EAST SUSSEX HEALTH AND WELLBEING BOARD

TUESDAY, 14 JULY 2020

2.30 PM CC2 - COUNTY HALL, LEWES

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

MEMBERSHIP -	Councillor Keith Glazier, East Sussex County Council (Chair) Councillor Carl Maynard, East Sussex County Council Councillor John Ungar, East Sussex County Council Councillor Trevor Webb, East Sussex County Council Councillor Philip Lunn, Wealden District Council Councillor Paul Barnett, Hastings Borough Council Jessica Britton, East Sussex Clinical Commissioning Group Dr David Warden, East Sussex Clinical Commissioning Group Louise Ansari, East Sussex Clinical Commissioning Group Keith Hinkley, Director of Adult Social Care and Health, ESCC Stuart Gallimore, Director of Children's Services, ESCC Darrell Gale, Director of Public Health John Routledge, Healthwatch East Sussex Deborah Tomalin, NHS England South East, (Kent, Surrey and Sussex) Dr Adrian Bull, East Sussex Healthcare NHS Trust Siobhan Melia, Sussex Community NHS Trust Samantha Allen, Sussex Partnership NHS Foundation Trust *Three places for East Sussex CCG subject to agreement by ESCC Full Council on 7 July 2020
INVITED OBSERVERS WITH SPEAKING RIGHTS	Councillor Rebecca Whippy, Eastbourne Borough Council Councillor Sean MacLeod, Lewes District Council Councillor John Barnes MBE, Rother District Council Becky Shaw, Chief Executive, ESCC Michelle Nice, Voluntary and Community Sector Representative Mark Andrews, East Sussex Fire and Rescue Service Katy Bourne, Sussex Police and Crime Commissioner

A G E N D A

1 Minutes of meeting of Health and Wellbeing Board held on 3 March 2020 *(Pages 3 - 8)*

2 Apologies for absence

3 Disclosure by all members present of personal interests in matters on the agenda

4 Urgent items

Notification of items which the Chair considers to be urgent and proposes to take at the end 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 urgently

5 East Sussex Health and Social Care Plan progress update *(Pages 9 - 16)*

6 East Sussex Outbreak Control Plan *(Pages 17 - 84)*

7 The Sussex Wide Children & Young Person's Emotional Health & Wellbeing Service Review *(Pages 85 - 236)*

8 Joint targeted area inspection of the multi-agency responses to children's mental health in East Sussex *(Pages 237 - 258)*

9 Healthwatch Annual Report 2019-20 *(Pages 259 - 290)*

10 Work programme *(Pages 291 - 292)*

11 Any other items previously notified under agenda item 4

PHILIP BAKER
Assistant Chief Executive
County Hall, St Anne's Crescent
LEWES BN7 1UE

6 July 2020

Contact Harvey Winder, Democratic Services Officer, 01273 481796,

Email: harvey.winder@eastsussex.gov.uk

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EAST SUSSEX HEALTH AND WELLBEING BOARD

MINUTES of a meeting of the East Sussex Health and Wellbeing Board held at County Hall, Lewes on 3 March 2020.

MEMBERS PRESENT	Councillor Keith Glazier (Chair) Councillor Carl Maynard, Councillor John Ungar, Councillor Trevor Webb, Councillor Philip Lunn, Dr Martin Writer, Keith Hinkley, Stuart Gallimore, Darrell Gale, John Routledge and Samantha Allen
INVITED OBSERVERS PRESENT	Councillor Paul Barnett, Councillor Sean MacLeod, Councillor John Barnes MBE, Becky Shaw and Michelle Nice

26 MINUTES OF MEETING OF HEALTH AND WELLBEING BOARD HELD ON 10 DECEMBER 2019

26.1. The Board agreed the minute as a correct record of the meeting held on 10 December 2019.

27 APOLOGIES FOR ABSENCE

27.1. The following apologies were received from Members of the Board:

- Cllr Rebecca Whippy
- Jessica Britton
- Dr Adrian Bull
- Siobhan Melia

27.2. The following substitutions were made:

- Dr Elizabeth Gill (Ashley Scarff substituting)

28 DISCLOSURE BY ALL MEMBERS PRESENT OF PERSONAL INTERESTS IN MATTERS ON THE AGENDA

28.1 Cllr John Ungar declared a personal interest as a member of the Patient Participation Group for the Green Street Surgery in Eastbourne.

29 URGENT ITEMS

29.1 There were no urgent items.

30 EAST SUSSEX HEALTH AND SOCIAL CARE PLAN PROGRESS UPDATE

30.1. The Board considered a report on the progress made with developing a long term health and social care plan for East Sussex, including detailed plans for 2020/21.

30.2. The Board asked how the Clinical Commissioning Groups (CCGs) would help to ensure GP practices could continue to recruit and retain GPs.

30.3. Martin Writer, Chair of Eastbourne, Hailsham and Seaford Clinical Commissioning Group (EHS CCG), there has been historic issues of GP recruitment and retention in East Sussex, particularly in the East of the county. The CCG now has, however, a significant boost in funding and plan for the next 3-4 years to bring in additional staff to the primary care sector that will allow it to become more resilient. There is a training scheme in place for GPs and a number of new doctors are in the process of becoming GPs; recruitments also continues of other health practitioners into GP practices, such as Advanced Nurse Practitioners, pharmacists, and paramedics as part of the new Primary Care Networks (PCNs).

30.4. The Board asked about why there was not reference to COVID-19 in the East Sussex Health and Social Care Plan (ESHSCP).

30.5. Keith Hinkley, Director of Adult Social Care and Health, explained that the ESHSCP is set on an annual basis and describes the plan for further integration of health and care services in East Sussex for that year. It therefore does not include a response to the Covid-19 pandemic, which would instead be dealt with through business continuity and emergency planning structures of East Sussex County Council, the CCGs and NHS healthcare trusts in partnership.

30.6. The Board asked whether it would be possible to include examples of how health and care pathways have changed as a result of the integration programme to demonstrate to the public the improvements that have taken place.

30.7. Keith Hinkley said it was important to provide the Board with enough information to fulfil its role of having a strategic oversight role of the ESHSCP. The reports coming to the Board are key policy and strategy documents with enough detail around performance for the Board to fulfil its functions. Other stakeholders are provided with information about the ESHSCP's priorities and service designs in a different way. Future reports to the Board could, however, include examples of new services and pathways, as well as more granular details of some of the performance outcomes, to help illustrate the progress of integration.

30.8. The Board RESOLVED to:

1. Note the update and the work being undertaken to put in place programme arrangements for 2020/21, including governance, key projects, objectives and Key Performance Indictors;

2. Endorse the draft proposal for an East Sussex Integrated Care Partnership (ICP), to help support delivery of our plan in 2020/21 and in subsequent years, noting that further work will be taking place in the coming weeks to support the ongoing development of the ICP; and

3. Endorse the proposed and updated outcomes framework setting out the long term overarching outcomes for the system, and noting that we will work with stakeholders to develop further measures during 2020/21.

31 EAST SUSSEX HEALTH AND SOCIAL CARE PROGRAMME MONITORING REPORT

31.1. The Board considered a report providing an update of progress against the priority objectives and lead Key Performance Indicators for the health and social care programme in 2019/20.

31.2. The Board asked whether after the CCGs' merger the CCG will report its Key Performance Indicators (KPIs) performance within the historic footprints of the three CCGs in East Sussex, so that people living in those areas can see whether performance has improved or not.

31.3. Ashley Scarff, Director of Partnerships & Commissioning Integration, confirmed that following the merger, the CCGs would produce a single KPI report that would be benchmarked internally, as well as externally against other place-based plans. The geography of the current three CCGs will become less relevant over time, however, and instead the base unit around which benchmarking will be undertaken internally will be the PCN footprints.

31.4. The Board RESOLVED to note the progress in Quarter 3 against the priority objectives and lead Key Performance Indicators (KPIs) for 2019/20.

32 ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT 2019/20: HEALTH AND HOUSING IN EAST SUSSEX

32.1. The Board considered a report on the annual report of the Director of Public Health 2019/20: Health and Housing in East Sussex.

32.2. The Board commented on the difficulty people with mental health issues may have dealing with poor housing; and the difficulty some may have in seeking professional help to deal with these problems.

32.3. Keith Hinkley said that the report is clear on the need for collaborative work over the long term to deal with housing issues. Responsibility for housing rests across many organisations and there is therefore joint responsibility to help people with their housing issues and a need to work collaboratively to achieve this goal.

32.4. Sam Allen, Chief Executive of Sussex Partnership NHS Foundation Trust (SPFT), said that the report would be considered by the Trust's Board given the importance of housing to mental health, and the potential role the Trust could have meeting the housing needs of its patients and assisting people with mental health issues to maintain their housing.

32.5. The Board asked for clarity on what its role should be in relation to housing matters.

32.6. Keith Hinkley said this report will help inform key areas of work of the ESHSCP and of the individual member organisations over the coming years, for example, by including housing related support in the future ESHSCP mental health and children's services workstreams; and East Sussex County Council (ESCC) taking decisions around housing related support and accommodation services, which are outside the scope of the ESHSCP but are delivered in partnership with the district and borough councils. The progress of the ESHSCP is reported to the Board and so housing matters can be monitored by the Board via the quarterly update reports.

32.7. The Board asked what more could be done to improve air quality, particularly along busy roads like the A259.

32.8. Darrell Gale, Director of Public Health, said that the 5.2% of deaths in the county connected to air quality tend to be related to chronic rather than acute exposure, i.e., long term exposure to poor air quality, and are a look back rather than projection of future deaths.

Transport is part of the cause of poor air quality and Transport for South East is always looking at improving air quality through transport initiatives; rural deprivation is also a cause, particularly through wood burning; and local customs around bonfires and fireworks can have an effect. These areas would need to be looked at to potentially reduce deaths in the future.

32.9. The Board asked about whether dental surgeries should be available to people within a 20 minute travel distance time like GP practices.

32.10. Darrell Gale agreed that more needs to be done to understand access to NHS dentistry services and recognise its relation to levels of deprivation.

32.11. The Board asked why childhood injury rates in East Sussex were worse compared to the rest of the country.

32.12. Darrell Gale agreed the rates were a concern. Over the past year, his team has put together a comprehensive programme to start to address issues such as poisoning in the home, access to sources of fire, and access to safe play. This programme is being delivered by health visitors and school nurses.

32.13. The Board asked about whether planning authorities can help reduce the risk of people getting too hot in their homes during summer, as insulation levels improve and summers become warmer.

32.14. Darrell Gale agreed planning authorities can have a role, for example, banning single aspect flats, particularly those facing due south, due to lack of through winds; and encouraging planning applications that use of trees and shading to support cooling houses.

32.15. The Board asked whether more information on housing deprivation could be provide at a ward level.

32.16. Darrell Gale agreed to ask his team to respond to any specific queries relating to deprivation at a ward level within East Sussex.

32.17. The Board asked whether the Director of Public Health supported the idea of individual wards, such as Hollington in Hastings, producing their own anti-poverty strategy.

32.18. Darrell Gale said he supported creating local anti-poverty strategies. It was also important that they are incorporated into the Hastings Borough Council's Town deal. The Economic Development Team and Public Health Team of ESCC can also provide support with these strategies.

32.19. The Board asked about whether a campaign on ventilating homes would help improve the issue of poor quality indoor air.

32.20. Darrell Gale suggested it can be confusing for people to know what to do, as some messages tell people to seal their house from the cold, whilst others say to keep it well ventilated at all times. Many new houses are well insulated but poorly ventilated. He acknowledged that people who pay for metered heating are unlikely to want to open windows and lose the heat.

32.21. The Board asked whether the issues of temporary and emergency accommodation and the high level of suicide amongst residents of them should be included in the report.

32.22. Darrell Gale said the Public Health Team is undertaking a suicide audit and it was felt it was not the best timing to include mention of it in the report as investigation was ongoing. He added there was a worrying trend of landlords offering to convert buildings into emergency accommodation but providing substandard accommodation.

32.23. The Board RESOLVED to endorse the annual report of the Director of Public Health.

33 EAST SUSSEX CONTINUING HEALTHCARE INTERIM REPORT

33.1. The Board considered a report on the key developments relating to Continuing Healthcare (CHC) in East Sussex.

33.2. The Board asked whether it is possible for the NHS and Adult Social Care Department (ASC) to develop a positive agreement around the Continuing Healthcare assessment process to avoid the need for individual clients to appeal decisions.

33.3. Keith Hinkley said there is inevitably challenges and disagreements between partner organisations where decisions involve patients with complex needs, often in end of life care, and involving significant resources. He reassured the Board that the work the CCG has undertaken around a new policy framework, based on evidence, has fully involved the Council to date and both organisations are working on a new collaborative way of how best to manage Continuing Healthcare, as well as social care, free nursing care, and Section 117 mental health patient care.

33.4. The Board RESOLVED to:

1. Consider the progress that has been made to date in respect of Continuing Healthcare in East Sussex; and

2. Agree to receive a further progress report to the Board in September.

34 WORK PROGRAMME

34.1 The Board considered its work programme.

34.2 The Board RESOLVED to note the work programme.

The meeting ended at 4.23 pm.

Councillor Keith Glazier (Chair)

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**14 July 2020**
By:	**Director of Adult Social Care and Health and Executive Managing Director, East Sussex Clinical Commissioning Group (CCG)**
Title:	**East Sussex Health and Social Care Plan progress update**
Purpose:	**To consider an update on work to implement a revised East Sussex integration programme in 2020/21, as a result of the changes brought about by the COVID-19 pandemic**

RECOMMENDATIONS

The Board is recommended to:

1) Note the work that has been taking place to review the East Sussex health and social care integration programme objectives and projects, taking account of changes to our integrated working due to COVID-19; and

2) Receive a further report in September which will set out in more detail the proposed integration programme objectives and projects

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1 Background

1.1 Our agreed long term East Sussex Health and Social Care Plan sets out our shared system priorities across the whole health and social care economy. It describes how we will work together to drive developments to meet the health and social care needs of our population, reduce health inequalities and deliver long term sustainability.

1.2 Previous reports to the Health and Wellbeing Board (HWB) have covered a quarterly monitoring report on the 2019/20 integration programme and also progress with planning for the programme in 2020/21, which will support delivery of the long term East Sussex Plan.

1.3 Our collective system business associated with the East Sussex Plan and integration programme has been paused since March in order to enable our health and social care system to focus on the management of our urgent response to the COVID-19 pandemic. This has included adapting our system governance in order to deliver the emergency response where this has required coordination and grip across the whole system, for example hospital discharge and mutual aid support to care homes.

1.4 This report provides a brief update on the work that has been taking place to revise our integration programme priorities and objectives, so that the impacts of responding to the COVID-19 pandemic and the ongoing need to manage the response during 2020/21 can be taken fully into account.

2 Supporting information

Approach, scope and next steps

2.1 The brief attached in **Appendix 1** sets out the approach, scope and next steps recently agreed by our health and social care system to revise and restore our integration programme, as we started to move into further phases of the COVID-19 response and the wider recovery process.

2.2 Work has taken place to revisit our initial programme objectives for 2020/21 in light of the impacts of responding to COVID-19, including the changes made to rapidly allow for surge capacity within our hospitals and manage delivery of services and support during lockdown, social

distancing and isolation. New models and ways of working have emerged at speed, including for example:

- Hubs and liaison arrangements to support discharges from hospital across physical and mental health;
- More virtual integrated working across community health and social care teams;
- Coordinated whole system support for care homes including primary care, and;
- Community hubs that have supported vulnerable people with food, medicine and social contact needs, delivered in partnership by the Council, East Sussex Clinical Commissioning Group (CCG), District and Borough Councils and the Voluntary and Community Sector (VCS).

2.3 As a result we are developing a revised programme that takes into account the changes and new service models that have recently been put in place and the learning from this work. Our integration programme restoration will focus on the priorities for our recovery and ongoing transformation of care that make best sense to be collectively led at the East Sussex level, covering Children and Young People; Community; Urgent Care; Planned Care, and; Mental Health. Priorities for prevention and reducing health inequalities will also where appropriate form a part of each of these programme areas and projects.

2.4 The updated programme objectives will align with and support our individual organisations' core service delivery, including recovery planning and the national requirement to restore NHS services to pre COVID-19 levels, and our Sussex Integrated Care System recovery programme.

2.5 Our focus is to ensure we can identify and prioritise the key areas of development that will enable our system to continue to make further progress as an Integrated Care Partnership (ICP) in 2020/21 and deliver the long term outcomes set out in our East Sussex Plan. It should be noted that there will be a continual requirement to balance the ongoing need to respond to the pandemic with the pace and delivery of transformation. In light of this challenge attention has also been given to programme capacity and the resources needed to support delivery of our shared priorities.

2.6 System discussions have taken place to explore the potential integration projects that are emerging as critical shared priorities during the remainder of 2020/21, given the changes in focus due to COVID-19, and broader restoration and recovery planning. This has also taken into consideration the different impacts of COVID-19 across our local population, including minority ethnic groups, and across our system.

2.7 The next step will be to develop a framework of realistic programme metrics and resources for the remainder of 2020/21, taking into account the current challenges, complexities and risks across our whole system.

2.8 Although there will continue to be further detail to work through, the intention is to return to our integration programme delivery in a phased and manageable way by the early autumn, including our formal health and social care system meetings to lead and monitor this collectively. This will include the East Sussex Health and Social Care Executive Group and the East Sussex Health and Social Care System Partnership Board.

2.9 The oversight boards for each of the programme areas have also started to meet again in June and July to support the programme restoration exercise. This includes the new East Sussex Children and Young People Oversight Board that replaces the former Children and Families strategic planning group, and a meeting to consider arrangements for establishing a new East Sussex Mental Health Oversight Board and programme.

Integrated health and social care commissioning

2.10 Developing a model of integrated commissioning will support how we shape and strengthen our East Sussex ICP as both a commissioner and provider of services. In the long term this will describe what is led at the East Sussex level, the outcomes our ICP has to deliver to meet the health and care needs of our population and the collective resources available to do this.

2.11 Responding to COVID-19 together as a system has also enabled different working arrangements to rapidly develop around commissioning, for example a faster more collaborative

approach between NHS commissioners and providers, and with voluntary and independent care sector providers. We are now building on this to accelerate our model for integrated commissioning and set out the next steps for taking this forward.

Engagement

2.12 Partners have worked together as a whole system to respond to COVID-19, including General Practice, the independent care sector, District and Borough Councils, Healthwatch East Sussex and VCS organisations alongside core health and social care services, and this is continuing as we move into further phases of the response and recovery.

2.13 The process of restoring the integration programme will allow the time for the necessary partnership discussions to take place across our system. This includes current plans to sustain COVID-19 changes as part of recovery planning where this is of benefit, and revising programmes and projects to support this, as well as future arrangements to be agreed for ongoing involvement in projects where there is a shared interest. This will include involving clients, patients and carers and any health inequalities and equality impact assessments that might be necessary as part of future agreed projects.

3. Conclusion and reasons for recommendations

3.1 Responding to the COVID-19 pandemic has meant that we have had to pause our health and social care integration programme. In addition, new ways of working have rapidly been developed as part of our system response to the pandemic. This has accelerated integrated working in a number of areas and resulted in the need to revisit our plans and programme for 2020/21, both to understand the learning and sustain new models of delivery where there have been agreed benefits.

