being Mindful of mental health Local Government Association June 2017
https://www.local.gov.uk/sites/default/files/documents/22.6_Being%20mindful%20of%20mental%20health_08_revised_web.pdf

The context

In 2015, the coalition government published Future in Mind[3], a report of the work of the Children and Young People's Mental Health Taskforce. Future in Mind outlines a series of aims for transforming the design and delivery of the mental health offer for children and young people in any locality. It describes 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, to ensure they have easy access to the right support from the right service at the right time. It described a five-year ambition to create a system that brought together the potential of the NHS, schools, social care the third sector, the internet, parents and of course children and young people, to improve mental health, wellbeing and service provision.

As the end of that five-year period approaches, this Sussex-wide review has taken into account the work that Future in Mind has stimulated, together with more recent policy development including the Five Year Forward View for Mental Health (FYFVMH)[4] and the NHS Long Term Plan[5]. However, there remains more to do.

We know that nationally, 70% of children and young people who experience a mental health problem have not had appropriate support at an early enough age.[6] Reporting of emotional and wellbeing problems has become increasingly common. Between 2004 and 2017, the percentage of five to 15 year olds who reported experiencing such problems grew from 3.9% to 5.8%.[7]

In the UK, 5% of children aged five to 15 reported being relatively unhappy. 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.[8]

Children from low-income families are four times more likely to experience mental health problems compared to children from higher-income families.[9] Among LGBTQ+[10] 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.[11]

[3] Future in Mind, Promoting, protecting and improving our children and young people's mental health and wellbeing, NHSE 2015
[4] Five Year Forward View for Mental Health, NHSE Taskforce, 2016
[5] NHSE, 2019
[6] Children and Young People Mental Health Foundation accessed December 2019 https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people
[7] Mental health of children and young people in England 2018
[8] State of the Nation 2019: Children and Young People's Wellbeing Department for Education October 2019
[9] Children and young people's mental health: The facts Centre for Mental Health 2018
[10] 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
[11] Children and young people's mental health: The facts Centre for Mental Health 2018

In 2017, one in eight young people aged between five and 19 in England had a mental health disorder[12]. The World Health Organisation (WHO) describes mental health disorders as comprising a broad range of problems, with different symptoms. However, they are generally characterised by some combination of abnormal thoughts, emotions, behaviour and relationships with others. They can include depression, anxiety disorders and psychosis.[13]

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.[14] 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.[15] 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.[16] Young women in this age group were three times more likely to self-harm than young men.[17] An estimated 200 children a year lose their lives through completed suicide in the UK.[18]

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.[19]

In England, the demand for specialist child and adolescent mental health services (SPFT specialist services) is rising, with record levels of referrals being reported.[20] Demand continues to exceed supply with increasing numbers of young people on waiting lists to access SPFT specialist services and waiting times longer than previous years.[21]

The emotional health and wellbeing of children and young people is crucial, it is as important as their physical health. It is accepted that until recently, there has been insufficient focus on this area of children and young people's development. However, the past few years have brought a renewed and much needed focus both in terms of policy and in terms of development.

Building on previous policy, the Five Year Forward View for Mental Health (in England)[22] and the NHS Long Term Plan now sets out a commitment that funding for children and young people's mental health services will grow faster

[12] Mental health of children and young people in England, ONS https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf
[13] World Health Organisation definition https://www.who.int/mental_health/management/en/
[14] Mental health of children and young people in England, 2018
[15] Millennium Cohort Study https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/
[16] The Good Childhood Report Children's Society, 2018
[17] Brooks et al 2015 in Children and young people's mental health: The facts, Centre for Mental Health, 2018
18 Burton, M. Practice Nursing Vol. 30, No. 5
[19] Supporting mental health in schools and colleges Department for Education/NatCEN Social Research and National Children's Bureau, August 2017
[20] Children's mental health services: the data behind the headlines Centre for Mental Health October 2019
[21] CAMHS benchmarking findings NHS Benchmarking Network, October 2019
[22] NHSE, 2016

than both overall NHS funding and total mental health spending. This means that children and young people's mental health services will for the first time grow as a proportion of all mental health services, which will themselves also be growing faster than the NHS overall. Over the next five years, the NHS will continue to invest in expanding access to community-based mental health services to meet the needs of more children and young people.

This investment and the expansion of NHS services is to be welcomed but it should not detract from the low base from which these developments start. Even with these improvements, the increase in access to specialist mental health services only aims to ensure that nationally, at least 34% of children and young people with a diagnosable mental health condition should receive treatment from an NHS-funded community mental health service in 2019/20 and 35% by end of 2020/21[23].

The developments described in the NHS Long Term Plan focus on the specialist mental health needs of children and young people. They do not comment on wider emotional health and wellbeing needs. Nor do they seek to address the ways in which support can be provided that can help to prevent the development of poor emotional health and wellbeing, either with children and young people directly, or through support provided by schools, colleges and the voluntary sector, or the supports needed by parents and carers. That blueprint for a local offer for children and young people with emotional health and wellbeing support needs, is detailed in Future in Mind and responds to the systemic challenges that any locality will face in embedding this. Furthermore, the NHS Mental Health Implementation Plan 2019/20 – 2023/24[24] commits us to ensuring that children and young people's mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice by 2023/24.

[23] NHS mental health dashboard https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/
[24] NHSE, 2019

We know that half of all mental ill health starts by the age of 15 and 75% by the age of 18.[25] Effective early intervention is known to work in preventing problems occurring, or to address them directly when they do, before problems get worse. It also helps to foster a wide set of personal strengths and skills that prepare a child for adult life.[26] It can reduce the risk factors and increase the protective factors in a child's life. This is one example of the benefits of a broader approach that is less firmly rooted in more traditional models of support and that addresses not only mental ill health but which also focuses more on emotional health and wellbeing.

The challenge is clear. Improving emotional health and wellbeing is vital to ensuring happy, healthy, thriving children and young people. It is in this context that this review has been undertaken.

25 Department of Health, Department for Children S and F. Healthy lives, brighter futures 2009 http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/285374a.pdf and Davies SC. Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence 2014.

[26] Early Intervention Foundation https://www.eif.org.uk/why-it-matters/what-is-early-intervention

Section One

The Review Process, Approach and Governance

Why this review has been undertaken

Across Sussex, NHS and local authority partners have increasingly become aware that the experience of children and young people, their families and carers who need emotional and wellbeing support requires improvement.

As is the case across the country, our local services continue to experience significant demand, for example, across the UK, there were 3,658 referrals received per 100,000 population (age 0-18) in 2018/19. This was the highest level of demand ever reported over the eight years that the NHS Benchmarking Network has collected data. Locally, Sussex Partnership NHS Foundation Trust (SPFT) received 3,359 referrals per 100,000 population in 2018/19.

Those working in health, social care, education and the third sector across Sussex work hard to try to ensure that children, young people and their families get the help they need. However, the experience of those children, young people and their families has been variable, with too many of them saying that the current system has not been working as well as it should, and has not responded to them as quickly as they would like or that they have not been offered the choices they felt they needed.

Experiencing poor emotional health and wellbeing or mental health problems is distressing enough but this is further compounded when the help needed cannot be accessed easily. This is something that NHS and local authority partners collectively agreed needed to change.

It is on that basis that the Sussex Clinical Commissioning Groups (CCGs), the three local authorities (East Sussex and West Sussex County Councils and Brighton & Hove City Council) and SPFT agreed that an independently chaired review should be undertaken.

The scope of the review

The scope of the review has been wide, and most importantly, although including specialist mental health services it has taken a broader view of the services and support available. It has not been a review of SPFT specialist services or any other services specifically, neither has it been a consultation exercise. It has been an opportunity to take a step back and consider not only what is offered currently, but also what can 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.

The review focused on children and young people from the age of 0-18 and those in transition to adulthood who require emotional health and wellbeing support. Other service areas such as learning disabilities, Special Educational Needs and Disabilities (SEND) and community paediatrics (physical health) were included as part of the review.

The review took into account, and learnt from local, regional and national best practice.

Governance of the review

The Review Panel was independently chaired, and was supported by a project team who assisted in evidence gathering, logistics and support. The Independent Chair, on behalf of the Review Panel, reported to an Oversight Group. The Chief Executive Officer of the CCGs in Sussex and the Senior Responsible Officer for the Sussex Health and Care Partnership chaired the Oversight Group.

The Review Panel

The Review Panel was composed of a diverse range of people, 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.

Detailed work was undertaken to form the Review Panel. This involved a process of seeking expressions of interest, then, matching the skills and expertise of those putting themselves forward against a range of agreed criteria agreed by the Independent Chair and the project lead.

The panel composition is set out below to demonstrate the breadth of representation.

- Two commissioners, one from a CCG and one who has dual responsibility across a CCG and a local authority
- The Clinical Director for children and young people's services from SPFT
- The Director of a third sector provider organisation
- Two Public Health consultants (one left the panel in August 2019 and another joined)
- A parent/carer expert by experience
- A children and young people's representative, who also had a focus on engagement
- A local authority Equality and Participation Manager
- A local authority Assistant Director of Health and Special Educational Needs and Disability

- The Clinical Lead for the South East Clinical Network (on the panel until August 2019
- A local authority Head of Targeted Youth Support and Youth Justice
- A General Practitioner who is also a CCG Chief of Clinical Quality and Performance
- Three head teachers from schools and academies and one assistant Principal of a sixth form college.

The full list of Review Panel members with their names and titles can be found at Appendix One.

The Oversight Group

An Oversight Group, made up of local health and care leaders who commissioned the review, supported the Review Panel, making sure, it conducted its work in a robust and inclusive way and was on track to deliver a report with clear recommendations.

More detail about the Oversight Group, its membership and role can be found at Appendix Two.

Terms of Reference

The commissioning partners in the NHS and the three local authorities set the Terms of Reference (ToR) for the review. These were subsequently discussed and agreed by the Review Panel and approved by the Oversight Group. They set out a series of questions that the Review Panel was mandated to consider as part of the review.

The full Terms of Reference can be found in Appendix Three.

The Key Lines of Enquiry

Given the scope of the review and the breadth of the Terms of Reference, Key Lines of Enquiry (KLOE) were developed with the aim of providing particular focus on specific issues that could help to address the Terms of Reference, respond to the scope of the review and assist in focusing the evidence gathering and the eventual findings.

The KLOE were agreed by the Review Panel and endorsed by the Oversight Group and included, in summary:

- 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?

The full detail of the KLOE and details of the areas examined under each heading can be found at Appendix Four.

How the review has been conducted

The review was conducted using a mixed methodology approach using both qualitative and quantitative evidence gathering. This included:

- A desk-based service mapping exercise to establish, as far as was possible, the number and type of emotional health and wellbeing services provided in Sussex and which organisations delivered those.

- A desk-based information gathering process that sought data relating to current demand, performance and quality. Financial information on budgets and spending was also sought. The Review Panel commissioned the NHS Benchmarking Network (NHSBN) to help gather and then analyse this information. NHSBN produced a report for the Review Panel, which has been used to inform our findings and recommendations. Summary data and evidence from the NHSBN report is included in this report. The full NHSBN report is available as a companion piece to this report.

- A review of published literature and grey literature (grey literature is research that is either unpublished or has been published in non-commercial form), research evidence, current national policy and local plans and strategies relating to children and young people's emotional health and wellbeing and mental health.

A key part of the review was the delivery of a wide-ranging engagement process that gathered and described the experiences of children, young people, their parents and carers. The process had six components:

- Five listening events, held across Sussex, using the Open Space model. Open Space is a technique for engaging with the community where

participants create and manage the agenda and discussion themselves. This method has the central aim of ensuring that participants decide the areas of discussion that are important to them and then come up with potential solutions. These meetings stimulated discussions with members of the public and with local professionals about their experiences of emotional health and wellbeing services and support for children and young people; what works well, where there may be gaps in the system, and where and how improvements could be made.

- A series of focus groups, held across Sussex, to discuss a range of issues in more detail. These focus groups included parent and carer representatives as well as professionals working in the NHS, local authorities and the third sector.

- A series of visits to services in Sussex. These visits were designed to provide insights into the locations and environments where services are provided and hear directly from those working in the sector.

- Direct engagement events where Review Panel members undertook face-to-face meetings and event attendance with a number of different organisations, groups and networks.

- The development, publishing and analysis of a series of online surveys, each focused on a specific group including children and young people, their parents and carers, schools and General Practitioners (GPs).

- Direct feedback was also invited from members of the public, children and young people and professionals. This was submitted in a number of ways, usually from individuals, through a dedicated email address, online or by letter. Organisations, including Healthwatch and those in the third sector also provided feedback and evidence in the form of structured reports that were considered during the review.

Section Two

Population and epidemiology

Sussex is in the South East region of England and consists of three local authorities: West Sussex, East Sussex and Brighton & Hove. At the time of writing, there are seven NHS Clinical Commissioning Groups in Sussex. The main provider of specialist mental health services for children and young people for the NHS is Sussex Partnership NHS Trust (SPFT), which covers the three local authority areas. This data profile of Sussex is in two parts, the first focussing upon population, whilst the second section looks at issues related to health and wellbeing.

The population data used within this profile has been sourced from the Fingertips Public Health profiles website (https://fingertips.phe.org.uk/) and is based on figures from 2018. We have looked at each of the three local authority areas individually before drawing this together to show the picture for Sussex as a whole.

The population figures here are for the resident population. The review notes that there are a number of colleges and universities in Sussex, attracting a significant student population who may temporarily reside in Sussex. Subsequent work may need to be undertaken to look at the numbers within the student population as could add to the demands upon any services within the area.

West Sussex

In terms of population, West Sussex is the largest of the three local authority areas within Sussex with a total population (aged 0-90+) of 858,852. There are seven districts within the local authority, Adur, Arun, Chichester, Crawley, Horsham, Mid Sussex and Worthing. For the purpose of this profile, the focus is on the population of children and young people. The data sets we have used look at the age range of 0 - 19 years of age. Table One sets out the numbers of children and young people in West Sussex in five-year age cohorts and sets this against the total population to identify what percentage of the population they form.

Table One: West Sussex population data (2018)

Age	Males	Females	Total	% of total Population
0-4 years	24,060	22,761	46,821	5.45
5-9 years	27,052	25,120	52,172	6.07
10-14 years	25,211	23,593	48,804	5.68
15-19 years	22,535	20,984	43,519	5.06
Total 0-19 years	**98,858**	**92,458**	**191,316**	**22.27**

Source: https://fingertips.phe.org.uk/profile/healthprofiles/data#page/12/gid/3007000/pat/6/par/E12000008/ati/202/are/E10000032

Whilst West Sussex has the highest percentage of 0-19 years in relation to its overall population at 22.27%, (when compared to East Sussex and to Brighton & Hove), this is just below the national position for England where the proportion of the population between the ages of 0-19 years of age is 23.65%.

In each of the five-year age cohorts, the percentage of the total population is slightly below the national picture. Those aged 5 - 9 years of age account for the largest proportion at 6.07% or 52,172 children and young people.

There are a total of 191,316 children and young people aged between 0-19 years of age within the West Sussex local authority area. 98,858 of those are male whilst 92,458 are female.

East Sussex

East Sussex has five districts, Eastbourne, Hastings, Lewes, Rother and Wealden and a total population for all ages in the local authority of 554,590. Children and young people aged 0–19 years of age make up 21.19% or 117,559 of this overall population, which like West Sussex, is below that of the national picture.

As with West Sussex, East Sussex shows the largest proportion of children and young people to be found in the 5-9 years of age cohort. This accounts for 31,167 people or 5.61% of the population. Full details for East Sussex can be seen in Table Two.

Table Two: East Sussex population data (2018)

Age	Males	Females	Total	% of total Population
0-4 years	13,921	13,185	27,106	4.88
5-9 years	16,146	15,021	31,167	5.61
10-14 years	15,836	14,645	30,481	5.49
15-19 years	14,837	13,968	28,805	5.19
Total 0-19 years	**60,740**	**56,819**	**117,559**	**21.19**

Source:
https://fingertips.phe.org.uk/profile/healthprofiles/data#page/12/gid/3007000/pat/6/par/E12000008/ati/202/are/E10000011

Brighton & Hove

Brighton & Hove is a unitary authority.

Table Three sets out the resident population for Brighton & Hove, which accounts for the smallest numbers compared to the other two local authority areas in Sussex. The total population within Brighton & Hove is 290,395 aged 0 - 90+ years of age. The total number of children and young people in Brighton & Hove aged 0-19 is 60,427. This equates to 20.80% of the total population.

When looking at the age cohorts individually the 15 - 19 year olds have the largest percentage of the total population at 6.11% or 17,765 people. This percentage is larger than the other two local authority areas and is also higher than the national picture for this age cohort, which stands at 5.53%. Table Three shows the full detail for Brighton & Hove.

Table Three: Brighton & Hove population data (2018)

Age	Males	Females	Total	% of total Population
0-4 years	7,047	6,694	13,741	4.73%
5-9 years	7,457	7,256	14,713	5.06%
10-14 years	7,314	6,894	14,208	4.89%
15-19 years	8,694	9,071	17,765	6.11%
Total 0-19 years	**30,512**	**29,915**	**60,427**	**20.80%**

Source:
https://fingertips.phe.org.uk/profile/healthprofiles/data#page/12/gid/3007000/pat/6/par/E12000008/ati/202/are/E06000043

Table Four of the population data shows the three local authorities of Sussex combined to give an overall picture. The total population in Sussex is 1,703,837. Within this overall population, females represent just over 51% of the population yet when looking at children and young people specifically males represent the larger proportion at nearly 52%.

Those aged 0-19 years of age represent 21.67% of the total population, which is slightly below the national picture. With 98,052 children and young people aged 5-9 years, this cohort is the largest percentage of the total population represented in Table 4 at 5.75%.

Table Four: Combined Sussex population data (2018)

Age	Males	Females	Total	% of total Population
0-4 years	45,028	42,640	87,668	5.14
5-9 years	50,655	47,397	98,052	5.75
10-14 years	48,361	45,132	93,493	5.48
15-19 years	46,066	44,023	90,089	5.28
Total 0-19 years	**190,110**	**179,192**	**369,302**	**21.67**

The proportion of children and young people aged 0-19 and the sub-grouping of ages varies between the three local authority areas.

The following tables (tables five to eight) set out the current and forecast in growth or shrinkage in the 0-19 population. The caveat to these forecasts is twofold. Firstly, the projections are from the 2016-based sub-national population projections compiled by the Office for National Statistics (ONS). Their base figures for 2018 vary slightly from those in the Public Health England (PHE) Fingertips data, but not significantly. Secondly, they are predictions, and as such, there may be some variance in the actual percentage change in due course. It is important to understand these population projections for future investment discussions.

Table Five: West Sussex 0-19 population current and forecast (2018)

	2018	2019	2020	2025	2030	% Increase to 2035
0-4 years	46,900	46,800	46,600	46,400	46,000	-2%
5-9 years	52,100	52,200	52,100	50,500	50,200	-3%
10-14 years	48,900	50,300	51,900	54,400	52,700	8%
15-19 years	43,700	43,800	44,100	50,900	53,000	21%
Total 0-19 years	191,600	193,100	194,700	202,200	201,900	5%
0-19 years as % of total population	22.2%	22.2%	22.2%	22.2%	21.5%	

Table Six: East Sussex 0-19 population current and forecast (2018)

	2018	2019	2020	2025	2030	% Increase to 2035
0-4 years	27,500	27,500	27,500	27,600	27,500	0%
5-9 years	31,500	31,500	31,400	30,400	30,500	-3%
10-14 years	30,700	31,400	32,200	33,500	32,400	5%
15-19 years	28,800	28,700	28,800	32,400	33,500	16%
Total 0-19 years	118,500	119,100	119,900	123,900	123,900	4%
0-19 years as % of total population	21.2%	21.1%	21.1%	21.0%	20.2%	

Table Seven: Brighton & Hove 0-19 population current and forecast (2018)

	2018	2019	2020	2025	2030	% Increase to 2035
0-4 years	14,400	14,500	14,500	14,800	15,000	4%
5-9 years	14,800	14,600	14,500	14,000	14,300	-3%
10-14 years	14,200	14,400	14,700	14,700	14,200	0%
15-19 years	17,300	17,200	17,200	18,800	19,300	11%
Total 0-19 years	60,700	60,700	60,900	62,300	62,800	3%
0-19 years as % of total population	20.8%	20.6%	20.6%	20.5%	20.1%	

Table Eight shows the combined position across Sussex. The same caveats apply to the combined numbers and proportions as to those for each of the three local areas on their own. Notably, the combined picture shows that the proportion of 0-4 year olds and 5-9 years olds is forecast to decline over the next 10-15 years, albeit by a very small amount.

All other age groups are predicted to grow, with the 15-19 age group showing the largest increase, 18% over the next 10-15 years. The total population of 0–19 year olds across Sussex is forecast to increase by 8% by 2035.

Table Eight: Combined 0-19 age group forecast (2018)

	2018	2019	2020	2025	2030	% Increase to 2035
0-4 years	88,800	88,800	88,600	88,800	88,500	-1%
5-9 years	97,800	98,300	98,000	94,900	95,000	-3%
10-14 years	93,800	96,100	98,800	102,600	99,300	6%
15-19 years	89,800	89,700	90,100	102,100	105,800	18%
Total 0-19 years	370,200	372,900	375,500	388,400	388,600	5%
0-19 years as % of total population	21.6%	21.6%	21.6%	21.5%	20.9%	

Health and Wellbeing

This section of the profile focuses upon specific areas of health and wellbeing within children and young people of Sussex. Data in these areas is limited in its scope and depth, and therefore offers only a limited but nonetheless helpful view of key nationally determined metrics.

Table Nine: Mental Health and Wellbeing in Sussex

	West Sussex	East Sussex	Brighton & Hove	England
Estimated prevalence of mental health disorders in children and young people - % of the population aged 5-16 years (2015)	8.4	8.8	8.4	9.2
Estimated prevalence of emotional disorders - % of the population aged 5-16 years (2015)	3.2	3.4	3.3	3.6
Estimated prevalence of conduct disorders - % of the population aged 5-16 years (2015)	4.7	5.3	5.0	5.6
Estimated prevalence of hyperkinetic disorders - % of the population aged 5-16 years (2015)	1.3	1.4	1.3	1.5
Prevalence of potential eating disorders among young people. Estimated number aged 16-24 years of age (2013)	10,038	7,069	6,185	Not recorded
Hospital admission as a result of self-harm in those aged 10-24 years per 100,000 (2017/2018)	535.9	527.4	548.6	421.2
Hospital admission as a result of self-harm in those aged 10-14 years per 100,000 (2017/2018)	205.6	298.8	231.7	210.4
Hospital admission as a result of self-harm in those aged 15-19 years per 100,000 (2017/2018)	795.2	774.5	926.8	648.6

Source: Fingertips Public Health Profile (Public Health England) data combined and presented by Contact Consulting (Oxford) Limited

Table Nine above presents data on a range of issues in relation to mental health and emotional wellbeing. It is taken directly from the national Fingertips website.[27] With regard to the mental health issues in the first four lines of the table, Sussex is just below the position for England as a whole, with East Sussex having the higher levels of prevalence within Sussex.

The rate of admission for self-harm in school aged children in Brighton & Hove doubled over the last ten years. There were 253 hospital admissions for self-

[27] https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000008/ati/102/are/E06000043

harm (10-17-year olds in 2010/11) per 100,000 10-24 year olds in Brighton & Hove compared to 449 in 2018/19.[28] Young people aged 10-24 accounted for 39% of all admissions for self-harm in West Sussex and 80% of those admitted to hospital were female.[29]

Specifically in Sussex, hospital admissions as a result of self-harm are at a significantly higher rate per 100,000 people than England, with the highest rates being seen in the local authority area of Brighton & Hove where approximately one in five 14-16 year olds report that they have self-harmed.[30]

Table Ten: Education, Employment and Training in Sussex

	West Sussex	East Sussex	Brighton & Hove	England
School Pupils with social, emotional and mental health needs - % of school pupils with social, emotional and mental health needs (Primary School Age - 2018)	2.22	2.36	2.50	2.19
School Pupils with social, emotional and mental health needs - % of school pupils with social, emotional and mental health needs (Secondary School Age - 2018)	2.47	2.08	3.42	2.31
School Pupils with social, emotional and mental health needs - % of school pupils with social, emotional and mental health needs (Combined School Age - 2018)	3.01	2.52	2.47	2.39
Percentage of 16-17 year olds NOT in education, employment or training (NEET) or whose activity is not known. (2017)	9.8	4.9	4.5	6.0

Source: Fingertips Public Health Profile (Public Health England) data combined and presented by Contact Consulting (Oxford) Limited

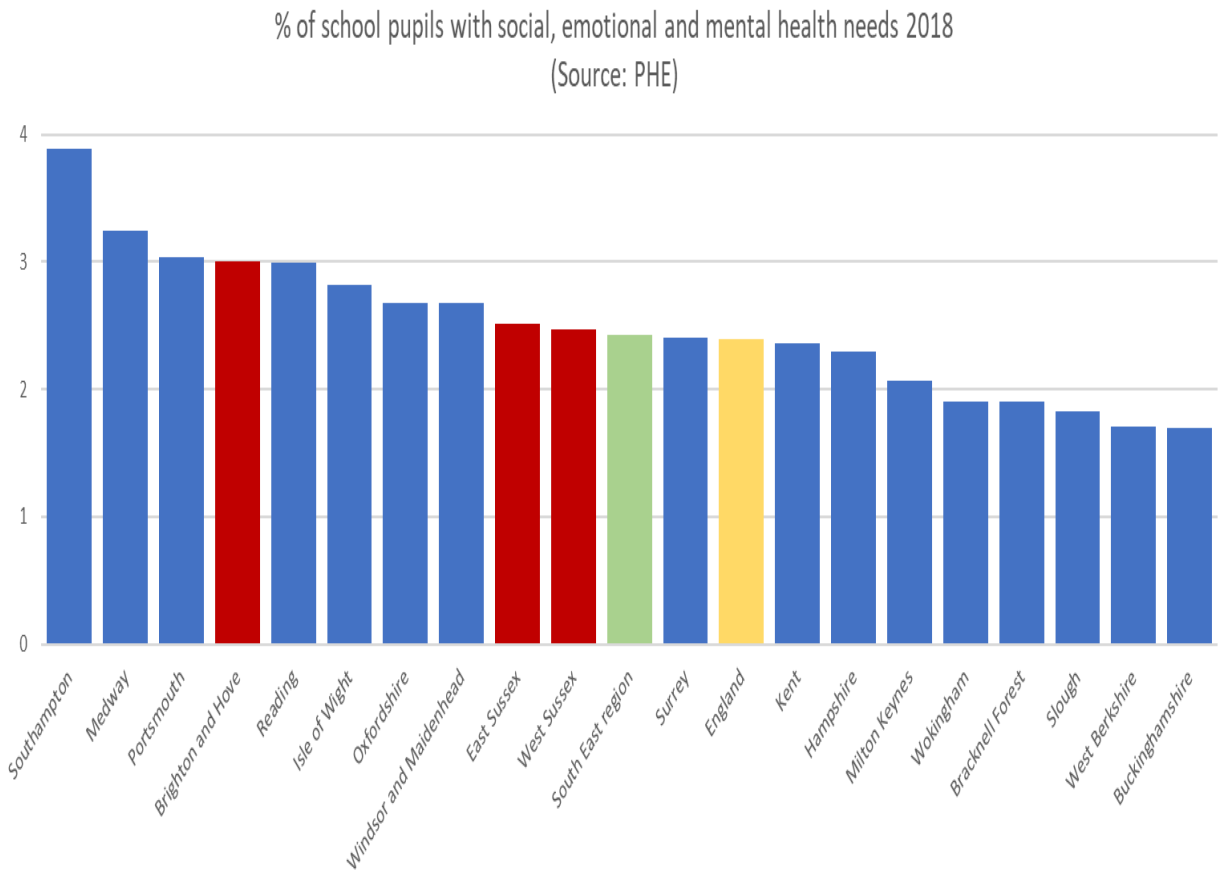
Sussex has a higher than national average percentage of school pupils with social, emotional and mental health needs in all three of its local authority areas. Public Health England (PHE) also publishes estimated prevalence of social, emotional and mental health needs in school pupils. The most recent data, from 2018, shows both the England average and the South East regional average as 2.4% of pupils reporting specific needs.