3.2 Strong progress has been made with our intention to produce an initial draft revised programme of shared priorities, projects and objectives for our system to review together in July. The updated programme will enable us to take account of the changes in focus due to COVID-19, and broader restoration and recovery planning, as well as the need to manage capacity, resources and risks appropriately across our system for the remainder of 2020/21.

3.3 This will ensure our continued focus on local system issues, whilst the broader recovery and restoration process takes place. It is proposed that a report with further detail will be brought to the September meeting of the HWB.

JESSICA BRITTON
Executive Managing Director, East Sussex CCG

KEITH HINKLEY

Director of Adult Social Care and Health, ESCC

Contact Officer: Vicky Smith

Tel. No. 01273 482036 / 07827 841063

Email: Vicky.smith@eastsussex.gov.uk

Appendix 1 Integration Plan and Programme Restoration Brief

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East Sussex Integrated Care Partnership (ICP)

Integration Programme Restoration Brief

1. Background and purpose

1.1 In order to enable a clear focus on the management of our health and social care system's urgent response to the COVID-19 emergency, on 27th March 2020 the East Sussex Health and Social Care Executive Group agreed to formally suspend our collective system business associated with the East Sussex LTP and integration programme. This included suspending the following meetings and work on transformation for an initial period of three months:

- The East Sussex Health and Social Care Executive Group
- East Sussex Health and Social Care System Partnership Board
- Oversight Boards focussing on transformation
- Short life task groups such as the Integrated Care Partnership (ICP) Development Steering Group and the East Sussex Plan Task Group

1.2 This brief sets out the work, scope and next steps needed to re-establish our system integration plan and programme, as we move into phase 2 of the response and the recovery process. This will allow for the necessary consideration of the impacts of the COVID-19 response, including the changes made to rapidly allow for surge capacity within our system and manage service delivery during lockdown, social distancing and isolation.

1.3 As a result we will identify the key areas of development that will enable our health and social care system to make further progress as an ICP in 2020/21, to deliver the agreed long term outcomes set out in our East Sussex Health and Social Care Plan. This will be done through developing a revised and updated integration programme blueprint, taking into account the changes to integrated working and pathways that have been put in place as part of responding to COVID-19, and the learning from this.

1.4 The brief has been produced on behalf of the East Sussex Health and Social Care Executive Group to support the collective system working of East Sussex Clinical Commissioning Group (CCG), East Sussex County Council (ESCC), East Sussex Healthcare NHS Trust (ESHT), Sussex Community NHS Foundation Trust (SCFT) and Sussex Partnership NHS Foundation Trust (SPFT) and wider system partners.

2. Scope

2.1 The focus of our integration programme recovery planning will be the key aspects of our recovery and transformation that make best sense to be collectively led at the East Sussex level by our health and social care system, and to further develop our ICP in 2020/21. The revised programme blueprint will cover the following areas:

- Children and Young People
- Community
- Urgent Care
- Planned Care
- Mental Health

2.2 Although out of scope, there is a wider context which our integration programme will need to take account of and align with where appropriate. This includes:

- The management and delivery of individual organisational recovery plans, which will require programmes and projects in their own right managed through business and operational planning processes;
- This includes the national requirement to restore healthcare services to pre-COVID-19 levels. This will be managed through organisational business and operational planning processes, supported where appropriate by our integrated delivery;
- The ongoing need to manage and adapt to the changing requirements of the COVID-19 response and the restoration of services, including maintaining the current integrated working arrangements and pathways that we have put in place to facilitate patient flow across physical and mental health, and;
- The Sussex-wide Integrated Care System (ICS) recovery programme and alignment of plans and objectives where appropriate, to support delivery and ensure the best outcomes for our population.

3. Approach and next steps

3.1 Overall the following tasks are suggested to enable a revised and updated integration programme blueprint for our East Sussex ICP to be developed:

- **Review and Reset Integrated Care Transformation Plan** - review and reset each of the previous programmes and projects, and evaluate the need for changed or new projects as a result of COVID-19.
- **Review the integrated performance and risks** - define the impact on system performance following the changes and identify any risks for our population.
- **Stocktake of new integrated care provision** – evaluate whether changes and innovative provision in response to COVID-19 should be maintained in the 'new normal' or needs to be deconstructed in a planned way to safeguard our people and staff.
- **Identify and agree lessons learnt** – ensure lessons learnt from implementing the changes to integrated care in response to the pandemic, what has gone well and not so well, is embedded in future integrated transformational change.
- **Financial, Performance Measures and Resourcing** - further develop the framework for understanding the funding and resource requirements to deliver the reset Integration plan and programme.

3.2 Within this our transformation programmes are at varying stages of maturity and change which will impact on the pace and detail at which the above tasks can be completed. There will also be a need to allow time for appropriate partnership discussions and agreement to take place to support programmes to be revised and updated.

4. Sussex Integrated Care System (ICS) restoration and recovery programme

4.1 The Sussex Health and Care Partnership (SH&CP) has set out a proposed approach to restoration and recovery for the ICS across the following themes and enablers:

Themes for recovery	Enablers for recovery
• Safety and wellbeing of the workforce • Developing communities • Primary care • Integrated care partnerships • Commissioning • Strategic deployment • Resilience • Finance	• System oversight • Economic infrastructure • Engagement • Digital • Estates

4.2 ICS-wide networks such as the Primary and Community Care Collaborative, Acute Care Collaborative and Mental Health Collaborative will support the delivery of the restoration and recovery programme, and our East Sussex Health and Social Care System partner organisations are directly involved in these networks. We will also ensure that wherever possible our system integration plans at the East Sussex level align with programme work under these themes to ensure the contribution of our place and ICP, and to get the most benefit for our population.

4.3 In addition, the integrated working arrangements that we have in place will contribute to the national agenda to restore healthcare services to their pre-COVID-19 levels, with the day to day challenges of flow being supported through the integrated operational management and delivery of discharge and admission avoidance.

5. Integrated population health and social care commissioning

5.1 The COVID-19 response has also enabled different integrated working arrangements to develop around commissioning. We will use this opportunity to revisit our original objectives to design integrated population health and social care commissioning, and develop our thinking about how we use our resource and workforce in phase 2 to accelerate this.

6. Governance

6.1 During the pandemic we have adapted our existing system governance in order to deliver the emergency response where this has required coordination and grip across the whole system, for example hospital discharge and mutual aid support to care homes. The restoration of the integration plan and programme will be overseen initially through these governance arrangements. This will be facilitated by the system portfolio office with liaison and testing with the system Senior Responsible Officers (SROs), programme SROs and other system leads as appropriate. Collective discussion and agreement will take place through the wider Executive Group meetings.

6.2 Once the revised integration plan and programme has been agreed, it is our suggested aim to return to our system governance arrangements in full. This will also be contingent on our system capacity and our collective confidence about the stage of COVID-19 recovery we have reached. We will review and agree this together in line with the timetable set out below.

7. Engagement

7.1 Partners across the whole system have been fully involved in responding to the COVID-19 emergency, including General Practice, the independent care sector, District and Borough Councils, Healthwatch and voluntary and community sector organisations alongside East Sussex CCG, ESCC, ESHT, SCFT and SPFT.

7.2 This strong involvement will continue as we move into phase 2 of the response and recovery, through the necessary system dialogue that will take place as part of revising the integration programme blueprint, as well as through future involvement in developing and delivering specific projects where there is a shared interest.

7.3 This will include the future engagement of patients, clients, and carers moving forward, and any health inequalities and equality impact assessments that might be a necessary part of future projects resulting from the updated programme blueprint.

8. High level timetable

8.1 The following high level timetable is suggested to ensure a manageable and phased return to our system integration programme:

Task	Who/lead	Date
• Collective agreement of this brief and next steps by the East Sussex COVID-19 Executive Group	East Sussex COVID-19 Executive Group	May 2020
• Review and reset integration programme objectives and projects • Review integrated performance and risks • Stocktake of new integrated care provision • Identify and agree lessons learnt • Financial, Performance Measures and Resourcing.	East Sussex Portfolio Lead, Programme SROs and other leads	May - July 2020
• Agreement of revised East Sussex ICP integration plan and programme • Agreement to return to the East Sussex system governance arrangements in full, including: ○ East Sussex Health and Social Care Executive Group ○ East Sussex Health and Social Care System Partnership Board ○ Children and Young People Oversight Board[1] ○ Community Oversight Board ○ A&E Delivery and Urgent Care Oversight Board[2] ○ Planned Care Oversight Board ○ Mental Health Oversight Board[3]	East Sussex COVID-19 Executive Group	July - August 2020
• Return to business as usual programme monitoring, reporting and governance arrangements for the balance of 2020/21	East Sussex Health and Social Care Executive Group, Oversight Boards supported by the System Portfolio Office	September 2020

Final draft v2.0 29th May 2020

Authors: Vicky Smith and Lesley Walton

[1] New Oversight Board, replacing the previous Children and Families Strategic Planning Group. A first meeting is planned for 9th June
[2] The A&E Delivery and Urgent Care Oversight Board has started meeting again as of May 2020
[3] Proposed new Oversight Board in 2020/21

Report to: **East Sussex Health and Wellbeing Board**

Date of meeting: **14 July 2020**

By: **Director of Public Health**

Title: **East Sussex Outbreak Control Plan**

Purpose: **To seek Health and Wellbeing Board approval of the proposed East Sussex Outbreak Control Plan**

RECOMMENDATIONS

The Board is recommended to:

1) approve the proposed East Sussex Outbreak Control Plan (appendix 1); and

2) receive a further report at its September 2020 meeting updating on the development of the Plan.

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1 Background

1.1 Covid-19 (a coronavirus) was declared a global pandemic by the World Health Organisation in March 2020 after sustained global transmission.

1.2 East Sussex County Council, like all upper-tier local authorities, was asked by Government to produce a first version of a local Outbreak Control Plan by the end of June 2020, to prevent cases of the virus where possible in East Sussex and to respond to any local outbreaks.

2 Supporting information

2.1 East Sussex County Council has produced a Covid-19 Outbreak Control Plan, as required by the Government. The plan (appendix 1) has been developed in collaboration with East Sussex partners, including the NHS and Borough and District Councils.

2.2 Government guidance also requires there to be a public-facing board led by Council Members to communicate openly with the public about the local Plan. This function may be undertaken by an existing body.

2.3 The East Sussex Covid-19 Outbreak Control Plan will continue to evolve as guidance is received by 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.

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

2.5 The East Sussex Health and Wellbeing Board has been designated as the local accountable body for leading the delivery of the Plan and communicating with the public about the Plan. This reflects the Board's role in providing whole system leadership for the health and wellbeing of the people of East Sussex and its membership drawn from a wide range of stakeholders, including elected councillors from East Sussex County Council, and Borough and District Councils.

2.6 £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.

2.7 Consideration may need to be given, when further guidance is issued by the Government, as to whether the terms of reference for the Health and Wellbeing Board need to be updated to reflect any new responsibilities

3. Conclusion and reasons for recommendations

3.1 The Health and Wellbeing Board, as the local accountable body, is recommended to approve the proposed East Sussex Outbreak Control Plan. The Plan will continue to develop as further guidance is received from Government.

3.2 Members of the Health and Wellbeing Board will be updated as further guidance is received from Government and the East Sussex Outbreak Control Plan is developed. It is also proposed that a report providing an update on the Plan is made to the next meeting of the Health and Wellbeing Board in September 2020.

DARRELL GALE
Director of Public Health

Contact Officer: Rob Tolfree, Consultant in Public Health

Tel. No. 01273 336298

Email: robtolfree@eastsussex.gov.uk

Background Documents:

None

eastsussex.gov.uk

East Sussex County Council

East Sussex Outbreak Control Plan – COVID-19

June 2020

Version 2.0

Version Control

Timeline for review: This plan will remain a live, iterative document. It will be revised as new national guidance and evidence is produced and where lessons are learned locally or elsewhere. It will also be reviewed at the following three-month intervals:

- October 2020
- January 2021
- April 2021

Version		Date
2.0	Final version prepared by Rob Tolfree, Tracey Houston and Emma King based on comments received by partners. Approved by Becky Shaw, Chief Executive ESCC, and Darrell Gale, Director of Public Health ESCC.	30th June 2020
1.3	Second draft prepared by Rob Tolfree based on comments received. Version 1.3 sent for comments to: Chief Executives of Districts and Boroughs and Environmental Health leads; Sussex Resilience Forum; Police; Emergency Planning; Communities, Environment and Transport; Children's; Adult Social Care; ESHT; CCG; SCFT; SPFT; Health Watch; Public Health England; RSI; Communications; HMP Lewes; HSE	23 June 2020
1.2	First draft by Rob Tolfree. Relevant sections of Version 1.2 sent for comments to Environmental Health for each District and Borough, Sussex Resilience Forum, Police, Emergency Planning, Children's, Adult Social Care, Communities Environment and Transport, Health Watch, CCG, ESHT, SCFT; SPFT, Public Health England, Rough Sleeper Initiative, Communications, HMP Lewes, Legal	17th June 2020
1.1	Structure and outline approved by Darrell Gale, Director of Public Health ESCC	15th June 2020

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Glossary

BAME	Black and Minority Ethnic
CCA	Civil Contingencies Act
CCG	Clinical Commissioning Group
DHSC	Department of Health and Social Care
DPH	Director of Public Health
EHO	Environmental Health Officer
ESCC	East Sussex County Council
FS	Field Services
HPT	Health Protection Team
ESHT	East Sussex Healthcare Trust
GRT	Gypsy and Roma Travellers
HMP	Her Majesty's Prison
ICS	Integrated Care System
ICN	Integrated Care Network
IMT	Incident Management Team
IPC	Infection, Prevention, Control
LA	Local Authority
LCS	Locally Commissioned Service
LHRP	Local Health Resilience Partnership
OCT	Outbreak Control Team
ONS	Office for National Statistics
MoJ	Ministry of Justice
MHCLG	Ministry of Housing, Communities and Local Government
MTU	Mobile Testing Unit
NHS BSA	NHS Business Services Authority
NHSE	NHS England
PHE	Public Health England
PPE	Personal Protective Equipment
RSI	Rough Sleepier Initiative
SCFT	Sussex Community Foundation Trust
SECAmb	South East Coast Ambulance
SID	Sussex Integrated Dataset
SOP	Standard Operating Procedure
SPFT	Sussex Partnership Foundation Trust
SCG	Strategic Coordinating Group
SRF	Sussex Resilience Forum
TCG	Tactical Coordinating Group
UTLA	Upper Tier Local Authority
VCSE	Voluntary, Community and Social Enterprise

Introduction

Background

On the 31st December 2019 the World Health Organisation (WHO) were notified about a cluster of pneumonia of unknown cause. This was identified as a coronavirus on the 12th January and later named COVID-19. The WHO subsequently declared an Emergency of International Concern on the 30th January, and on the 11th March the WHO declared that COVID-19 was a pandemic following sustained global transmission.

In the UK, the first two cases of COVID-19 were confirmed on 31st January 2020, and there has substantial transmission across the UK. This has resulted in various degrees of social distancing measures advised nationally in order to interrupt transmission and limit spread.

On the 28th May the national NHS Test and Trace service was officially launched. This new service provides the framework for people who have COVID-19 symptoms to access a test, and follows up confirmed cases to identify, assess and give advice to them and any of their close contacts. Further details are provided in the Outbreak Investigation section.

Infectious diseases require a coordinated, multi-agency response to ensure that where possible cases are prevented, and in the event of a potential outbreak the cause is investigated, control measures are put in place, appropriate advice is communicated, and that ultimately health is protected. Following the launch of the NHS Test and Trace service, Upper Tier Local Authorities were asked to develop local Outbreak Control Plans by the end of June 2020. This was accompanied by Upper Tier Local Authorities being awarded a grant to support local outbreak prevention and response, including funding activity of partners in Districts and Boroughs in relation to COVID-19.

Thanks to all agencies across East Sussex who have contributed to the development of this plan, and for their support in further iterations that will need to be developed. This plan will be a ‘live’ document and will be refreshed as further guidance is produced nationally and as lessons are learned locally.

Aim

The aim of this Outbreak Control Plan is to outline current local arrangements related to COVID-19 across East Sussex and to identify gaps for future development.

Objectives

The Department of Health and Social Care (DHSC) has given two core pieces of guidance related to the development of Local Outbreak Control Plans. Firstly – the required governance arrangements [as detailed in section 2], and secondly, that plans are centred around the following themes:

1. **Care homes and schools.** Planning for local outbreaks in care homes and schools

2. **High risk places, settings and communities.** Identifying and planning how to manage other high-risk places, locations and communities of interest

3. **Testing.** Identifying methods for local testing to ensure a swift response that is accessible to the entire population.

4. **Contact Tracing.** Assessing local and regional contact tracing and infection control capability in complex settings.

5. **Integrated data.** Integrating national and local data and scenario planning through the Joint Biosecurity Centre Playbook

6. **Supporting vulnerable people.** Supporting vulnerable local people to get help to self-isolate and ensuring services meet the needs of diverse communities.

7. **Governance.** Establishing governance structures led by existing Covid-19 Health Protection Boards and supported by existing Gold command forums and a new member-led Board to communicate with the general public.

Existing plans and guidance

There are a range of local, regional and national plans and documents that this plan will need to align with and be based on:

- East Sussex County Council (ESCC) Emergency Response Plan (2017)
- East Sussex County Council Pandemic Influenza Business Continuity Supplement (2020)
- Kent, Surrey and Sussex Public Health England Outbreak/Incident Control Plan (2014, updated 2020)
- Joint Health Protection Incident and Outbreak Control Plan, Kent Surrey and Sussex Local Health Resilience Partnerships (2020)
- Local Agreement between the Local Environmental Health Services of Surrey, East Sussex, West Sussex and Brighton and Hove, and Public Health England South East Horsham Health Protection Team (2019)
- Public Health England (PHE) Communicable Disease Outbreak Management: Operational Guidance (2013)
- PHE Infectious Diseases Strategy 2020 – 2025 (2019)
- SOP PHE-LA Joint Management of COVID-19 Outbreaks in the SE of England (2020)
- Sussex Local Health Resilience Partnership (LHRP) Memorandum of Understanding: Responsibilities for the Mobilisation of Health Resources to Support the Response to Health Protection Outbreaks/Incidents in Sussex (2019)
- Sussex Resilience Forum Pandemic Influenza Plan (2020)
- Sussex Resilience Forum, Sussex Emergency Response and Recovery Plan (2019)

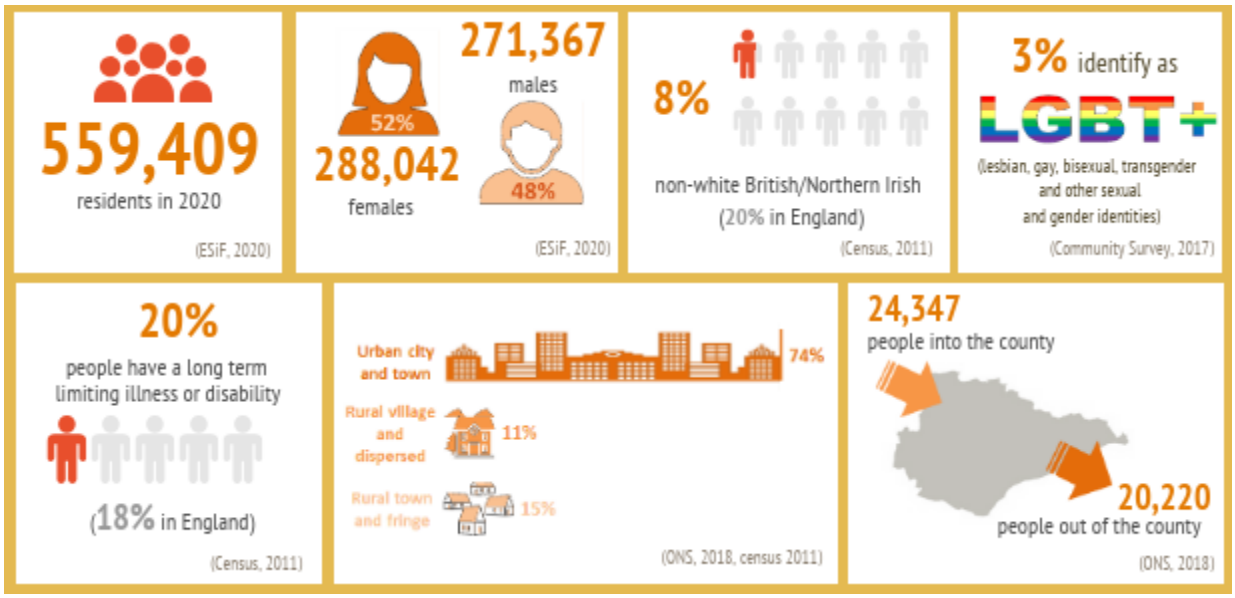
There are also numerous organisational plans that individual agencies will use, covering scenarios such as emergency planning, infectious diseases and outbreak management. Although these are not listed here they are important context.