This data, split by local authority areas, shows Brighton & Hove, East Sussex and West Sussex all to be marginally above the regional and national averages.

[28] Brighton & Hove Local Transformation Plan, October refresh 2019
[29] West Sussex Local Transformation Plan, October refresh, 2019
[30] Brighton & Hove Local Transformation Plan, October refresh 2019

Needs are highest in Brighton & Hove with East Sussex and West Sussex both reporting 2.5%.

Graph One: Percentage of pupils with social, emotional and mental health needs



West Sussex sees a significantly higher percentage of 16-17 year olds not in education, employment or training with a figure of 9.8%. The other two local authority areas of East Sussex and Brighton & Hove both sit well below the national average, which is 6.0%, at 4.9% and 4.5% respectively.

Section Three

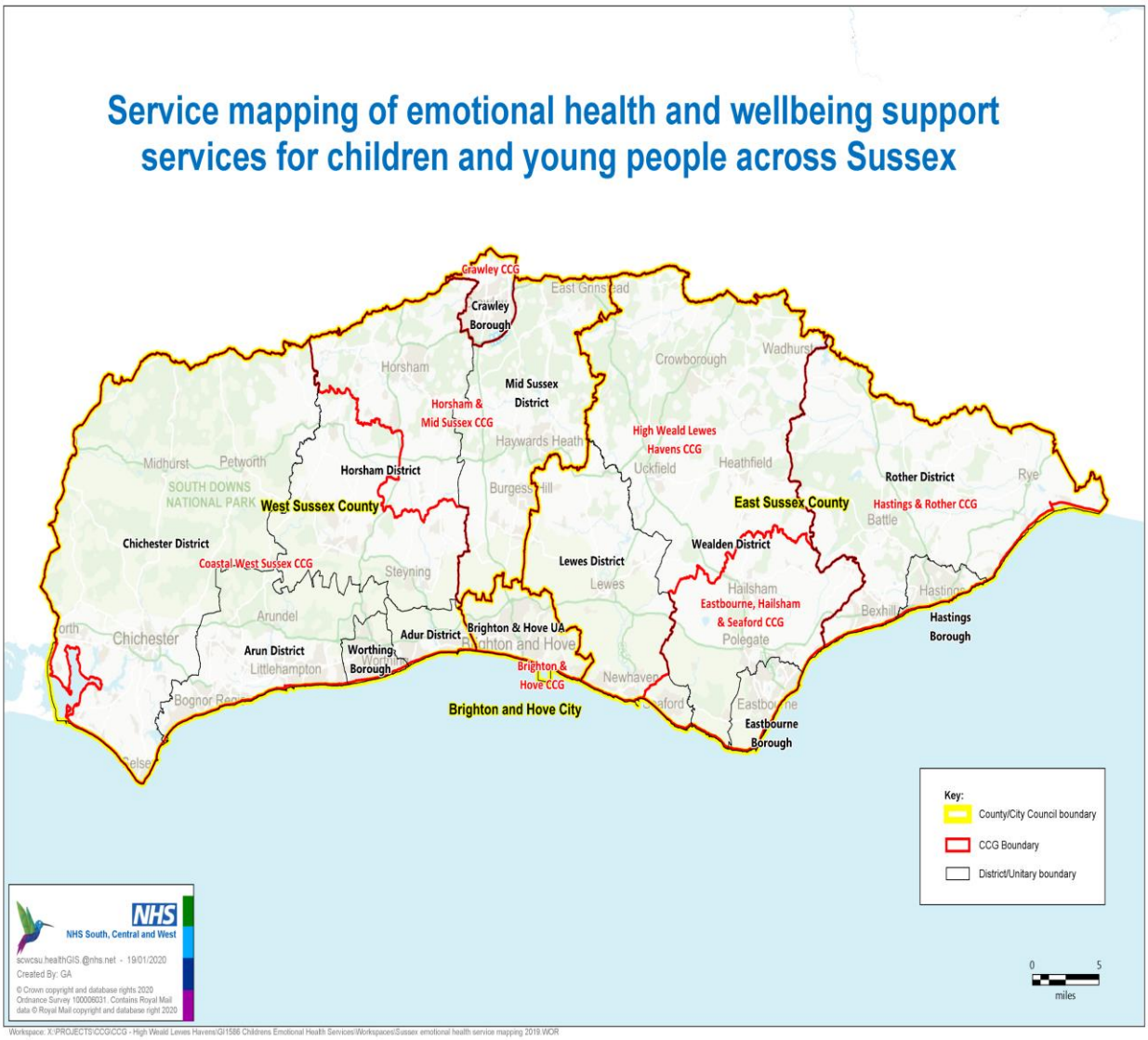
Current service pattern

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.

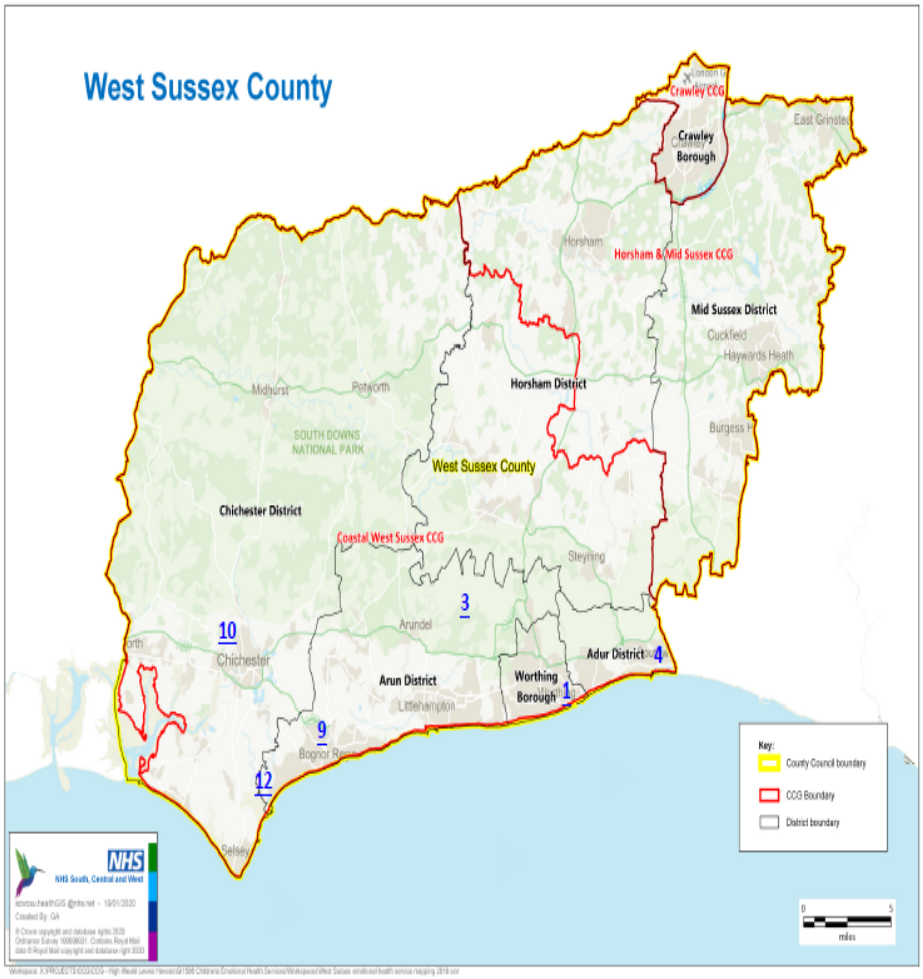
The Review Panel has mapped these services and organisations. The spread of provision, is set out here in maps detailing where those services are located.

Map One: The Sussex landscape: CCG and Local Authority Boundaries



In West Sussex (see Map Two), there are at least nine other providers of emotional health and wellbeing services in the CCG area not all of which are commissioned by the CCGs. This contributes to a complex pathway and sometimes confusing landscape of delivery.

Map Two: West Sussex map and list of services



Links to Services

1) Child and Adolescent Mental Health Services (CAMHS)
2) Community Mental Health Liaison Service
3) Coastal West Sussex MIND
4) Winston's Wish
5) Dialogue (YMCA)
6) BEAT
7) Allsorts
8) Hidden Harm e-Learning
9) ASPENS
10) Life Centre
11) Youth Emotional Support (YES)
12) My Sister's House
13) Your Space
14) Target4Teens

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.

In East Sussex (see Map Three), there are at least 10 other providers of emotional health and wellbeing services in the CCG area, not all of which are commissioned by the CCGs. This contributes to a complex pathway and sometimes confusing landscape of delivery.

Map Three: East Sussex map and list of services

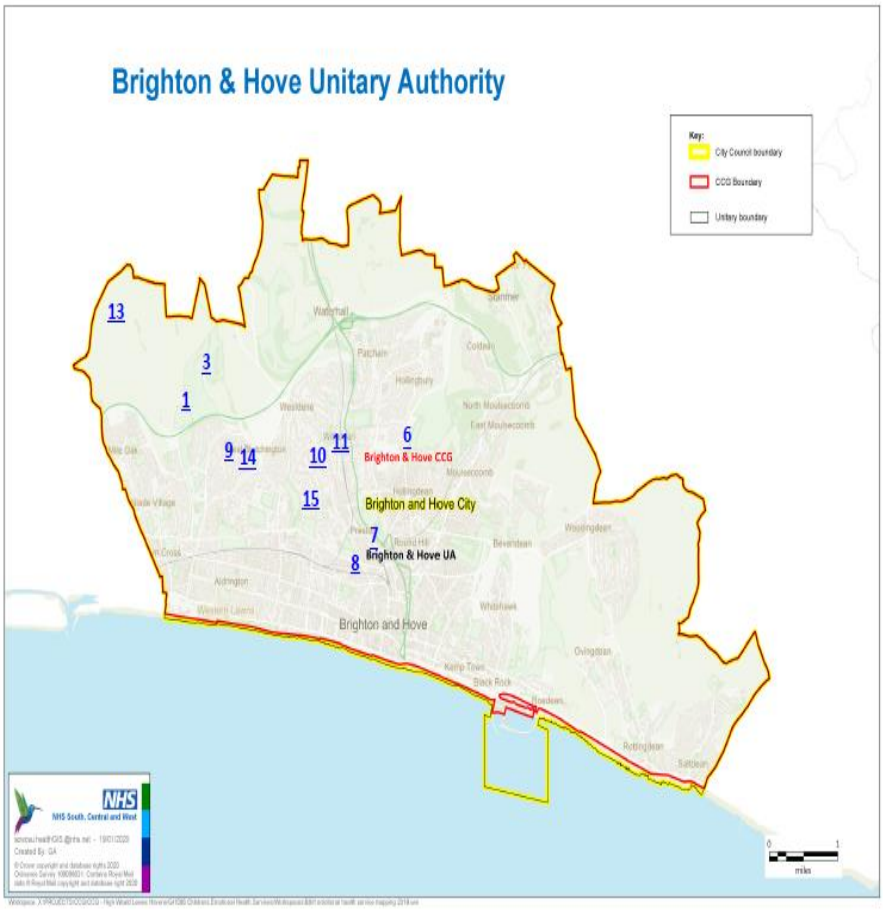
Links to Services

1) Child and Adolescent Mental Health Services (CAMHS)
2) Sussex Mental Health Helpline
3) Discovery College
4) iRock
5) 3VA: Emotional Wellbeing Team – Early Help Keywork
6) Staying Well Space - Southdown
7) Community Connectors
8) The Youth Counselling Project
9) Fellowship of St Nicholas
10) ICE Project
11) E-Motion
12) Rise Above – My Mind
13) Young Minds
14) ISend
15) MindEd
16) MindOut
17) Listen-Hear!
18) Relate – CYP Counselling
19) MIND – Wellbeing in Hastings and Eastbourne Project
20) Big White Wall
21) Moodzone NHS
22) TripleP
23) Henry Healthy Families

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.

In Brighton and Hove (see Map Four), there are 11 providers delivering face-to-face interventions, not all of which are commissioned by Brighton and Hove CCG. This contributes to a complex pathway and a confusing landscape of delivery.

Map Four: Brighton & Hove map and list of services



Links to Services

1) Child and Adolescent Mental Health Services (CAMHS)
2) Sussex Mental Health Helpline
3) Brighton and Hove Wellbeing Service
4) Schools Wellbeing Service (Brighton and Hove Inclusion Support Service (BHISS)
5) Chat Health
6) Youth Advice Centre
7) Young Persons Centre
8) Allsorts Youth Project
9) YMCA Right Here
10) Amaze
11) Parent and Carer Council (PaCC)
12) Young Minds
13) Safety Net
14) Dialogue (YMCA)
15) RU-OK (Substance Misuse)

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.

Section Four

Current performance and activity

In order to establish the pattern of performance and activity, the Review Panel considered both national and local data. This information was collected and analysed by the NHS Benchmarking Network (NHSBN).

The data reviewed and analysed by NHSBN relates predominantly to SPFT services and they advised us that this is an important caveat to note when considering the information presented. This is a limitation brought about by lack of data flow to Mental Health Services Data Set (MHSDS) from commissioned providers, a lack of data provided by other organisations and a lack of knowledge about other services that can be accessed locally but are not commissioned locally. Therefore making clear and reliable comparisons is not possible.

To establish a baseline position against which to compare Sussex, national data in relation to children and young people's services was reviewed. The data provided has enabled the Review Panel to gain an overview of current performance across a range of key measures and these have informed the Review Panel's enquiries, findings and recommendations.

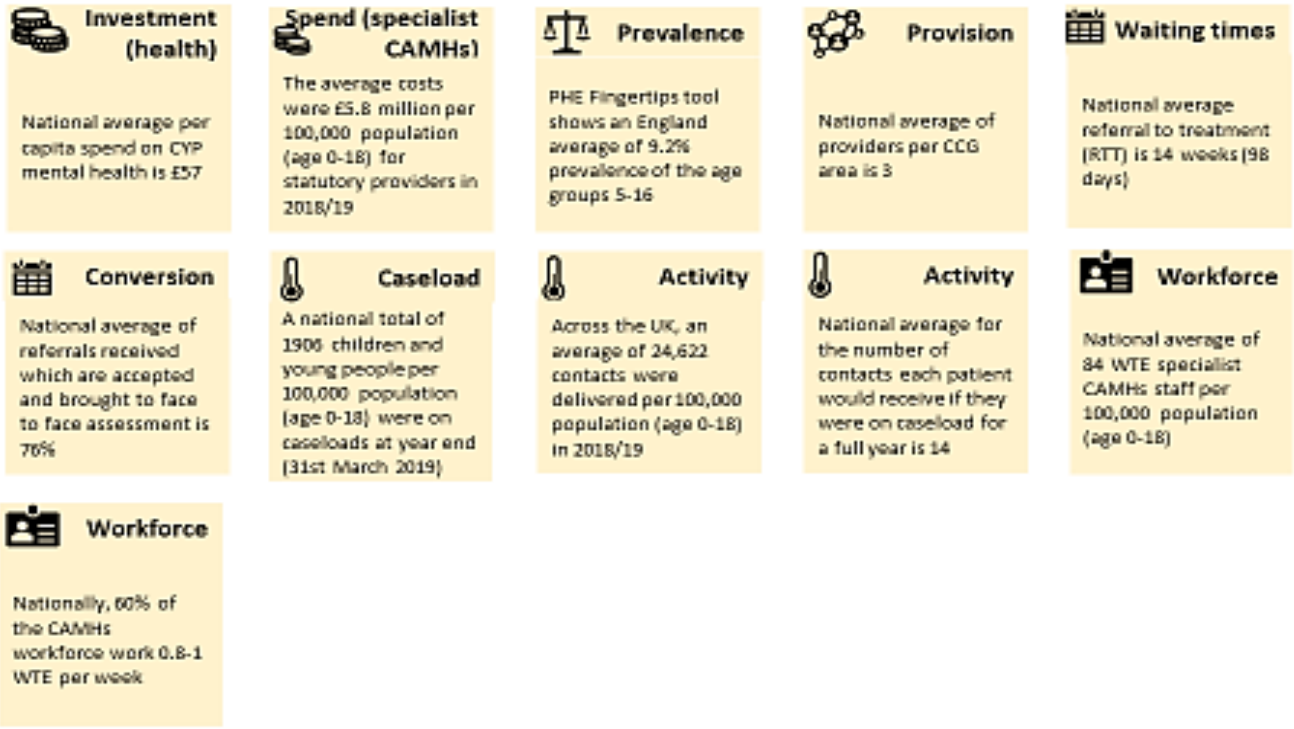
The key findings from the data analysis are set out here and shown in Infographic One below.

Provision across Sussex

MHSDS data confirms 16 provider organisations within Sussex reporting data to the national data set. Provider organisations funded by the NHS are required to submit data to MHSDS. SPFT is the majority provider of specialist CYP (children and young people) MH (mental health) services to Sussex CCGs.

In addition to SPFT, several other local providers operate in Sussex, delivering targeted emotional wellbeing services. These services have the potential to increase access and choice for referrers, for children, young people and their families. Data does not flow to MHSDS from all provider organisations and creates issues in being able to provide a complete picture of data and information relating to all services in Sussex.

Infographic One: Summary of key performance measures provided by NHSBN, 2019



Referral rates

CAMHS is the fastest growing of all major specialties in healthcare. National data from NHSBN suggests a 97% increase in referral rates to CAMHS in the six years to 2018/19. SPFT is the single provider of commissioned specialist CAMHS in Sussex. A summary of SPFT's performance is shown in Infographic Two below.

Up until 2017/18, referral rates to SPFT specialist services had been consistently higher than national growth with numbers exceeding national averages by between 9% and 31%. In 2018/19, SPFT received 3,359 referrals per 100,000 population, a reduction compared to 3,422 referrals per 100,000 population in 2017/18. These 2018/19 referral rates were below national average levels. Referral rates in Sussex were consistently above national averages between 2014/15 and 2017/18. In 2018/19, national referral rates grew by 19% and SPFT referrals appeared close to national median average rates.

Across Sussex, 5,117 referrals were received by non-NHS providers, representing just under a third (31%) of total referral activity. 37% of referrals accepted across Sussex were within these services. We are unable to compare NHS and non-NHS activity across a number of years because of lack of information from the non-NHS sector. This is sometimes because services were not commissioned or required to provide that level of data or because those services were not commissioned three years ago.

Acceptance rates for SPFT specialist mental health services

57% of referrals received by SPFT's specialist mental health services were accepted and brought for a face-to-face assessment. This is the lowest acceptance rate in the peer group, and below the national average position of 76%. There could be a range of reasons for this disparity including referral quality, waiting list management, diagnostic and risk threshold criteria, organisational resource and capacity management.

Conversion rates

Conversion rate data measures the proportion of children and young people who came in for assessment and was then added to caseload for a period of treatment. The most recent conversion rate data for SPFT shows a position of 46%. The national conversion rate from assessment to treatment is 69%.

Using these figures, for every 100 children referred to SPFT, 57 will be assessed face to face, and 26 of those (46%) will then enter treatment. Although there have been recent improvements in access to treatment within SPFT, the drop off rate appears to be around three quarters from the initial point of referral. SPFT will be using resources in terms of staff time and cost, to manage these referrals for children and young people who ultimately do not enter treatment with them.

Reasons for non-conversion to caseload might include; patients who do not engage, did not attends (DNAs), failure to reach provider eligibility thresholds, signposting to alternative services, and provision of successful initial contact intervention.

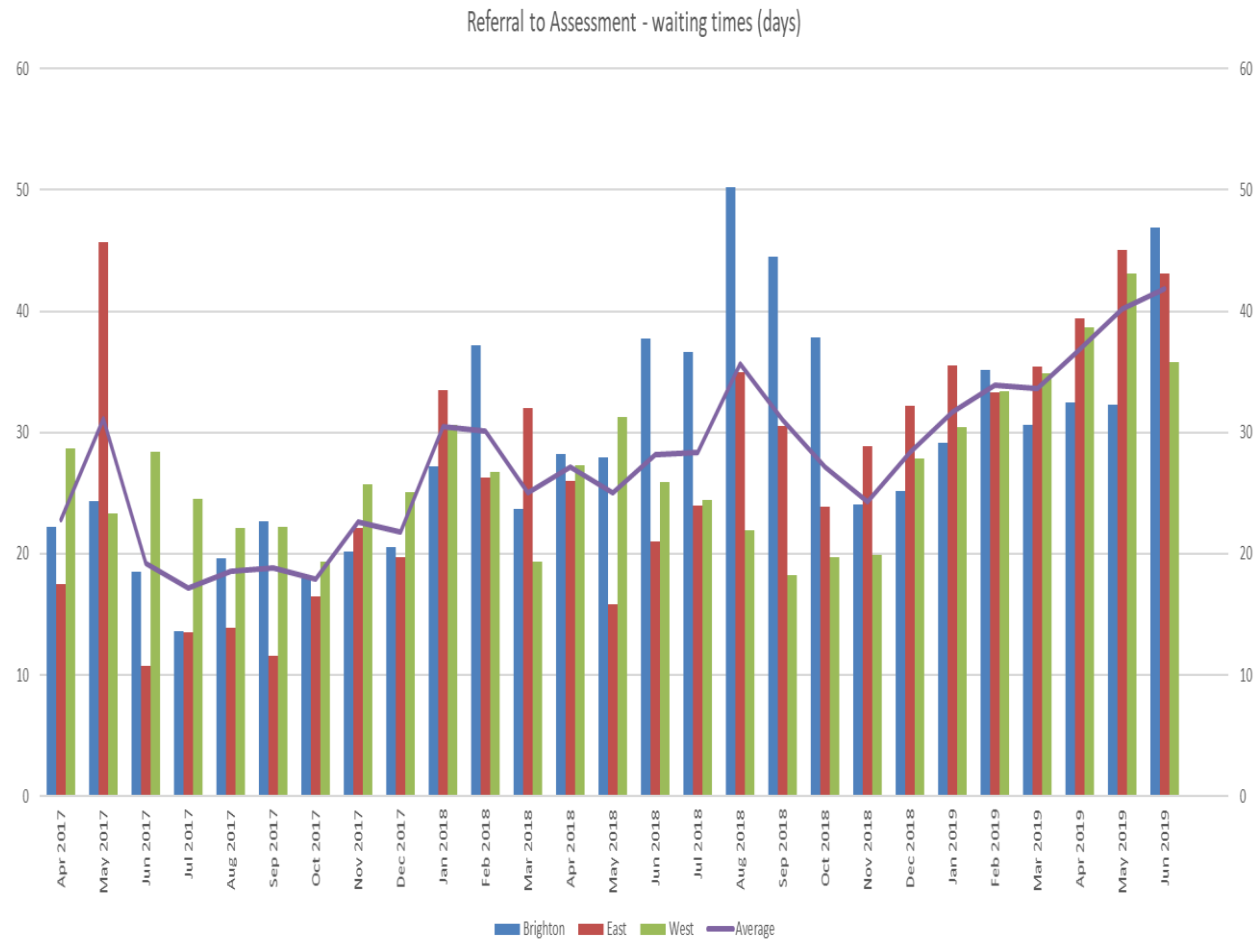
Waiting times for SPFT specialist services

Data supplied by SPFT focused on average waiting times and these were broken down by area - Brighton, East Sussex and West Sussex. The data excludes any tier two activity and also the work of specialist teams such as those providing eating disorder services. The data provided was up to and including June 2019. The data could not be further analysed into time waited and urgency of referral. It is accepted that the mean average can be skewed by the inclusion of people waiting for the longest amount of time, however, the mean value is the one most typically used in reporting.

The specialist service operates a needs led model and will be responding to urgent and routine referrals on a daily basis. In 2018/19 the proportion of urgent referrals received by SPFT was 13% which is consistent with the national average rate. Graph Two below details the average waiting times across all three areas. This data is limited in that it does not represent the number of referrals against the average waiting times. This is a level of detail that will come from any demand, capacity and productivity work with the provider.

Waiting times are measured from initial referral to specialist mental health services to date of assessment, and are measured in days. The period reviewed for this report was April 2017 to June 2019. Although there is variation across teams on a monthly basis, the position, averaged across the three teams, demonstrates a variation of waiting times from a low of 17 days in July 2017 to 42 days by June 2019. The chart below describes this variation. The longest monthly waits reported by individual teams over this period were Brighton & Hove at 50 days (August 2018), East Sussex at 46 days (May 2017) and West Sussex at 43 days (May 2019).

Graph Two: Waiting times referral to assessment, SPFT specialist services



Details for each of the three areas for the same time period (April 2017 – June 2019) are given below.

Brighton & Hove

In Brighton & Hove, the range in waiting times for first assessment ranged from 14 days to 50 days with a general upward trend evident in the data from November 2018 to June 2019, suggesting lengthening waiting times. Subsequent waits for treatment also ranged from 14 days to 50 days with reductions in waiting times evident in recent months. As a general rule, months with longer waits for assessment were months with shorter waits for treatment, which may reflect prioritisation of the pathway or differing demand at different points in the year.

East Sussex

In East Sussex data suggests that initially, waits from assessment to treatment represented the longest part of the pathway. However in the 12 months from July 2018 to June 2019, this has reversed, with longer waits from referral to assessment, but quicker access to treatment following assessment for those children who are added to caseload. There is a general upward trend evident in the data from November 2018 to June 2019, suggesting lengthening waiting times.

Best access for referral to assessment was in June 2017 - 11 days on average and for assessment to treatment in May 2019 - 14 days on average. Longest waits for both referral to assessment and assessment to treatment was 46 days.

West Sussex

In West Sussex, wait from referral to assessment increased in February to June 2019 whilst wait from assessment to treatment reduced for the same period.