Any local outbreak plan is reliant on central government support as there are many interdependencies between a local system that is able to prevent and respond to outbreaks, and guidance produced at a national level.

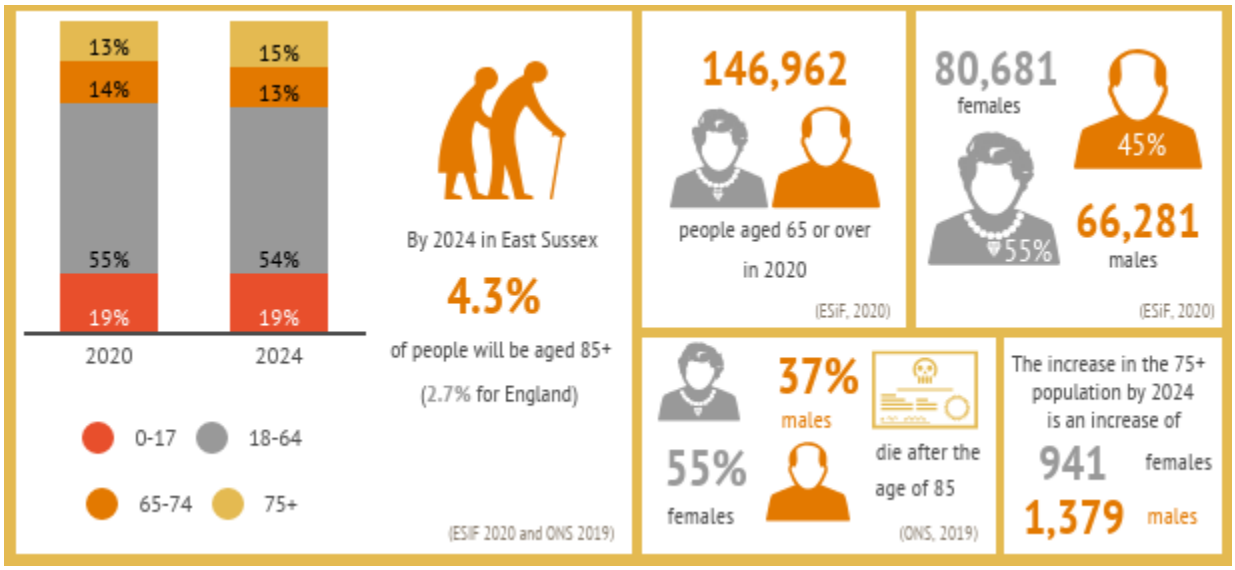
East Sussex overview

Over half a million people live in East Sussex. It is a mixture of urban and rural areas with a large elderly population, particularly in some of its coastal towns. There are stark inequalities within the county with some areas having significantly worse health, as well as significant differences across the determinants of health.

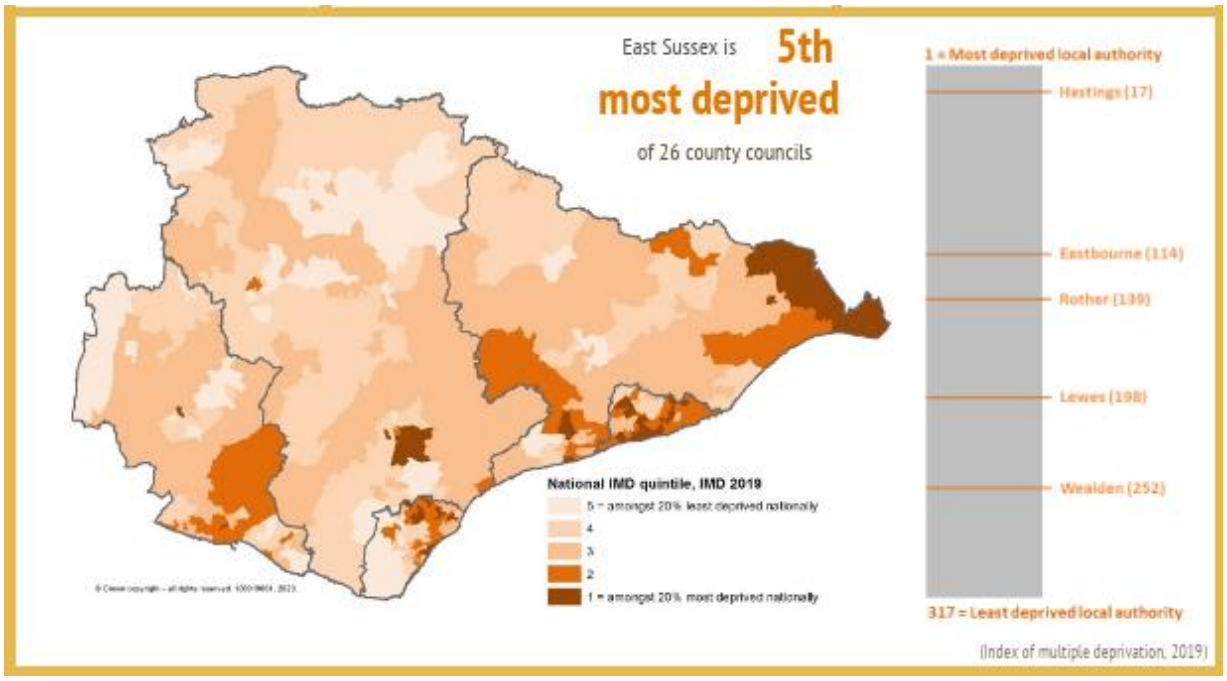
The East Sussex Community Survey identifies that nearly three quarters of people have a strong sense of secure identity and sense of belonging, and over three quarters are more that satisfied with their local area. People are also engaged and willing to support each other with half of those responding to our community survey reporting they have volunteered in the past year.



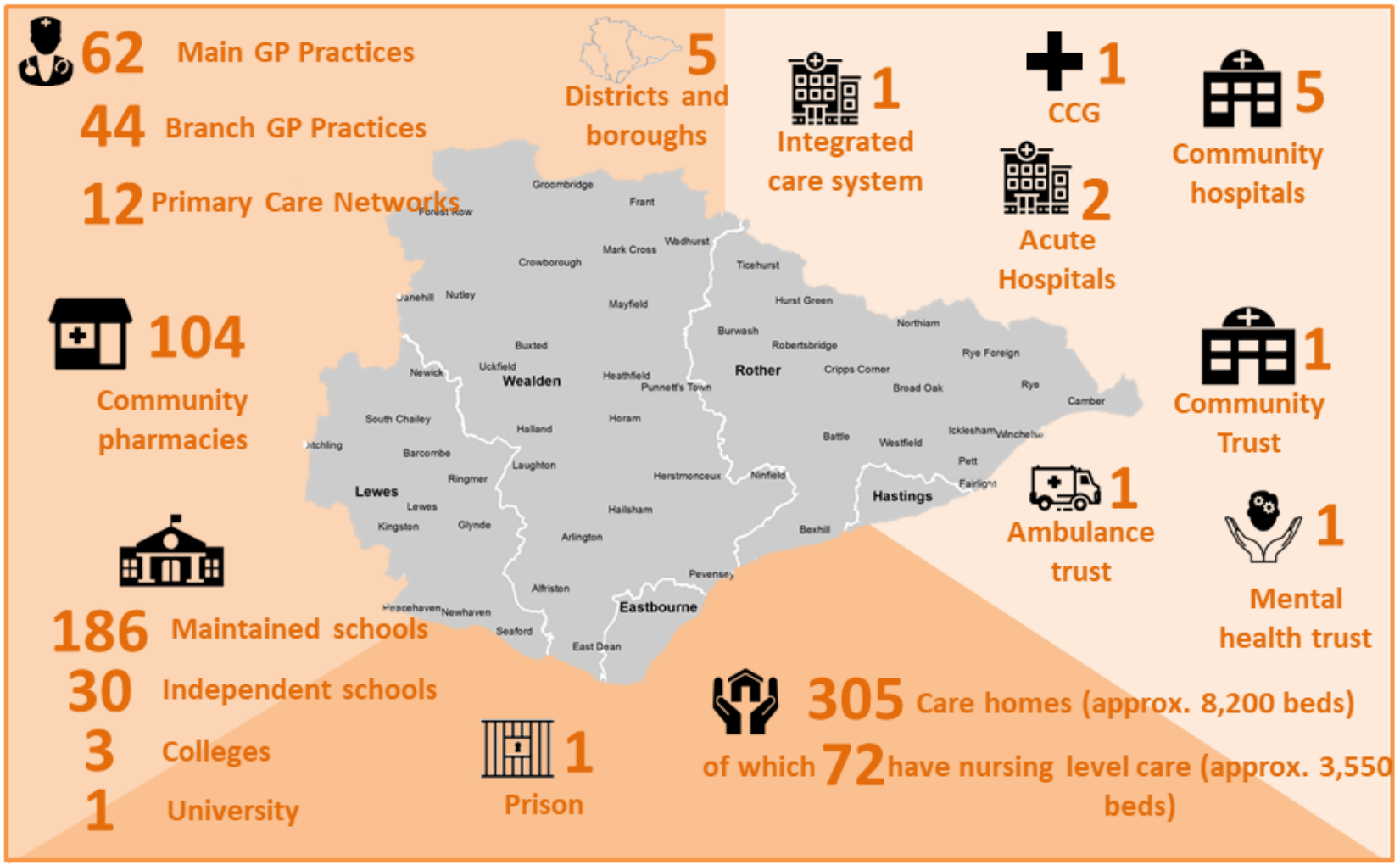
The over 65s now present a quarter of the country's population and are projected to make up nearly a third of all people by 2035. The fastest rate of growth will be seen in the 85 and over group. Those aged 85 and over are the largest users of health and social services.



A girl born in East Sussex can expect to live to 84, and a boy to 80. Healthy life expectancy has increased for males from 62 to 65 between 2009/11 and 2014/16, but it has fallen for females from 65 to 63 years. Those living in our most deprived communities have the lowest life expectancy and can expect to live fewer years in good health.



East Sussex health and care landscape



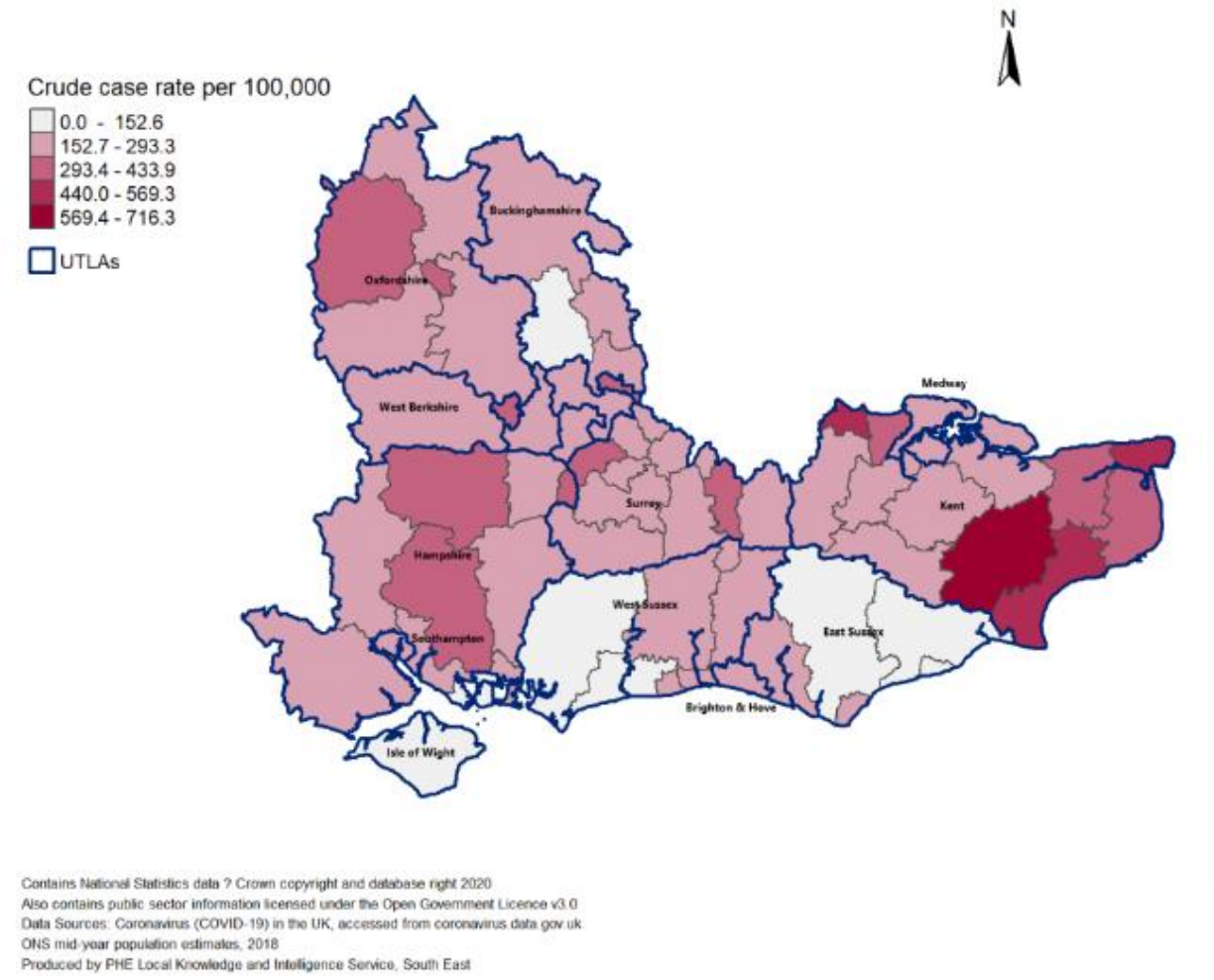
COVID-19 Epidemiology

Where there is substantial community transmission of a respiratory infection such as COVID-19, it is important to understand the wider context that the infection exists within.

The rate of COVID-19, the number of confirmed cases of COVID-19 per 100,000, provides a comparable figure that allows different areas to be compared by taking account of the population size. However, this is only based on published 'pillar 1' testing – which are confirmed tests conducted through the NHS and Public Health England, and does not yet include 'pillar 2' testing - confirmed cases resulting from postal tests and testing sites run by the DHSC. In order to have a complete understanding of COVID-19 epidemiology local authorities need to have access to historical and current pillar 2 data so this can be interpreted locally. The analysis contained within this section is only able to be based on published pillar 1 testing, and is therefore only part of the total picture and interpretation needs to be treated with caution. This section will be updated with the remaining testing data when this is published nationally, or permission is given to publish locally.

As of 27th June 2020 East Sussex was ranked 141st out of 149 upper tier local authorities (with 1 having the highest rate of COVID-19 infections, and 149 having the lowest). The map below shows confirmed pillar 1 COVID-19 cases displayed by lower tier local authority with the lighter colour reflecting a lower rate.

Figure 1 COVID-19 cumulative crude case rate 100,000 population by lower tier authority, South East Specimen Date: 2020-06-27



Pillar 1 testing shows that there has been a consistently lower rate of COVID-19 in East Sussex, West Sussex, and Brighton, compared to the neighbouring authorities. The rate of COVID-19 from pillar 1 within East Sussex also reveals variation. The following table shows the rate of COVID-19 for each of the 5 Districts and Boroughs with Lewes having the highest rate and Hastings the lowest rate.

Figure 2: COVID-19 cumulative crude case rate 100,000 population by lower tier authority, South East Specimen Date: 2020-06-27

	COVID-19 rate per 100,000
East Sussex	140.5
Eastbourne	159.0
Hastings	62.5
Lewes	211.2
Rother	113.9
Wealden	144.2

Hastings is worthy of particular attention as it is currently ranked 314 lowest out of 316 Lower Tier Local Authorities from Pillar 1 testing. This is particularly striking in the context of Hastings being linked to Ashford in Kent which has had a much higher rate of pillar 1 cases, as well as Hastings having high levels of deprivation – a factor usually associated with poorer health. More work is needed to understand this variation and the underlying protective characteristics, as well as the need for a more complete picture of all confirmed COVID-19 cases. There is work underway with the University of Sussex to understand whether there are particular protective factors at play in Hastings, and also to explore whether these same factors may hamper or support the area through reset and recovery.

Local Governance

Governance overview

As detailed in one of the four principles of good practice, this Local Outbreak Control Plan needs to sit within the context of existing health protection and emergency planning structures.

There are two new structures that have been required as part of the development of this Local Outbreak Control Plan:

- Local Authority COVID-19 Member-Led Engagement Board (The Engagement Board)
- Director of Public Health COVID-19 Health Protection Board (The Health Protection Board)

The Engagement Board

The Engagement Board is a new function to ensure that there is political and democratic accountability for outbreak investigation and response. In East Sussex, the Engagement Board will draw on the established Health and Wellbeing Board (as suggested by the existing guidance) and be a new core function. Further details of how this function will be discharged will be developed separately.

The Health Protection Board

The Health Protection Board will be a new function that will sit within the existing C-19 East Sussex Executive that meets weekly. Further details of how this function will be discharged will be developed separately.

East Sussex COVID-19 Operational Cell

A further part of the East Sussex Outbreak Plan will be the East Sussex COVID-19 Operational Cell which will sit under the direction of the Engagement and Health Protection Board functions. This will be a multi-agency group that brings together and interprets information from the Test and Trace service, the Joint Biosecurity Centre, and other sources of intelligence in order to understand what is the current transmission of COVID-19, and any supplementary investigation or control measures needed in addition to those already being discharged by other parts of the system. This group will build on the work undertaken by the Public Health clinical cell that has worked to interpret guidance for use by local services. Membership will vary according to particular areas of focus, but will include (and not be limited to) Health, Environmental Health, Trading Standards, Public Health England, Environmental Health, Local Authority Public Health, Police and Emergency Planning.

Sussex Resilience Forum

Local Resilience Forums are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.

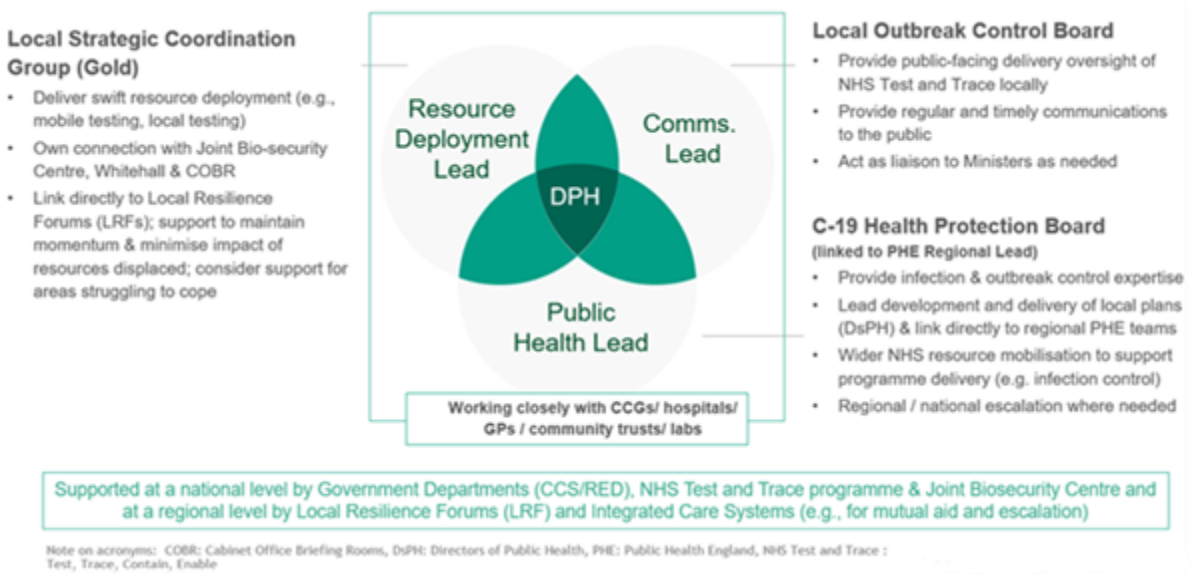
The Sussex Resilience Forum has an important role across Sussex in coordinating agencies, supporting joint communications, and identifying lessons learned. There are a range of scenarios where the Forum will be needed, for example in the event of a substantial outbreak or where multiple outbreaks are occurring at the same time. This will be considered as part of the initial outbreak investigation as well as during the Outbreak Control Team.

The Sussex Resilience Forum (SRF) will support local health protection arrangements working with Health Protection Board and Local Outbreak Engagement Board directly through the Strategic Co-ordinating Group (SCG) or if in place the Strategic Recovery Group (RCG), Tactical Co-ordinating Group (TCG), and the following Cells:

- Multi-agency Information Cell
- Logistics and Supply Chain Cell
- Test and Trace Support
- Testing logistics
- Vulnerability and Wellbeing Cell.

The Logistics and Supply Chain Cell will include the support to operations for the test and Trace and testing. The LRF structure will be expected to manage the deployment of broader resources and local testing capacity to rapidly test people in the event of a local outbreak.

Figure 3: Links between C-19 Health Protection Board, Local Outbreak Control Board (Health and Wellbeing Board) Sussex Resilience Forum



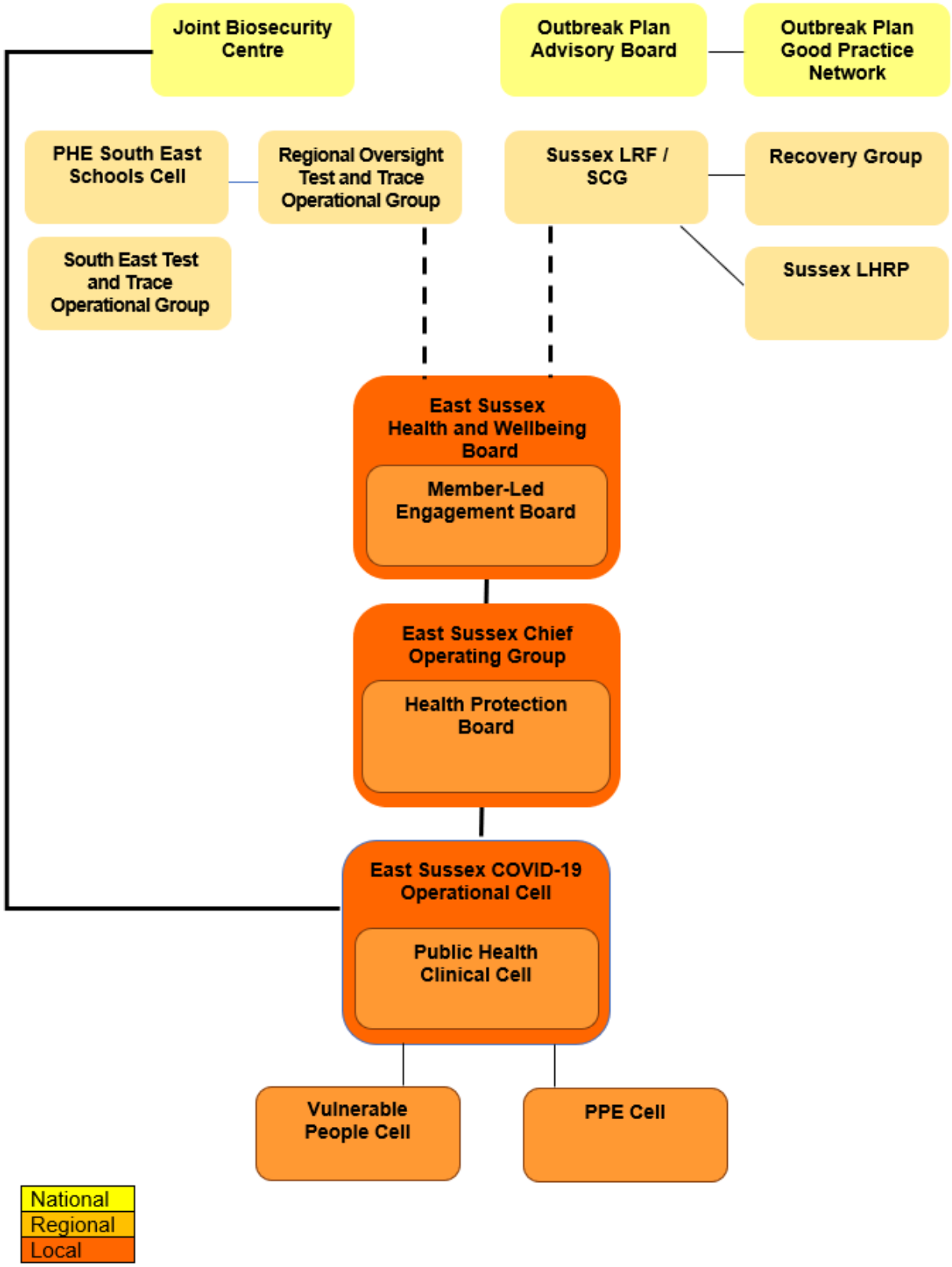
Other joint working across Sussex and beyond

Given COVID-19 knows no administrative boundaries, it is obviously vital that work to tackle the pandemic is conducted as seamlessly as possible across different geographies and organisations. For this reason, sections within the Plan relating to data, testing and complex contact tracing have been jointly developed with Brighton & Hove and West Sussex County Councils' Public Health Teams, PHE and NHS partners.

In addition to close working as part of the Sussex Resilience Forum, our plan reflects robust partnerships across the Sussex Health and Care Partnership (the Integrated Care Partnership which brings together NHS commissioners and providers, public health, social care and other providers), Local Authority Public Health teams and with the PHE Surrey and Sussex Health Protection Team.

There are strong operational and strategic links across the Public Health Teams including regular meetings between Directors of Public Health in relation to the Covid-19 response. In relation to data strong local and regional links have been developed, including a weekly South East Health Public Health Intelligence meeting led by Public Health England, bi-lateral working between authorities on specific issues and cross-organisational working and data sharing agreements established at speed on specific datasets. In East Sussex, this also includes working with Kent who share a border.

Figure 4 - East Sussex Outbreak Control Plan Governance



Legal context

The legal framework for managing outbreaks of communicable or infectious disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- Public Health England under the Health and Social Care Act 2012
- Directors of Public Health under the Health and Social Care Act 2012
- Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984 and suite of Health Protection Regulations 2010 as amended
- NHS Clinical Commissioning Groups to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist in the management of outbreaks under the Health and Social Care Act 2012
- other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004

A communicable disease can also be notifiable i.e. a disease with significant public health implications, typically a highly infectious disease, for which the diagnosing clinician has a statutory responsibility to notify the correct body or person.

Specific legislation to assist in the control of outbreaks is detailed below. An Outbreak Control Team could request the organisation vested with powers take specific actions, but the final decision lies with the relevant organisation.

Coronavirus Act 2020

Under the Coronavirus Act, The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 as amended set out the restrictions as to what is and is not permitted, which when taken together with both statutory and non- statutory guidance create the situation of lockdown. Any easing of lockdown comes from amending or lifting these national Regulations and/or updating guidance. The powers of the Police to enforce lockdown also flow from these national Regulations.

Any localised lockdown would require further Regulations that are designed to be implemented locally. Currently there are no such Regulations. The Joint Biosecurity Centre (JBC) will be issuing further information about how local movement restrictions may need to be increased if infection rates increase again. There will also need to be consideration of how measures are to be implemented locally if contained in guidance.

Health Protection Regulations 2010 as amended

The powers contained in the suite of Health Protection Regulations 2010 as amended, sit with District and Borough Environmental Health teams.

The Health Protection (Local Authority Powers) Regulations 2010 allow a local authority to serve notice on any person with a request to co-operate for health protection purposes to prevent, protect against, control or provide a public health response to the spread of infection which could present significant harm to human health. There is no offence attached to non-compliance with this request for co-operation.

The Health Protection (Part 2A Orders) Regulations 2010 allow a local authority to apply to a magistrates' court for an order requiring a person to undertake specified health

measures for a maximum period of 28 days. These Orders are a last resort mechanism, requiring specific criteria to be met and are resource intensive. These Orders were not designed for the purpose of enforcing 'localised' lockdowns, so it is possible that there may be a reluctance by the Courts to make these Orders for this purpose. Non statutory guidance from government indicates that they should be considered as a means to reduce the risk of Covid-19 infection in limited circumstances.

Local Authority policy framework

The following policies and plans written prior to the outbreak of COVID-19 are also being utilised by the local authority ("LA")'s Emergency Planning and Adult Social Care and Health departments in planning for the potential impact on the County:

Emergency Response Plan (including Business Continuity Arrangements) Part 1 (dated 29th August 2017

Emergency Response Plan (including Business Continuity Arrangements) Part 2 (dated 29th August 2017)

Business Continuity Policy (dated June 2018)

Pandemic Influenza Business Continuity Supplement (dated July 2019)

Data Sharing

In addition to the Data Protection Act 2018, the intention is to encourage a proactive approach to sharing information between local responders, in line with the following framework:

- instructions and guidance issued by the Secretary of State;
- the following four (as at 24/6/20) notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002 requiring data to be shared (between healthcare organisations and local authorities) for the purposes of the emergency response to Covid-19:
    a. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – general;
    b. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – NHSE, NHSI;
    c. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – Biobank; and
    d. Coronavirus (COVID-19): notice under regulation 3(4) of the Health Service Control of Patient Information Regulations 2002 – NHS Digital;

- such further notices issued by the Secretary of State for Health and Social Care under the Health Service Control of Patient Information Regulations 2002 requiring data to be shared (between healthcare organisations and local authorities) for the purposes of the emergency response to Covid-19;
- statements and guidance issued by the Information Commissioner in relation to data sharing and COVID-19; and

the data sharing permissions provided for by the Civil Contingencies Act 2004 and the Contingency Planning Regulations.

Outbreak investigation

Principles

There are well established principles of outbreak investigation and management. The Communicable Disease Outbreak Management - Operational guidance (2014), produced by Public Health England, outlines the national approach to investigating, managing and controlling outbreaks.

Whilst the principles of outbreak management are common to all types of infectious disease, some of the specific steps are dependent on how an infection is transmitted. As COVID-19 is a respiratory infection, with the route of transmission being respiratory droplets, contact tracing plays a vital role in interrupting transmission. Contact tracing requires the identification of people who have had close contact with a confirmed case, and an assessment of how much contact and when that contact occurred. This is used to determine whether someone is classified as a close contact, and the appropriate corresponding advice (including isolation advice, testing and follow-up). The following page describes the principles of contact tracing related to COVID-19.

The definition of an outbreak of COVID-19 below, provides examples of when action is triggered in relation to cases (adapted from PHE definition):

- an incident in which two or more people experiencing COVID-19 are linked in time or place
- a greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred
- a single case of COVID-19 in a high risk setting.

Test and trace

The NHS Test and Trace service was launched on the 28th May 2020. Although contact tracing is already an established part of the current system for investigating and managing outbreaks, COVID-19 has necessitated a substantial scaling up of the current contact tracing system which has resulted in the new NHS Test and Trace structure.

There are three tiers to NHS Test and Trace:

- Tier 3 is a newly formed national structure that contains approximately 18,000 call handlers. They will work alongside a website and digital service to give advice to confirmed cases in East Sussex and their close contacts. Any cases fulfilling certain national criteria will be escalated to Tier 2.
- Tier 2 is a newly formed national structure that contains approximately 3,000 dedicated professional contact tracing staff who have clinical and/or contact tracing experience. This tier will deal with East Sussex cases and situations that are not routine. Any cases/situations that are complex will be escalated to Tier 1.
- Tier 1 is the Health Protection Team, the existing team within Public Health England (PHE), who have the statutory responsibility for leading outbreaks. Tier 1 will be responsible for leading outbreak in complex situations such as cases in care homes, schools etc. Where PHE determine that an Outbreak Control Team (OCT) is required (see OCT later in this section) this will involve relevant agencies to support the investigation and control measures

NHS Test and Trace is accessed on-line at https://www.gov.uk/guidance/nhs-test-and-trace-how-it-works. On registration with the service, people are asked to provide contact details so that results and advice can be provided by email, text or phone. For those with hearing impairment they can provide next of kin or friend details, and parent/guardian details for children.

Across Sussex the outbreak reporting process is detailed:

Sussex COVID-19 outbreak reporting

Figure 5: NHS Test and Trace – Three Tiers

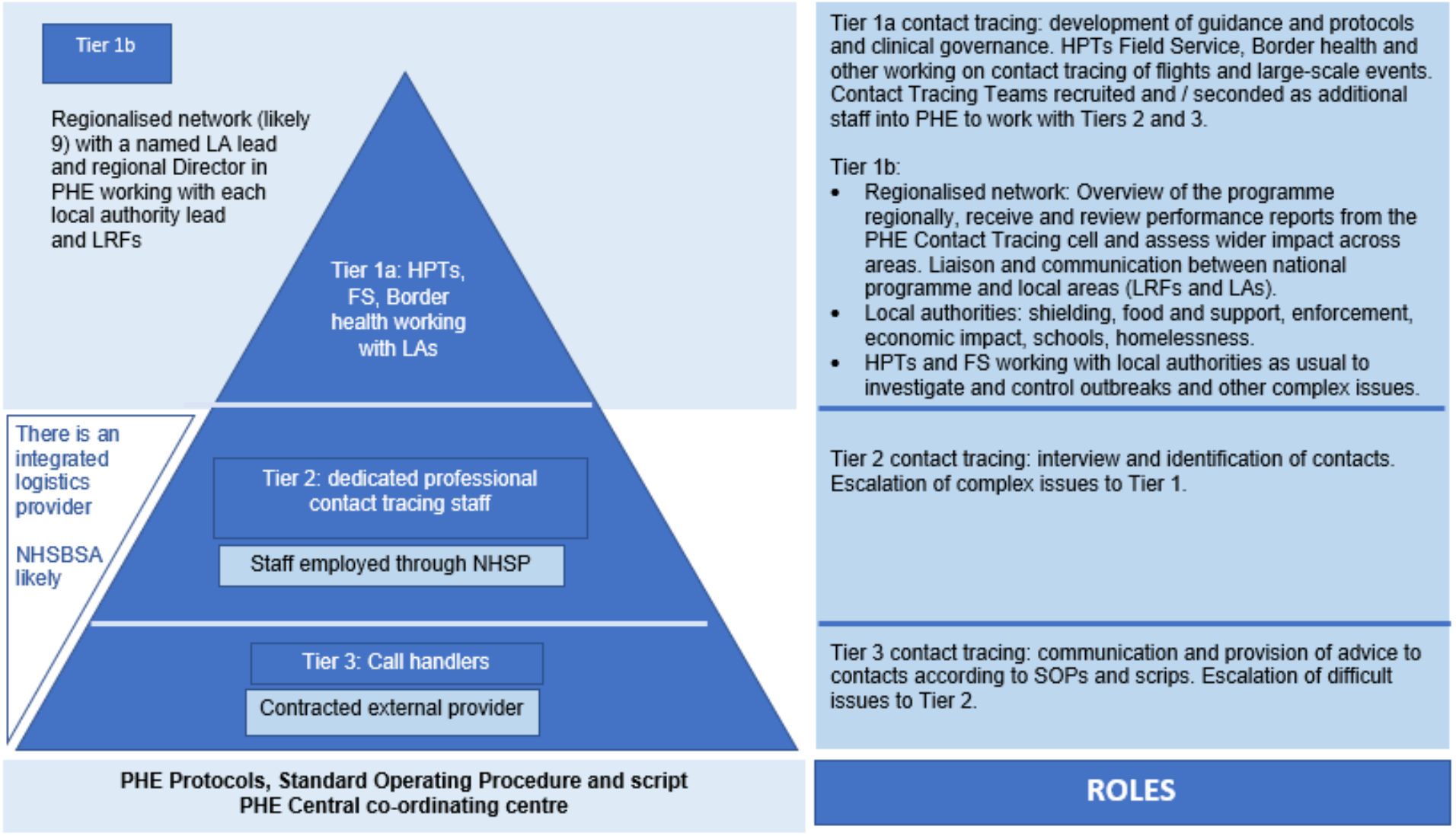
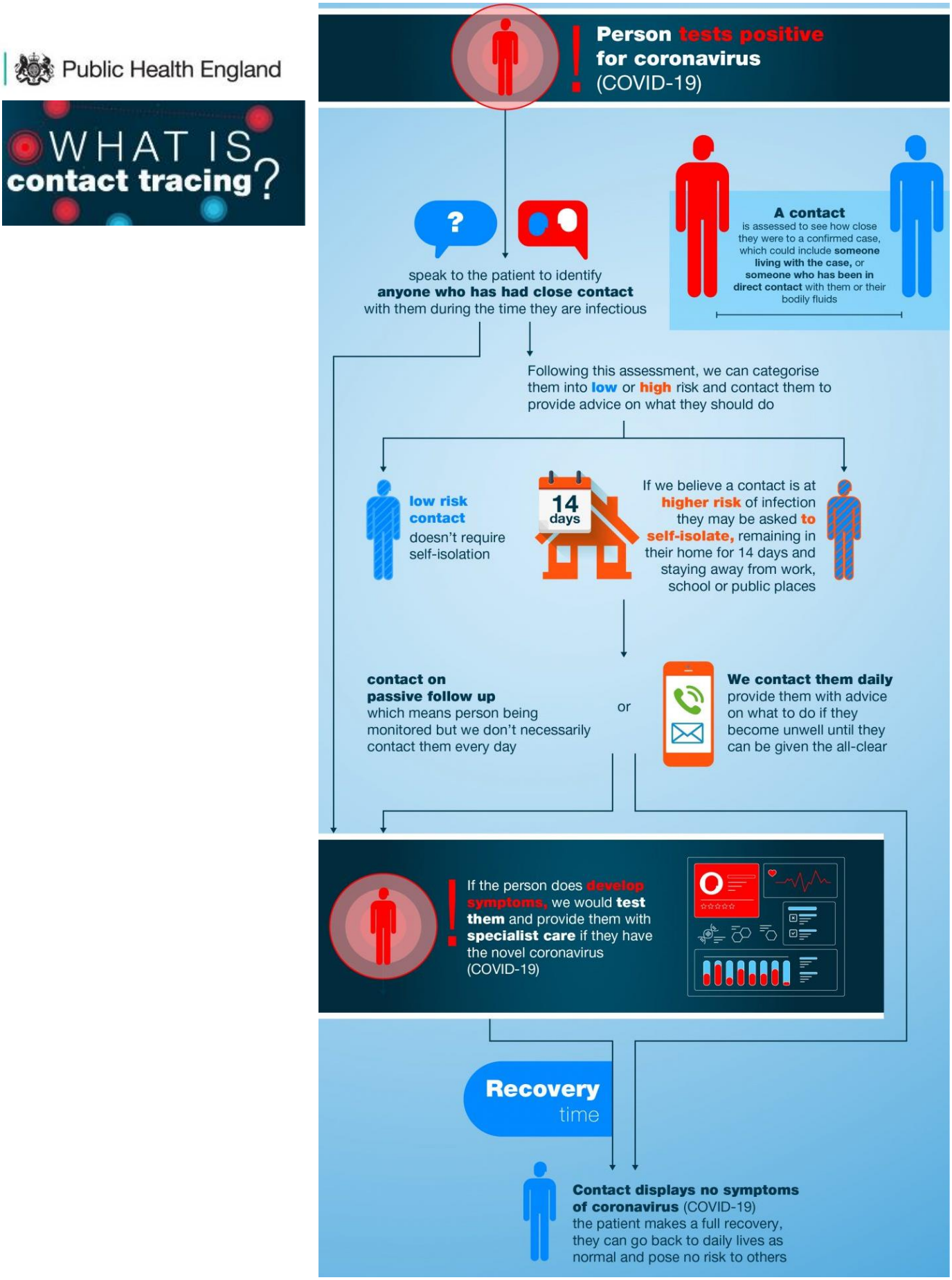