Longest waits were 43 days for referral to assessment in May 2019 and 46 days assessment to treatment in February 2018.

Overall, against a 12 week referral to treatment (RTT) measure, achievement was high, placing SPFT in the best performing quartile nationally.

Waiting times for other services

Waiting list information was not available from all providers. However, the table below displays the information that was available and highlights the extent to which waiting lists were evident in these services on 31st March 2019. The Brighton & Hove Children and Young People's (CYPs) Wellbeing Service reported the longest waiting lists, as a result of the waiting lists inherited when the service was first commissioned. This service supports children and young

people in a tier two setting, i.e. those who do not meet the threshold for Sussex Partnership NHS Foundation Trust specialist services.

Table Eleven: Waiting times for non-NHS services at 31 March 2019 (days)

	Awaiting assessment	Awaiting treatment
Lifecentre (West Sussex)	30	Not known
MIND Be OK (Coastal West Sussex)	2	Not known
Sussex Oakleaf Be OK (West Sussex)	4	8
YES	Not known	Not known
Brighton & Hove children and young people Wellbeing Service	226	90
i-ROCK	0	0
Total (non NHS)	262	98

In Brighton & Hove, the Wellbeing Service is the main provider of targeted mental health services for children and young people. The waiting time for first assessment is 79.2 days; the waiting time for treatment is 85.6 days. This service demonstrates waiting times that are longer than those of statutory services. The conversion rate (referrals received that are accepted and brought to face-to-face assessment) is 45.1%, lower than that of specialist SPFT services locally and lower than the national average of 76%. This is in part due to the service inheriting a waiting list when it was commissioned and could also be because of the challenges identified by NHSE Intensive Support Team (IST), when they reviewed the service in December 2018, in terms of waiting list management and a clear diagnostic pathway.

In East Sussex, i-Rock is a partnership service delivered by SPFT and the local authority. i-Rock has no waiting time for assessment or treatment. Its conversion rate (referrals received that are accepted and brought to face-to-face assessment) is 100%.

In West Sussex, Youth Emotional Support (YES), a service commissioned by the NHS, has no data related to waiting times for assessment but for treatment the waiting time is 88 days. The conversion rate (referrals received that are accepted and brought to face-to-face assessment) is 100%. Waiting times for treatment at YES are longer than those for specialist services.

One of the specific areas the review was focussed on was the waiting times for assessments for ADHD (Attention Deficit Hyperactivity Disorder) and ASC (Autistic Spectrum Conditions). We were able to source waiting list information from SPFT i.e. the number of people waiting, but were not able to ascertain waiting times from either SPFT or from East Sussex Healthcare NHS Trust (ESHT). Sussex Community NHS Foundation Trust (SCFT) was able to provide

waiting time information. This is a worrying lack of information that is addressed by the recommendations from this review.

In relation to neurodevelopmental disorders, children and young people wait for a very long time, up to two years, for an assessment of their needs. They wait longer for an assessment of their emotional health and wellbeing than those children and young people who do not have neurodevelopmental needs and often experience a challenging journey through the system.

Providers told us that in 2019/20, they have seen an increase in the numbers of referrals of children and young people for an assessment of their neurodevelopmental needs, of up to 40% more than in 2018/19.

Activity (caseloads)

A national total of 1,906 children and young people per 100,000 population (age 0-18) were on caseloads at year-end (31st March 2019). SPFT reported 1,208 per 100,000 population, which shows it has caseloads 37% smaller than average.

The lower caseloads seen in SPFT's services are also demonstrated in neighbouring Hampshire and Surrey. The peer group average position is 1,787 per 100,000 population, i.e. higher than the SPFT position but below national average levels. The Sussex position may be influenced by the extent of provision commissioned outside the statutory sector.

Activity (contacts)

Nationally, an average of 24,622 contacts was delivered per 100,000 population (age 0-18) in 2018/19. SPFT's average number of all contacts is 20,168 per 100,000 population, which is 18% below national averages.

A total of 89,855 CYP MH contacts were delivered across Sussex in 2018/19. SPFT's specialist services provided approximately 75% of these contacts with providers from other sectors delivering the remainder. This position is incomplete as data is not available for all providers.

Within SPFT, there is an indicative contact rate of 17 contacts per patient per year, which is above the national average of 14. This suggests the lower levels of contacts described above, are a reflection of the lower caseloads reported earlier, and that the intensity of input for a child who is on the caseload in SPFT is higher than for those on caseloads elsewhere nationally.

Workforce (community)

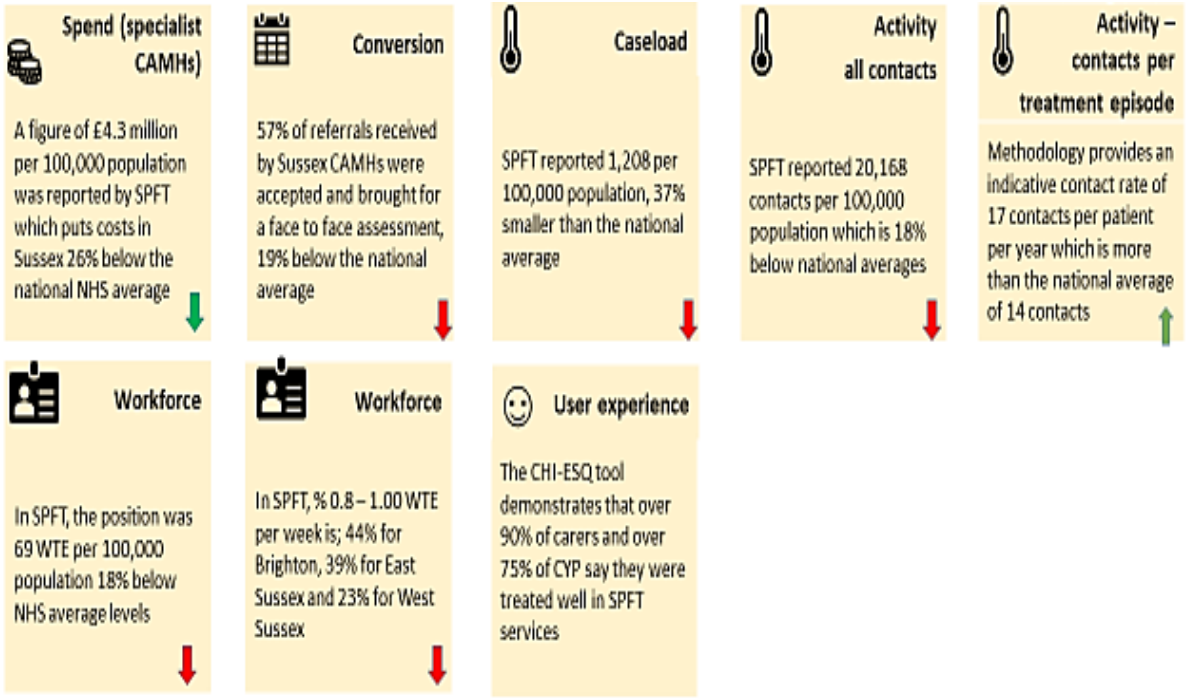
Across England, 2018/19 saw the sixth consecutive year of growth in the size of the specialist services workforce. The average position was 84 WTE (whole time equivalent) specialist community services (CAMHS) staff per 100,000 population (age 0-18).

In SPFT, the position was 69 WTE per 100,000 population (18% below NHS average levels).

Nationally, 60% of the CAMHS workforce work 0.8-1 WTE per week, but this rate is lower across the three Sussex teams, at 44% for Brighton, 39% for East Sussex and 23% for West Sussex. This suggests a more part-time workforce. This may in part be driven by a desire among the workforce, some of which migrates from London for work/life balance reasons, to work part time. Often the financial resources that are made available, sometimes on a short-term basis, can mean that only part-time staff can be recruited. This does not appear to affect the clinical interventions delivered, or their quality.

Infographic Two below summarises the SPFT position described above in relation to the national average position.

Infographic Two: Summary of SPFT specialist services information (arrows denote position in relation to national picture)



Self-harm in children and young people

The Public Health England Fingertips resource provides an overview of the position in relation to self-harm resulting in hospital admission and death by suicide among children and young people. We reviewed the most recent data available covering the period 2017-18.

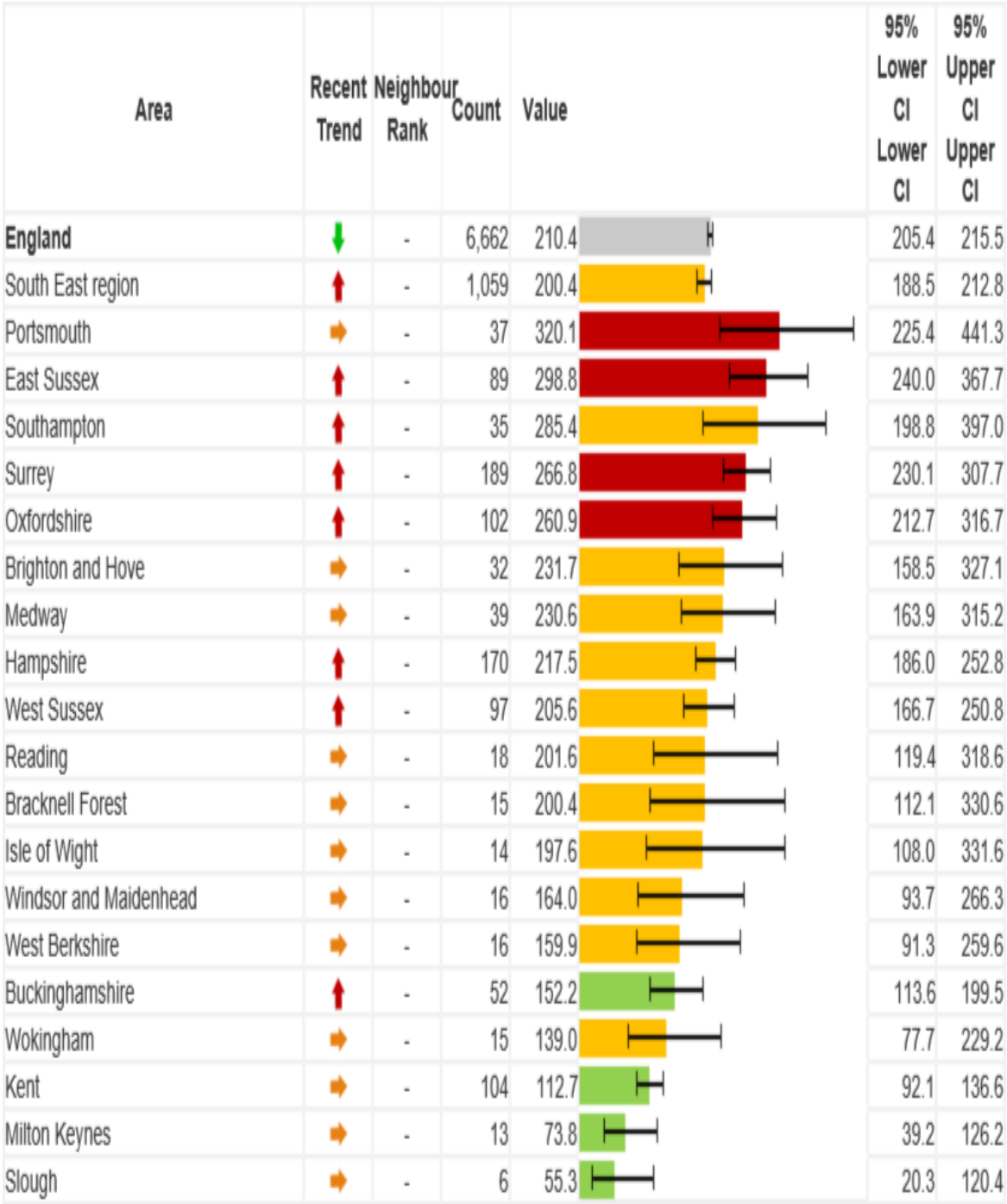
As Graph Three below shows, for those aged between 10-24 years old, Brighton & Hove, East and West Sussex all have rates per 100,000 population of self-harm leading to hospital admission that are higher than for the South East Region and those for England as a whole.

Graph Three: hospital admissions as a result of self-harm, age group 10 – 24 years, per 100,000 population (2017/18).

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	-	-	41,218	421.2	417.1	425.3
South East region	-	-	7,394	467.6	457.0	478.4
Hampshire	-	-	1,299	591.8	559.9	625.0
Portsmouth	-	-	275	570.6	503.3	644.1
Southampton	-	-	329	555.6	494.2	622.2
Brighton and Hove	-	-	355	548.6	490.8	611.2
Bracknell Forest	-	-	110	537.3	440.8	648.4
West Sussex	-	-	685	535.9	496.3	577.9
West Berkshire	-	-	137	529.3	443.0	627.3
East Sussex	-	-	450	527.4	479.6	578.8
Reading	-	-	171	517.7	442.1	602.5
Wokingham	-	-	132	483.9	403.7	575.2
Surrey	-	-	943	467.6	438.1	498.5
Isle of Wight	-	-	96	453.3	366.9	553.9
Medway	-	-	226	442.0	386.2	503.5
Windsor and Maidenhead	-	-	102	439.0	355.6	535.7
Oxfordshire	-	-	558	435.4	400.0	473.2
Slough	-	-	109	433.5	355.5	523.4
Milton Keynes	-	-	164	386.2	328.9	450.5
Buckinghamshire	-	-	327	375.9	335.9	419.4
Kent	-	-	926	343.2	321.4	366.1

Graphs Four and Five show hospital admissions as a result of self-harm for the age ranges 10 -14 years and for 15 – 19 years.

Graph Four: hospital admissions as a result of self-harm, age group 10 – 14 years, per 100,000 population.



Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	↓	-	6,662	210.4	205.4	215.5
South East region	↑	-	1,059	200.4	188.5	212.8
Portsmouth	→	-	37	320.1	225.4	441.3
East Sussex	↑	-	89	298.8	240.0	367.7
Southampton	↑	-	35	285.4	198.8	397.0
Surrey	↑	-	189	266.8	230.1	307.7
Oxfordshire	↑	-	102	260.9	212.7	316.7
Brighton and Hove	→	-	32	231.7	158.5	327.1
Medway	→	-	39	230.6	163.9	315.2
Hampshire	↑	-	170	217.5	186.0	252.8
West Sussex	↑	-	97	205.6	166.7	250.8
Reading	→	-	18	201.6	119.4	318.6
Bracknell Forest	→	-	15	200.4	112.1	330.6
Isle of Wight	→	-	14	197.6	108.0	331.6
Windsor and Maidenhead	→	-	16	164.0	93.7	266.3
West Berkshire	→	-	16	159.9	91.3	259.6
Buckinghamshire	↑	-	52	152.2	113.6	199.5
Wokingham	→	-	15	139.0	77.7	229.2
Kent	→	-	104	112.7	92.1	136.6
Milton Keynes	→	-	13	73.8	39.2	126.2
Slough	→	-	6	55.3	20.3	120.4

In the 10 – 14 age range, self-harm admissions for both Brighton & Hove and East Sussex are higher than the region and England average. West Sussex is lower than the England average but higher than the region average. Both East

and West Sussex show an increasing trend with Brighton & Hove showing a stable position.

Graph Five: hospital admissions as a result of self-harm, age group 15 – 19 years, per 100,000 population.

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	↑	-	20,240	648.6	639.7	657.6
South East region	↑	-	3,821	738.0	714.8	761.8
Southampton	↑	-	171	1,038.3	888.5	1,206.1
Portsmouth	↑	-	144	1,026.0	865.3	1,207.9
Hampshire	↑	-	699	927.4	859.9	998.7
Brighton and Hove	↑	-	163	926.8	790.0	1,080.5
West Berkshire	↑	-	79	840.5	665.4	1,047.5
Reading	↑	-	79	829.8	657.0	1,034.2
Wokingham	↑	-	80	823.9	653.3	1,025.4
Medway	↑	-	134	806.4	675.6	955.1
Bracknell Forest	↑	-	58	803.0	609.7	1,038.1
West Sussex	↑	-	351	795.2	714.2	882.9
East Sussex	↑	-	228	774.5	677.2	881.8
Slough	↑	-	65	760.3	586.8	969.1
Isle of Wight	→	-	53	731.9	548.2	957.4
Oxfordshire	↑	-	287	713.1	633.0	800.5
Surrey	↑	-	464	685.1	624.2	750.4
Milton Keynes	→	-	93	632.5	510.5	774.9
Windsor and Maidenhead	→	-	51	571.5	425.5	751.4
Buckinghamshire	↑	-	162	529.3	450.9	617.3
Kent	→	-	460	509.8	464.3	558.6

In the 15 – 19 age groups, all areas in Sussex are higher than the South East region and England average with an increasing trend.

Suicide in children and young people

The Office for National Statistics (ONS) definition of suicide includes all deaths from intentional self-harm for persons aged 10 and over, and deaths where the intent was undetermined for those aged 15 and over. Graph Six shows information derived from the Public Health England Fingertips resource, which gives information for the age range 10 – 34 years.

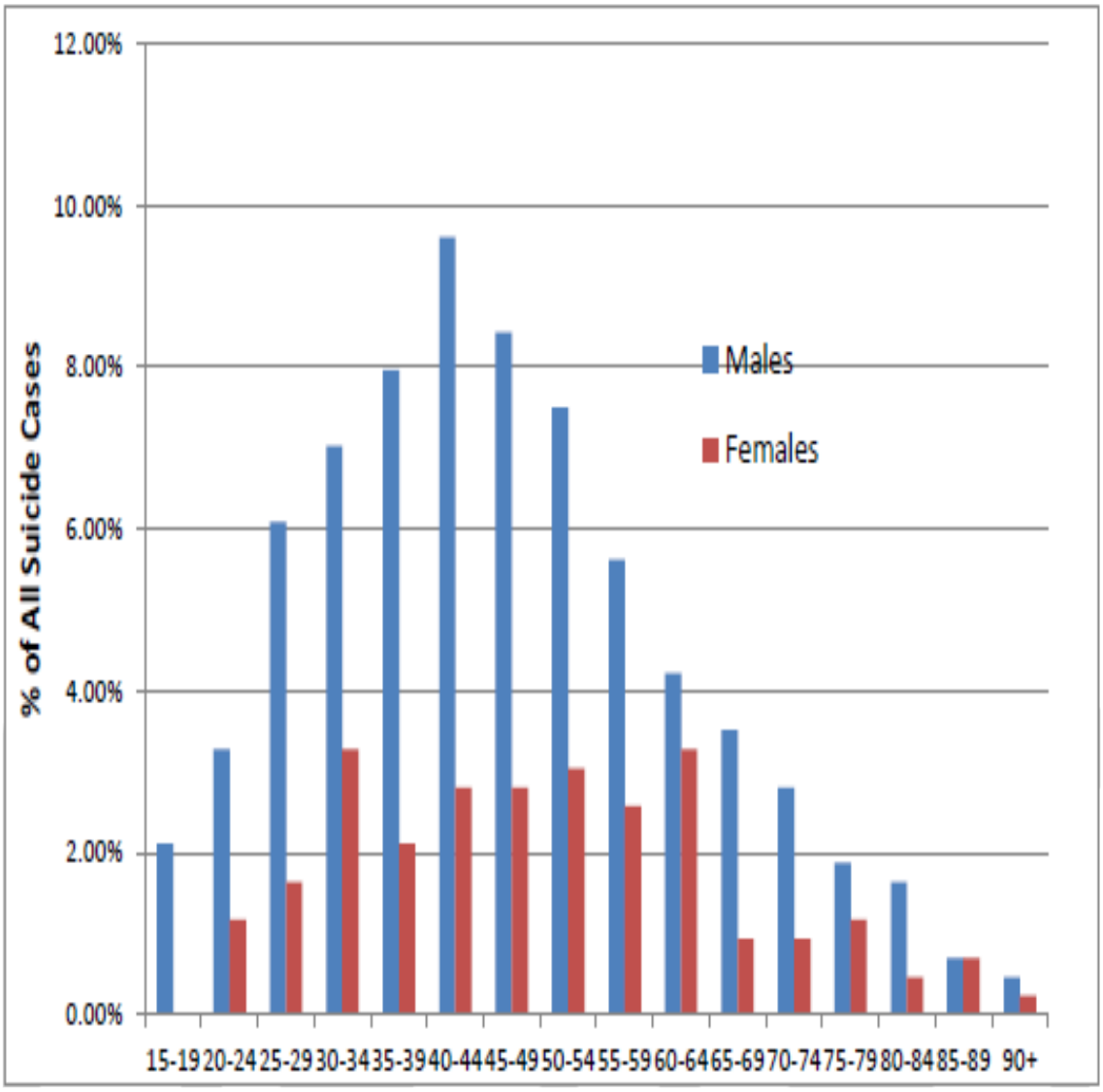
Graph Six: Suicide crude rate 10-34 years, per 100,000 five-year average (2013 - 2017)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI Lower CI	95% Upper CI Upper CI
England	–	-	4,595	10.5	10.2	10.8
South East region	–	-	730	10.8*	-	-
Slough	–	-	19	14.9	8.9	23.2
Milton Keynes	–	-	30	14.3	9.6	20.4
East Sussex	–	-	47	13.2	9.7	17.6
Portsmouth	–	-	28	12.9	8.6	18.7
West Sussex	–	-	70	12.4	9.7	15.7
Brighton and Hove	–	-	33	11.8	8.1	16.6
Kent	–	-	131	11.5	9.6	13.7
Hampshire	–	-	110	11.5	9.5	13.9
Windsor and Maidenhead	–	-	11	10.1	5.1	18.2
Isle of Wight	–	-	9	10.0	4.6	18.9
Oxfordshire	–	-	55	9.8	7.4	12.7
Southampton	–	-	26	9.8	6.4	14.3
Medway	–	-	22	9.6	6.0	14.5
Surrey	–	-	73	8.7	6.8	11.0
Bracknell Forest	–	-	8	8.5	3.7	16.8
Reading	–	-	13	8.5	4.5	14.5
Buckinghamshire	–	-	29	7.8	5.2	11.2
West Berkshire	–	-	8	7.1	3.1	14.1
Wokingham	–	-	8	7.1	3.1	14.0

All areas in Sussex show rates of death by suicide that are higher than the South East region and the England average. Local Transformation Plans (LTPs) and suicide prevention strategies and plans for all areas have been reviewed and information for each area is detailed below.

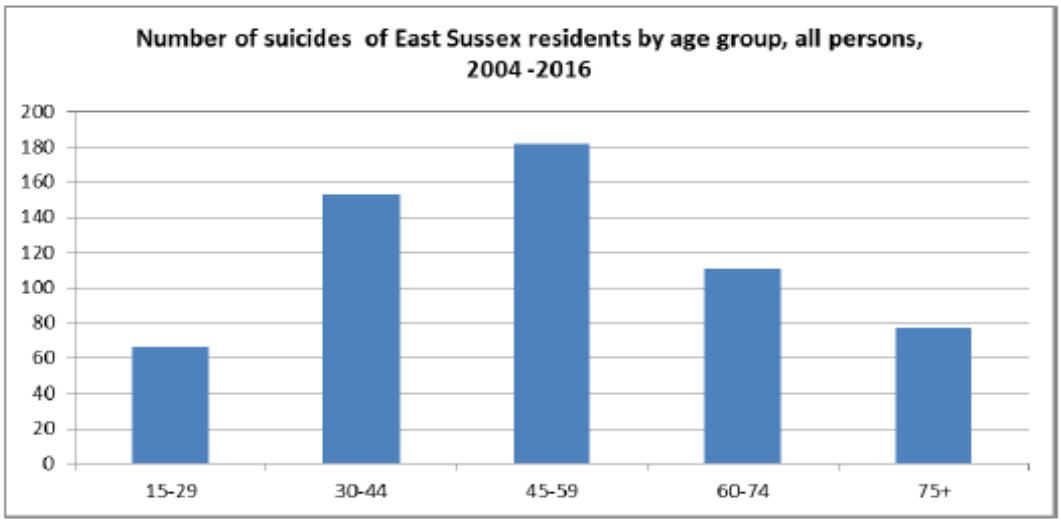
In Brighton & Hove**,** the LTP does not directly comment on suicide but refers the reader to, The Brighton & Hove Suicide Prevention Strategy: And Action Plan January 2019 - December 2021(December 2018) which provides the numbers set out in Graph Seven.

Graph Seven: Brighton & Hove - number of suicide and undetermined injury deaths by age and gender, Brighton & Hove residents, 2006-2016



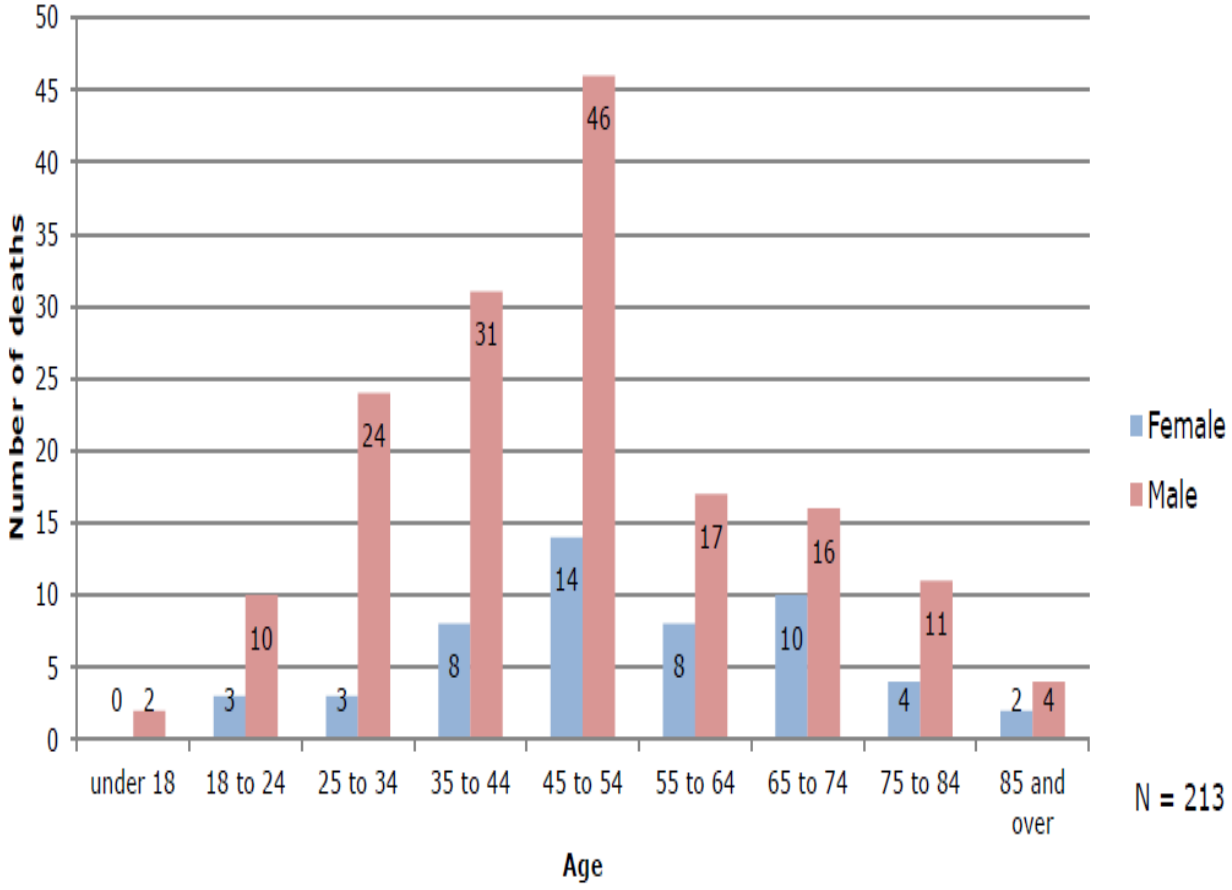
In East Sussex, the LTP has this to say about suicide, ‘Suicide in under 18’s is rare, although the East Sussex Child Death Overview Panel Chair has flagged an increase in recent years’ and the suicide audit provides the numbers shown in Graph Eight:

Graph Eight: East Sussex - numbers of suicides of East Sussex residents by age group 2004 – 2016



In West Sussex, the LTP details that, during a three-year period (2013-15) there were less than five deaths recorded among under-18's and 15 deaths in under-25's (7.0% of total). Graph Nine shows the number of deaths by suicide by age and gender drawn from the West Sussex Suicide Prevention Strategy (West Sussex Suicide Prevention Strategy, 2017-2020).