Figure 6: What is contact tracing (PHE)



Outbreak Control Teams

As described in the Communicable Disease Outbreak Management - Operational guidance (2014), an Outbreak Control Team should be potentially convened in response to an outbreak where a multi-agency response is required. This is usually declared by a Consultant in Communicable Disease Control (CCDC) or Consultant in Health Protection (CHP) from Public Health England and is normally chaired by the CCDC / CHP or a Consultant Epidemiologist. Meeting are normally held virtually, and minutes of the meeting and all associated public health actions are recorded on HPZone (Public Health England's infectious diseases database).

OCTs are a well-established process that existed prior to COVID-19. Members of this time-limited group will include typically include the following core members:

- CCDC / CHP from Public Health England
- Director of Public Health, East Sussex County Council (or representative)
- Environmental Health Office from the relevant District / Borough Council
- Field Services, Public Health England
- Communications.

Other members will be dependent on the scale of the outbreak and the specific setting. Where relevant these potential members have been listed under the specific High Risk Places, Locations and Communities section. This could include representatives from Health, the police, the voluntary sector,

The Public Health England – Local Authority Joint Management of COVID-19 Outbreaks in the SE of England provides further detail on how outbreaks will be managed.

Local Resilience Forum

The Local Resilience Forum (LRF) has an important role across Sussex in coordinating agencies, supporting joint communications, and identifying lessons learned. There are a range of scenarios where the LRF will be needed, for example in the event of a substantial outbreak or where multiple outbreaks are occurring at the same time. The involvement of the LRF will be considered as part of the initial outbreak investigation as well as during the OCT. Planning exercises could be run to model scenarios and responses to understand roles and responsibilities in different outbreak settings.

Communications and Engagement

Priorities for Communications and Engagement

- To secure public trust in outbreak planning and response
- To ensure communication networks and systems are in place to rapidly warn and inform all residents of necessary restrictions in the event of any local outbreaks
- To increase public understanding of evolving national and local guidance on health protection
- To work effectively with partners across Sussex while recognising different parts of the county will at times have differing approaches.

Developing a communications and engagement plan

We will complete a communications and engagement plan for East Sussex which sets out the approach to communicating with residents, businesses, partners, members and staff on local protection planning and activity. This will support the approach of the local outbreak strategy set out by the Operational Cell and sit within the governance framework identified.

Co-ordination with neighbouring local authorities in the LRF will help to align both communications planning and communications activity in the event of local outbreaks and possibly assist in co-ordinating ‘cross-border’ outbreaks.

The communications approach will include both digital and non-digital engagement tactics to ensure messaging can be targeted at residents within a few hours of a notification of a local outbreak. It will draw on existing communication networks (including among schools, care homes, GPs and other community services) to help achieve this.

The communication and engagement plan will also outline how specific groups will be reached using online platforms, including how residents can be targeted by their locality (home or work) and /or their profession. It will be particularly important to consider how we will reach at-risk or potentially marginalised groups, including the Black and Minority Ethnic (BAME) community, shielded groups, the homeless and people with impaired vision or hearing.

To deliver messaging effectively, the communications team will work with the Operational Cell as well as monitor Government advice to provide real-time updates on the Test and Trace service and signpost people to the correct Government sources to gain information.

Data Integration

THIS IS BEING DRAFTED BEFORE THE WORK OF THE JOINT BIOSECURITY CENTRE BEING ESTABLISHED AND CLARITY OF DATA FLOWS HAS BEEN RECEIVED AND WILL NEED TO BE REVISED IN LIGHT OF THIS

Data objectives

To combat the pandemic at a local level, it is vital that there is access to timely and robust data; including data relating to testing, the number of cases, local outbreaks in places such as schools, hospitals and care homes, hospital use and deaths.

There are an increasing range of data being produced relating to COVID-19 and datasets have expanded as the response to the pandemic has developed. Some datasets are in the public domain, others are, and will remain, confidential and restricted.

At a local level Public Health, local authority and NHS staff are seeking to maximise the use of available data to ensure a quick, targeted and transparent response. To do this we need to ensure that we have good access to data being produced including by the Joint Biosecurity Centre and NHS; we need to be vigilant of change such as increasing number of cases or hospital admissions; we need to produce clear summaries to support staff tackling outbreaks; and we need to support the transparency and accountability of decisions taken.

Much of this work will be coordinated Sussex wide, through the Sussex Covid-19 Data and Modelling Group,whilst ensuring a local focus.

Objective 1: Staff in local authorities will secure access to the range of data available, for this we will:	▪ Have a clear understanding of the data flows, such as Test and Trace data and information from the newly established Joint Biosecurity Centre, and raise concerns where information is not forthcoming; ▪ Work with local and regional partners to gain access/develop further data feeds which will inform outbreak control measures (such as Public Health England, Environmental Health) ▪ Ensure the Sussex Integrated Dataset (SID), an anonymised linked record level dataset, is developed to support this workstream; in relation to COVD-19 this will help to understand infection rates in specific areas and groups and in the longer term understand the recovery and on-going support needs of people affected.

Objective 2: Using the range of data, we will be highly vigilant ("proactive surveillance") in monitoring change:	▪ There will be proactive surveillance by reviewing a broad range of indicators which may provide an early warning of outbreaks or possible community transmission ▪ We will have, and further develop, our understanding of high-risk places, locations and communities
Objective 3: Staff tackling outbreaks will have access to robust and concise information and be supported in their use of data; this will include:	▪ Information relating to the local response to outbreaks (e.g. care homes or schools), including providing an understanding and quantifying the numbers involved and the areas/settings impacted ▪ Help to identify similar settings of concern ▪ Modelling possible scenarios.
Objective 4: We will seek to maximise the transparency of local decisions:	▪ There will be consistent reporting to each local authority Outbreak Engagement Board and support where possible wider dissemination working with local Communication teams ▪ Provide data to the public in a clear and transparent way, and demonstrate how this information is used, to inform local decisions. ▪ Clearly note the sources of data and which datasets are, and are not, in the public domain.

Data arrangements currently in place

Existing arrangements for being notified by the PHE Local Health Protection Team (PHE HPT) about individuals with positive COVID-19 tests will remain in place. Across Sussex there is a Covid-19 Data and Modelling Group, which reports to the Local Health Resilience Partnership (LHRP). This was established in March 2020 as a response to the pandemic and is comprised of staff from Public Health Intelligence teams, CCGs, the Sussex ICS, Sussex Partnership NHS Foundation Trust, Adult Social Care and the University of Sussex. The group's focus has been around modelling the pandemic, for example modelling hospital activity and deaths.

It is currently (June 2020) developing a series of early warning indicators which are being developed into a shared tool used to alert when indicators are increasing across Sussex and for each council and require further investigation. The group is also coordinating efforts to ensure that evidence of inequalities is collected and analysed.

Data to support this plan is sourced from a range of data sources, including PHE HPTs, the Office of National Statistics (ONS), the Sussex local registry offices, local health and care partners, national COVID-19 reporting, Public Health England daily and weekly reporting (including Test and Trace reports provided to local authorities) and the Care Quality Commission. Public Health England have confirmed, subject to the correct data sharing protocols being in place, that Local Authority Public Health teams can receive record level datasets including postcode (with other identifiers removed).
Of relevance for this plan is daily reporting by PHE on outbreaks in care homes, schools and prisons and the hospital onset COVID-19 reporting by trusts to NHS England.

The three Sussex Public Health teams also receive the Contact Tracing Upper Tier Local Authorities (UTLA) report daily, the Contact Tracing Epi report (weekly), and will receive the Contact Tracing quality and monitoring report (weekly).

Links to the national Joint Biosecurity Centre (JBC) have yet to be made.

Data arrangements that need to be set up

It is anticipated that the following arrangements will need to be set up:

- Extend the role of the Sussex Data and Modelling Group to oversee the data integration work.
- Map and secure regular automated dataflows from a variety of organisations to provide the intelligence to support our system. This includes but is not limited to data from the national testing programme, the community testing programme (swambulance/Mobile Testing Units (MTU)), and the national contact tracing programme. It is currently unclear whether the national JBC will provide a single source of data.
- Agree information sharing protocols.
- Develop insight reports to support the various governance structures.

Data sharing and Data security

Given the challenge of tackling this pandemic, all agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued four notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

Testing

Testing provision

There are two regional testing centres at Gatwick Airport and Brighton Amex Stadium, and two locally commissioned satellite testing centres at Bognor and Bexhill. The Bexhill site is now on the national portal with a go live date for Bognor requested.

Mobile Testing Units (MTUs) are available to stop in a location for 1-3 days to test local residents. These are accessed by car or on foot and require a booked appointment. Deployment of the MTUs is coordinated by the local authority and the military, with partners, based on local need. There are additional MTUs which can be deployed if outbreaks occur.

The Sussex Central Booking Team is an additional resource put in place to assist organisations with the administration of testing. The team are able to advise on testing criteria, assist with booking on the national website and book community testing where appropriate..

Testing pathways currently in place

There are a number of different ways that testing can be access for Sussex residents:

- Symptomatic residents can apply via the NHS website, or by telephoning 119, to either be tested at a testing site, mobile testing unit, or receive a home testing kit
- Essential workers can be referred individually via the Sussex Central Booking Team or via the GOV.uk site (some are eligible for asymptomatic testing)
- Care homes can request whole-home testing for all residents (irrespective of symptoms) and asymptomatic staff via the Care Home Portal
- Acute hospital patients and staff (including those who are asymptomatic, where indicated by clinical need) can be tested in the hospital setting
- Outbreak testing – At the point of notification the Health Protection Team at Public Health England will arrange testing of symptomatic individuals where appropriate in order to inform outbreak management in various settings including care homes, prisons and hostels.

  Other individuals that require symptomatic or asymptomatic testing and are unable to access it through other routes can get tested by contacting Sussex Central Booking Team, for example to facilitate placements of children or vulnerable adults in care settings such as foster care, supported accommodation, care homes or for new domiciliary care referrals.

Current issues in testing

There are a number of issues that being discussed related to gaps in testing or changes in provision that are required. For example:

- Future availability of ‘assisted’ community testing following the withdrawal of the SECAmb service.

- Home testing availability for clients who require testing before admission to a care home or residential setting, or before new domiciliary care is put in place, who aren't symptomatic.
- Home testing availability for those who won't meet the online ID check or don't have an email address, for example those experiencing homelessness.
- Ongoing testing of symptomatic residents in care homes. After the initial outbreak testing, and if whole home testing had already been completed, new symptomatic residents would need to have a test ordered for them which presents administrative problems.
- National guidance is expected on testing for asymptomatic NHS staff. This is not currently implemented.

Future Testing Requirements

Future testing requirements will require an integrated flexible model to ensure all the national requirements and local needs are met, and that provision can be flexed up and down as required. A commissioning support document is being prepared for Sussex to guide the development of this model.

The model is likely to include:

- 'Standard' testing which can be delivered through:
  - Testing sites whether national and local centres or using the MTUs. The locally commissioned satellite sites will require ongoing funding.
  - Home Testing Kits delivered through the national portals. Access and delivery of this may change with time and local ownership has been indicated regionally.
- 'Specialised' testing for outbreaks, special settings and vulnerable people:
  - This is likely to be supported through the Sussex Central Booking Team who will direct people to the service most appropriate for the individual or group.
  - Local services could be a mixed model of:
    - Locally delivery and pick up of swabs for self-swabbing whether to individuals or group (home, organisation, community)
    - Community testing by a health professional who would do the swabbing in the setting
    - A modified walk-in set up for larger numbers; for example a MTU could set up within a town centre, workplace, school etc where an outbreak is occurring to test the whole setting if required.

These models are dependent on available pathology laboratory capacity and consumables, and requires commissioning. Clarity is still required nationally on funding sources.

Antibody Testing

Antibody testing is currently being implemented across Sussex for NHS staff, with all staff to be offered testing by 10th July. Testing will then be available to frontline social care staff within local authorities, dependent on capacity for phlebotomy within organisations.

Supporting Vulnerable People

Support for Vulnerable People

The Sussex Resilience Forum has established a Vulnerable People Cell that looks to take an overview of support to vulnerable people across Sussex. East Sussex County Council has a Vulnerable People's Group that coordinates support offered to different vulnerable groups in the county.

The multi-agency Community Hub Steering Group provides oversight of arrangements for supporting people isolating in their own homes, or who are in a vulnerable group in another setting, and who have no other means of support.

The support offered to the shielded group is the provision of food and medicines and/or befriending calls as required. This response is co-ordinated at county level.

Five Community Hubs have been established, one in each District and Borough, these are led by the District and Borough Councils in partnership with the VCSE. Support from the Hubs is usually provided by local volunteers and varies in its focus.

To date support has been offered to:

- Approximately 22,000 people currently shielded – contact has been made with both those that have registered for support through the central government Extremely Vulnerable Person (EVP) service and those that haven't registered.
- Approximately 4,500 people in community settings known to ASC identified as potentially vulnerable and contacted by operational teams.
- Approximately 5,000 people who have chosen to contact a Community Hub.

Future support requirements

It is anticipated that most people will be able to self-isolate for the maximum two-week period without any support.

Where people do need support, in the form of food or prescription delivery, existing support mechanisms should be able to meet this demand. We understand that three questions have been included in the NHS Test and Trace questionnaires for people to self-identify as vulnerable or that they, or someone they care for, may need support. This information will be provided to NHS Business Services Authority (BSA) who will text people with the relevant local authority helpline details and provide links to websites that allow them to find the numbers of their local support helplines. Where people can't be contacted by phone or email, then Tier 2 contact tracers will visit. A list of people will not be provided directly to local authorities daily, as the preferred option of local government colleagues was to use communication from NHS BSA.

A mechanism for including people who have requested support via the helpline while they self-isolate as a result of Test and Trace, will need to be included in the food and medicines support scheme, where it is identified that they have no other means to get help. As people will be self-isolating for a short period of time (either 7 or 14 days), this support will need to be timely, and flexible to support a cohort of people that will be constantly changing.

A data sharing protocol will be needed to allow data to be shared as necessary and in a format that is usable.

The challenges for supporting newly isolating residents will include:

- Clear communication as to how to access support and what support is available.
- The unknown demand for urgent food and medical supplies that may fluctuate in scale at any given time based on the number of outbreaks and specific setting type.
- The reduced volunteer pool as many return to work and life as usual.
- Model what level of demand current processes and resources could cope with, and the level of demand that would begin to strain the system.

Prevention

The most effective way to minimise outbreaks of COVID-19 is to focus on prevention. This includes promoting and supporting all parts of East Sussex to follow social distance guidelines, to be vigilant to symptoms of COVID-19 (a new continuous cough, fever, or loss of taste or smell) and test and self-isolate if they appear, through adherence to risk assessed safe working advice as detailed in the COVID-19 secure guidance, and to ensure the public regularly clean hands and surfaces. All organisations across East Sussex have an important role to play in promoting these messages and ensuring the guidance and advice is shared and followed.

East Sussex County Council is working closely with District and Borough Councils to ensure that businesses are aware of and operating within COVID-19 secure guidance. District Councils, through their Environmental Health function have a key role in supporting residents to limit their exposure to COVID-19 infections and thereby to prevent the spread of infection, along with Trading Standards and the Health and Safety Executive.

Communication with the public is key to preventing outbreaks, more of which is detailed in the Communications section, and all agencies have an important role in communicating with and supporting the public to ensure this is followed, including Health and Social Care, the police, Education, Upper and Lower Tier Authorities, the Sussex Resilience Forum, and at a national level. This includes messaging and nudge strategies to support the public to maintain social distancing, guidance on face masks where they are required, vigilance of symptoms, and reminding the public about hand hygiene.

All local health and care organisations are working to ensure that patients and staff are protected from COVID-19 and that testing of patients prior to discharge is in place. There needs to be continued campaigns and support for essential workers and other residents to self-isolate alongside promptly access testing on experiencing COVID-19 symptoms.

Outbreak investigation

High Risk Places, Locations and Communities

The following section details the specific issues and considerations for specific high risk places, locations and communities across East Sussex, and is structured in the following way:

Care Homes

Objective
The objective is to prevent COVID-19 cases occurring in the first place, and to reduce and eliminate new cases of COVID-19 and deaths from COVID-19 in Care Homes in Sussex.

Context:
There are 305 CQC registered care homes in Sussex. They are all independent sector run homes except an intermediate care centre with nursing and two Learning Disability respite services which are run by East Sussex County Council.

What's already in place:
All partners within Sussex LRF Community Care Settings Cell, Testing Cell, Health and care, Logistics and Recovery groups have worked closely with Sussex Care Association to implement a package of measures to support care homes, including:

- Provision of Personal Protective Equipment (PPE) supplies based on a prioritisation framework that prioritises health and social care overnight settings
- Infection Prevention and Control (IPC) training offer to all care homes delivered by Sussex trainers/super trainers, from Sussex CCG ICNs and Consultant ICNs from an independent provider. Training included of the use of PPE and practical test swabbing

Testing -

- Symptomatic staff (as essential workers) can be referred to the national testing programme, using the self-referral portal National Testing website- Employer Portal https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested; or for testing at a regional site, mobile testing unit or to receive a home testing kit, via the Sussex Central Booking Team sxccg.covidtestingreferrals@nhs.net; National testing sites are at (Gatwick, AMEX), Local testing sites are atBexhill and Brighton AMEX stadium.
- Symptomatic residents are tested by PHE upon initial notification of an outbreak
- Whole home testing can be requested via the national Care Home Portal, for residents (irrespective of symptoms) and asymptomatic staff in all adult or via registered care homes. This whole home testing is prioritised at national level to those homes with an outbreak, those with 50 beds or more, and those identified by Directors of Public Health.

ESCC Adult Social Care Market Support Team supports registered providers in terms of day to day management challenges; workforce; training and CQC related matters.

Clinical support is support is being offered by the Sussex CCG ICNs for the 1st 48hrs from the notification of an outbreak by the local HPT from PHE. The ESCC clinical cell picks up the support after 48hrs or on escalation from the CCG ICNs. A weekly IMT is held with stake holders where homes of concern are discussed and actions agreed and outcomes are confirmed. The clinical lead in identified GP practices for each care home are invited to attend the IMT meeting.

What else will need to be put in place:

Commissioned community testing arrangements for:

- Asymptomatic residents being admitted to a care home from the community
- Residents in their own home receiving new domiciliary care/ moving into supported accommodation
- Testing new symptomatic residents in care homes after the initial outbreak, where necessary
- Assisted testing where care homes are unable to test residents themselves.

A local protocol for care home staff/residents being identified via Test and Trace will be developed to consider/address the potential impact on the workforce.

Local outbreak scenarios and triggers:

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

In the event of an OCT being required, additional members for the OCT will include;

- Representative of the specific setting
- Assistant Director of Operations, ESCC
- Assistant Director of Strategy, Commissioning and Supply Management

All outbreaks in care homes irrespective of complexity are initially risk assessed by PHE where provisional support and advice is given. All care homes are then followed up by the CCG's Infection Control Team. All outbreaks in care homes are then discussed at the weekly Incident Management Team meeting to ensure no additional support is required. Furthermore, any other East Sussex care homes where there are potential COVID-19 related concerns are also raised at this meeting.

Resource capabilities and capacity implications:

Staffing

- Additional IPC training and support for care homes with outbreaks
- Ongoing provision of PPE until care homes can source PPE through normal supply routes or the PPE Portal for small care homes (less than 24 beds) PPERequest@eastsussex.gov.uk

Links to additional information:

Adult Social Care guidance can be found at;
How to work safely in care homes
Management of exposed healthcare workers and patients in hospital settings
Personal protective equipment (PPE) – resource for care workers
Coronavirus (COVID-19): adult social care guidance
https://www.gov.uk/apply-coronavirus-test-care-home

Children's Homes

Objective

The objective is to prevent COVID-19 cases occurring in the first place, to identify cases and reduce the risk of transmission of COVID-19 in local authority children's homes and residential schools in East Sussex, as well as the wider independent/private and semi-independent sector.

Context:

In East Sussex there are:

- 3 East Sussex County Council Children's Community Homes
- 2 ESCC Learning Disabilities Children's Homes
- 1 ESCC Secure Children's Home
- 25+ Private Children's Homes and Residential Schools within the County

The rest of the market is independent/private, and semi-independent providers for children aged 16+.

What's already in place:

Partners within the Sussex LRF Community Care Settings Cell and Testing Cell have worked to put in place measures to support Children's Homes and Special Schools in East Sussex, including:

- Provision of Personal Protective Equipment (PPE) supplies based on a prioritisation framework that prioritises health and social care overnight settings
- Testing -
    - Symptomatic staff (as essential workers) can access testing through Gov.uk or via the Sussex Central Booking Team. Asymptomatic staff can also be tested through this route on an individual basis.
    - Symptomatic children are identified for testing when PHE receive initial notification of an outbreak
- Staffing continuity has been provided for Children's Homes

What else will need to be put in place:

We need to develop an ESCC SOP which incorporates established processes and procedures to ensure children's homes and special schools' staff, parents, East Sussex County Council, and healthcare colleagues are aware of how to access testing for symptomatic children and how to respond to an outbreak.

We need to ensure that future testing provision is readily accessible for children's setting in the form of both 'whole home testing' where required and support with testing individual children in settings.

Local outbreak scenarios and triggers:

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

In addition to the core OCT members, additional members would potentially include the two residential Operations Managers, for either Lansdowne and the open homes or for the disability homes.

Resource capabilities and capacity implications:

Staffing

- Ongoing IPC training and support for Children's Homes with outbreaks
- Ongoing provision of PPE until Children's Homes can source PPE through normal supply routes or the PPE Portal for small Children's Homes (less than 24 beds)

Links to additional information:

- Coronavirus (COVID-19): guidance on isolation for residential educational settings
- Coronavirus (COVID-19): guidance for children's social care services

Schools

INCLUDING:

- PRIMARY AND SECONDARY, EARLY YEARS SETTINGS, UNIVERSITIES/COLLEGES & SPECIAL SCHOOLS

Objective:

The objective is to enable all educational settings in East Sussex to open fully, to prevent COVID-19 cases occurring in the first place, and to identify cases and reduce the risk of transmission of COVID-19.

Context:

In East Sussex there are:

- 503 early years' providers, made up of 194 nurseries/pre-schools, 227 childminders, 25 standalone holiday playschemes/out of school clubs, 41 schools with nurseries, (maintained/academies), 13 independent school nurseries
- 186 schools - 149 primary schools, 3 all-through schools, 23 secondary schools, 10 special schools and one alternative provision
- One further education college, one sixth form college and one land-based college
- • 67,502 number of learners on roll across primary, secondary and special

What's already in place:

A virtual task group 'Keeping Schools Open' was established to oversee the support for schools during this period and to ensure that provision is offered in line with the government's guidance. The group consists of staff from across SLES, Children's Services and other key teams across ESCC – school transport, catering and cleaning contract managers. The group quickly put in place two key measures

1) A Daily Message Board containing information to schools including:
   - updates to new guidance from the DfE
   - a 'Frequently Asked Questions' (FAQ) document responding to questions schools were asking us
   - guidance from the LA about how schools should be offering provision and information from a range of other services covering aspects such as transport to schools, provision of free school meals, school cleaning contracts, Schools ICT, HR.

This continues to be sent to schools every day at 3pm. Information and guidance is also being provided to schools on the Czone website.

2) A Google form questionnaire for schools to submit daily returns to ensure that the local authority had information quickly about which schools were planning to open, and the numbers of pupils attending each day. Schools now submit attendance data via the DFE online portal and daily attendance reports are produced by DRIM. This data is used to help inform support the LA provides to schools.

As part of the LA duty for safeguarding children, and supporting schools to safeguard vulnerable children and young people (0-25) during the COVID-19 school closures a virtual group was set up to agree and implement a process to do this, to ensure:

- The assessment and management of risk for vulnerable children during COVID-19 school closures
- Improved systems for sharing information and utilising resources to monitor at-risk children during school closures
- Identification of barriers to vulnerable children attending school and working together to resolve these so that schools are able to prioritise the right children to attend.

Most schools have been operating throughout the pandemic and have their own procedures in place to reduce risks to staff and pupils.

The Local Authority continues to support schools as they extend their provision to other year groups and specific COVID-19 risk assessments are being done to implement national guidance on effective protective measures such as social distancing, cleaning, and infection prevention and control.

What else will need to be put in place:

East Sussex County Council' s Public Health Department are providing free online training specific to schools and education settings for COVID-19 infection prevention and control (IPC). The training is being delivered by Infection Prevention Solutions (IPS).

The LA will support schools and other out of school settings to manage and deliver summer holiday provision, in line with government guidance.

Local outbreak scenarios and triggers:

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). An OCT may be required for a complex outbreak such as:

- there has been a death at the school/college
- there are a large number of vulnerable children
- there are a high number of cases
- the outbreak has been ongoing despite usual control measures
- there are concerns on the safe running of the school
- there are other factors that require multi-agency coordination and decision making.

In addition to the core OCT members, an OCT related to an educational setting would also include a lead within the children's department, the consultant in public health with responsibility for children, and a representative from the specific setting(s), and a representative from HR.

Testing is available for individuals through GOV.uk or through community testing routes if required.

Resource capabilities and capacity implications:
Staffing and workforce planning dependent on further government guidance on more pupils returning to schools and summer holiday provision.

Links to additional information:
Guidance on opening schools to more pupils

Prisons and other prescribed places of detention

Objective:

The objective is to prevent COVID-19 cases occurring in the first place, and to identify new cases and prevent onward transmission and deaths from COVID-19 in prisons and places of detention in East Sussex.

Context:

There is one closed adult (18+) prison located in East Sussex:

- **HMP Lewes** – male prison, current op cap 560, category B (including remand) prison located in Lewes in East Sussex

There is also one secure children's home

- **Lansdowne House** – capacity 7 young people of either gender aged 13 – 17 years old. The client group comprises of young people who have displayed serious and extreme behaviours which have resulted in them needing to be placed in a secure children's home for their own protection or protection of others in the community.
  Note that Lansdowne SCH will be covered in the earlier children's care home section.

What's already in place:

Prisons are currently in level 4 lockdown until further national guidance on recovery planning is issued, with prison visits expected to be re-instated soon, as well as reinstating some health services where risk assessment allows. Prison staffing is returning to stable. Prisons follow infection prevention and control procedures which are working well across the South East.

Established PHE procedures are in place to manage outbreaks in prisons and other prescribed places of detention, linking with Health and Justice teams in PHE and NHSE, and HMPPS Health and Social Care. Currently there is a low incidence of COVID-19 in prisons across the SE.

While there is no specific guidance for testing in prisons, the SE Region is currently following the testing regime for care homes organised by PHE as part of the initial risk assessment for symptomatic prisoners/staff.

What else will need to be put in place:

Under a joint initiative between NHSE Health and Justice team and the Ministry of Justice (MoJ), 30 prisons are being selected nationally to undertake mass testing of both staff and prisoners imminently; HMP Lewes is a confirmed site as part of this pilot and planning is underway to implement.

Hospitals are requiring prisoners (and staff escorting them) coming to hospitals for treatment/operations etc to test negative prior to hospital admission. There is no testing facility within prisons (or national guidance) for this to occur for asymptomatic prisoners or staff (who hospitals are also asking to self-isolate for 14 days beforehand escorting

prisoners); this issue is being experienced nationally and has been escalated. There may be the potential for the ICS to arrange local testing for Sussex prisoners and escorting staff requiring hospital treatment or release to care homes.
Local outbreak scenarios and triggers: PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). There are a wide range of stakeholders that are involved in prison OCTs over and above the core membership and this would follow the current prison outbreak guidance and be determined by PHE.
Resource capabilities and capacity implications: Staffing – prison officers and healthcare staff. Staff levels currently fine.
Links to additional information: **Covid-19 specific:** COVID-19: prisons and other prescribed places of detention guidance **Prison Outbreak Plan:** Multi-agency contingency plan for the management of outbreaks of communicable diseases or other health protection incidents in prisons and other places of detention in England, 2016

Workplaces

INCLUDING:

- ❖ COUNCIL OWNED PREMISES – OFFICES/DEPOTS, LIBRARIES, LEISURE CENTRES, DAY CENTRES ETC.
- ❖ PRIVATE COMMERCIAL PREMISES - RETAIL, OFFICES, LEISURE AND HOSPITALITY SERVICES (CLUBS, GYMS, HAIRDRESSERS/BARBERS, BEAUTICIANS, PUBS, RESTAURANTS, HOTELS, CAMPSITES ETC), INDOOR EVENT VENUES (CONFERENCE CENTRES, THEATRES, CINEMAS ETC), OUTDOOR EVENT VENUES (RACECOURSES, SPORT VENUES ETC), MANUFACTURING AND PROCESSING SITES, CONSTRUCTION SITES, FORESTRY, FARMING AND FISHING PREMISES.
- ❖ CRITICAL INFRASTRUCTURE SITES

Objective:

The objectives are to protect employees, visitors and customers, while restarting the local economy as quickly as possible, to prevent COVID-19 cases occurring in the first place, and to identify and eliminate all cases of COVID-19 in workplaces.

Context:

East Sussex has approximately 22,895 businesses. A higher proportion of businesses in East Sussex are micro (0-9 employees) than nationally[i] at 90.4%. There are fewer businesses in East Sussex that fall within the small (10-49 employees), medium (50-249 employees) and large (250+ employees) categories than nationally. The largest sectors within the county are construction; wholesale, retail and motors; and professional, scientific and technical.

There are a number of critical infrastructure sites across the county, where staffing levels need to be maintained, including:

- Waste water treatment services – Peacehaven, Eastbourne, Hailsham.
- Water supply - Arlington Reservoir outside of Berwick. Bewl Water is on the border with Kent and supplies Kent; similarly Weir Wood is on border with West Sussex, supplying West Sussex.
- Power generation - Rampion.
- Waste Disposal - Newhaven Energy Recovery Facility / incinerator.
- Shipping and goods – Newhaven Port.
- Telephone exchanges (63 across County but not all staffed)

What's already in place:

The key principles for workplaces are ensuring they take a preventative approach to keep their environment COVID-secure and to support them to undertake risk assessments. A number of agencies are involved in supporting businesses both proactively and reactively including Environmental Health, Trading Standards, and the Health and Safety Executive.

The NHS Test and Trace service does not change the current existing guidance that individuals should be working from home wherever possible. Workplaces where social distancing can be properly followed are deemed to be low risk. Sector specific Government guidance gives details of reducing the risk when full social distancing is not possible.

The NHS Test and Trace service supplements the risk mitigation measures taken by employers by identifying people who have had close recent contact with someone who has tested positive for COVID-19 and advising them to self-isolate. Employers should ensure employees with COVID 19 symptoms self-isolate and seek testing. Employers should support workers who need to self-isolate and must not ask them to attend the workplace. Workers will be told to isolate because they:

- have COVID-19 symptoms and are awaiting a test result
- have tested positive for COVID-19
- are a member of the same household as someone who has symptoms or has tested positive for COVID-19
- have been in close recent contact with someone who has tested positive and received a notification to self-isolate from NHS Test and Trace.

What else will need to be put in place:

We need to develop:

- A communications plan on how to provide national guidance on preventing outbreaks in workplaces and accessing testing, to the business sector – with consideration given to hard-to-reach businesses. This will require multi-organisation collaboration to get messages out as widely as possible, including D&Bs (who have responsibility for business rates), Chambers, FSB etc.
- An ESCC Standard Operating Procedure on supporting the business sector when an outbreak in the workplace has been identified and control measures need to be implemented
- Consideration given to engaging proactively with higher risk industries such as food manufacture, abattoirs, meat processing, fisheries, fishing fleets, wholesale markets, agricultural markets

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur in a workplace, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

In addition to the core OCT membership, attendance would also potentially include a representative from the specific setting in question and their associated HR / occupational health.

Resource capabilities and capacity implications:

Staffing

- to develop communications plan and SOPs,
- to visit/contact non-compliant workplaces as part of prevention work
- to visit/contact workplaces with outbreaks to advise/enforce on control measures.

Links to additional information:

More detail is at: NHS test and trace: workplace guidance and Working Safely during Coronavirus guidance

Sussex COVID-19 Toolkit: considerations for restarting your business safely

Faith Settings

Objective:

The objective is to prevent COVID-19 cases occurring in the first place, to closely monitor any cases of COVID-19 linked to faith settings and ensure that any outbreaks are managed quickly and efficiently.

Context:

There are approximately 250 places of worship in East Sussex

What's already in place:

There is currently no specific guidance for faith settings. When faith settings reopen, it is expected that national guidance will be provided on social distancing measures, hand and respiratory hygiene, cleaning, and ensuring those with symptoms self-isolate for 7 days and get tested for COVID-19.

What else will need to be put in place:

We need to develop:

- A communications plan to work with the faith sector when national guidance on preventing outbreaks in faith settings has been published
- A SOP on supporting the faith sector when an outbreak in a faith setting has been identified and control measures need to be implemented

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur in a faith setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). In addition to the core OCT membership, additional members will potentially include a representative from the overall organisation, as well as a representative from the specific setting(s)

Resource capabilities and capacity implications:

Staffing

- to develop communications plan and SOPs,
- to visit/contact non-compliant faith settings as part of prevention work
- to visit/contact faith settings with outbreaks to advise/enforce on control measures

Links to additional information:

COVID-19: guidance for the safe use of places of worship during the pandemic

Tourist attractions and travel accommodation

Objective:

The objective is to closely monitor any cases of COVID-19 linked to tourism, ensuring that attractions and accommodation are COVID-secure and cases are prevented, and that any outbreaks are managed quickly and efficiently.

Context:

East Sussex is a significant tourist destination, with a substantial number of particularly small to medium sized tourist attractions. Accompanying these attractions are a range of different accommodation businesses, including traditional hotels and bed and breakfast establishments, and camping and caravan sites.

What's already in place:

There is currently no specific guidance for tourist attractions, but the principles of the existing work place guidance all apply to these settings.

Environmental Health colleagues are providing advice and support to tourist attractions to ensure that when they open they are following COVID-secure principles, although many of these settings are still closed to the public.

The following guidance applies to accommodation providers: https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers and they are currently required to be closed for tourism related matters, and the existing cleaning and social distancing guidelines apply where they remain open for specific groups.

What else will need to be put in place:

We need to develop:

- A communications plan to work with the tourism sector when national guidance on preventing outbreaks in tourist settings is produced
- To develop SOPs aligned to the Joint Biosecurity Centre's action cards

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur in a tourist attraction or travel accommodation setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT).

Environmental Health have established relationships with tourist attractions and travel accommodation businesses and will be able to bring additional detailed knowledge of the specific setting. The OCT in addition to the core membership would also include a representative from the specific setting.

Resource capabilities and capacity implications:

Staffing

- to develop communications plan and SOPs,

- to visit/contact non-compliant tourist / accommodation settings as part of prevention work
- to visit/contact tourist / accommodation settings with outbreaks to advise/enforce on control measures

Links to additional information:
https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers
https://www.gov.uk/coronavirus/business-support
https://www.hse.gov.uk/simple-health-safety/risk/index.htm
https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19

Black Asian and Minority Ethnic (BAME) Communities

Objective:

The objective is to ensure approaches to reduce and eliminate new cases of COVID-19 across the county reach all BAME workforce, population groups and communities, and to ensure that inequalities in COVID outcomes are reduced. .

Context:

The ONS national population survey 2019 showed that approximately 2% of the overall East Sussex population over 18 described themselves as Asian, 1% as Black, and 1% as Mixed. Within East Sussex, around 6% of the population of Hastings and Eastbourne are BAME, compared to 3% elsewhere in East Sussex.

A third of the NHS community and secondary care workforce are from BAME communities, with almost 50% of the medical and dental staff from BAME groups. Most recent staff survey 4.7% of ESCC staff recorded themselves as BAME (with 7.5% not answering).