Graph Nine: West Sussex - Number of deaths by age and gender 2013-15



In 2015-17, there were 547 deaths by suicide across the Sustainability and Transformation Partnership (STP) area giving an age-standardised[31] rate of 11.1 per 100,000 population compared to 9.5 for England. Therefore, this figure and those below, is for all ages.

At CCG level, suicide rates in Brighton & Hove are significantly higher than England; rates in Eastbourne, Hailsham & Seaford and Hastings and Rother are the next highest.

By district/borough/unitary authority areas the rates in Eastbourne, Brighton & Hove and Hastings and Rother are significantly higher than for England.

The ability to compare by age range and gender within age range across Sussex is limited because each area suicide audit has collected information in a slightly different way. To compare parts of Sussex with England would require comparison of the respective rates in the adolescent population in the period quoted. At a Sussex-wide level the numbers of adolescent suicides are small (even using three years of data) and can give unreliable estimates of rates. We cannot draw any direct or sound conclusions on that basis.

School nursing

100% of referrals to school nurses were seen within 28 days, while also reporting some of the highest ratios of children to WTE school nurses nationally at over 2,500 children per WTE School Nurse.

Use of Mental Health Act assessment (MHAA)

In 2018, across England, there was an average of 35 Mental Health Act assessments per 100,000 population (age 0-18). The figure in East Sussex was 60, suggesting greater demand for assessments for young people in this area. Data for West Sussex and Brighton & Hove was not available. There may be several reasons for these apparently high rates of Mental Health Act assessment but it was not in the scope of this review to examine those directly. The issue of data is addressed in our wider recommendations.

Prevalence in schools

The estimated prevalence of social, emotional and mental health needs in school pupils from 2018 shows both the England average and the South East regional average as 2.4% of pupils reporting specific needs. This data, split by Council areas, shows Brighton & Hove, East Sussex and West Sussex all to be

[31] In epidemiology and demography, age adjustment, also called age standardisation, is a technique used to allow populations to be compared when the age profiles of the populations are quite different.

marginally above the regional and national averages. Needs are highest in Brighton & Hove (3%) with East Sussex and West Sussex both reporting 2.5%.

Special Educational Needs and Disabilities (SEND)

In West Sussex, approximately 20,000 children and young people with SEND receive support in an early years setting, school or college, with over 4,000 of these having a Statement of Special Educational Needs or an Education, Health and Care Plan (EHCP).[32]In East Sussex, the proportion of children and young people with Maintained Statements and Education, Health and Care Plans has risen from 1.6% in 2011 to 2.2% in 2018.[33] In Brighton & Hove, in January 2018 5,432 children and young people had identified Special Educational Needs (SEN), which is 16.8% of the school population.[34]

[32] West Sussex SEND strategy 2016-19
[33] East Sussex SEND strategy 2019-21
[34] Brighton & Hove SEND Guide for Professionals

Section Five

Finance

One of the challenges for the Review Panel was to obtain a definitive picture of the amount of investment in children and young people's emotional health and wellbeing services in Sussex. Gathering this information and its analysis was intended to facilitate a clearer understanding of the financial commitments made by the CCGs and local authorities in Sussex, and the financial resources for Sussex Partnership NHS Foundation Trust. The Review Panel wanted to know:

- How much was invested on universal, targeted and specialist emotional health and mental health services as a proportion of all spend on children's and young people's services.

- How much was invested in universal, targeted and specialist emotional health and mental health services separately.

Universal services are those such as schools, health visitors and children's centres. Targeted services are those for children and families beginning to experience, or at risk of difficulties, for example school counselling, parenting programmes and support for teenage parents. Specialist services are those relating to children and young people's mental health, for example CAMHS.

In presenting this information, there are some caveats to be borne in mind and these are described with each area covered. Although the Review Panel Project Team requested financial data using a bespoke set of tables for completion, local organisations, including the local authorities were largely unable to supply the information in the format requested. This is likely to be because at source, the level of data and detail may not exist and as a result, it is hard to make reliable comparisons.

There is a lack of published national local authority data on children's services in relation to emotional health and wellbeing and benchmarking is therefore not available. However, there is some data on local authority provided children's services that is presented by the Department for Education.

Table Twelve provides an overview of local authority expenditure on children's services across the South East region and the total for England as a whole.

Table Twelve: Local Authority Expenditure on Children's Services Net expenditure on children and young people's services by local authority 2017-18

LA Code		Children's and young people's services £000s	Pupil / Population Count	Spend per Capita (£)
	ENGLAND	**8,632,612**	**11,962,245**	**722**
	SOUTH EAST	**1,263,139**	**1,961,422**	**644**
867	Bracknell Forest	20,561	28,646	718
846	Brighton and Hove	57,335	51,571	1,112
825	Buckinghamshire	74,348	124,931	595
845	East Sussex	61,887	107,320	577
850	Hampshire	153,415	284,317	540
921	Isle of Wight	21,010	25,036	839
886	Kent	187,937	337,996	556
887	Medway	64,508	64,694	997
826	Milton Keynes	41,905	69,050	607
931	Oxfordshire	82,766	144,061	575
851	Portsmouth	36,131	44,695	808
870	Reading	39,225	37,513	1,046
871	Slough	29,744	42,542	699
852	Southampton	44,972	51,114	880
936	Surrey	179,461	263,131	682
869	West Berkshire	22,485	36,093	623
938	West Sussex	109,855	174,893	628
868	Windsor and Maidenhead	18,547	34,706	534
872	Wokingham	17,047	39,113	436

Source: Department for Education, Section 251 Outturn survey 2017/18 (included in NHSBN report).

The numbers indicate that Brighton & Hove are spending more than the England average and East Sussex and West Sussex are both spending less.

Brighton & Hove Local Authority financial data

For Brighton & Hove local authority, some information was provided for 2019/20 against the universal, targeted and specialist headings. No information was supplied which described the proportion of spend and 2020/21 provisional information was not available to be included in the return.

The total investment recorded was £6,294,000. Of this amount, just under £2.5 million was focused on those aged 0-11, £3,755,000 on those aged 12-18 and £125,000 on those in transition to adulthood aged 16-18.
In Brighton & Hove, the allocation of resource was as follows:

- £4,925,000 was invested in universal services, with just under £2 million that focussed on those aged 0-11 and just over £3 million on those aged 12-18. No investment was allocated in relation to those aged 16-18 and in transition to adulthood.

- In relation to targeted services, the total investment was £884,000. £364,000 was focused on those aged 0-11 and £520,000 of those aged 12-18. Again, there was no allocation for those aged 16-18 and in transition to adulthood.

- For specialist services focused on children and young people's mental health, those total invested was £485,000. This was split £180,000 for both those aged 0-11 and 12-18. For those in transition to adulthood aged 16-18, £125,000 was allocated.

East Sussex Local Authority financial data

For East Sussex, some information was provided for 2019/20 against the universal, targeted and specialist headings. No information was supplied which described proportion of spend and 2020/21 provisional information was not available to be included.

The total investment made by East Sussex was £48,003m.

In East Sussex, the split of the resource was as follows:

- For universal services, the total investment was £722,000 with a split of £419,000 on those aged 0-11 and £303,000 on those aged 12-18. There was no allocation for those in transition to adulthood aged 16-18.

- For targeted services, the total investment was £46,055m with a split of £26,685 for those aged 0-11, and £19,370 for those aged 12-18 of which £3,839 was for those in transition to adulthood aged 16-18.

- For specialist services focused on children and young people's mental health £1,226,000 was allocated with a split of £60,000 for those aged 0-11 and £1,166,000 for those aged 12-18. No allocation was made for those in transition to adulthood aged 16-18.

West Sussex Local Authority financial data

In West Sussex, there is an aligned budget between the county council and the CCGs and this is used in a combined way to create the investment profile. So, both NHS and local authority investment information is shown here. The information provided by West Sussex was not in the same format or split as for Brighton & Hove and East Sussex.

The total investment made by West Sussex was £10,226,561.

In West Sussex, the split of the resource was as follows:

- For universal services, the total investment was £1.3 million for those aged 0-11. This included £1.2 million for Healthy Child Programme nurses and £100,000 for therapeutic interventions in early help. No allocation was reported for those in transition to adulthood aged 16-18.

- For targeted services, the total investment was £589,061. No allocation was reported for those in transition to adulthood aged 16-18.

- For specialist services focused on children and young people's mental health, £8,337,500 was allocated. No allocation was reported for those in transition to adulthood aged 16-18.

Clinical Commissioning Group investment

NHS Benchmarking Network reviewed the reported CCG baseline funding for mental health for each of the Sussex CCGs.

The average CCG devolved spend per capita – all ages - on mental health and learning disability services was £180 in 2018/19. The average across all Sussex CCGs was £163 (range £135 - £219). Therefore, the average all age investment across Sussex was 9% lower than the England national average.

Across England, CCGs spent 13.6% of their total devolved annual budgets on mental health and learning disability services – again this is all ages. In Sussex CCGs, the average was 11.9%, with a range from 9% to 19%. The data for Sussex confirms lower levels of both absolute and proportionate expenditure on mental health and learning disability services than overall England average levels. The position at CCG level is particularly pronounced with Brighton & Hove CCG the only one of the seven CCGs investing at above average levels for all age mental health services.

The position in relation to investment in specialist services (CAMHS) per child was only available for the 2016/17 financial year. This again showed variation in the amounts being spent, ranging from £45 per child (under 18) to £11 per child. The average across the Sussex CCGs was £30.

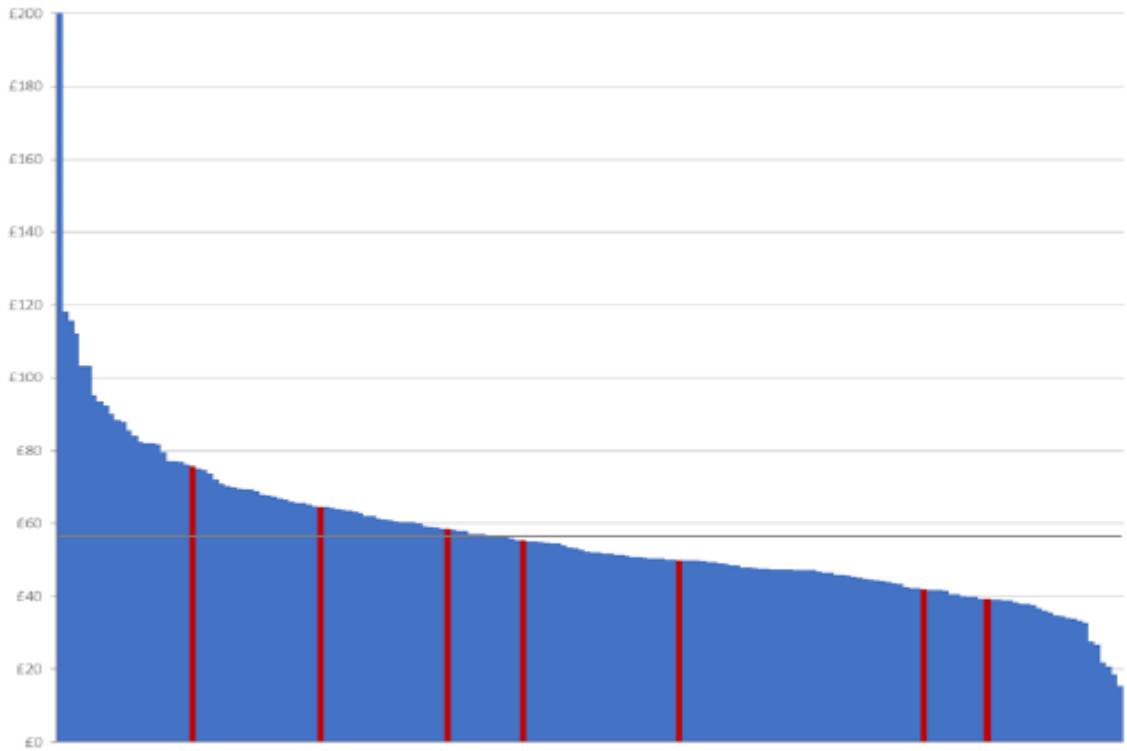
In England, average CCG spend per capita on children and young people's mental health (excluding learning disabilities and eating disorders) was £57 per capita (0-18) in 2018/19. The average across all Sussex CCGs was £55, however there was local variation ranging from £39 to £76 per capita.

Per capita spending on children and young people's mental health services by Sussex CCGs is marginally below national average levels; however, there is variation evident across the seven Sussex CCGs. Table Thirteen below details spend per CCG and Graph Ten shows the CCGs' position in relation to the national position.

Table Thirteen: CCG investment on children and young people's mental health services 2018/19[35], excluding learning disabilities and eating disorders

CCG	GP registered population 0-18 years	Total spend (£s) 0-18 years	Total spend per head (£s) 0-18 years
Brighton & Hove	55,278	4,184,000	75.69
Coastal West Sussex	92,942	5,425, 080	58.37
Crawley	29,634	1,242,346	41.92
Eastbourne, Hailsham and Seaford	35,889	1,983,511	55.27
Hastings & Rother	34,653	1,724,714	49.77
High Weald, Lewes Havens	33,187	2,141,000	64.51
Horsham & Mid Sussex	50,257	1,974,882	39.30

Graph Ten: CCG spend per capita 0-18 years on children and young people's mental health services, excluding learning disabilities and eating disorders 2018/19



[35] Five Year Forward View Dashboard 2018/19

Breakdown of key finance and performance data by CCG area

Brighton & Hove CCG

Brighton & Hove CCG spend per capita on children and young people's mental health is £76. This is £19 per capita more than the national average. The prevalence of mental health within the age group 5-16 is 8.5%. Brighton & Hove therefore has a lower prevalence level than the national average but invests more per capita.

East Sussex CCGs

Between the three CCGs in East Sussex the spend per capita on children and young people's mental health varies from £50 in Hastings and Rother, £55 in Eastbourne, Hailsham and Seaford to £65 in High Weald Lewes Havens. The prevalence rate is broadly similar across the three CCGs, with High Weald Lewes Haven at 8%, Hastings and Rother at 9.3% and Eastbourne, Hailsham and Seaford at 9%.

High Weald Lewes Havens invests £8 more per capita than the national average despite having one of the lowest prevalence rates in Sussex. Hastings & Rother and Eastbourne, Hailsham & Seaford invest less per capita (£7 and £2 respectively) with Hastings & Rother having a higher prevalence rate.

West Sussex CCGs

Between the three CCGs in West Sussex the spend per capita on children and young people's mental health varies between £58 in Coastal West Sussex, £42 in Crawley and £39 in Horsham & Mid Sussex. The prevalence rate varies with Coastal West Sussex at 8.5%, Crawley at 9% and Horsham and Mid Sussex at 7.8%.

Crawley invests £15 less per capita despite having national levels of prevalence. Horsham & Mid Sussex invests the least of all CCGs per capita at £18 less than the national average. It is noted that Horsham and Mid Sussex also has the lowest rates of prevalence.

Section Six

What we heard

The Review Panel received a significant amount of information, views and opinions during the engagement process. The process used a mixture of methods, which included five Open Space listening events, three focus groups, service visits, and attendance at a variety of local community events. This face-to-face engagement was supported by the responses to the five online surveys and individual responses that were sent in to the Review Panel.

Overall, during the four-month engagement period we heard from over 1,500 people. Of the 1,500, over 700 people responded to the online survey for children, young people, families and health and social staff and 1 in 4 local GPs responded to the specific survey created for them.

Most importantly of all, the Review Panel heard directly from children and young people, their families and carers during the course of the engagement programme.

All of the comments, feedback and responses received through the engagement period have been analysed, synthesised and summarised to inform the report findings and recommendations. We heard and read a range of very important messages. The most consistently cited issues are set out in this section.

In these sections we have described; what people told us about their experiences of accessing services; what staff told us about delivering services locally; and the challenges faced by commissioners and managers in Sussex.

In previous sections, we have described the range of objective and quantitative data we analysed; this section focuses on experiential and qualitative information. It is important to understand that one position may not necessarily support the other, so for example, when we describe waiting times, without exception, the experience is that children and young people wait for a long time and that services describe increasing difficulty in managing waiting times. However, the data taken from the MHSDS (Mental Health Service Data Set) describes a picture of reducing waiting times and waiting times that are within local and national targets.

Access

Access to services was a consistent and strong theme throughout the review and it featured the most prominently in responses from all those with whom the review engaged. We heard of a number of examples where parents had paid for private support due to these challenges of access to local services.

They told us that:

It is not always easy to access services in Sussex because there is a confusing landscape, people are not sure what services can offer, and people don't know where to find help and criteria is unclear or inconsistent.

There is always a wait to access services and sometimes the waiting time can last many months. The view of many is that waiting times are an issue that is defined by resources and growing demand. A consistent message from those who responded was that if resources are not likely to increase, then it is important to focus on how services can become more efficient with the resources they have.

It is not easy to contact services, particularly specialist services, by phone or email and there are many occasions when there is no response to enquiries. We were told that getting a phone response is especially problematic.

Some GPs reported feeling reluctant to refer to specialist services due to long waiting times. We also heard that there are GPs who do not know how to refer to specialist services or other services.

We heard that particular groups of children and young people appear to be more affected by accessibility issues. This was especially the case for those who have an ASC (Autism Spectrum Condition). We heard that these services are not currently adequate and that there was a lack of post-diagnostic support in Sussex, which impacts on the accessibility of support. We found that there is a waiting time for access to neuro-developmental assessment services but we did not find evidence that children with neuro-developmental needs wait longer for an assessment of their emotional health or mental health from targeted or specialist mental health services. It is important to understand where children and young people are waiting and what they are waiting for.

The obstacles to access

Although many people who engaged with the review felt that waiting lists and waiting times were in and of themselves an obstacle to access, they also cited a number of other factors.

For example, knowledge of the services available is not widespread and this applies not only to children, young people and their families, but also to professionals. There was a perception among some that certain services were easier to access than others, but that the directory or map of services is not clear, not current or up to date or widely publicised.

Although there was some recognition that there are a variety of different services on offer, we heard that people observed a clear gap in services for young people who are presenting with what they experience as significant mental health difficulties but who do not appear to meet the threshold for specialist services. The reported experience of many young people was that they end up being re-referred to services multiple times for ongoing support, even though these services are not commissioned to provide that support. We heard that families are informed of long wait times, but not then offered any support in the interim.

It was reported that children and young people living in rural areas experience particular difficulty accessing services as a result of where they live. These difficulties include; inflexibility of services in location and opening times, lack of transport with some children and young people having to rely on family members to escort them and isolation of some communities. For example, the visit to the armed service personnel on Thorney Island demonstrated their isolation from services and support.

A lack of resources was regularly reported as being a significant obstacle to improving access, with many of those who engaged with the review sympathetic to the financial challenges that services face, but less sympathetic to resources not being prioritised for children and young people.

Parents in particular expressed difficulty in accessing emotional health and wellbeing support for their children and felt this needed to be addressed, and in addition more up to date information about what is available was important to them in being able to seek the right help and support.

Equity of access

Those who took part in the engagement process reported that there was a sense of inequity of provision across Sussex. This issue was especially marked in relation to neuro-developmental services and access to them, but also related to other forms of service and support. There was a perception that children and young people who had neuro-developmental issues waited longer for emotional health and wellbeing interventions and support. The section above on access describes what we found in relation to this.

Where services are located, was reported as being difficult for some children and young people and this was seen as particularly problematic where community

services are limited by their location. This can often be the case for those children and young people living on a geographical border between particular parts of Sussex. This was described as being of concern as where you live should not determine the level of service you receive or the access to it.

People told us that they were concerned about populations and groups who might be hidden from view e.g. those young people who were school refusers, those who were educated at home or who were absent from school.

Some parents and families told us that they felt they had to resort to paying privately for care and support in order to receive a service more quickly than local services could provide.

What could be done to improve access?

Those who took part in the engagement process offered their ideas about what could be done to improve access. The responses covered a range of options and included:

- Bringing referrals together in one place
- Reducing waiting times
- Asking young people what they want
- Collaborating - professionals should work together more and share information between them
- Improving communication between services, particularly specialist services and referrers
- Promoting and publicising - more up to date and widely available information about what is available and where is needed
- Providing interim support while waiting for more specialist services
- Delivering practical support and advice for parents and carers
- Supporting teachers and schools to deliver a range of responses.

What worked well?

Many people told us that once they were receiving services that they were very pleased and that they experienced teams and individuals as being highly competent, experienced and qualified.

Capacity

The capacity or amount of time and resource, of services to respond to the level of demand for their help was a concern for many people who took part in the engagement process.

Staffing/workforce

Those who took part in the engagement process told us that a lack of staff was, in their view, a significant contributory factor in not being able to support as many children and young people as were asking for help. Some reported that it appeared that staff working in local services were overworked and very stretched.

There was a perception that demand was high and that this was contributing to the high workload that some of those responded had observed or experienced. This experience does not match with the reduction in referrals to specialist services for example. Staff in emotional health and mental health services described being overwhelmed by the amount of referrals and numbers of people they had on caseload.

We heard the view that reductions in funding can mean cuts to workforce, and more pressure on the existing workforce to work twice as hard. We also heard about reductions in non-specialist services, some of which are local authority commissioned, for example youth services, Sure Start and others.

The nature of the 'system'

We heard that there was concern about meeting organisational performance objectives and the sense that this can sometimes get in the way of doing what is right for young people and families. It was put to us that systems are often set up to benefit organisations rather than families.

It was reported to us that the way in which services are structured is felt to be too rigid and that there is no middle ground – a sense that it is specialist services e.g. CAMHS or nothing. The importance of having a robust pathway that reserves specialist services for the most complex/high risk cases utilising other community and third sector services was stressed to us. Some of those we spoke to held concerns about the level of expertise in non-specialist services because the perception is that the most highly qualified staff work in the specialist services. This might, in part, help us to understand why families believe that only specialist services can offer the necessary support for their children and young people.

Workforce

As has been identified earlier in this report, the issue of ensuring sufficient numbers of skilled staff to deliver services is central to delivering effective help. This was highlighted through the engagement process and some of the following issues were raised:

- Workforce is not just about nurses or health care staff. It is also about those working in the third sector and local authorities
- Consideration of the knowledge and skills of the workforce in other agencies such as housing, education and leisure is needed so they can be more aware of the needs of children and young people
- Ensuring that services that can provide early help and engage in prevention and promotion activity are adequately staffed
- Need to get the balance right in the workforce across Sussex
- Importance of planning strategically for recruitment and retention
- Importance of the delivery of and impact of training across organisations and sharing knowledge.

The overriding message we heard in relation to capacity was that it was, at very least, perceived to be insufficient to keep pace with current and future demand. While much of this concern was focused on specialist services, it also applied to people's experience of third sector organisations and general practice, which also experiences capacity issues. It also relates to the reduction of other forms of community based youth and young people's services that have been reported to us.

What could be done to improve capacity?

Those who took part in the engagement process offered their ideas about what could be done to improve capacity. The responses covered a range of options and included:

- More funding to expand and improve services
- Looking at how to prevent children and young people needing help in the first place
- Needing to support children and young people earlier to stop problems happening
- Commissioning services jointly
- Commissioning a pathway rather than services.

The experience of children, young people, their families and carers

Understanding the experiences of children, young people and those who care for them provides valuable insights into how to improve those experiences, what works well and consequently what services should do more of.

As might be expected there were a variety of experiences, ranging from the very positive to those that fell below the standard that might be expected. These experiences were not simply confined to the use of services, but to the broader

issue of the awareness of and experience of poor emotional health and wellbeing.

The experience of poor emotional health and wellbeing

We heard that for many children and young people it is still hard to acknowledge and accept that they are experiencing difficulties. Even when they do, it remains challenging for them to talk about them, both with parents and carers as well as professionals.

Some children and young people expressed a preference to raise concerns about their emotional health and wellbeing with teachers or friends, rather than with health professionals, at least in the first instance. Although there is much written about the reduction of stigma, we heard that for some children and young people, it remains hard to be open about their difficulties because they are concerned about the thoughts and views of their peers and others.

The experience of the pathway

The current pathways and services were often reported to us as being confusing. There was a particular focus on the wish to seek support from specialist services and that this was experienced as a predominant and a preferred option, despite the range of other services available, although the view of many was that these also require development. We heard that there is particular confusion about what help is available for children and young people and that many parents and carers want to know who can help them decide what activity or service is best for their child.

We were told that parents are sometimes left to cope alone, trying to support their child's emotional wellbeing, but often such issues are new to them, and result in them also becoming stressed and anxious. This stress is amplified when they are left to seek help, navigating a world of services where very few people have the right information to give them or where they are challenged in being able to find that help easily for themselves.

Some told us that they needed to feel more trust in the information that is given to them about other services or support, and to have more confidence in them if they are not being referred to specialist services. For example, we were told that people might feel they want or need specialist services for their child or young person but are referred to other services such as i-Rock instead and do not really understand what it is and why it is a more relevant service for them.

Some of those who engaged with the review reported that services were not flexible enough, including their hours of operation, where the services were delivered and by which organisations. There was a sense that communication between organisations impacted on the experience of those accessing them. We

heard about inconsistency of support and that sometimes the person working with a child or young person changed. This affected the relationships they were attempting to build and meant that sometimes they had to tell their story too many times. The services were described to us as disjointed and that information is not shared well between professionals and organisations.

When services were received the response of many of those we heard from was positive, but the delays in access had a detrimental effect on the overall experience. There was a desire for more to be done in relation to looked after children, who it was reported, often experience complex difficulties that cannot be addressed through time-limited support.