What's already in place:

As part of the regional NHS-E/I response to the high number of deaths amongst BAME groups, local partners are participating in two workstreams:

- reducing COVID-19 illness and mortality amongst BAME health and care workers, building on the Workforce Race Equality programme already under way
- reducing illness and mortality in the general population, led by the Sussex ICS Equality and Diversity Clinical Lead

The Sussex Health and Care Partnership BAME COVID-19 disparity programme is addressing the disproportionate impact of COVID-19 on people from BAME backgrounds. The programme has two work streams:

1. **Workforce programme** – focused on BAME health and care staff across Sussex.
2. **Population programme** - BAME and Vulnerable group LCS – delivered through GP surgeries

Part A – Proactive and reflective BAME specific activities

- Identify BAME patients from practice list who might benefit from specific interventions to reduce their risk of Covid-19 related mortality;
- Improve communication and engagement with local BAME communities, working with BAME community and voluntary sector and improving diversity of PPGs.

Part B – Reactive care to vulnerable individuals

- Offer a supportive monitoring protocol for patients in vulnerable groups who develop Covid-19.

The programme includes community research and engagement, and looking for alternative appropriate methods to ensure information reaches these communities.

ESCC have developed a ‘Covid-19 model risk assessment’ which can be used to support employees in the workplace and includes BAME background as well as age and gender for example.

What else will need to be put in place:

The national testing website records ethnic group as part of the process for registering for a test, but to date, we have not received any ethnicity data related to testing. Given the lack of reporting of ethnicity on nationally collected pillar 2 testing, local pillar 2 testing is not currently collecting this data either.

PH are working with colleagues across the East Sussex system to better understand the impact of COVID on our BAME population which will further inform action plans.

We will need to work with those running the test and trace programme to develop and implement communications using local relationships, to ensure our local BAME and population understand the key messages.

Resource capabilities and capacity implications:
Staffing

- Develop communications and work with the local BAME population and communities through ESCC COVID disparities plan

Links to additional information:
PHE report https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes

Gypsy, Roma and Travellers (GRT) and Van Dwellers

Objective: The objective is to prevent COVID-19 cases occurring in the first place, and to identify new cases and prevent onward transmission and deaths from COVID-19 in the GRT community in East Sussex.
Context: East Sussex County Council work in partnership with District & Borough housing teams to provide GRT sites in East Sussex. Any issues with van dwellers are not a GRT issue and are therefore dealt with by District & Borough Councils.
What's already in place: The East Sussex County Council Traveller Liaison Team work in partnership with local District & Borough Councils and have been in regular contact with GRT and Van Dwellers across East Sussex. Any emerging needs are signposted to the appropriate District or Borough Council, health provider or Social Services. Where GRT encampments are on East Sussex land, these are dealt with on a case by case basis taking into account community impact, anti-behaviour and Traveller needs. During Covid-19 a risk assessment process for new admissions to our sites has been developed by the Traveller Liaison Team.
What else will need to be put in place: Disposable gloves, alcohol gel sanitiser and wipes have been supplied and kept in the Transit Site office should they be required.
Local outbreak scenarios and triggers: If there is one or more suspected or confirmed COVID-19 case within a GRT or Van dweller community the PHE Health Protection Team are contacted. If multiple cases of COVID-19 (suspected or confirmed) occur in a GRT or Van dweller community, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an IMT (Incident Management Team). Additional membership over and above the core group would potentially include the relevant housing team within the District or Borough, the ESCC GRT lead. Additional issues to be considered include costs arising from risk assessment process and from purchasing additional PPE
Resource capabilities and capacity implications: The ESCC transit site does not have full capacity due to the social distancing measures required to keep residents safe. This may have an impact on our ability to provide transit facilities if its reduced capacity were exceeded.

Homeless community

Objective:

The objective is to prevent COVID-19 cases within the homeless community, to closely monitor any new cases of COVID-19 and ensure that any outbreaks are managed quickly and efficiently.

Context:

Due to the COVID-19 Pandemic, MHCLG asked local authorities to provide self-isolating accommodation for the homeless population. In East Sussex since the 18th March 173 single homeless people have been housed in emergency accommodation, with most sites hosting several people.

There is a high burden of disease amongst the homeless population, which predisposes them to a higher risk of severe illness from COVID-19, and there exists a risk of outbreaks amongst those who share a living space such as hotels and Bed and Breakfasts. Other specific issues faced by this population include high levels of substance misuse, mental health issues and higher levels of resistance to engage with services.

What's already in place:

PHE locally have an outbreak management plan for use in sites of multiple occupancy such as hotels and Bed and Breakfasts, which includes a screening and monitoring proforma used by housing managers across East Sussex to support in identifying and escalating any news suspected cases of COVID-19. All former rough sleepers placed in temporary accommodation across East Sussex have been triaged by the Rough Sleeper Initiative. Details have been shared with commissioned GP federations. PHE will arrange testing of symptomatic individuals in hostels when first notified of a case and will risk assess and consider testing additional cases on a case-by-case basis.

All temporary accommodation units have been given training materials on COVID-19 and daily verbal checks that they undertake. In addition, the local authorities have dedicated teams of support workers (RSI Housing First, Rapid Rehousing Officers, Home Works) who undertake regular wellbeing checks. Informal contact and support is also happening through organisations such as Warming up the Homeless.

There is an East Sussex Homelessness cell with an associated action plan, and East Sussex CCG has commissioned a Care and Protect service for all rough sleepers being accommodated in response to COVID-19 which commenced on the 9th June.

What else will need to be put in place:

PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). An OCT may be required for current emergency accommodation sites due to:

- The clinical vulnerability of the homeless population

- Borough and district housing managers recognised the need for 'former rough sleepers' to be provided with mobiles during Covid-19 lockdown. There may be the need to look at mobile provision amongst wider homeless placements in order to ensure the Test and Trace App alert service can be fully delivered.
- Resistance to engage with services by some of the homeless population

This does pose an issue regarding sharing confidential health information with housing managers. Similarly, there is a risk that in smaller accommodation sites, informing other residents about a positive case may result in the positive case being identified. There is also a need to consider accommodation options for those who have tested positive but do not have a place to isolate.

As we start to prepare for recovery and transition those in emergency accommodation into longer term housing, there is a need for testing to be extended to those who are asymptomatic and those who are ineligible for home testing due to required ID checks. In addition, the county is working with the DHSC on an extended testing programme.

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) occur in a homeless community, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). If an OCT is required, additional members required to support this OCT over and above the core group would potentially include the Rough Sleeping Initiative Coordinator, the CCG homeless lead, the Consultant in Public Health with lead for homelessness, and any organisation that has a relationship with the community affected.

Resource capabilities and capacity implications:

To ensure that there is a thorough system of contact tracing for positive patients, there needs to be a strong system of identifying those who are symptomatic in the first place – this is not possible with the current staff capacity.

Links to additional information:
Letter from Minister Luke Hall to local authorities asking to 'bring everyone in'

Acute

Objective:

The objective is to prevent COVID-19 cases, to closely monitor any new cases of COVID-19 linked to exposure within acute hospitals, and to ensure that any outbreaks are managed quickly and efficiently to minimise spread of infection.

Context:

There is one combined acute and community hospital trust in East Sussex with two main acute hospital sites

- East Sussex Healthcare NHS Trust (ESHT)
    - Eastbourne District General Hospital, Eastbourne
    - The Conquest Hospital Hastings

ESHT also runs Hospital sites at Bexhill & Rye and runs a number of other smaller community sites as well as the provision of community health services in clinics and people's homes across East Sussex.

ESHT provides healthcare for the majority of the East Sussex population, however, a proportion of the population living in the west and the north of the county attend hospitals out of county, in Brighton or Kent. In addition there are five community hospitals run by Sussex Community Foundation Trust, who provide community health care in the west of the county, Brighton and West Sussex.

What's already in place:

ESHT has a COVID-19 Response plan and processes in place to undertake outbreak management, including Outbreak control teams which are led by the Trust, with support from PHE

- ESHT continues to use its Trust policies, procedures and guidelines for all infection control outbreaks
- Patient management is via the Infection Control Team.
- Staff management is via Occupational Health
- The Trust has its own internal processes in response to all PHE Guidelines and its COVID response methodology is cascaded via Trust wide communications
- The Trust is undertaking antigen and antibody testing – staff with potential as having COVID are screened via swabbing
- ESHT currently has a good PPE supply chain
- Routine staff testing for COVID being implemented alongside routine activity
- Test & Trace: ESHT undertakes contact tracing of all patients and staff following identification of a positive COVID case. These processes are being revised to take account of the NHS Test and Trace system.

What else will need to be put in place:

To support the effective management of COVID-19 outbreaks there will be some changes to existing reporting processes and development of standard ways of responding to these outbreaks, using high level flowcharts which can be adapted for local use. There will also be reporting on staff absence due to NHS Test and Trace and the impact on the service.

These procedures will be developed further as needed between Local Authority, PHE and ESHT infection prevention team**.** ESCC PH and PHE and CCG representatives are invited to the monthly Trust Infection Prevention and Control Group meetings as standard. They also receive the minutes of these meetings. Outbreaks are a standing agenda item.

Local outbreak scenarios and triggers:

If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within the hospital, the Trust will consider the severity and spread of the outbreak, current control measures, the wider context and will routinely convene an ICT if they suspect an outbreak within their hospital. They will invite PHE and the Local Authority as required.

Resource capabilities and capacity implications:
TBC

Links to additional information:
The ESHT website provides information for patients and visitors on the main measures implemented to reduce the spread of COVID-19. ESHT staff can access full policies on intranet.
Kent Surrey Sussex outbreak incident control plan

KSS
outbreak-incident con

Primary Care

INCLUDING:
- ❖ GENERAL PRACTICES AND WALK–IN CENTRES
- ❖ COMMUNITY PHARMACY
- ❖ DENTISTS
- ❖ OPTOMETRY

Objective:

The objective is to prevent COVID-19 cases, to closely monitor any cases of COVID-19 linked to exposure within Primary Care settings, ensuring that any outbreaks are managed quickly and efficiently.

Context:

In East Sussex there are:
- 62 General Practices
- 108 Community Pharmacies
- 150 Dentists
- 54 Opticians

What's already in place:

In the event of a COVID-19 outbreak, NHS organisations should continue to follow existing Public Health England guidance on defining and managing communicable disease outbreaks.

General Practices and Walk-in Centres - As part of the COVID-19 response, Primary Care have put in place measures to manage any outbreaks of COVID-19. Primary Care practices in each ICP area have set up "Hot Sites" for those patients with COVID-19 to be seen and treated.

These sites are fully prepped with PPE for staff, with areas outside of the building where patients can have tests undertaken if appropriate.

Appropriate level cleaning service in place and deep cleaning takes place at these sites if any of the 'cold sites' appear to have an issue with an outbreak. If there are outbreaks, then staff and patients who have been in contact in the surgery can be traced and tested and staff are able to self-isolate if appropriate.

The CCG has supplied practices with laptops and cameras to undertake remote working and commissioned ZOHO so practices can log into clinical systems from home. They have instigated a website across all practices (and undertaking training on the website). Footfall which allows patients to remote access into the practice by use of the website and ask questions and apply for prescriptions etc via the website.

Practices have been supported in applying through the COVID-19 fund for cleaning, PPE and other areas such as spit guards and Perspex screens to support and mitigate against any potential outbreaks.

Each practice has been contacted to undertake a risk assessment for their at risk and BAME staff.

Community Pharmacy - commissioned service for delivery of medicines in place and funded until end of July to support shielded patients, and access to volunteer hubs to support delivery of medicines.

What else will need to be put in place:

General Practice and Walk in Centres - To develop clear local pathways for local outbreak management

Practices to notify PCN delivery manager when aware of COVID positive cases in their practice (to support the effective management of COVID-19 outbreaks there will be some changes to existing reporting processes and development of standard ways of responding to these outbreaks, using high level flowcharts which can be adapted for local use). There will also be reporting on staff absence due to NHS Test and Trace and the impact on the service.

General Practices and Walk-in Centres

- Antibody testing for staff and patients
- Review access to PPE via Clipper as at present only one pack of PPE is allowed for each order regardless of the size of the practice and taking into account the increased number of patients doing Face to Face appointments with clinical staff in GP practices
- Further work being undertaken on supporting BAME communities
- Potential for additional PPE – FP3 facemasks to support clinical staff from BAME communities

Community Pharmacy

- Access to medicines & pharmacy services - all pharmacies to remain open during any local restrictions to provide access to medicines
- Access to local volunteer hubs for pharmacies in the event of a local restrictions for support to in collection / pick-up of medicines for those that are shielded and others
- Funding to support a locally commissioned service for delivery of medicines (in the event of the national pandemic pharmacy delivery service having ended)
- Consider prioritisation of pharmacy staff within key services e.g. school places, access to other essential services

Local outbreak scenarios and triggers:
If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a Primary Care setting, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the NHS and Local Authority the need for an Outbreak Control Team (OCT).

Resource capabilities and capacity implications:
General Practices and Walk-in Centres – Awaiting COVID-19 resource fund from NHSE

Community Pharmacy

- To co-ordinate with commissioner (NHSE&I) through national contractual arrangements to understand local impact and scope and ability to stand up previous flexibilities
- Impact of local measures of other providers on pharmacies to be assessed, mitigated or funded e.g. displaced patients from local hospitals, GP surgeries and others

Links to additional information:

Mental Health and Community Trusts

Objective:
The objective is to prevent COVID-19, to closely monitor any cases of COVID-19 linked to exposure within Mental Health and Community Trusts, ensuring that any outbreaks are managed quickly and efficiently

Context:
There is one Mental Health Trust operating in East Sussex

- Sussex Partnership Foundation Trust (SPFT)

There is one Community Trust operating in the west of East Sussex (In the old HWLH CCG area) in addition to the combined acute and community trust.

- Sussex Community Foundation Trust (SCFT)

What's already in place:
In the event of a COVID-19 outbreak, NHS organisations should continue to follow existing Public Health England guidance on defining and managing communicable disease outbreaks.

Sussex Partnership NHS Foundation Trust - has a COVID-19 control command structure which includes operational, tactical and strategic command and control. The structures include internal and external escalation/reporting requirements to ensure early notification of outbreak/concerns. IPC governance is central to this which is underpinned by Public Health England guidance and the NHS IPC Assurance Framework supported by a specialist IPC team.

What else will need to be put in place:

To support the effective management of COVID-19 outbreaks existing reporting processes and standard ways of responding to these outbreaks will be utilised using agreed mechanisms including out of hours. Reporting on staff absence due to NHS Test and Trace and the impact on the service is also in place.

Local outbreak scenarios and triggers:
If multiple cases of COVID-19 (suspected or confirmed) are linked to exposure within a Mental Health or Community Trust, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the NHS and local authority the need for an Outbreak Control Team (OCT).

Resource capabilities and capacity implications:
None identified

Links to additional information:
Sussex Partnership Foundation Trust - website for COVID-19 advice for patients, family and staff. Detailed advice for staff including procedures is on intranet - Coronavirus - what you need to know

Transport locations

Objective:

The objective is to prevent COVID-19 in the transport network, to closely monitor any cases of COVID-19 amongst those arriving in, or travelling through, East Sussex, and to ensure that any outbreaks linked to transport settings are managed quickly and efficiently.

Context:

Newhaven is the main port of entry for East Sussex, but the ports at Dover, and Gatwick Airport are key nearby ports of entry with many travellers likely to pass through or reside within East Sussex.

Within East Sussex there are 45 train stations and 23 coach stations providing key transport links for travelling in and around East Sussex as well as direct rail links to Brighton, London and the surrounding area.

What's already in place:

PHE Health Protection Teams have local arrangements with Port Health Authorities for both Heathrow and Gatwick Airports to manage symptomatic cases of infectious diseases arriving at these Ports of Entry. From 8 June, new rules are in place for those travelling to the UK (residents and visitors) which requires them to complete a Contact Locator Form (they will receive a receipt to prove completion of the form to UK Border Force) and to self-isolate for the first 14 days. PHE will have access to these forms (held by the Home Office) for rapid contact tracing purposes. PHE will contact a random 20% of airline passengers to monitor compliance with self-isolation rules and will inform the Police of those that fail to comply.

Environmental Health have arrangements in place with Newhaven for managing infectious diseases, including COVID-19.

Public transport networks including bus coach and rail networks are following guidance on social distancing, cleaning and wider infection prevention control.

What else will need to be put in place:

Provision of support for symptomatic visitors needing access to food and medical supplies during 14 days self-isolation period.

Local outbreak scenarios and triggers:

For UK residents, self-isolating in normal place of residence is unlikely to result in outbreaks.

For visitors, self-isolation in commercial accommodation such as hotels etc has the potential to result in outbreaks in commercial premises.

If there is evidence of a potential outbreak linked to a transport location, PHE will consider the severity and spread of the outbreak, current control measures, the wider context and will jointly consider with the local authority the need for an Outbreak Control Team (OCT). If an OCT is required then attendance in addition to the core membership would also potentially include representatives from the transport company including any managers of specific sites.
Resource capabilities and capacity implications: Provision of support for visitors needing access to food and medical supplies.
Links to additional information: Guidance on entering the UK Guidance for those using transport or working in the transport industry Guidance for passengers on public transport in the UK

Appendices

Data integration tasks

Action (Sussex Wide)	Date	Lead Officer	Internal /External partners involved
• Expand role of the Sussex Covid Data and Modelling Group to include data integration to support Local Outbreak Control Plans at a Sussex and UTLA level. • Readjusting plans to reflect what the JBC will provide to local areas.			Sussex wide Data and Modelling Group (membership above)
• Complete work on early warning indicators for subsequent waves of the pandemic, and modelling of these waves based upon the assumptions published by SAGE and working.			Data and Modelling Group, University of Sussex (modelling)
• Map and secure regular automated dataflows from a variety of organisations to provide the intelligence to support our system. This includes but is not limited to data from the national testing programme, the community testing programme (SECAMB/Mobile Testing Units (MTU)), and the national contact tracing programme PHE, HPT, NHS. ***Note:*** *It is currently unclear whether the national JBC will provide a single source of data. This includes data to provide evidence of inequalities and high-risk groups.*			Sussex wide Data and Modelling Group (membership above) Local data group for vulnerable groups cell

Action (East Sussex)	Date	Lead Officer	Internal /External partners involved
• Provide updates as requested to senior managers and local Members, and report to the PH Functional Cell and respond to external requests for information.		GE	East Sussex CC
• Work closely with the local HPT, lead PH Consultant to establish systems to identify and examine outbreaks.		GE	East Sussex CC

• Liaise with District and Borough councils to ensure accessing and sharing of data relating to local outbreaks, settings and events.
 	
• Establish named contacts for data in each of the local authorities, specifically in relation to:
  ○ Communities at higher risk of infection and the impact of COVID
  ○ Specific settings and events at a local level
 	
***Note**: it is anticipated that named contacts should, at least, include Environmental Health staff, and community development/engagement.*
		GE/RT	East Sussex CC

Standard Operating Procedures
Public Health England and Local Authorities

Joint Management of COVID-19 Outbreaks in the SE of England

(based on a model developed in the East of England for care home outbreaks) **Date developed 11/06/20** **Review date 11/07/20**
Overview This proposed Standard Operating Procedure (SOP) has been drafted initially by PHE SE as a framework for each Local Authority (LA) Director of Public Health to use. This provides a suggested framework for working across PHE SE, public health structures in LAs, Clinical Commissioning Groups (CCGs) and other relevant organisations for dealing with COVID-19 outbreaks in a variety of settings. This SOP will support the effective delivery of local COVID "outbreak" plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.