We heard that some people think there is a particular problem with support for those aged 16-18. They identified this group as being underserved and felt this was a gap, with more support being needed for those in transition to adulthood, particularly when that young person may not be referred on to adult services for continued support. This is also relevant to other transition points e.g. moving from primary to secondary school settings and from school to college.

Many of those we heard from reported receiving helpful support from schools and teachers.

Do children and young people experience their voice being heard?

Decisions about the way in which services are developed and delivered, what services a child or young person should or could access are best made in close collaboration with that child, young person and their parents and carers.

We heard that this does happen and that more voices are being heard but that it was not the day-to-day, business as usual experience of many people. For some children and young people their view was that their voice is only heard if they have the self-confidence to share their views and opinions and that more needs to be done to encourage everyone to express their views.

What works well and what could be improved?

Those who took part in the engagement process offered their ideas about what had worked well for them and what could be done to improve their experiences. The responses covered a range of options and included:

- Some said that nothing works well, this included parent and carers, children and professionals. This was at odds with some of the experiential data seen in the NHSBN reporting, but nonetheless, the proportion of those who felt nothing was helpful was significant

- This was countered by those who told us that their experiences had been much more positive, particularly once they had been able to access a service
- Waiting times, lack of communication, resources and ease of access were key issues for improvement
- The provision of peer support, earlier help, more support in schools and a focus on helping children and young people to support themselves were suggested as areas for development
- Opportunities for children and young people to have more say in their care and to be able to make choices about it, were cited as an important area for improvement.

Commissioning of services and support

Throughout the review, the issue of how services and support are commissioned has been identified as a consistent theme. The engagement process provided additional insights to this, though mostly from professionals rather than from children, young people, their families and carers. The following issues were ones that were consistently raised by those we heard from:

The commissioning structures

We heard that and observed that there are multiple commissioners across Sussex, which is not unique. These include NHS and local authority commissioners and commissioners from Public Health. The inherited legacy of the current number of CCGs has led to particular challenges, and this should be addressed by the planned and ongoing organisation changes. However, the historical impact for Sussex is that commissioners have often procured and contracted services with different service criteria and this has led to a mixed pattern of provision across Sussex. People were often not sure if the pathway worked well, if different services communicated with one another and whether computer and data systems were shared.

The limitations of geography, the boundaries between CCGs and local authorities were cited as factors in what some described as a lack of a joined up approach. We heard about good examples of commissioning and of opportunities for the CCGs and the local authorities to work together, but there was concern from some we spoke to that this was sometimes focused on specific projects or initiatives rather than on broader collaboration and development, at strategic level.

It was reported to us that the multiplicity of commissioners could make it harder to know where decisions were being made and by whom, and that the impact of those decisions on other parts of Sussex might not always be well understood, given the focus on particular localities.

We heard that for some, the experience in Sussex could be one of protective organisational behaviours, and a reluctance to think and act beyond that. This applies across the whole range of organisations. We observed a willingness to act across boundaries but also recognised that the boundaries themselves, for example thresholds and service criteria can become an impediment.

Strategic development

We often heard that the level of investment available impacts the development and performance of services. Local stakeholders appear to have accepted this as a factor that had to be worked around. We were also told that investment was not necessarily aligned with priority or need.

It was reported that longer term planning was impacted upon by the sporadic availability of targeted funding for specific purposes. This means that when such funding becomes available, a service is commissioned, but is often short term, and thus might not be sustained.

The approach to service transformation

We heard from a number of stakeholders that they wanted service transformation to be based around the needs of the child, with those needs at the centre of the thinking about transformation, rather than the needs of the organisation, with clearly defined pathways, reduced reliance on thresholds and where impact can be measured by outcomes. Where services are proven to have an impact, the need to roll these out on a larger scale was identified. It was also reported to us that more needed to be done to focus on evidence-based pathways.

We were told that commissioning needed to focus more on enabling easier and more open access, creating a set of services and supports that can improve prevention, earlier intervention and that focused less on specialist services. Prevention was seen as two things – firstly, preventing the onset of mental health issues or emotional distress, and secondly, preventing the escalation from mild or moderate difficulties to a more complex set of issues.

What could be improved?

Those who took part in the engagement process offered their ideas about what could be improved. The responses covered a range of options and included:

- Align commissioning arrangements across Sussex services for children and young people
- Address the barriers that commissioning arrangements can create e.g. only commissioning for under 18 years or 11-18 years or not family services

- Move towards pathway commissioning rather than service commissioning
- Ask young people what the issues are.

Other issues of note

Throughout the course of the review, a number of key issues have arisen.

Schools and colleges

Every engagement event or survey highlighted the role and expectations of schools and colleges. Many, many responses highlighted how important schools were both in identifying those children and young people in difficulty, and supporting them through it. People clearly felt that more support and resource could and should be offered by schools and colleges. The issues they focused on included:

- A whole school approach to emotional health and wellbeing
- Upskilling staff in schools and colleges to aid awareness of emotional health and wellbeing difficulties experienced by their pupils, to build confidence in staff groups. It was felt that it was necessary to facilitate time, space and resource, in schools to support emotional health and wellbeing
- Ensuring that mental health support for children and young people can be provided in the school and college environment and developing stronger links between schools and local services
- Increasing the number of school nurses that can conduct work in relation to emotional health and wellbeing
- Being effective in identifying and meeting the needs of children and young people who are home educated or are ‘school refusers’ so that they have the same access to help and support.

Children and young people who may be at ‘multiple disadvantage’

Identifying and supporting children and young people who face ‘multiple disadvantage’ was highlighted through the engagement process. We heard that particular attention should be paid to meeting the needs of children and young people who may be affected by one or more of the following issues:

- Familial or individual homelessness
- Those living in households that are in financial hardship
- Those living in households where domestic abuse or violence is experienced
- Those children and young people in and leaving the care system, who can experience particular challenges as they transition from that environment
- Children with dual diagnosis e.g. learning disabilities or substance misuse and emotional health.

Organisational change, policy and their impact

In common with many other health and social care systems, Sussex continues to experience organisational change and challenge. Throughout the engagement process and the broader work of the Review Panel, we heard concerns about the potential impact that such change and challenge could have. The following issues were highlighted to us:

- What will be the impact of the recent reports about Children's Services in West Sussex?

- National policy is seen as top down and not necessarily reflective of the particular needs, not only of Sussex as a whole but the specific localities within it. There needs to be a balance in the approach.

- More effective partnership working between all organisations is needed but there is concern that this could be impacted by, among other things, resources and organisational change. Leadership and co-ordination is needed to give greater focus to children's emotional health and wellbeing through shared priorities and increased collaboration.

- Given the resource pressures on Public Health, locally and nationally, how can a more preventative approach be secured and sustained?

Section Seven

Emerging good practice from literature review

As part of the process the Review Panel sought to identify examples of good practice in Sussex and in other parts of the UK and internationally. Some of those examples were identified through contact with local services, while others emerged from a review of literature (both published and grey), research and evidence. The literature review was conducted by Public Health in East Sussex on behalf of the Review Panel.

The Review Panel posed two questions for the researchers to consider:

1. Is there any evidence about the optimal allocation of resources and skill mix in a system i.e. the amount allocated to each tier of service provision?
2. What does a good collaborative system look like? (This might include governance / oversight / reporting structures / measures used)

The researchers found no relevant studies in the UK (published up to September 2019) that fully answer the above questions. However, there are three promising approaches undergoing academic evaluation. These are Solar, Oxford and The THRIVE Framework.

There are also a number frameworks, which could be usefully employed to assess system readiness for any proposed changes to the way in which the emotional health, wellbeing and mental health needs of children and young people are met in Sussex. Some also offer guidance for establishing effective collaboration between the key stakeholders.

Models of specialist services provision

In Solihull, **Solar** offers an integrated model with a different approach to providing specialist mental health services to children and young people. It aims to create a comprehensive system designed around the needs of children and young people. It has been set up as a service not about thresholds or tiers but about timely access to appropriate support in line with children and young people's needs. It operates an open door, single referral point and by its integrated nature enables a co-ordinated approach to intervention across its service pathway.

In Oxford, the **Oxford Health NHS Foundation Trust** has been conducting a retrospective observational study of CAMHS transformations across its delivery sites in Oxfordshire, Buckinghamshire, and Swindon, Wiltshire, Bath and North-East Somerset.

The CAMHS services provided by Oxford Health share common transformation goals, for example the improvement of accessibility and early intervention. They are all working towards a THRIVE model and have some similar core components of transformation, variously:

- A Single Point of Access (SPoA) for referrals;
- A School In Reach Service;
- Changes to pathways for treating young people who need a more intense or targeted approach;
- Community InReach, where CAMHS work more closely with third-sector partner organisations.

The **THRIVE framework** for CAMHS has been developed by the Anna Freud Centre for Children and Families at the **Tavistock and Portman NHS Foundation Trust.** It represents a shift away from the traditional tiered structure of CAMHS, instead focusing on the needs of children, young people and their families. There are 10 THRIVE sites and 10 non-THRIVE sites in England involved in a National Institute for Health Research programme.

The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health support for children, young people and families. It aims to talk about mental health and mental health support in a common language that everyone understands. The Framework is needs led; meaning that children, young people and families alongside professionals through shared decision making, define mental health needs. Needs are not based on severity, diagnosis, or health care pathways.

The THRIVE Framework brings together all local-area agencies working with children, young people and families into a ‘one house’ approach to mental health need, using a common language. All children, young people and families who are in need of mental health support are seen as getting one of four types of help at any one time: Advice, Help, More Help and Risk Support.
Importantly, it also prioritises maintaining young people’s wellbeing through community-based prevention and promotion strategies for those who do not currently need professional support. In the Framework, these young people are thought of as ‘Thriving’.

Single Point of Access

A feature of systems that are transforming their approach, including those in Solihull, Oxford and via the THRIVE framework is the use of a Single Point of Access (SPoA).

Brighton & Hove operates a SPoA. Referrals are received by a central triage hub staffed with clinicians from the partners within the Community Wellbeing Service (including Here, YMCA Brighton & Hove, SPFT specialist services, and GP’s).

Parents, carers, children and young people, as well as professionals working with them, can refer directly to the team.

The East Sussex model[36] offers a triage system for SPFT specialist services and East Sussex County Council Children's Services and a single point of advice. Benefits of the improved service include:

- One referral to the SPoA (Single Point of **Advice**), instead of multiple referrals to specialist services
- Reduced duplication
- Fewer 'touchpoints' for young people, families and referrers
- More timely and easier access to the 'right service'
- Simplified referral route.

Approaches to system change and collaboration

Working together through effective collaboration is a well-recognised element of an effective system. This is especially true in relation to the design, commissioning and delivery of emotional health, wellbeing and mental health services for children and young people. A range of organisations and professionals are needed to provide the variety of supports and interventions needed. This 'cross-sectorial' working has come to be seen as central to addressing both the determinants of poor emotional health and wellbeing and the responses required to tackle their effects.

The environmental conditions required to deliver transformational and sustainable change may differ from place to place but there are some things that are consistent. In their report, *'Are We Listening? A review of children and young people's mental health services*'[37] the Care Quality Commission (CQC) provided a number of recommendations specific to children and young people's mental health that focused on systems and local environments. In this context, the environment could include a wide range of people and organisations spanning statutory services, third sector services, children, families, communities and businesses.

Among the recommendations was the need for:

- Sustainability and Transformation Partnerships (STP) and Integrated Care Systems (ICS) to collaborate beyond the boundaries of health and social care to oversee joined-up improvement with education, police, probation and the third sector.

[36] https://www.eastsussex.gov.uk/childrenandfamilies/professional-resources/spoa/
[37] Care Quality Commission, 2018

- Local systems to be given greater power and responsibility to plan, publish and deliver a shared ‘local offer’ that sets out how each part of the system will make their individual contribution and ensures the system delivers for children and young people.

- Commissioners and providers across education, local authorities and the NHS to facilitate cross-sector improvement in the quality and availability of data, information and intelligence.

- Commissioners, providers and staff to draw on evidence and good practice to drive local improvement.

Work by the Community Interest Company (CIC) Collaborate, in conjunction with the Lankelly Chase Foundation[38] has focused on the infrastructure needed for system change. Working with local authorities and the NHS, including in Coventry, Essex and Oldham, they have identified nine building blocks for collaborative local systems. These are the components that are needed to move from a ‘siloed’ way of working to a model that embraces a place-based approach and creates the conditions for collaborative practice. The nine building blocks they suggest should be in place are:

- Place-based strategies and plans
- Good governance
- Focus on outcomes and accountability
- Collaborative commissioning and investment
- Culture change and people development
- A focus on delivery
- Use of good quality data
- Making best use of both digital and physical collaboration
- Effective communication and engagement in the system.

[38] Building collaborative places. Randle, A. & Anderson, H. Collaborate/Lankelly Chase 2017

Section Eight

Our 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.

We have set out our findings under a series of headings that, where possible, align with the Key Lines of Enquiry, though there are some that are broader than those specific areas.

Return on Investment (RoI)

One of the questions we have been asked is what is the return on investment in the current pathway of care? In simple terms, can we demonstrate that outcomes for children and young people are improved by their contact with those services that are provided in Sussex? Understanding this, is underdeveloped in the current systems: some services can demonstrate outcomes, albeit it for very small numbers, while others either have not been commissioned to do so or cannot provide that information at this time.

Where we do collect, analyse and evaluate outcomes, these largely have a clinical base or a focus on improvements in emotional health and wellbeing rather than a holistic view of the child or young person's wellbeing. Strategically, there would need to be a shared suite of outcomes and priorities in order for services to be commissioned to provide this. Only by doing this, will it be possible to reliably establish the return on investment.

Access to Services

Our overarching finding is that for many children and young people, it is not easy to access the range of services. Too many children, young people, their families and carers report that their direct experience is one of frustration, delay and helplessness. The pressures on services mean that there can be waits for assessment and receipt of service. This is an issue across all services in the Sussex system.

In some cases, these challenges of access relate to an inability to find out about the services and support that are available in a particular area. It can also be a matter of logistics – simply getting to a service, particularly if a child or young person lives in a rural area can be problematic. This is exacerbated where there is a reliance on public transport, or if a child or young person has parents who work full time and find it hard to get time off work to take them to appointments.

For many children and young people the issue of access to services and support centres on waiting, both for an assessment of their needs, but following that assessment, a further wait for the service to be delivered. Although in Sussex, specialist services is within the national target of 12 weeks, waiting times for assessment have risen from 19 days in July 2017, to 42 days in June 2019, more than doubling in that two-year period.

Acceptance rates into specialist services (by this we mean that the number of people referred and accepted for assessment) in Sussex remain below the national average. For every 100 children referred, only 57 are accepted for assessment.

For those children and young people who then go on to receive treatment, it is encouraging to see that the waiting time has reduced, from 31 days in April 2017 to 18 days in June 2019. We understand that this trend has continued during the period of the review.

Much time is spent by specialist services in sign-posting people to other options, or indeed, no other options, rather than engaging them in the service itself. There are many reasons for this, referrals that are not appropriate or those that do not meet the service criteria, for example. However, this is experienced as a feeling of lack of confidence in those services, among professionals as well as children, young people and their families and carers. This is particularly felt when the service has not fully communicated with them.

There is a prevailing culture among referring professionals and families that accessing specialist services is the only appropriate local offer and that these services should always intervene, help and support children and young people experiencing the wide range of emotional health, wellbeing and mental health difficulties.

There is a perception that specialist services only can offer interventions that will be of benefit. In fact, for many children and young people, specialist services may not be appropriate, given that there are a number of targeted services commissioned in all local areas that can respond to mild to moderate mental health issues and emotional health and wellbeing presentations.

The over reliance on the use of specialist services as a first response is one of the factors that could be contributing to higher levels of demand for access to those specialist services. Although those levels have plateaued in the past year, the demand remains significant. At the same time, many of the other services are also experiencing high levels of demand. This suggests that even though they may not be as widely known about, they are being fully utilised.

This highlights the importance of ensuring that across Sussex there is sufficient provision of early help, support and preventative services that can meet the needs of children and young people. Shifting the balance to a more upstream approach could have a positive impact on the demand for specialist services and broaden the options available to referrers, children and their families.

In turn, this suggests that they also have challenges in relation to the capacity and ability to respond swiftly.

We have found that there are a number of factors that are contributing to this position. These are set out below:

The pattern of provision

- The service landscape in Sussex is complex. Although there is one main provider of specialist mental health services, a network of other providers and services are commissioned to offer support and services to children and young people who may need help and support with their emotional health and wellbeing. From drop-in centres where children and young people can access help and support without a GP referral, to groups and networks run by the third sector offering a wide range of advice and support, this multiplicity of provision is welcome and has the advantage of providing wider choice for referrers and service users. However, it is evident that many professionals, children, young people, and their families are not aware of many of these other services and find it difficult to navigate a complex pathway of care and support. There is also a lack of confidence in these services being able to deliver the help and support to children and young people that families think they need. Organisational websites do not promote or offer an easy way of finding the appropriate service.

- The mix of provision means that navigating a path to the right services can be challenging. This is borne out by the experience of people who report feeling passed from pillar to post. This is compounded by a broader lack of knowledge about those services. The result of this is that too often, these services are not accessed and professionals then pursue a reliance on specialist mental health services. A move to more open access to services and support that is not reliant on professional referral in the first instance, could be beneficial.

- Many services in Sussex are located in the urban centres of population. Those children, young people and their families who live in more rural parts of Sussex experience greater difficulty in getting access to services to support them. This is often exacerbated by poor public transport links, or lengthy journeys to service locations. Those living in the rural parts of Sussex therefore experience particular disadvantages in accessing services.

- The variations in access are in part a consequence of an inconsistent approach to the commissioning of services across Sussex. The need for a pan-Sussex approach to specialist service delivery is needed to address that inconsistency. It must pay attention to the particular needs of specific populations and locations. It is this question that needs a partnership response, to ensure that the right pathway and service models are developed and the right balance between pan-Sussex provision and a place-based focus is achieved. This needs to be supported by an expansion of upstream options for support that can ensure a range of alternative options for children and young people, which in turn can free up capacity in specialist services.

- Statutory and third sector services remain rooted in a traditional model of operation. There is little flexibility in relation to the hours that services are available, with some working a 9-5 working week, with little access outside of working hours or at weekends. There are also examples of services that are open for only half a day at a time. Where services such as i-Rock have a much more flexible approach and operate an open door policy, this is seen as much more accessible and helpful.

Access to the right services at the right time is critical. Children and young people should not have to wait for extended periods to get the help they need. Neither should they have to become so unwell that only specialist mental health services are appropriate.

There are different types of services and support that can intervene earlier, as well as opportunities for improved self-care. The review has found that these opportunities are not being grasped often enough, that there is an overreliance on referral to specialist services, and that the provision, knowledge of, and access to other forms of services remains underdeveloped.

Referral criteria and waiting times

- The current thresholds and criteria are perceived to be a barrier to access. For both referring professionals and the public they are not well understood and militate against enabling access for too many children and young people. What services do or do not provide is unclear to too many people.

- Waiting times for both assessment and treatment in specialist mental health services have been a key feature of the review. There appears to be a disparity between the data reviewed, and the experience of children, young people and their families. The data indicates waiting times to access services provided by SPFT are shorter than for peer statutory providers and yet the overriding perception of people trying to access services is one of waiting for an unacceptable amount of time.

- Numbers on the waiting list at 31st March 2019 held an NHS wide average of 450 patients per 100,000 population (age 0-18) awaiting a first appointment with specialist services. For SPFT, this figure was 209 per 100,000 population, putting the Trust in the best performing quartile nationally.[39] The rationale for why SPFT has lower waiting list numbers could be due to accepting fewer children and young people into the service than national averages.

- This picture was not replicated in what people told us. They described experiencing long waits for both assessment and the service itself. However, the data indicates that waiting times for treatment following assessment have reduced. However, waiting times for assessment have more than doubled. The consistent message to the Review Panel was that waiting times for assessment are lengthy and in some cases even deter professionals, often General Practitioners, from making referrals. This latter issue is of particular concern.

- From interviews and survey responses it is clear that the confidence in specialist services, particularly among general practitioners, is low and work is needed to address that. Their experience and that of the public is that the response to referrals by SPFT is not swift enough, can be inconsistent regarding decision making and the service is not flexible in its approach i.e. that acceptance criteria are too rigidly applied and that sign-posting to other services is not always proactive enough.

- The adoption of a Single Point of Access (SPOA) model has proved to have some success in Brighton & Hove. We have observed that the SPOA model has brought benefits for referrers as well as children and young people and their families. It is an example of good practice, being a joined up approach that is having a positive impact on the experience of those who utilise it.

- We also heard positive experiences of i-Rock youth and wellbeing service, which offers open access without the need for a referral from a doctor.

Safety of services

We were concerned that the data we reviewed suggests that children and young people in Sussex may be at higher risk of hospitalisation through self-harm and that rates of death by suicide are higher than those living in other parts of the South East and the rest of England.

[39] NHSBN report 2019

- Whether what we have seen and heard has directly contributed to this position is not clear, therefore, we cannot draw any reliable conclusions about the safety of services but we can say that we saw no direct evidence during the review that would demonstrate that specialist or other services are not safe.

- However, there is a clear need to positively address, monitor and respond to the current trends and the recommendations we have made seek to positively mitigate any continuing upward trend.

Workforce

- We found that there is a dedicated, hardworking and skilled workforce within specialist services and indeed in other services. They are working in an environment of high demand and a need to respond swiftly. They share frustrations about the challenges they face in the provision of responsive and effective services.

- In 2018/19, the CAMHS workforce in England grew for the sixth consecutive year. The ambitions set out in the Five Year Forward View included a continuing drive to recruit and retain more people to work in CAMHS. All providers continue to experience recruitment and retention challenges. In many cases, these challenges are related to a range of factors that can include pay levels, local costs of living (including house price affordability), transportation, as well as career progression prospects. Sussex is not unique in experiencing these pressures.

- In the past year the average workforce position nationally in community CAMHS was 84 Whole Time Equivalent (WTE) staff for 100,000 population (0-18). The current 69 WTE per 100,000 population in SPFT's specialist community services is 18% below the national average, with a workforce made up of more part-time workers than national comparators.[40] There are several reasons for this workforce pattern. Often the financial resources that are made available, sometimes on a short-term basis, can mean that only part time staff can be recruited. It may also be driven in part by a desire among the workforce, some of which migrates from London for work/life balance reasons, to work part time. From what we observed, this does not appear to affect the clinical interventions delivered, or their quality.

- The profile of the workforce in SPFT's specialist services differs significantly across the three local areas. For example, in East Sussex nursing is the predominant profession, making up 37% of the workforce, whereas in West Sussex nursing comprises less than 10% of the workforce. There is an almost direct inversion of these proportions when looking at psychology provision in East and West Sussex. Overall, the SPFT skill mix is stronger than the

[40] NHSBN report

national average with fewer unqualified staff. However, staffing levels are lower than the national average when assessed on a per capita benchmark position. The question is whether this position has arisen directly as a result of identified local need or whether this represents an inequity of provision across Sussex? Sickness absence rates average 4% nationally across the NHS, with the peer group also reporting a 4% average. The SPFT specialist service is towards the lower end of this distribution. Staff turnover rates in specialist community services average 16% annually across the NHS and 20% across the peer group. SPFT reports a position of 17%. These two metrics suggest no immediate workforce issues for SPFT's specialist services.

- Strategically, the challenge in Sussex is how to recruit and maintain a sufficiently skilled and appropriately mixed professional workforce that is best placed to meet the needs of children and young people. This is not just a challenge for the NHS but one more broadly for Sussex commissioning and other provider partners including those in the third sector to get to grips with.

Not being joined up

- There are services that operate in a state of isolation from one another and the connectivity between them is often lacking. In the third sector, this was especially the case, where there were examples of organisations working in the same town, with similar services being offered to similar cohorts, where they were unaware of each other's existence. Within the statutory sector there are also instances of this.

- The join up or progression between different services across all sectors is sometimes lacking. This has the effect of an incoherent pathway of support. It should begin with prevention, support with building resilience and self-care, early intervention and specialist services for those with the highest levels of need. At present, the map of that pathway is punctuated by a lack of clear signage, bumps in the road and numerous diversions.

Commissioning of services in Sussex

The commissioning landscape in Sussex is changing, with a move to merge the current CCGs from seven into three, creating a new more streamlined system that should reduce duplication and provide renewed focus. These forthcoming changes will provide opportunities for improvements to be made.

Our overarching finding is that the current commissioning structures for children and young people's services in Sussex have been too inconsistent and not strategic enough. Variability of provision across the county remains a feature, with examples of CCGs commissioning their own pathways. This needs to be addressed but cannot be done solely through by the existing Local

Transformation Plans (LTPs)[41], which by their very nature are focused on a specific geography. The opportunity to examine what elements of commissioning and service delivery could be done at a pan-Sussex level need to be explored. This would have a direct impact on the services that are commissioned, developed and reviewed.

The connectivity between the CCGs and the local authorities in relation to commissioning is not as strong as it could be. Although there are examples of joint working, these are not consistent across Sussex.

Given that Sussex has one provider of specialist services and there is variability in relation to access, performance, outcomes and experience as well as investment across the pathway, a single, overarching, longer term commissioning and strategic plan for children and young people's emotional health and wellbeing services and support is needed. The LTPs are rightly focused on individual localities, but the opportunity to take a Sussex-wide view in relation to commissioning has so far not been grasped.

In terms of specialist provision for example, across Sussex there is an opportunity to eliminate the current inequity of service through the adoption of a pan-Sussex commissioning approach, which would result in better value for money, demonstrable return on investment, efficiency and demand and capacity management.

We have found that there are a number of factors that are contributing to this position:

Leadership

- Although the statutory duty for children and young people rests with local authorities, there remain challenges in relation to leadership. These have most recently been reflected in inspection reports and concerns. It is not only these statutory duties and the leadership of them, but also the role and function of public health, which also lies within local authorities. It is critical that local authorities play their leadership role, working closely with colleagues in the NHS and third sector to ensure the right range of services and support for children and young people.

- More broadly, there has been a lack of capability and co-ordination in relation to commissioning of children and young people's emotional health, wellbeing and mental health across Sussex. The inherited legacy of the existing structures has led to commissioning that is fragmented and that

[41]LTPs set out how local services will invest resources to improve children and young people's mental health across a whole system

takes place in a set of local silos. This has resulted in a lack of focus at a sufficiently senior level to oversee and co-ordinate commissioning for children and young people's emotional health and wellbeing and mental health.

- The oversight of, and connectivity between children's physical health and their emotional health and wellbeing is not clear. The Five Year Forward View for Mental Health[42] made clear the need for parity of esteem between physical and mental health. This is not yet a reality.

- If the public statements about the need to prioritise the needs of children and young people are to ring true, they need to be supported by senior leadership that can not only bring commissioning together across Sussex, but can engage with SPFT, the third sector, education and Children's Services in the local authorities to bring about a more co-ordinated approach at a pan-Sussex level, but also give focus to the needs of specific places.

- Commissioners' ability to work together is being hampered not only by an overall lack of single leadership, but also by a mix of roles, responsibilities and posts. Fundamental rethinking about the way in which commissioners operate and the capacity and capability that is needed to achieve the aspirations of children, young people and their families will be necessary.

- The inconsistency and variation observed in commissioning is mirrored in the delivery of services and requires a similar level of senior leadership vision and capability to address that variation. At present, there is not a sufficiently strong connection between providers and joint working between them, particularly between the statutory services and the third sector is not as effective as it could be. The ability of all providers to work together in meaningful partnership is critical to building a network of services that form a clearer, more easily navigable pathway for children, young people and their families.

The commissioning focus

- The focus in commissioning has historically tended to be on mental health rather than emotional health and wellbeing. There is evidence that current Local Transformation Plans have attempted to take a broader view in relation to emotional health and wellbeing but there is more to be done.

- There must be a wider field of vision that includes the determinants of poor emotional health and wellbeing and further exploration of the role of prevention, and public health approaches. In this context, we refer to prevention as those approaches to stop emotional health, wellbeing and

[42] Five Year Forward View for Mental Health Farmer, P et al 2016

mental health problems before they emerge and preventing escalation to more serious mental illness as well as work that supports people with and without mental health problems to stay well.[43]

Targets and outcomes

- Commissioning has tended to be driven by a need to respond to national targets and policy imperatives. Whilst this is recognised as being necessary and part of the current 'system' of delivery and accountability it fails to take a broader stance in relation to the outcomes being achieved.

- The key test for children and young people, their families and carers, other than actually getting support or a service, is most likely more about the outcome of the service(s) they receive and the impact they have had. Put simply, has the service or support they received resulted in a positive outcome for them and if not, why not? This test could equally be applied to providers and their performance to gain an understanding of what return on investment is possible or achievable.

- While there is a need to respond to nationally set targets and policy imperatives, there now needs to be a shift in approach from being input and output driven to being more focused on outcomes aligned to local priorities.

Strategic vision

- The Review Panel observes that current local arrangements in each of the three local authority areas have provided a demarcated and uneven structure, and the complexities of this, combined with the current CCG structures are clear. These arrangements and NHS England NHS Improvement (NHSE&I) national imperatives have necessitated the development of three separate Local Transformation Plans. These plans have some similarities but have contributed further to the sense of a fragmented approach across Sussex. The plans are not consistent in terms of the approach they offer. We should expect that local plans share a similar methodology and strategic approach to meeting the needs of their population. This would enable clarity of vision, provision and outcomes.

- Commissioners have not set out a clear or unified strategic vision in relation to children and young people's emotional health and wellbeing. Too often, the process has been characterised by short-termism. Services have been developed and plans put in place in response to specific, usually small amounts of targeted, non-recurring funding being made available either locally or nationally, rather than to local need. This has meant that the resource has been the driver for setting up services or developing particular

[43] Mental Health Foundation definition of prevention accessed December 2019

plans, rather than a coherent strategic vision or a response to identified needs. In part, this has contributed to a complex provider landscape that has already been identified as an issue in our findings.

- Conversely, the dominant investment feature in the children and young people's commissioning landscape remains the significant resource that flows to SPFT and has done for a number of years.

- This is not an issue that is unique to Sussex; the challenge here for local leaders is to have the ambition to be radically transformative on a whole system basis. There is a pressing need for a more long-term strategic vision that is developed, agreed and shared by all local partners and then implemented jointly.

As a Review Panel, our finding is that there is an urgent need for explicit senior leadership, streamlined structures, improved capacity and capability and improved co-ordination. A single commissioning plan and strategy would begin to address the current deficits in relation to variability by enabling a clear focus across Sussex. It would, of course be necessary for any plan to address the particular place-based issues of specific local areas, but the need for a single Sussex-wide plan, with a stronger focus on outcomes is clear.

Finances and investment

Gathering a clear picture about the levels of investment and spending on children's emotional health and wellbeing has proved a more challenging task than should have been expected.

Our overarching finding is that in relation to CCG investment in children and young people's mental health services, whilst the sums being provided are broadly in line with the national average, at £55 per capita across Sussex versus £57 per capita average nationally for mental health and learning disability, variations in investment in CCGs are not aligned to need and prevalence.

- Local authority investment in emotional health and wellbeing is harder to establish. There are known reasons for this, but a clearer understanding of investment levels is required. Current systems do not neatly or easily allow local authorities to identify such spending. This means that the review cannot draw reliable conclusions about levels of investment or where they are targeted, both in terms of services and in terms of localities.

- The investment figures stated highlight the disparities between the individual CCGs. The levels of investment are not currently distributed in a way that takes account of the levels of need across Sussex. Areas of high need are actually spending *less* than those with lower need. Access to, and

improvement of services will not be resolved by further investment alone. It will require a structural change with a coherent pathway to achieve success.

- The Review Panel has received a 'patchwork quilt' of financial information very little of which can be compared, contrasted or relied upon. The direct and targeted investment in broader, emotional health and wellbeing services and support is almost impossible to establish, this is especially the case in relation to local authority investment and expenditure. This would suggest a need to re-base the current investment profile to better take account of levels of need and to better distribute the resources where they will have the greatest impact.

- In the main, investment remains focused on reactive, treatment-focused services. The balance between investing in those services and investing in prevention, promotion, self-care and resilience, schools based support (even allowing for the Mental Health Support Team pilot) does not appear proportionate. Achieving this balance should be the responsibility of both the NHS and local authorities.

- There needs to be a better balance between investing in the specialist services and investing in prevention, promotion, self-care and resilience, and schools based support in order to create a more effective pathway.

Establishing the current levels of investment and expenditure is not straightforward. As a Review Panel, we believe that this is a consequence of counting different things against different areas of investment and work is needed to gain a clear and agreed interpretation of the numbers.

The role of schools, colleges and education

In the 2017 government Green Paper 'Transforming children and young people's mental health provision'[44] priority was given to ensuring schools and colleges are adequately supported to build whole school environments and to develop approaches within which pupils can achieve their full potential.

Children and young people spend a great deal of time at school and in college. As such, the relationships they build with their friends and fellow students, as well as with teachers and school support staff play a central role in their emotional health and wellbeing, as well as their educational development and attainment.

There are particular challenges for schools and colleges as educational institutions working in a highly regulated and achievement based environment.

[44] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

They are increasingly being asked to expand their roles beyond what might be termed more traditional pastoral care to playing a greater role in ensuring the emotional health and wellbeing of their students, and being able to identify and respond to signs of emotional or mental distress. Ensuring that they are equipped to do this, and know how to access the necessary support services quickly is key.

Our overarching finding is that 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.

From what we heard and observed, school leaders clearly see and understand the issues relating to emotional health and wellbeing, indeed they observe them first hand every day. They want to respond 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.

We have found that there are a number of factors that are contributing to this position:

Funding

- The level of resource allocated to emotional health and wellbeing in schools is variable. Even within the small sample that responded in the review the variance was significant with some spending 0.01% and others up to 20%. To place it in context, a message we heard consistently is that on average, over 80% of resource is spent on classroom staff and for the majority of schools in Sussex; there is no dedicated budget for emotional health and wellbeing.

- School budgets as well as those of colleges are under significant pressure. Head teachers, like their colleagues in the NHS and local authorities have difficult and complex decisions to make on an almost daily basis in relation to the prioritisation of resources.

Workforce and training

- Schools and colleges employ a mix of staff to support children and young people's emotional health and wellbeing. Some utilise external counsellors, others have learning mentors, early help leads and welfare co-ordinators. The use of Mental Health First Aid features in the approach of many schools and colleges.

- There does not appear to be any co-ordinated programme of training for school staff, either teachers or support staff in relation to emotional health and wellbeing. There are examples of individual schools taking their own initiative, for example in East Sussex where the Youth Cabinet developed their own Top Ten Tips for Teachers and the commissioning of mental health first aid training across Brighton & Hove, both of which have proved helpful. However, a gap remains in the knowledge base and this is acknowledged by those who have contributed to the review.

Increasing prevalence

Nationally, 90% of school leaders have reported an increase in the number of students experiencing anxiety or stress over the last five years.[45] Emotional health, wellbeing and mental health issues are starting earlier and earlier in schools and the number presenting is rising. Half of all lifetime cases of diagnosable mental health problems begin before the age of 14.[46]

- The numbers of children and young people with Special Educational Needs and Disability (SEND) appears to be increasing nationally. In the period January 2017 to January 2018, it increased nationally to 1,276,215 representing 14.6% of pupils. The picture in Sussex is more mixed, but there remains a significant proportion of pupils with SEND living in the county. Brighton & Hove for example has over 6,000 children with SEND[47] and in West Sussex, it is reported there are around 20,000 children and young people with SEND receiving support in an early years setting, school or college.[48]

Knowledge of and access to services

- The Review Panel has heard from head teachers that they find the map of provision to be complex and that many schools and colleges do not have the knowledge, capacity or resources to seek and build relationships with providers that could assist them in the longer term.

- There is a reliance on referral to specialist services, school nurses and local GPs and schools experience the same challenges that parents and carers have reported in relation to accessibility. There is a sense that for many schools, such referrals feel like the only option available to them to seek support for their pupils and students.

- The piloting of Mental Health Support Teams (MHST) in parts of Sussex is welcomed and will improve access to specialist support. This is particularly

[45] Wise up to wellbeing in Schools, Young Minds
[46] ibid
[47] Summary of local strategies prepared for the Review Panel
[48] West Sussex SEND strategy 2016-19

the case in Brighton & Hove where, if MHST was increased by one more team, they would achieve 80% coverage. However, the majority of schools in Sussex are not part of the pilot and will not benefit until further roll out of these teams take place.

- At present all referrals to school nursing across Sussex are seen within 28 days but the area has some of the highest ratios of children to WTE staff in the country, at over 2,500 children per WTE school nurse.[49] This clearly places significant demands on those staff. School nursing can have a key role in identifying emotional health and wellbeing issues in pupils and supporting the children and young people affected by them but their capacity to do this as effectively as possible is impacted by these capacity challenges.

Those not in school or who are home schooled

- Children and young people who are not in education do not have access to the support that those who do attend are able to access, however limited that support might be. They are at a disadvantage and are in essence, a hidden group whose needs are not well understood or responded to.

- The number of children who are home schooled (Electively Home Educated) is rising across Sussex. Information contained in the Local Transformation Plans indicates that in Brighton & Hove there were 247 EHE children. In East Sussex the figure is 903.[50] In West Sussex the number of EHE children was believed to be 917 in 2018.[51] Although representing a proportionately small number, again they are a largely hidden group of children whose needs are not well known.[52]

The Review Panel has found that schools and colleges clearly see the need for good emotional health and wellbeing among their pupils and students and the need for improved parental and family support. Our educational services representatives told us of the additional challenge of responding to the mental health and emotional wellbeing needs of parents as well as their children. There are frustrations with accessing services and teaching staff are feeling increasingly under pressure to respond within the school setting. The hidden costs in the school system are growing and are not sustainable.

The need to collaborate across education, health and children's services is critical to ensuring a joined up approach that enables schools and colleges to be equipped to identify and appropriately respond to the emotional health, wellbeing and mental health needs of their pupils and students, as well as supporting

[49] NHSBN report 2019
[50] Local Transformation Plans
[51] BBC Freedom of Information Act request findings April 2018
[52] ibid

parents and carers. In addition, the needs of children who are not in education or who are home schooled remain largely hidden from view.

Directors of Children's Services can and should take an active role in working with schools, academies and colleges to ensure that resources and plans are in place to support the emotional health and wellbeing of pupils and students. Head teachers and principals need to work together closely, perhaps through a senior leader's forum to create joint approaches to address the needs of their students and pupils.

Learning from the personal experiences and engagement of children, young people and the families and carers

The development of services and the monitoring of their quality, as well as strategic planning will always be enhanced and improved by engaging with those who use those services. Even when those messages are hard to hear, we need to actively listen and respond to them. These messages should form a central part of the contribution to current and future thinking about improvement.

The Review Panel has found that the experience of children, young people and their families of local services is not always positive and in too many cases, the personal testimony we have heard highlights some significant concerns about the way in which services have responded, or more often not responded. In many cases, these concerns are directed towards specialist services, but they are not confined to that area alone.

We did not observe that the opportunities to engage children, young people and their families and carers and draw on their experiences and views have brought about change. This has led to a lack of confidence in local provision, which, even if it were only perception, should cause concern not only for the NHS but also for other agencies including the local authorities and third sector organisations in Sussex.

There are two central factors that contribute to this position:

Not drawing on the experience of children and young people who use services

- The picture in relation to the direct experience of the children and young people who use services is mixed. Overall, the evidence suggests high levels of satisfaction with statutory and third sector services once they are accessed. This is encouraging but only provides a snapshot of those who actually received a service and should be treated with caution given that these responses relate to relatively small numbers. We are also struck by the dichotomy contained in the survey responses, which suggested that between

40-80% of respondents said that nothing they were offered was helpful. This means that it is hard to establish a clearer overall view.

- The voice of children and young people is not being heard or used as effectively as it could be. This is not to say that they have not been listened to, there are many examples of that happening. However, the extent to which their experiences, both good and bad have influenced the way in which services adapt and improve their operation and practice is not clear.

- The mechanisms for engaging children, young people, their parents and carers in a meaningful process of listening and responding has not yet been demonstrated or featured in co-design and co-development. It is not embedded or evidenced in day-to-day practice.

Creating the opportunity to engage with children and young people

- Although there are opportunities, forums and participation programmes across Sussex, children and young people appear to be more peripheral to local processes that relate to planning, strategy and commissioning development than would be hoped. They do not appear to be present in the process of monitoring and evaluation of improvement and their influence is not as strong as it could be.

- There are some good examples of engagement and co-production in Sussex. These include youth forums, in particular Youth Cabinets, the development of the Top Ten Tips for Teachers and guide for parents, as well as numerous surveys seeking views. There should be more opportunities to engage in a sustained and regular way on matters relating to emotional health and wellbeing in type, scope and regularity.

- New ways need to be found to ensure that the voices of children and young people are heard. This will mean going to where they are, rather than where professionals are. Informal as well as formal mechanisms will be needed. Organisations such as Amaze, Allsorts and Healthwatch can all play a part in this. There needs to be movement to a position whereby organisations and services treat children and young people with due regard as being experts in their own experience, so far these appear to be lacking. Models and approaches such as Citizens Panels and Open Space events can be particularly useful mechanisms to achieve this. If they were to be adopted, the partner organisations could facilitate truly meaningful input to local planning, service development and improvement.

The two key issues the local partners must consider are: how best to use the experience of children and young people and how best to create the

circumstances, environment and opportunity for them to contribute in a meaningful way that ensures their voice is not only heard, but acted upon.

Transition to adulthood

Services that meet the needs of young adults, and provide safe and smooth transitions between children's and adult services still appear to be in the minority. The challenges faced by young people moving from adolescence into adulthood have been well documented for almost two decades. The extra challenges of negotiating service transitions at the same time have received similar attention.

This report also recognises the wider transitions that impact on children and young people – from primary to secondary school and from secondary school to college, which might also involve moving from home to campus. It is essential that we have responses and support in place to make those transitions easier for children and young people.

What should, for all young people, be a time of increasing independence and opportunity can, for young people with emotional health and wellbeing needs or mental health problems, signal a period of uncertainty and even deterioration in their mental health. This issue is not unique to Sussex but remains an issue of concern for many young people and their families and carers.

The use of CQUIN (Commissioning for Quality and Innovation) has provided a helpful lever in incentivising local organisations to achieve better outcomes in relation to transition. The CQUIN approach is one where NHS funded organisations can earn 1.25% extra income over and above the contracted amount as an incentive to improve the quality of care. The current CQUIN plan ends in March 2020.[53]
The issue of poor transition can be seen in the following challenges:

- Many transitions are still unplanned and result in acute, unanticipated and crisis presentations.[54] Barriers to transition are not restricted to age boundaries. There can be differences between children's and adult services in relation to thresholds regarding acceptance criteria, professional differences and service structures or configurations that affect the transition process.

- Joint working across the two sectors is not facilitated and it does not enable a sharing of ideas and solutions. As a result, separate service development has taken place that has not properly addressed the issues relating to transition.

[53] West Sussex LTP refresh October 2019
[54] Planning mental health services for young adults – improving transition Appleton, S. Pugh, K. NMHDU/NCSS 2010

Data gathering

The Review Panel sought to gather a variety of information and data as part of the review process. The majority of quantitative data requested related to performance and activity, quality and finance. Much of this was derived from the Mental Health Services Data Set (MHSDS), which was independently analysed by the NHS Benchmarking Network.

The MHSDS submissions are compiled through a national process and are made available for analysis via NHS Digital. The process of gathering and analysing the quantitative data has not been straightforward and have meant that a number of caveats have had to be applied to both the data itself and its interpretation.

There are two central factors that contribute to this position: data completeness and the focus of the data being collected.

Data completeness

- A significant amount of data was supplied by SPFT and it forms the core of the information used by the NHS Benchmarking Network in relation to community-based care. It is valuable and has provided particular insights into a range of issues. However, it does not represent the totality of the provision across Sussex and so it can only form part of what is a larger and more complex picture. It should not be seen in isolation.

- The development of a complete analytic position for Sussex children and young people's emotional wellbeing services is compromised due to the gaps in the data already described. The review of MHSDS revealed several providers who do not submit data to the MHSDS system, even though as NHS funded services they are required to do so. This creates an incomplete position in interpreting pan-Sussex activity levels.[55]

- A large number of additional providers make submissions to MHSDS but not all providers routinely submit required datasets to MHSDS. The need to submit MHSDS data is mandated by NHS Digital but compliance rates for non-NHS providers in particular are variable with this issue being evident within Sussex. This needs to be addressed as a whole system issue, with all organisations supplying and sharing data so that it can more effectively inform service planning.

- Providers are beginning to collect, analyse and provide information. They are demonstrating a desire to do more but their ability to do so is sometimes limited by what they are commissioned to do and report on.

[55] NHSBN report 2019

- Efforts have been made to access supplementary content from CCGs and Local Authorities, but this process has only been partially successful with gaps in data being evident.

The focus of the data being collected

- As is the case across many services and systems, the collection of data is largely focused on outputs. Outputs are a quantitative summary of an activity. They only show that an activity has taken place, not the impact of that activity.[56]

- There are examples of organisations seeking to measure and report outcomes, however, current measures do not focus sufficiently on them. Outcomes are the change that occurs as a result of an activity. At present, it is difficult to determine the range of outcomes, both positive and negative in relation to children and young people's emotional health and wellbeing.

The partners will need to take account of the data gathered and what it shows. They will also need to recognise the caveats that have been described and in that context, consider how best to make the data that is captured more robust, representative and useful.

They will need to take account of the apparent dichotomy between the quantitative data and the qualitative feedback, where the wider experience of children, young people and their families does not bear out the quantitative data. For example, the data shows good performance in relation to waiting times against national targets, but the experience of children, young people and their families is not as positive. Similarly, some of the data indicates higher levels of satisfaction with services than the responses received as part of the review. In relation to the collection of data on self-harm and suicide among children and young people, there is a need to target the monitoring of these specific indicators to evaluate the impact of existing reduction and prevention plans.

The partners will need to consider more fully the outcomes that should be achieved and focus more closely on this aspect of the information they capture and use to inform local decision-making. They must work together to address the gaps in data completeness as a whole system, so that they can better understand them, as well as utilising the data they do have more effectively.

[56] Outputs, outcomes and indicators New Economics Foundation Presentation

Section Nine

Recommendations

These recommendations have drawn on the wealth of information and evidence, both qualitative and quantitative, provided to the Review Panel. They have been developed in response to the key themes and findings that have emerged. They are also rooted in the principles contained in Future in Mind,[57] which provides the building blocks for promoting, protecting and improving children and young people's emotional health and wellbeing.

In making the recommendations, the Review Panel has focused on the things that it believes will have the most positive impact and benefit. There are a number of enabling factors that will assist in the delivery of the recommendations and these are described here.

The recommendations have been designed to provide the foundations for changes that will not only improve the structures and systems that should underpin both the commissioning and delivery of services, but, most importantly, lead to improvements in the experience of children and young people in Sussex.

Some of the recommendations are deliberately bold. This was the challenge set for the Review Panel by the health and social care leaders that commissioned this review. The recommendations invite the leaders of the partner organisations to share the ambition for change that will prioritise children and young people's emotional health and wellbeing and make Sussex a beacon of good practice.

[57] Future in Mind Department of Health/Department for Education 2015

1. Partnership, accountability and implementation

Why change is needed

The partnerships in relation to children and young people's emotional health and wellbeing across Sussex have not always been as strong or effective as they could be and this has hindered joint working and improvement. Although current Local Transformation Boards are in place, the Review Panel believes that a new approach will be needed to ensure that change is embedded across organisations and that improvement is seen to be sustainable.

The Review Panel makes the following recommendations to address this:

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 agreement should be 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.**

The intended impact of the recommendations

The impact of this approach should be to bring partners together in an agreed, collective and collaborative process that will facilitate more effective joint working, ensure the recommendations of the review are fully owned and implemented and that accountability and responsibility for that is both strengthened and demonstrated to the public.

2. Commissioning

Why change is needed

The review has found that there is a lack of clear commissioning leadership that closes the gap between children and young people's services, emotional health and wellbeing and mental health delivery, resulting in fragmented and confusing pathways of care.

This has also led to the disparities in investment and service development. This is not a sustainable position for Sussex and it serves children, young people and their families poorly. We propose that aspirations need to be refreshed and revitalised and commissioning structures should be amended and adequately resourced to deliver these ambitions.

The Review Panel makes the following recommendations to address this:

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.**

The intended impact of the recommendations

The proposed changes to commissioning are intended to have a positive impact on the consistency of approach and lead to a more strategic way of commissioning, taking account of the need for some local, place-based variation. They will provide a clear demonstration of the priority the partners place on improving both the services and experiences of children and young people across Sussex by providing a specific commissioning focus and will pave the way for an integrated approach to physical and emotional services for children and young people.

3. Investment in children and young people's services and support

Why change is needed

Health investment in children and young people's mental health services across the Sussex CCGs is broadly in line with the national average. However, there are disparities in the way in which that financial resource is distributed, with areas of high need and prevalence actually investing less than those with lower need. It is

also not clear that sufficient financial resource is being focused on services that sit earlier in the pathway.

The picture in relation to local authority funding is not as clear. This can be attributed to the fact that current systems do not neatly or easily allow the local authorities to identify spend on emotional health and wellbeing. This means that drawing reliable conclusions from the review about levels of investment or where they are targeted, both in terms of services and localities is not possible. Work is needed by the local authorities to better understand and clarify the position in relation to investment so that they can play their important role within the partnership in shaping the range of services that need to be commissioned and provided, as well as influencing the outcomes that they and the partners want to see delivered.

The need to invest upstream in public health and prevention or early intervention resources is critical to building a more effective pathway of support and intervention.

The Review Panel makes the following recommendations to address this:

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.**

The intended impact of the recommendations

Re-organisation and re-basing of health and social care investment will ensure that financial resources are appropriately allocated according to levels of prevalence and need. This will have the effect of improving equity of investment across Sussex, while ensuring those areas with highest need have the right level of investment to meet that need. By utilising those prevention and third sector targeted services more effectively, the commissioned pathway will be better placed to intervene and potentially prevent the need for referral to specialist services, allowing those services to focus on those with the highest needs.

Considering the balance of investment, and particularly the return on that investment, is critical in achieving the best outcomes, ensuring that financial resources are appropriately directed and that they are driving improvements.

4. Changing the service landscape

Why change is needed

The current service picture in Sussex is complex, complicated and hard to navigate. Although the specialist mental health provider NHS Trust is a central and important player, there are a myriad of other services and forms of support across Sussex. They do and should play a key role but are often under-utilised; sometimes because they are not known about. Schools and colleges report that they struggle to respond to the rising rate of need being presented to them, and in common with other professionals, families and children and young people, are confused about how, when and where to access help and support. It is unacceptable that children, young people and their families are waiting for treatment and interventions and experience limited options of support while they do so.

Too often, the specialist mental health care services are seen as the only option available when this is far from the case. The effect of this is to exacerbate waiting times, generate numerous inappropriate referrals and children and young people and their families and carers being left disillusioned and without support. This is unacceptable and unnecessary, and requires a step change in the model currently in place.

The Review Panel makes the following recommendations to address this:

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 so that it forms part of 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.**

The intended impact of the recommendations

The experience of children and young people, their families and many professionals, including those working in general practice needs to improve. Through these recommendations it is anticipated that a number of positive impacts will be delivered.

Reductions in waiting times, easier and more rapid access to advice help and support without the need to demonstrate a particular degree of illness to get that help will improve the current reported experience greatly. So called ‘inappropriate referrals’ will be reduced and people will get the right help at the right time. It will enable local services to be more responsive and provide greater clarity about what they do and do not do.

They will better support schools and colleges who are not only key partners, but as professionals, have the most regular and sustained contact with children and young people.

A greater focus on prevention and public health approaches, with easier access to advice, information and service details will enable children and young people, their families and carers to take informed and positive steps to improve self-care, resilience and to know where to get the help they need.

5. Access, capacity, demand and productivity

Why change is needed

Access to appropriate services is critical to ensuring that children and young people and their families and carers get the right help and support, in the right place at the right time. The review has found that too often this does not happen. In addition, the capacity of some services to respond remains problematic evidenced by waiting times and conversion rates. National models such as the THRIVE Framework developed by the Anna Freud Centre or the System Dynamic Modelling Tool for Children and Young People's Mental Health Services[58] could help with this.

There is a need to better understand the part that workforce pressures play as well as issues of efficiency and productivity within services and whether these hinder their ability to respond.

The Review Panel makes the following recommendations to address this:

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**

[58] https://cypmh.scwcsu.nhs.uk/

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.**

The intended impact of the recommendations

Children and young people should not have to wait for extended periods to get the help and support they need. The impact of these recommendations, coupled with those made earlier in relation to service models, should be to reduce those waiting times, and ensure that if they do have to wait, they do not do so without some form of support.

By making services more flexible, both in terms of operating hours, locations and online solutions, it is expected that more children and young people will be able to access those services in a timely and appropriate way.

6. Co-production and engagement

Why change is needed

Children and young people have also told us loudly and clearly that they want the opportunity to co-design local services.

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) states that children and young people have the human right to have opinions and for these opinions to matter. It says that the opinions of children and young people should be considered when people make decisions about things that involve them.

The chances to use children and young people's experiences in considering how to improve local services have been missed. Children and young people have not had enough say or influence in how services are designed to address their needs. This must change. The Review Panel makes the following recommendations:

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.**

The intended impact of the recommendations

The impact of these developments will be a demonstrable commitment to hearing and responding to the voice of children and young people. It would bring their opinions and views to the fore and enable them to contribute in a meaningful way to decisions being made about local services and involve them in ensuring that their views are heard and acted upon. It would also enable the partners in Sussex to demonstrate that they abide by Article 12 of the UNCRC.

A road map for implementation

The implementation of the recommendations contained in the report will require not only a commitment to partnership, but also the initiation of a programme approach, with clear leadership, planning and a support structure to take them forward. To ensure and maintain momentum it will be critical to have the revised Oversight Group, with a chair, the Programme Director and concordat in place by April 2020.

A concordat agreement

The review panel is aware of the risk faced by many similar reviews that worthy recommendations fail to be translated into actions, so no one actually benefits. We believe that a different approach can be taken. The concordat that has been published with this report, and to which the partners have signed up, provides a basis to ensure a sustained, collective commitment from the partner organisations to act on the recommendations.

It could helpfully be supported by an underpinning set of working principles.

Developing a plan for implementation

To aid the development of the planning process, we have set out the recommendations (by number only) and identified those that can be categorized as short, medium and longer term, so that work can be initiated and programmed in a co-ordinated way.

These are indicative and aspirational timeframes and further work will need to be undertaken as part of the programme, to define, develop and identify the required resources, as part of an overall programme management approach for the implementation process.

Short term and immediate priorities

Recommendation One

The identification of members of the reconstituted Oversight Group, both organisationally and the individuals from those organisations, should be completed by the end of March 2020.

The first meeting of the reconstituted Oversight Group should take place by the end of April 2020. The appointment of the chair of this group should be concluded by the end of March 2020. In advance of the first meeting, work will be needed to provide role descriptions for the members of the group and its Terms

of Reference as well as putting in place the necessary governance arrangements, both internal and external.

Recommendation Two

The concordat agreement has been signed and included in this report. Should any further underpinning principles to support the partners in working together be needed, these should be developed and in place by the end of March 2020. The new chair should approve any principles and in addition confirm the membership of the Oversight Group and its Terms of Reference prior to the first meeting.

Recommendation Three

The role of Programme Director should be recruited to as soon as possible. In the meantime, interim arrangements should be confirmed no later than the end of February 2020.

By the end of March 2020, the necessary funding for the role should be in place and a role description and person specification should be agreed. This should include management and responsibility lines.

By March 2020 the fixed term role should be advertised and an appointment made as soon as is practical, ideally by the end of that month.

Recommendation Ten

By the end of April 2020, the parameters for the review of all commissioned services should be agreed, for example which services and delivery areas.

By the end of July 2020 a rapid review, led by commissioners should be completed, of promotion and publicity describing the local offer. This should include how to access the services offered, for example through websites, and ensuring information is up to date and accurate.

Recommendation Twelve

By the end of December 2020 a reviewed, co-produced and co-designed thresholds and criteria should be in place.

By July 2020 the development of co-production parameters and agreement of stakeholders and participants in this process should be agreed.

By August 2020 a programme of delivery should be agreed and work then undertaken, to deliver the reviewed thresholds and criteria by the end of December 2020.

Recommendation Fourteen

By March 2021 an agreed capacity and demand plan should be in place.

By June 2020 the parameters for this work should be agreed and the resources needed to deliver the review must be agreed by July 2020, including the commissioning of any additional expertise that may be required.

Between August and December 2020 the review work should be undertaken and a plan agreed with the Oversight Group by January 2021.

Recommendation Sixteen

By June 2020 a central communication plan should be developed.

By July 2020 commissioners should provide updated information on local service offers and a communication and promotion plan should have been developed and agreed. It should be included in available system literature at this point.

Recommendation Eighteen

By December 2020 a workforce strategy plan should have been developed.

Between March and July 2020 existing workforce plans should be reviewed and the expectations of qualifications, skill mix and expertise for targeted and specialist workforce should be agreed and included in the plan.

Recommendation Twenty

By October 2020 a functional Children and Young People's panel should be in place.

By July 2020 the resources needed to support this should be identified and agreed.

By September 2020 the way in which the panel will be supported should be agreed, including any lines of escalation and its position in reporting and governance structures. By this time, agreement should also be reached about the organisation that will lead recruitment to the panel. This should include consideration of the commissioning of specialist expertise to support this process.
By the end of September 2020 the independent facilitation for the panel should have been commissioned and be place.

Short to medium term priorities

Recommendation Nine

By the end of October 2020 a clear and targeted investment plan should be in place.

By July 2020 the parameters for this should be agreed and the appropriate and agreed proportions against universal, targeted and specialist provision should be identified and agreed.

By September 2020 this should be signed-off by the partners through the Oversight Group.

In the more medium term this work may be revisited in 2021 to take account of any additional priorities or changes arising from the proposed strategic plan.

Recommendation Fifteen

By March 2021 a capacity and demand plan should be agreed and in place.

By December 2020 waiting time interventions in each commissioned service should be in place.

The capacity plan should be agreed by the Oversight Group by January 2021 and the delivery expectations on the service provider(s) agreed by March 2021.

If any additional investment is required to address waiting times across the service provider landscape, this should be identified by December 2020.

Recommendation Seventeen

By January 2021 the delivery of an extended local service offer should be achieved.

By September 2020 service providers should develop a delivery plan in partnership with commissioners, co-produced with children and young people so that the greater access and flexibility required by the recommendation is informed by and responds to their needs.

Medium term priorities

Recommendation Four

By the end of 2020/21 a shadow form structure for commissioning should be established.

Between April and September 2020 the Programme Director should lead the review of current capacity and capability and present recommendations to the Oversight Group no later than October 2020.

Between December 2020 and March 2021 the change management processes required should be completed.
The process will need to take account of any current or planned organisational restructures within the partner agencies and take account of any existing or required formal partnership arrangements, including those covered by Section 75.

Recommendation Five

By the end of March 2020/21 pan-Sussex commissioning and contracting arrangements should be in place.

By the end of July 2020 the structural responsibilities, for example, the length of current contract and current investment should be identified.

By August 2020 any barriers to the proposed new arrangements must be identified and included in contractual discussions for 2021/22.

By November 2021 service specifications, performance reporting parameters and other essential contractual requirements must have been reviewed and re-drafted.

Recommendation Six

By the end of March 2020 a strategic plan should have been developed and agreed.

This will require the identification of any barriers to system wide planning, and the necessary governance steps needed to agree such a plan.

Recommendation Seven

By the end of January 2021 an outcomes framework should be developed and agreed for implementation from the start of April 2021.

This timing will enable the proposed Children and Young People's panel to input to the process.

It will need to take account of organisational and system priorities and be informed by them. Agreement will be needed by the partners and stakeholders and ensure that service specifications and performance reports can deliver on the expectations in the framework.

Recommendation Eight

By the end of October 2021 an investment plan must be developed and agreed.

By July 2021 the parameters for re-basing of investment must be agreed by all the partners. This should include consideration of whether the task should encompass emotional health and wellbeing services or include all mental health services.

By July 2021 the supporting information needed should be compiled and should include prevalence and needs data, demographics and anticipated population growth and should draw on Public Health expertise to support this work.

By the end of January 2021 the work to develop a change management programme for specialist services should be presented to the Oversight Group for approval.

Recommendation Eleven

By April 2021 Single Point of Access (SPOA) models should be in place across Sussex.

This will require review of current arrangements, identifying the good practice that exists and could be adopted and the agreement of an appropriate SPOA model.

A change management process should be put in place to deliver the change.

Recommendation Nineteen

By the end of March 2021 a resource plan that identifies investment, who will manage the resource and how it will be accessed and managed should be in place. The following milestones are indicated;

- By September 2020 the amount of resource should be identified
- By December 2020 the deliverable for that resource should be agreed

- By March 2021 the management of the resource should be commissioned through an appropriate process.

Long term priorities

Recommendation Thirteen

By March 2023 the achievement of mental health support team provision in schools should be completed.

A programme to support delivery through existing operational and investment planning will need to be developed.

Anticipated challenges

As with all plans for implementation there are challenges associated with the delivery and the proposed timescales, we have described these to inform the discussions that will take place to agree the plan.

Recommendation Four – This is considered challenging. It is anticipated that single commissioning arrangements changes can be achieved more easily whilst joint commissioning arrangements will require more time and attention. If joint commissioning arrangements are held within a Section 75 agreement this will necessitate legal input for all parties.

Recommendation Five – Any recommendation that impacts on the commissioning and contracting of services will need a generous lead in period. Contract discussions with providers will usually commence in October or November depending on NHSE's position on last sign off date. In order to deliver this recommendation, it is proposed that there is a significant period of preparation, a duration of at least 12 months.

It is noted that this recommendation will be impacted by any senior decisions on the future organisational design of mental health commissioning in Sussex in the future.

Recommendation Eight - This recommendation includes a request that the specialist service modernises its operation. This is a large-scale change management process that will take time to; identify, plan, gain agreement for and deliver. The actions described thus far below focus on planning rather than delivery. It is proposed that this should be discussed further to understand and gain agreement about the scope of modernisation which will inform timescale delivery.

Recommendation Nine – This is considered challenging because the important part of this recommendation is the commitment to **improve** levels of investment. Given that investment plans for 2020/2021 will already be committed by April 2020 and are already well into the planning phase, it is anticipated that partners will need time to; identify, apportion and approve any improvement levels in funding.

Recommendations Fourteen and Fifteen – Both recommendations are dependent on delivering Recommendations 5 and 10.

Recommendation Seventeen – This recommendation is considered challenging because providers will need to cost any new models and gain agreement for investment in the new model.

This set of indicative timescales, initial prioritisation and anticipated challenges is offered as a means of assisting the partners to begin to plan the implementation process. It will be for them to agree the prioritisation and some amendments may be needed to take account of other demands, parallel work and potential slippage.

The prioritisation and timescales should be kept under regular review and it is suggested that formal independent review of progress should be undertaken at the six, 12 and 18-month points in the delivery process.

The enablers that could assist with implementation

The Review Panel recognises that the recommendations will require significant work to implement and that there will be structural challenges to overcome in doing so. However, there are some enabling factors that will be of assistance in not only implementing the recommendations, but also in addressing some of the other themes and findings from the review. Many are implicit within the recommendations; others are distinct but are linked. The following are the enablers the Review Panel believes could be most helpful:

A concordat approach

The review panel is aware of the risk faced by many similar reviews that worthy recommendations fail to be translated into actions, so no one actually benefits. We believe that a different approach can be taken. We have recommended and put in place the use of a concordat approach to action planning and implementation.

Children and Young People's Panel

The creation of a Children and Young People's Panel, based on a Citizen's Panel model, will provide the opportunity for the voice of children and young people to be heard and acted upon. It will enable the partners to make decisions that are based on the views and opinions of the people they most affect. By using this method of engagement, the partners can then establish ways in which the Panel members can further contribute to monitoring and review of service developments and responses to the review. It will need to play a role in advising on how further engagement and targeted and effective communication about services and support can be relayed to children and young people. The current system of Youth Councils would also provide a helpful forum for testing ideas, gathering views and opinions.

Map of services and what they have to offer

The review has found that there is lack of up to date and accurate information available to children, young people and their families about the range of services available to support them. This is equally true for some professionals, particularly General Practitioners, who too often default to referring to specialist mental health services.

In Sussex, it should be *'business as usual'* that accurate and up to date information about local services is available easily. All NHS and local authority websites should be up to date, and refreshed at least every six months. Information about services should routinely be shared with general practitioners to the same timescale. It should also be made in a range of other settings,

including schools, colleges, libraries, youth clubs etc. If this is the case, it will help to publicise and inform children and young people, their families and carers and other professionals about the range of services and supports that are available.

Review of contracts

The review has identified gaps in data in relation to standards, quality and performance as well as in relation to financial investment. This has a direct impact on the effectiveness of local planning, review and improvement. The current data sets collected by local organisations should be identified and reviewed. Attention should be paid to current known gaps and plans put in place to address them. In particular, there should be a focus on quality of service and the experience of those who use the services. This will better inform commissioning and monitoring of services and supports and provide a platform for more informed decisions and strategic development.

Current contracts with providers should be reviewed with particular attention paid to outcomes achieved, effective use of resources and the achievement of standards and quality measures. This process should provide assurance, and where it does not, the re-tendering of contracts should be considered.

If data about service performance and quality is routinely shared between organisations this will place transparency at the heart of the way in which the partners work together. Third sector organisations should routinely contribute to local data sets. All NHS funded services should flow data to MHSDS (Mental Health Services Data Set) and where this is not happening, this must be rectified by end of April 2020.

Finance and planning

For financial planning, the partners to the concordat must have an open book approach and identify investment to meet any statutory duty as well as what proportion of that will be used to meet emotional health and wellbeing needs. Where possible, this should be benchmarked. This level of transparency is essential to understanding how much is spent on ensuring the emotional health and wellbeing of our children and young people.

In developing a set of outcome measures, Sussex should identify a suitable comparator area against which it can benchmark its performance. By doing this is can provide the partners with a means by which to compare and contrast their position and be a lever for continued improvement.

Conclusion

This review has been thorough and rigorous. It has adopted an approach that has sought engagement from a range of stakeholders and used the evidence from those conversations, the review of data and information, policy and research to shape the findings and recommendations.

We believe that this report provides an opportunity for the local partners to undertake changes and deliver improvements that will ensure there is a firmer foundation for the future for children and young people who experience emotional health and wellbeing difficulties in Sussex.

Acknowledgements from the Chair

A number of people contributed significantly to the review process and without them it would not have been possible to have conducted it so thoroughly, not least the Review Panel members, but also the members of the Oversight Group. Four people in particular deserve recognition:

My particular thanks go to Kim Grosvenor. Her leadership of the programme ensured that we kept on track, and upheld the aspirations and vision of the review. Her attendance at the engagement events, input to the development of this report, as well as her regular guidance and advice throughout the process was especially valuable and much appreciated.

My thanks also go to Sue Miller. Her work in gathering and analysing much of the data has been particularly helpful. Sue also visited several services and attended engagement events across the whole of Sussex as well as providing assistance with the development of this report.

My thanks to Sarah Lofts and Ruth Edmondson who supported the engagement process with diligence and were instrumental in helping to gather information on services, contacts and arranging meetings.

Steve Appleton
Independent Chair

Appendices

Appendix One
Review panel members

Steve Appleton	Contact Consulting - Independent Chair
Helen Arnold-Jenkins	Parent/carer Expert by Experience
Rachel Brett	Director of Children and Young People YMCA
Gill Brooks	Lead Commissioning Manager Children's Mental Health and Wellbeing, Brighton & Hove CCG
Ben Brown	Consultant in Public Health, East Sussex County Council *(on Panel from August 2019)*
Georgina Clarke-Green	Assistant Director Health SEN and Disability, Brighton & Hove City Council
Alison Cousens	Assistant Principal (Student Services) Brighton & Hove Sixth Form College *(on Panel from July 2019)*
Atiya Gourlay	Equality and Participation Manager Children's Services, East Sussex County Council
Amy Herring	Children and Young People's Representative Kent and Sussex / NHS England Youth Forum
Brian Hughes	Head of Targeted Youth Support and Youth Justice, East Sussex County Council
Abigail Kilgariff	Headteacher High Cliff Academy, Newhaven *(on Panel from July 2019)*
Alison Nuttall	Head of Commissioning All Age Services West Sussex County Council and CCGs
Dr Sarah Richards	Chief of Clinical Quality and Performance, High Weald Lewes Havens CCG
Jim Roberts	Headteacher Hove Park School *(on Panel from July 2019)*
Helen Russell	Lead Clinical Quality & Patient Safety Manager Brighton & Hove Clinical Commissioning Group *(on Panel from August 2019)*

Victoria Spencer Hughes	Consultant in Public Health, East Sussex County Council *(on Panel until August 2019)*
Frank Stanford	Headteacher, SABDEN Academy (*on Panel from July 2019)*
Dr Alison Wallis	Clinical Director Children and Young People's Services, Sussex Partnership NHS Foundation Trust
Dr Ann York	Clinical Lead – NHS South East Clinical Network *(on Panel until August 2019)*

A project team whose role was to assist the Independent Chair and the panel in conducting the review supported the review panel.

Kim Grosvenor	Deputy Director – Primary and Community Care Sussex CCGs. Project Lead for the review
Sue Miller	Special Programmes Manager
Sarah Lofts	Senior Programme Delivery Officer
Ruth Edmondson	Senior Programme Delivery Officer *(from July 2019 until November 2019)*

Appendix Two
The governance structure for the review

To ensure that the review was undertaken in a rigorous and fair way, it was important to establish clear oversight of the Review Panel and to ensure that it conducted its work in accordance with the Terms of Reference and in line with the stakeholder agreed, Key Lines of Enquiry. The Review Panel was accountable to local organisations through the Oversight Group.

An Oversight Group was established, chaired by Chief Executive of the Sussex Clinical Commissioning Groups. The role of the Oversight Group was:

- To establish the membership of the Review Panel drawn from local stakeholders
- To ensure that the Review was fair and rigorous
- To ensure that the Terms of Reference were applied consistently
- To receive regular updates from the Independent Chair of the Review Panel on progress
- To suggest additional key lines of enquiry where necessary
- To be a forum for the Review Panel to test emerging themes, key messages
- To ensure oversight of the review is conducted by an appropriate and representative group of key local stakeholders.

Membership of the Oversight Group

Adam Doyle	CEO of the CCGs in Sussex and the Senior Responsible Officer for the Sussex Health and Care Partnership. Chair of the Oversight Group
Samantha Allen	Chief Executive, Sussex Partnership NHS Foundation Trust
Karen Breen	Deputy Chief Executive and Chief Operating Officer, Sussex Clinical Commissioning Group
Andrew Fraser	Interim Director of Children and Family Services, West Sussex County Council (*until mid-May 2019*)
Pinaki Ghoshal	Executive Director, Families, Children and Learning Brighton & Hove City Council
Stuart Gallimore	Director of Children's Services, East Sussex County Council
Wendy Carberry	Executive Director of Primary Care, Central Sussex & East Surrey Commissioning Alliance *(until August 2019)*

John Readman	Interim Director of Children and Family Services, West Sussex County Council *(from mid-May 2019 until January 2020)*
AnnMarie Dodds	Interim Director of Children and Family Services, West Sussex County Council *(from January 2020)*

Steve Appleton, Independent Chair and Kim Grosvenor, Project Lead attended Oversight Group meetings.

Appendix Three
The Terms of Reference

- How effectively are children and young people and families engaged?
- How effective is the pathway in terms of equality of access, reach of service provision, integration, knowledge of services within the system, quality of referrals and responses to referrers, families and young people?
- What is the quality and timeliness of services delivered to children and young people?
- How well do stakeholders understand current contractual arrangements, thresholds, services and monitoring data?
- What evidence is there of outcomes from interventions?
- Review of the Children and Young Person's Journey
- The story of children/young people as developed through case file audits and talking to children/young people and families
- Experiences of all who are part of the system as referrers, sign-posters, practitioners, commissioners
- Developing core points for future contracting.
- Setting the Sussex service provision in the context of regional and national delivery
- Identification of key quality and outcome criteria with a robust reporting framework to allow robust assurance for statutory commissioning organisations i.e. Clinical Commissioning Groups, Local Authorities, NHS England/Improvement
- Issues for future mental health strategy and commissioning of CYPMHs in Sussex going forward i.e. how much should we be investing and where? How do we ensure best value for money in meeting the needs of children across Sussex?

Appendix Four
The Key Lines of Enquiry

Having considered the Terms of Reference for the review, it was agreed to distil these into a concise set of Key Lines of Enquiry (KLOE). This enables the Review Panel to remain focused and to consider a series of questions that informed the final report and its recommendations.

1. Access to services

- How easy is it to access services?
- What obstacles exist and why?
- Is there equality of access across Sussex? If not, why?
- How responsive are local services?
- What could be done to improve access?

2. Capacity

- What is the level and type of provision of services for children and young people?
- Is current capacity sufficient? If not what needs to change?

3. Safety of current services

- How are children and young people kept safe within and without services in Sussex?
- Effectiveness of local safeguarding processes?

4. Funding and Commissioning

- How and by whom are services commissioned?
- What are the available financial resources?
- How do these compare to other similar areas?
- What are the local strategies, how have they been implemented?
- Should there be an overarching plan for Sussex?

5. The experience of children, young people and their families

- What is the experience of children, young people and their families?
- How do they experience the pathway?
- What knowledge do they have of local services?
- How do they think their voice is being heard (if it is)?
- What do they think works well?
- What do they think needs to change or improve?

6. Effectiveness

- How effective are local services for children and young people?
- Do the current pathways deliver?
- What are the quality and outcome measures?
- Do these help to inform service development and improvement?
- Do they need to change?

7. Relationships and partnership

- How well do services work together?
- How do the LAs, NHS and third sector collaborate?
- How can these relationships and partnerships be strengthened?

GLOSSARY

CAMHS – Child and Adolescent Mental Health Services
CAMHS are the NHS services that assesses and treats young people with emotional, behavioural or mental health difficulties. CAMHS support covers issues such as depression, problems with food, self-harm, abuse, violence or anger, bipolar, schizophrenia and anxiety.

CCGs - Clinical Commissioning Groups
CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

An upstream approach
Upstream services, interventions and strategies focus on improving the supports that allow people to achieve their full emotional health and wellbeing potential. An upstream approach requires the whole system to consider the wider social, economic and environmental origins of emotional health and wellbeing problems, not just the symptoms or the end effect.

Such an approach can be used to address not only the policies and strategies in a cross-sectorial way that will improve the conditions that affect emotional health and wellbeing, but also the provision of specific services to address their impact on it for children and young people. Typically these focus on prevention, self-care and promotion.

Tier 1 - universal services
These include general practitioners, primary care services, health visitors, schools and early year's provision.

Tier 2 - targeted services
These services include mental health professionals working singularly rather than as part of a multi-disciplinary team (such as CAMHS professionals based in schools or paediatric psychologists in acute care settings).

Tier 3 – specialist services (CAMHS)
These are multi-disciplinary teams of child and adolescent mental health professionals providing a range of interventions. Access to the specialist team is often via referral from a GP, but referrals may also be accepted from schools and other agencies, and in some cases self- referral. Specialist CAMHS can include teams with specific remits to provide for particular groups of children and young people

Tier 4 - highly specialist services
These include day and inpatient services, some highly specialist outpatient services, and increasingly services such as crisis/ home treatment services, which provide an alternative to admission. Such services are often provided on a

regional basis. Each of these services will have been commissioned on a national basis to date.

Transition

This is a time of change from one place/service to another. In terms of mental health, this may mean the transfer of clinical care from child to adult mental health services. It is also possible that a young person may no longer need the support of the CAMHS team, so they will be discharged and will continue to receive support from others, but is not referred on to adult mental health services.

For those young people who do continue to have severe mental health problems that require a transition to adult mental health services, this transition from one service to another should be a smooth process that offers uninterrupted continuity of care.

There are other transitions that impact on children and young people e.g. the move from primary to secondary school and from secondary school to college, which might also involve moving from home to campus.

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Building the Foundations: A concordat for action

As the partners that commissioned the review of children and young peoples' emotional health and wellbeing services in Sussex, we accept the challenge that the report has set out for us, both in its findings and its recommendations.

We are determined that the recommendations are translated into demonstrable actions, so that children, young people and their families reap the benefits of the work we now commit to undertake.

To ensure that all the partners play their part, we have developed this concordat for action. It means that the Clinical Commissioning Groups, Brighton & Hove City Council, East Sussex County Council, West Sussex County Council and Sussex Partnership NHS Foundation Trust are all equally committed to working together in a collaborative way to deliver the actions needed.

This is a significant statement of commitment to a common purpose that has been shared, agreed and signed by the senior leaders of each of the partnership organisations which commissioned the review.

The following statements describe that nature of that commitment:

We accept the recommendations and will work together in partnership to implement them. In doing so we are collectively committed to the improvement of services to support the children and young people who experience poor emotional health and wellbeing in Sussex.

We will develop a clear and prioritised action plan to implement the recommendations. It will contain agreed timescales for the achievement of each of the recommendations and we will work together to regularly monitor our progress and hold each other to account for delivery. We will also ensure independent review of our progress over the period of implementation.

As senior leaders, we will set the standard in the way we work together. We will do so honestly and transparently and we will ensure effective collaboration at all levels of our respective organisations. We will actively support those working to deliver each of the recommendations and practically assist them to overcome any obstacles to achieving them.

We will work closely and constructively with our communities and our other partners in Sussex in the delivery of the recommendations. In particular, we will call upon our colleagues in the voluntary and third sector to commit to work with us and support us, on this journey of improvement.

We will give a strong voice to children, young people and their families. We will listen to them and continue to draw upon their experiences to guide our work to ensure a co-productive approach to improvement.

By signing this concordat, we as leaders are committing ourselves and our organisations to this work, to do it collaboratively and to improve the emotional health and wellbeing of children and young people in Sussex.

Signed:

Adam Doyle
Chief Executive Officer
Sussex Clinical Commissioning Groups and Senior Responsible Officer for the Sussex Health and Care Partnership

Samantha Allen
Chief Executive Officer
Sussex Partnership NHS Foundation Trust

Lucy Butler
Executive Director for Children, Young People and Learning.
West Sussex County Council

Stuart Gallimore
Director of Children's Services
East Sussex County Council

Deb Austin
Interim Executive Director - Families Children & Learning
Brighton & Hove City Council

Karen Breen
Deputy Chief Executive Officer and Chief Operating Officer
Sussex Clinical Commissioning Groups

Report to:	**Cabinet**
Date:	**14 July 2020**
By:	**Chief Operating Officer**
Title of report:	**Internal Audit Annual Report and Opinion 2019/20**
Purpose of report:	**To give an opinion on the County Council's control environment for the year from 1 April 2019 to 31 March 2020**

RECOMMENDATIONS

Cabinet is recommended to note the internal audit service's opinion on the Council's control environment.

1. Background

1.1 The purpose of this report is to give an opinion on the adequacy of East Sussex County Council's control environment as a contribution to the proper, economic, efficient and effective use of resources. The report covers the audit work completed in the year from 1 April 2019 to 31 March 2020 in accordance with the Internal Audit Strategy for 2019/20.

2. Supporting Information

2.1 All local authorities must make proper provision for internal audit in line with the 1972 Local Government Act (S151) and the Accounts and Audit Regulations 2015. The latter states that authorities 'must undertake an effective internal audit to evaluate the effectiveness of its risk management, control and governance processes, taking into account public sector internal auditing standards or guidance'. Annually, the Chief Internal Auditor is required to provide an overall opinion on the Council's internal control environment, risk management arrangements and governance framework to support the Annual Governance Statement.

2.2 It is a management responsibility to establish and maintain internal control systems and to ensure that resources are properly applied, risks appropriately managed and outcomes achieved.

2.3 No assurance can ever be absolute; however, based on the internal audit work completed, the Orbis Chief Internal Auditor can provide reasonable assurance that East Sussex County Council has in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2019 to 31 March 2020.

2.4 This opinion, and the evidence that underpins it, is further explained in the full Internal Audit Service's Annual Report and Opinion which forms Annexe A of this report. The report highlights:

- Key issues for the year, including a summary of all audit opinions provided;
- Progress on implementation of high risk recommendations;
- Key financial systems;
- Other internal audit activity;
- Anti-fraud and corruption activity.

2.5 During the year, two minimal assurance opinions were issued. One of these related to an audit of the East Sussex Pension Fund. Progress against agreed management actions was reported to the Pension Board and Pension Committee at their June meetings. The other minimal assurance opinion given was in relation to a school. Follow up reviews will be completed in these areas during 2020/21 as well as some audits which received opinions of partial assurance.

2.6 Section 6 of the annual report sets out details of internal audit performance for the year, including details of compliance against the relevant professional standards.

2.7 Whilst it did not make a material difference to our overall audit plan delivery for the year and our subsequent annual audit opinion, the Coronavirus pandemic meant that some reviews in progress at the time were not completed to final report stage. Where appropriate, the findings from these audits were still reported to services for information, with a view to finalising the reports at a future date. In other cases, planned work was suspended as a result of the Coronavirus pandemic and has therefore been considered for inclusion within our 2020/21 audit plan and any revisions to this.

3. Conclusions and Reasons for Recommendation

3.1 Cabinet is recommended to note the internal audit service's opinion on the Council's control environment.

KEVIN FOSTER
CHIEF OPERATING OFFICER
Contact Officers: Russell Banks, Orbis Chief Internal Auditor, 01273 481447
Nigel Chilcott, Audit Manager, 01273 481992

BACKGROUND DOCUMENTS
Internal Audit Strategy and Annual Audit Plan 2019/20
Internal Audit Progress Reports 2019/20

ANNEXE A

INTERNAL AUDIT ANNUAL REPORT & OPINION 2019/2020

East Sussex County Council

1. Internal Control and the Role of Internal Audit

1.1 All local authorities must make proper provision for internal audit in line with the 1972 Local Government Act (S151) and the Accounts and Audit Regulations 2015. The full role and scope of the Council's Internal Audit Service is set out within our Internal Audit Charter.

1.2 It is a management responsibility to establish and maintain internal control systems and to ensure that resources are properly applied, risks appropriately managed and outcomes achieved.

1.3 Annually, the Chief Internal Auditor is required to provide an overall opinion on the Council's internal control environment, risk management arrangements and governance framework to support the Annual Governance Statement.

2. Delivery of the Internal Audit Plan

2.1 The Council's Internal Audit Strategy and Plan is updated each year based on a combination of management's assessment of risk (including that set out within the departmental and strategic risk registers) and our own risk assessment of the Council's major systems and other auditable areas. The process of producing the plan involves extensive consultation with a range of stakeholders to ensure that their views on risks and current issues, within individual departments and corporately, are identified and considered.

2.2 In accordance with the audit plan for 2019/20, a programme of audits was carried out covering all Council departments and, in accordance with best practice, this programme was reviewed during the year and revised to reflect changes in risk and priority. This has included responding to and investigating allegations of fraud and other irregularities.

2.3 All adjustments to the audit plan were agreed with the relevant departments and reported throughout the year to the Audit Committee as part of our periodic internal audit progress reports. Whilst it did not make a material difference to our overall audit plan delivery for the year, and our subsequent annual audit opinion, the Coronavirus pandemic meant that a number of reviews in progress at the time were not completed to final report stage. Where appropriate, the findings from these audits were still reported to services for information, with a view to finalising the reports at a future date.

2.4 In other cases, planned work was suspended as a result of the Coronavirus pandemic and will therefore be considered for inclusion within our 2020/21 audit plan. Given the ongoing impact of the Coronavirus on our work, it is anticipated that the 2020/21 audit plan will be subject to a comprehensive review, taking into account new risks to the organisation arising from the crisis and previous work that we have been unable to complete. The outcome of this will be reported to the Corporate Management Team (CMT) and the Audit Committee once it has been completed.

3. Audit Opinion

3.1 No assurance can ever be absolute; however, based on the internal audit work completed, the Chief Internal Auditor can provide reasonable[1] assurance that the Council has in place an adequate and effective framework of governance, risk management and internal control for the period 1 April 2019 to 31 March 2020.

3.2 Further information on the basis of this opinion is provided below. Overall, the majority of audit opinions issued in the year were generally positive, including improved levels of assurance for lower audit opinions issued previously in 2018/19. However, internal audit activities have identified a few areas where the operation of internal controls have not been fully effective, as reflected by the two minimal and seven partial assurance opinions.

3.3 This is similar to the position of previous years and consequently, the overall opinion remains unchanged from that issued for 2018/19. However, the minimal and partial assurance opinions relating to the two Pension Fund audits completed during the year (Pension Fund Administration, People, Processes and Systems, and Pension Fund Compliance with Regulatory Requirements, respectively) are of concern and need to be addressed by management as a priority. Further detail of these are included in Annexe B attached to this report. The outcome of both audits has been reported to the Pension Fund Board and Pension Fund Committee who are monitoring implementation of the agreed actions with management.

3.4 Where improvements in controls are required as a result of our work, we have agreed appropriate remedial action with management.

4. Basis of Opinion

4.1 The opinion and the level of assurance given takes into account:

- All audit work completed during 2019/20, planned and unplanned;
- Follow up of actions from previous audits;
- Management's response to the findings and recommendations;
- Ongoing advice and liaison with management, including regular attendance by the Chief Internal Auditor and Audit Managers at organisational meetings relating to risk, governance and internal control matters;
- Effects of significant changes in the Council's systems;
- The extent of resources available to deliver the audit plan;
- Quality of the internal audit service's performance.

4.2 No limitations have been placed on the scope of Internal Audit during 2019/20.

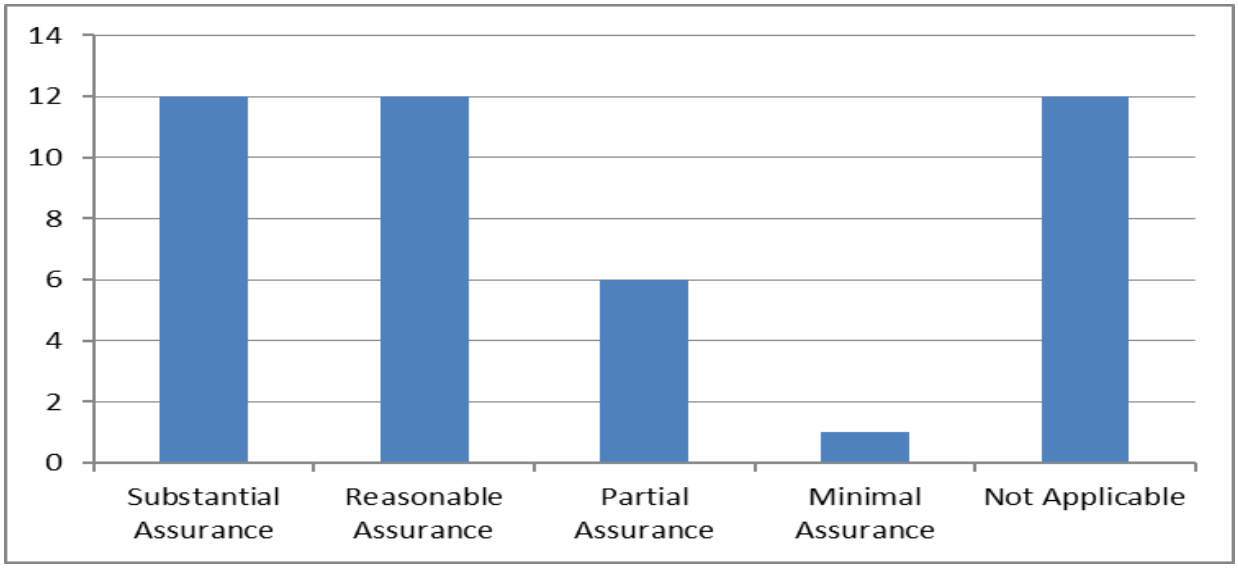
[1] This opinion is based on the activities set out in paragraph 4 below. It is therefore important to emphasise that it is not possible or practicable to audit all activities of the Council within a single year.

5. Key Internal Audit Issues for 2019/20

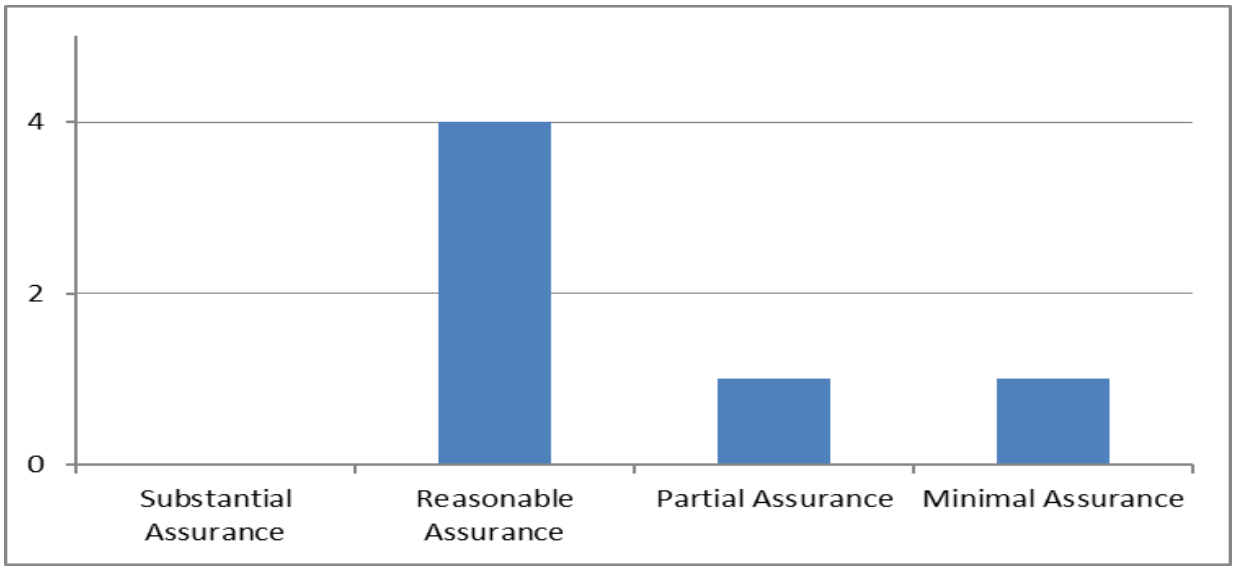
5.1 The overall audit opinion should be read in conjunction with the key issues set out in the following paragraphs. These issues, and the overall opinion, have been taken into account when preparing and approving the Council's Annual Governance Statement.

5.2 The internal audit plan is delivered each year through a combination of formal reviews with standard audit opinions, direct support for projects and new system initiatives, investigations, grant audits and ad hoc advice. The following graphs provide a summary of the outcomes from all audits finalised during 2019/20:

Non-Schools Audit Opinions



Schools Audit Opinions



5.3 A full listing of all completed audits and opinions for the year is included at Appendix B, along with an explanation of each of the assurance levels. Whilst the results of all audit work completed is reported to CMT and the Audit Committee throughout the year, the one (non-school) review with minimal assurance has been summarised below for completeness:

- **Pension Fund Administration, People, Processes and Systems**

For the year 2019/20, we introduced a revised Internal Audit Strategy for Pensions, which was approved by the Pension Committee in June 2019. This extended the scope of our testing and, because we were given read-only access to the Altair pension administration system for the first time, we were also able to carry out testing in more depth than had previously been the case.

In completing our work, we identified areas that required significant improvement, including in relation to automating the calculation of pension benefits, improving data processes to ensure that all members receive their Annual Benefit Statements each year by the deadline of 31 August, improving procedures to ensure the quality of data, and ensuring reporting to Pension Board and Committee is accurate. Further detail on the findings of this review can be found in Annexe B.

5.4 In addition to the above, a total of 7 audits received partial assurance opinions within the year as follows:

- Pension Fund - Compliance with Regulatory Requirements;
- Home Care Management;
- Building Condition Asset Management;
- Atrium (Property Asset Management System);
- Social Value in Procurement;
- Buzz Active; and
- Heathfield Community College.

5.5 Whilst actions arising from these reviews will be followed up by Internal Audit, either through specific reviews or via established action tracking arrangements, it is important that management take prompt action to secure the necessary improvements in internal control.

5.6 Included in the graph above are two reviews where we have revisited areas which had previously received lower levels of assurance. For both of these (Surveillance Cameras and SAP Application Controls), we have been able to issue revised, improved opinions of reasonable assurance and substantial assurance, respectively.

5.7 As at 31 March 2020, a total of nineteen planned reviews from 2019/20 remained in progress but had been paused as a result of the Coronavirus pandemic so that internal audit work would not impede service response to the emergency. One of these is now final and eight are at draft report stage and we are working with management to progress these to final reports. For the remaining audits, depending on the circumstances of returning to business-as-usual, these will be completed later in the financial year. Details for these are provided in Appendix B.

Key Financial Systems

5.8 Given the substantial values involved, each year a significant proportion of our time is spent reviewing the Council's key financial systems, both corporate and departmental. Of those audits completed during 2019/20, all have resulted in either substantial or reasonable assurance being provided over the control environment.

Other Internal Audit Activity

5.9 During 2019/20, internal audit has continued to provide advice, support and independent challenge to the organisation on risk, governance and internal control matters across a range of areas. These include:

- Orbis Customer Access Portal;
- Logotech Treasury Management System;
- Making Tax Digital; and
- Managing Back Office Systems (MBOS).

And, attendance at:

- Statutory Officers' Group;
- Orbis Leadership Team;
- BSD Covid Response Group;
- Information Officers' Group;
- Finance Management Team; and
- Pension Board and Pension Committee.

5.10 As well as actively contributing to, and advising these groups, we utilise the intelligence gained from the discussions to inform our own current and future work programmes to help ensure our work continues to focus on the most important risk areas.

Anti-Fraud and Corruption

5.11 During 2019/20, the Internal Audit Counter Fraud Team continued to deliver both reactive and proactive fraud services across the Orbis Partnership.

5.12 The team logged 20 allegations under the Council's Anti-Fraud and Corruption Strategy, with cases being identified through the Council's confidential reporting hotline or referrals from other departments. As a result of the allegations, 16 cases were taken forward to investigation by Internal Audit or where support was provided to a management investigation, with the remainder being referred to local management, another local authority, or assessed as requiring no further action.

5.13 The following provides a summary of the investigation activity undertaken by Internal Audit in the last 12 months:

- We provided support to a management investigation following concerns that an employee had submitted duplicate overtime claims. Analysis was performed of the employee's timesheets submitted for payment and Internal Audit interviewed the employee. Following conclusion of the investigation, it was concluded that there was no intent to deceive by submitting duplicate claims and the employee was provided with appropriate guidance and training to ensure future accuracy;

- We provided support to an HR investigation following a complaint that an employee was overstating their travel claims. Analysis was performed on mileage claimed against mileage permitted under the travel and expenses policy. The matter was passed back to management to progress with the support of HR and the employee subsequently resigned prior to a disciplinary hearing;

- Support was provided to HR in a case of a member of staff employed across multiple schools who was accused of being involved in potential financial irregularities. The employee resigned from all of their roles while under management investigation;

- Following an investigation previously conducted in 2018/19, Internal Audit provided support regarding a subsequent Local Government and Social Care Ombudsman appeal. An out of court settlement was reached and £18,090.60 was recovered from the client's family;

- We provided support and advice to Adult Social Care in respect of 6 further cases relating to misuse of Direct Payments and the recovery of monies paid;

- We conducted a review of cash handling arrangements at a school breakfast club following allegations of potential financial irregularities involving a member of school staff. The investigation did not identify that cash had been subject to misappropriation;

- Eight investigations remain ongoing at the time of writing this report.

5.14 Any internal control weaknesses identified during our investigation work are reported to management and actions for improvement are agreed. This work is also used to inform future internal audit activity.

5.15 As well as the investigation work referred to above, we continue to be proactive in the identification and prevention of potential fraud and corruption activity across the Authority and in raising awareness amongst staff.

5.16 Progress over the last 12 months is outlined below:

Priority	Progress to date
Reactive investigations	The Counter Fraud Team is responsible for assessing and evaluating fraud referrals received by each sovereign partner, and then leading on subsequent investigations. The team have implemented a coordinated approach to assessing and logging referrals and adopted consistent procedures for recording

Priority	Progress to date
	investigations. During the 12 month period to date, there have been several investigations across the partnership which have been resourced through a mixture of the Counter Fraud Team and sovereign audit teams supported by advice and direction form the Counter Fraud Team.
NFI Exercise	The Counter Fraud Team have taken on responsibility for the coordination and submission of datasets at each authority. The NFI Key Contacts are members of the Counter Fraud Team to ensure a consistent approach is followed and good practice is shared across all partners. Results from the latest matching exercise were received in Spring 2019 and the Counter Fraud Team have been liaising with internal departments and partner authorities to review, prioritise and investigate flagged matches. To date, overall savings of £5,640.73 have been recorded.
Counter Fraud Policies	Each Orbis partner has in place a Counter Fraud Strategy that sets out their commitment to preventing, detecting and deterring fraud. The Counter Fraud Team have reviewed the sovereign strategies to ensure there is a consistent and robust approach to tackling fraud.
Fraud Risk Assessments	Fraud Risk Assessments have been consolidated to ensure that the current fraud threat has been considered and mitigating actions identified. The Fraud Risk Assessment is continually reviewed.
Fraud Response Plans	The Fraud Response Plans take into consideration the results of the Fraud Risk Assessments and emerging trends across the public sector in order to provide a proactive counter fraud programme. This includes an increased emphasis on data analytics.
Fraud Awareness	The team have refreshed and rolled out a fraud eLearning package to the whole organisation. This was rolled out in conjunction with fraud awareness workshops to help specific, targeted services identify the risk of fraud and vulnerabilities in their processes and procedures. Fraud awareness workshops were delivered to school governors and fraud bulletins highlighting potential fraud risks have been provided to schools. A fraud awareness campaign took place during November as part of National Fraud Awareness week. Regular fraud alerts have been provided to departments including both banking and schools.

5.17 Whilst it is our opinion that the control environment in relation to fraud and corruption is satisfactory and the incidence of fraud is considered low for an organisation of this size and diversity, we continue to be alert to the risk of fraud. This includes working with local fraud hubs; the aim of which is to deliver a strong and co-ordinated approach to preventing, detecting and responding to fraud.

Amendments to the Audit Plan

5.18 In accordance with proper professional practice, the Internal Audit plan for the year was kept under regular review to ensure that the service continued to focus its resources in the highest priority areas based on an assessment of risk. Through discussions with management, the following reviews were added to the original audit plan during the year:

- Orbis Customer Access Portal
- Broadband UK Grant Return
- Troubled Families
- Logotech Treasury Management System
- Home to School Transport - Follow Up
- Department for Transport Grant
- Bus Services Operators Grant
- Annual Governance Statement
- Risk Management
- Library Antiquarian Asset Management
- SAP Applications Control – Follow Up
- Buzz Active

5.19 In order to allow these additional audits to take place, the following audits have been removed or deferred from the audit plan and, where appropriate, will be considered for inclusion in future audit plans as part of the overall risk assessment completed during the annual audit planning process. These changes have been made on the basis of risk prioritisation and/or as a result of developments within the service areas concerned requiring a rescheduling of audits:

- IT&D Project Management
- Transport for the South East

6. Internal Audit Performance

6.1 Public Sector Internal Audit Standards (PSIAS) require the internal audit service to be reviewed annually against the Standards, supplemented with a full and independent external assessment at least every five years. The following paragraphs provide a summary of our performance during 2019/20, including the results of our first independent PSIAS assessment, an update on our Quality Assurance and Improvement Programme and the year end results against our agreed targets.

PSIAS

6.2 The Standards cover the following aspects of internal audit, all of which were independently assessed during 2018 by the South West Audit Partnership (SWAP) and subject to a refreshed self-assessment in 2019:

- Purpose, authority and responsibility;
- Independence and objectivity;
- Proficiency and due professional care;
- Quality assurance and improvement programme;
- Managing the internal audit activity;
- Nature of work;
- Engagement planning;
- Performing the engagement;
- Communicating results;
- Monitoring progress;
- Communicating the acceptance of risks.

6.3 The results of the SWAP review and our latest self-assessment found a high level of conformance with the Standards with only a small number of minor areas for improvement. Work has taken place to address these issues, none of which were considered significant, and these are subject to ongoing monitoring as part of our quality assurance and improvement plan.

Key Service Targets

6.4 Performance against our previously agreed service targets is set out in Appendix A. Overall, client satisfaction levels remain high, demonstrated through the results of our post audit questionnaires, discussions with key stakeholders throughout the year and annual consultation meetings with Chief Officers.

6.5 Significantly, we have completed 90.5% of the 2019/20 audit plan, just exceeding our target of 90%. As reported in 5.7, above, some outstanding reviews were nearing completion at year end and, due to the impact of the COVID-19 crisis, there are a larger number of reports than usual still in draft status. These are identified in Appendix B.

6.6 Our action tracking of agreed, high-risk actions arising from audits completed throughout the year, has identified two such actions which hadn't been implemented by the agreed due date, resulting in the target in this area not quite being achieved (95% against the target of 97%). Both of these relate to the Pension Fund Administration, People, Processes and Systems audit as referred to in 5.3 above. At the time of this report, management are due to report back on the implementation status of all agreed actions relating to this and the Pension Fund Compliance with Regulatory Requirements audit at forthcoming Pension Board and Pension Committee meetings.

6.7 Internal Audit will continue to liaise with the Council's external auditors (Grant Thornton) to ensure that the Council obtains maximum value from the combined audit resources available.

6.8 In addition to this annual summary, CMT and the Audit Committee will continue to receive performance information on Internal Audit throughout the year as part of our quarterly progress reports and corporate performance monitoring arrangements.

Appendix A

Internal Audit Performance Indicators 2019/20

Aspect of Service	Orbis IA Performance Indicator	Target	RAG Score	Actual Performance
Quality	Annual Audit Plan agreed by Audit Committee	By end April	G	Approved by Audit & Committee on 25 March 2019.
	Annual Audit Report and Opinion	By end July	G	Approved by Audit Committee on 12 July 2019.
	Customer Satisfaction Levels	90% satisfied	G	100%
Productivity and Process Efficiency	Audit Plan – completion to draft report stage	90%	G	90.5%
Compliance with Professional Standards	Public Sector Internal Audit Standards	Conforms	G	January 2018 – External assessment by the South West Audit Partnership gave an opinion of 'Generally Conforms' – the highest of three possible rankings. Confirmed in most recent self-assessment, Quarter 4 2019/20.
	Relevant legislation such as the Police and Criminal Evidence Act, Criminal Procedures and Investigations Act	Conforms	G	No evidence of non-compliance identified.
Outcome and degree of influence	Implementation of management actions agreed in response to audit findings	97% for high priority agreed actions	A	95% (this equates to 2 out of 41 high risk actions not implemented by the due date).
Our staff	Professionally Qualified/Accredited	80%	G	93%

Appendix B

Summary of Opinions for Internal Audit Reports Issued During 2019/20

Substantial Assurance:

(Explanation of assurance levels provided at the bottom of this document)

Audit Title	Department
Budget Setting	Corporate
Treasury Management	BSD
General Ledger	BSD
Pension Fund Governance and Investments	BSD
Pension Fund External Control Assurance	BSD
Purchase to Pay 18/19	BSD
SAP Application Controls Follow Up	BSD
Impact of Savings	Corporate
Risk Management	Corporate
ICT Compliance Frameworks	BSD
Commissioning of Adult Social Care Services	ASC
LAS/Controcc	ASC

Reasonable Assurance:

Audit Title	Department
Accounts Receivable	BSD
Supply Chain Management	Corporate
Capital	Corporate
Business Continuity	Corporate
BACS Payments	BSD
General Data Protection Regulation Compliance	BSD
HR/Payroll	BSD
Cyber Security	BSD
Surveillance Camera Follow-Up	BSD
LiquidLogic Application Controls	ASC/CSD
LCS/Controcc	CSD
Parking	CET
Cradle Hill Community Primary School	CSD
Hurst Green Primary School	CSD
Chailey Secondary School	CSD
Telscombe Cliffs Primary School	CSD

Partial Assurance:

Audit Title	Department
Pension Fund – Compliance with Regulatory Requirements	BSD
Building Condition Asset Management	BSD
Atrium	BSD
Social Value in Procurement	Corporate
Home Care Contract Management	ASC
Buzz Active	CSD
Heathfield Community College	CSD

Minimal Assurance:

Audit Title	Department
Pension Fund Administration, People, Processes and Systems	BSD
Maynards Green Community Primary School	CSD

Other Audit Activity Undertaken During 2019/20 (including direct support for projects and new system initiatives and grant audits):

Audit Title	Department
Broadband UK	CET
Making Tax Digital	BSD
Logotech Treasury Management System	BSD
Orbis Customer Access Platform	BSD
Delays to Waivers to Procurement Standing Orders	BSD
Troubled Families Grant Certification (*4 instalments)	CSD
E-Recruitment	BSD
Bus Services Operators' Grant	CET
Department for Transport Grant	CET
Support to the Managing Back Office Systems (MBOS) Programme	BSD
Business Operations Improvements – E-Pay	BSD
ISEND Purchase to Pay	CET

Audits Carried Forward (suspended as a result of Covid19) from 2019/20 to 2020/21 (note that, where draft reports have been issued to clients, or the audit has subsequently been completed, these have been marked as such in the following list):

Audit Title	Department	Status
Cultural Compliance – Highways Contract Management Group	CET	Now complete and final report issued
Cloud Computing	BSD	Draft report issued
Declaration of Interests, Gifts and Hospitality	Corporate	Draft report issued
Enforcement Powers Follow Up	CET	Draft report issued
Annual Governance Statement	GCS	Draft report issued
Library Asset Management	CET	Draft report issued

Audit Title	Department	Status
Mobile Device Management	BSD	Draft report issued
Network Security	BSD	Draft report issued
Purchase to Pay 19/20	BSD	Draft report issued
Business Operations Cultural Compliance	BSD	Suspended
Commissioning and Delivery of Property Projects	BSD	Suspended
Orbis Integrated Budget Management Follow-Up	BSD	Suspended
Patch Management	BSD	Suspended
Travel and Expenses Follow Up	BSD	Suspended
Care Assessment Process	CSD	Suspended
Direct Payments	ASC	Suspended
Home to School Transport Follow Up	CET	Suspended
Orbis Data Centre	BSD	Suspended
Pension Fund – Governance, Strategy and Investments	BSD	Suspended

Audit Opinions and Definitions

Opinion	Definition
Substantial Assurance	Controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Reasonable Assurance	Most controls are in place and are operating as expected to manage key risks to the achievement of system or service objectives.
Partial Assurance	There are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of the system or service objectives at risk.
Minimal Assurance	Controls are generally weak or non-existent, leaving the system open to the risk of significant error or fraud. There is a high risk to the ability of the system/service to meet its objectives.

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