Full document

20200611 PHESE LA SOP OUTBREAKS.pdf

Appendix C

Standards for managing an outbreak

The standards for managing outbreaks are contained in the Communicable Disease Outbreak Management – Operational guidance (2014) and include the following steps:

Outbreak recognition	Initial investigation to clarify the nature of the outbreak begun within 24 hours
	Immediate risk assessment undertaken and recorded following receipt of initial information
Outbreak declaration	Decision made and recorded at the end of the initial investigation regarding outbreak declaration and convening of outbreak control team
Outbreak Control Team (OCT)	OCT held as soon as possible and within three working days of decision to convene
	All agencies/disciplines involved in investigation and control represented at OCT meeting
	Roles and responsibilities of OCT members agreed and recorded
	Lead organisation with accountability for outbreak management agree and recorded
Outbreak investigation and control	Control measures documented with clear timescales for implementation and responsibility
	Case definition agreed and recorded
	Descriptive epidemiology undertaken and reviewed at OCT. To include: number of cases in line with case definition; epidemic curve; description of key characteristics including gender, geographic spread, pertinent risk factors; severity; hypothesis generated
	Review risk assessment in light of evidence gathered
	Analytical study considered and rationale for decision recorded
	Investigation protocol prepared if an analytical study is undertaken
Communications	Communications strategy agreed at first OCT meeting and reviewed throughout the investigation
	Absolute clarity about the outbreak lead at all times with appropriate handover consistent with handover standards
End of outbreak	Final outbreak report completed within 12 weeks of the formal closure of the outbreak
	Report recommendations and lessons learnt reviewed within 12 months after formal closure of the outbreak

[i] Business Enterprises by size of Business. East Sussex in Figures, 2019

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Report to:	**East Sussex Health and Wellbeing Board**
Date of meeting:	**14 July 2020**
By:	**Director of Children's Services**
Title:	**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 Clinical Commissioning Groups, Sussex local authorities and Sussex Partnership Foundation NHS Trust, 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 Board is recommended to:

1. ***Note 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. **Coronavirus impact -** Foundations for Our Future was completed in the weeks prior to the emergence of the coronavirus pandemic.

2.8. The effects of the pandemic on children and young people are already emerging. They are directly experiencing social distancing, high levels of isolation, imposed absence from school and some support systems, and the wider social and economic dislocation COVID-19 will cause. A survey conducted by Young Minds[4] in the early weeks of lockdown found that many children and young people reported increased anxiety, problems with sleep, panic attacks or more frequent urges to self-harm among those who already self-harmed. The Children's Commissioner for England has suggested that the harm to children's future prospects is likely to be particularly felt by the poorest and youngest. There have also been reports of falling referrals to specialist mental health services during the lockdown.

2.9. These are of course issues of great concern, but there have also been positives across the country and in Sussex specifically. Organisations have collaborated, innovated and made changes to their ways of working that in other circumstances might have taken months or years to bring about. There are reasons to be encouraged that these positives

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

can be maintained and built upon as we move forward into restoration and recovery of services.

2.10. **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[5] 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%.[6]

2.11. 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.[7]

2.12. Children from low-income families are four times more likely to experience mental health problems compared to those from higher-income families.[8] Among LGBTQ+[9] 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.[10]

2.13. In 2017, one in eight young people aged between five and 19 in England had a mental health disorder[11.] 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.[12]

2.14. 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.[13] 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.[14] 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.[15] Young women in this age group were three times more likely to self-harm than young men.[16] An estimated 200 children a year lose their lives through completed suicide in the UK.[17]

2.15. 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.[18]

2.16. In England, the demand for specialist child and adolescent mental health services is rising, with record levels of referrals being reported.[19]

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

[6] 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

[7] State of the Nation 2019: Children and Young People's Wellbeing Department for Education October 2019

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

[9] 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

[10] Children and young people's mental health: The facts Centre for Mental Health 2018

[11] Mental health of children and young people in England, ONS https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf

[12] World Health Organisation definition https://www.who.int/mental_health/management/en/

[13] Mental health of children and young people in England, 2018

[14] Millennium Cohort Study https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/

[15] The Good Childhood Report Children's Society, 2018 https://www.childrenssociety.org.uk/good-childhood-report

[16] Brooks et al 2015 in Children and young people's mental health: The facts, Centre for Mental Health, 2018

[17] Burton, M. Practice Nursing Vol. 30, No. 5

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

[19] Children's mental health services: the data behind the headlines Centre for Mental Health October 2019

2.17. **Sussex - key messages from the Review**

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

2.18. **The challenge** - Half of all mental ill health starts by the age of 15 and 75% by the age of 18.[20] 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.[21] 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.

2.19. 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.

2.20. 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.

2.21. **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.

20 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.

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

- 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)[22]. 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.

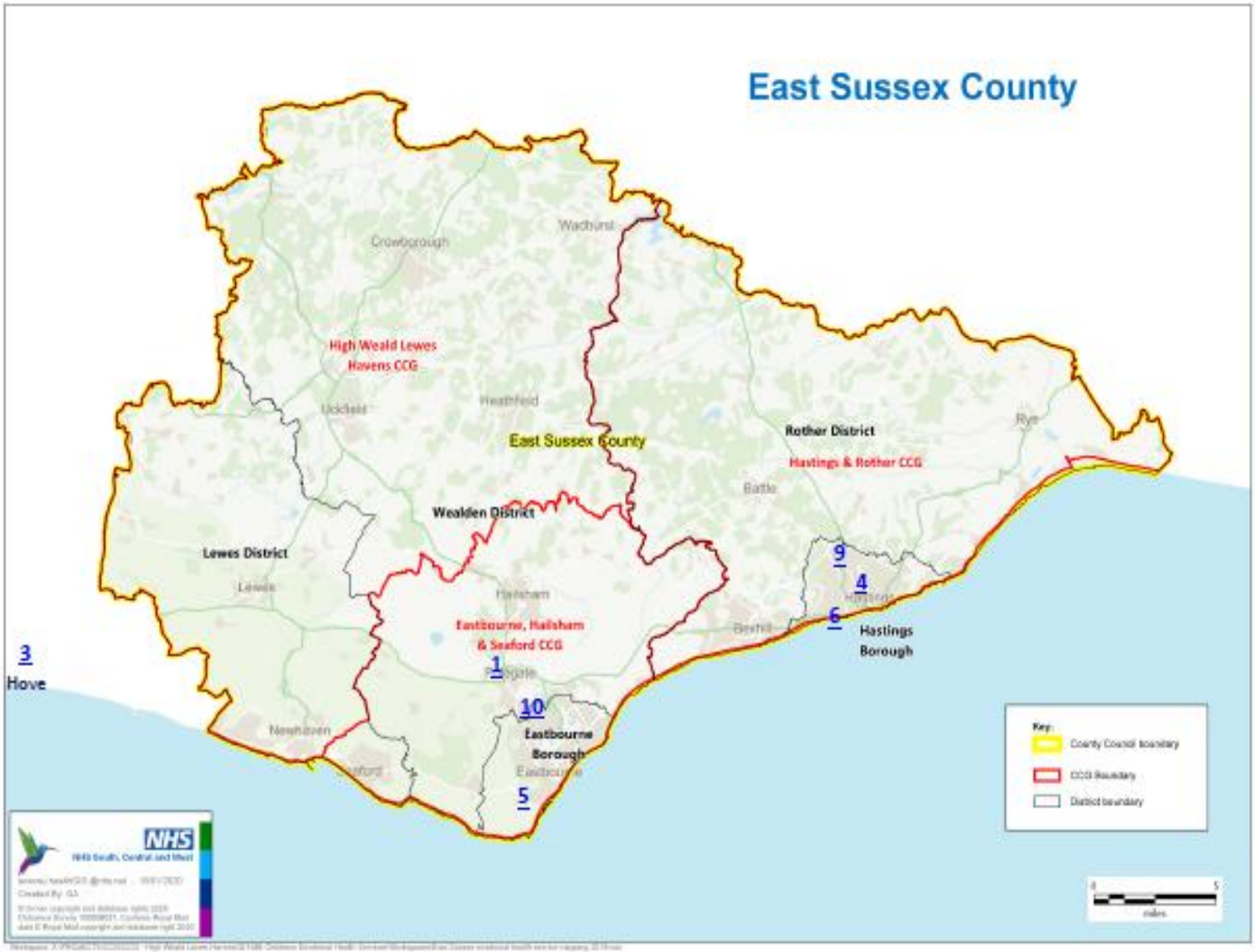
2.22. Qualitative data and information gathering across Sussex included:

- 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.
- 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.

2.23. **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.

2.24. 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.

[22] https://www.nhsbenchmarking.nhs.uk/



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.

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

2.26. **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).

2.27. 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.

2.28. **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.

2.29. 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.

2.30. 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.

2.31. 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

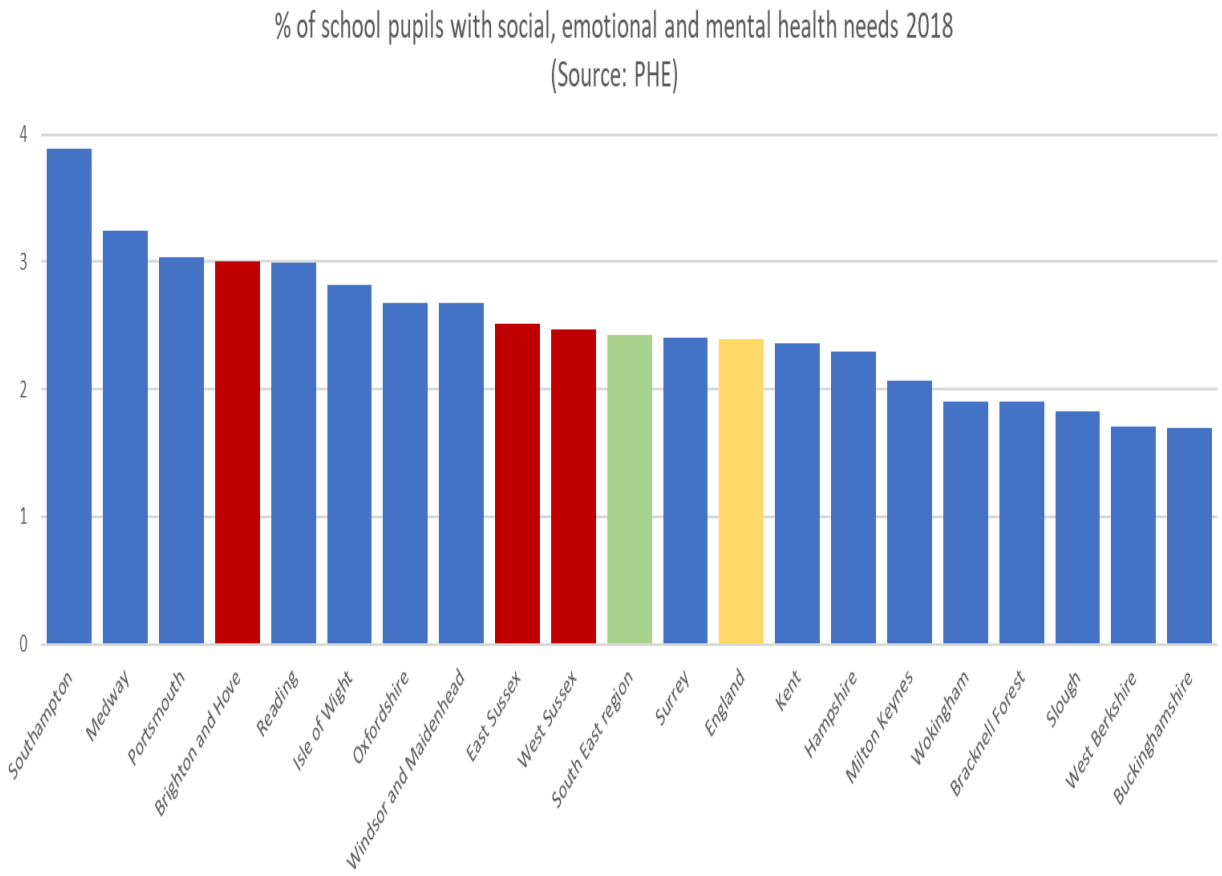
Sussex has a higher than national average percentage of school pupils with social, emotional and mental health needs in all three of its local authority areas. Public Health England (PHE) also publishes estimated prevalence of social, emotional and mental health needs in school pupils. The most recent 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

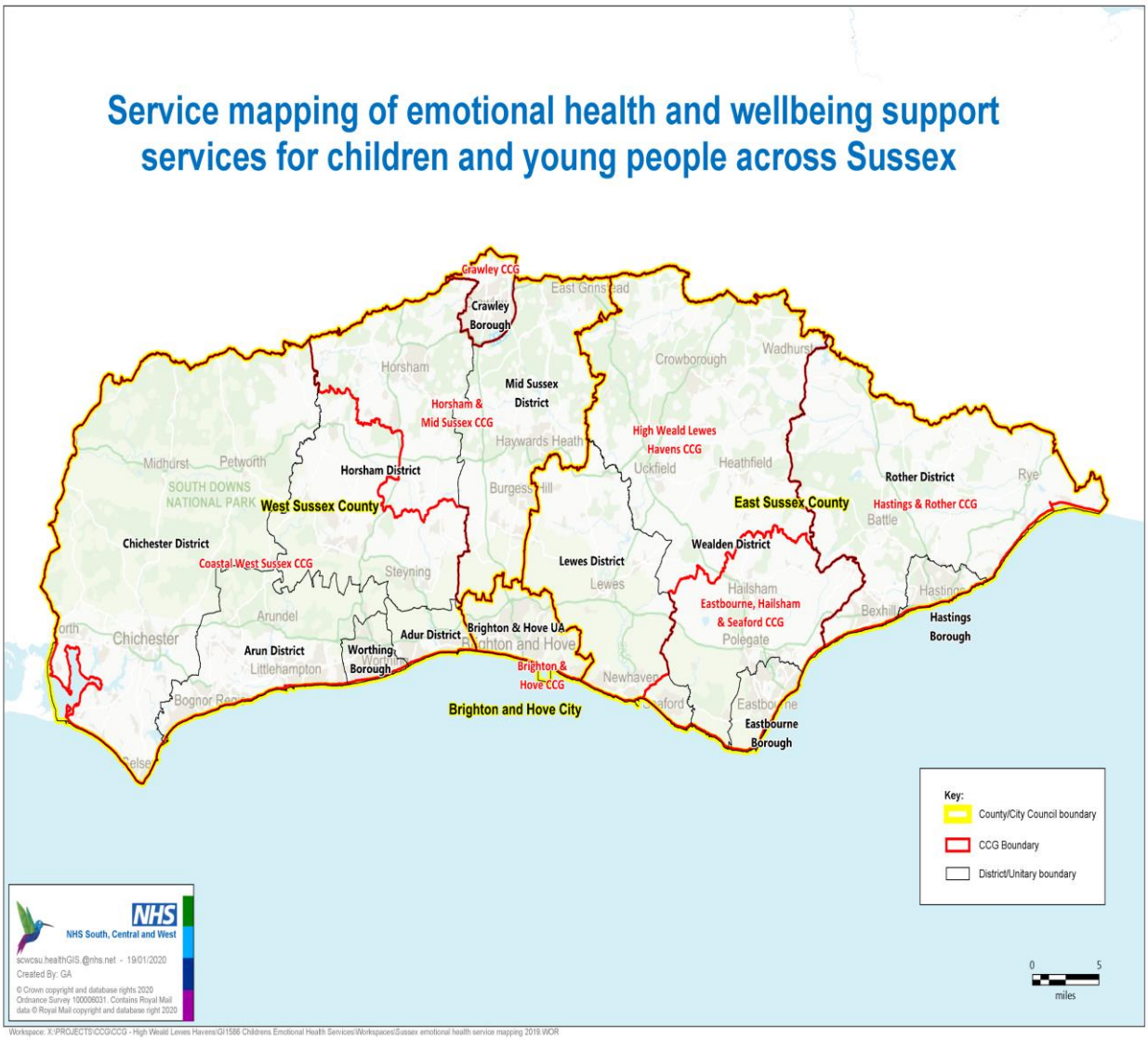
Current service pattern

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.

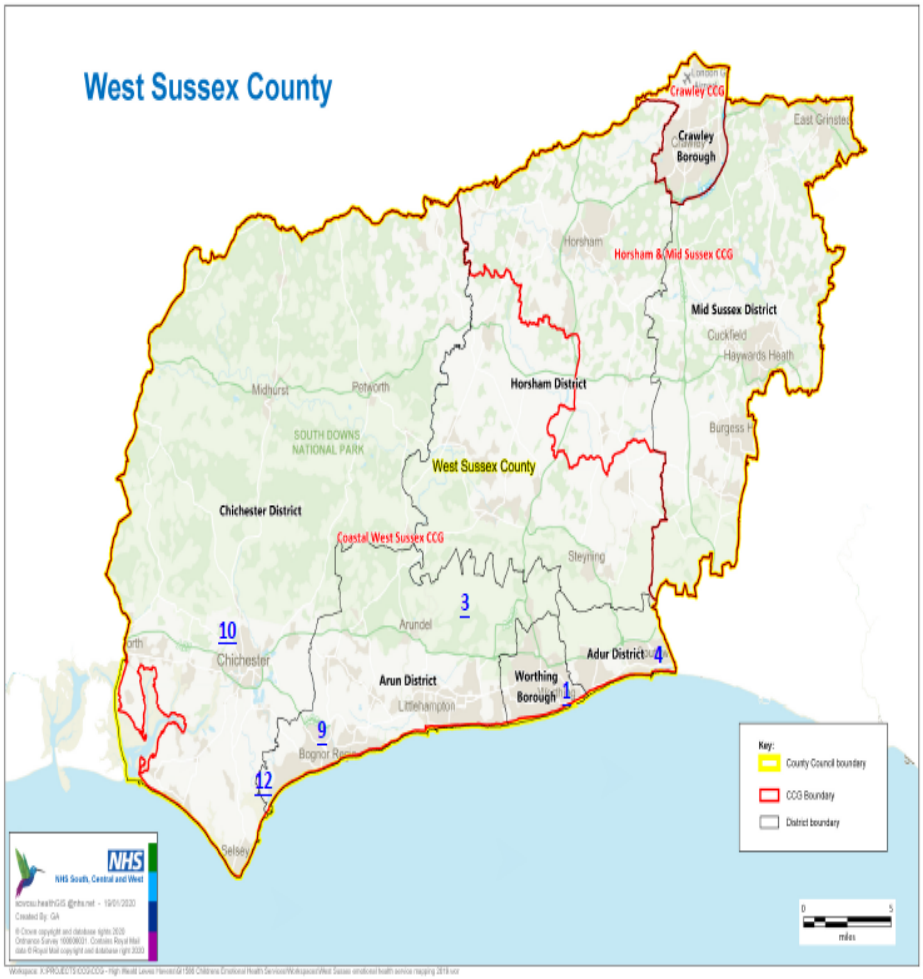
The Review Panel has mapped these services and organisations. The spread of provision, is set out here in maps detailing where those services are located.

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

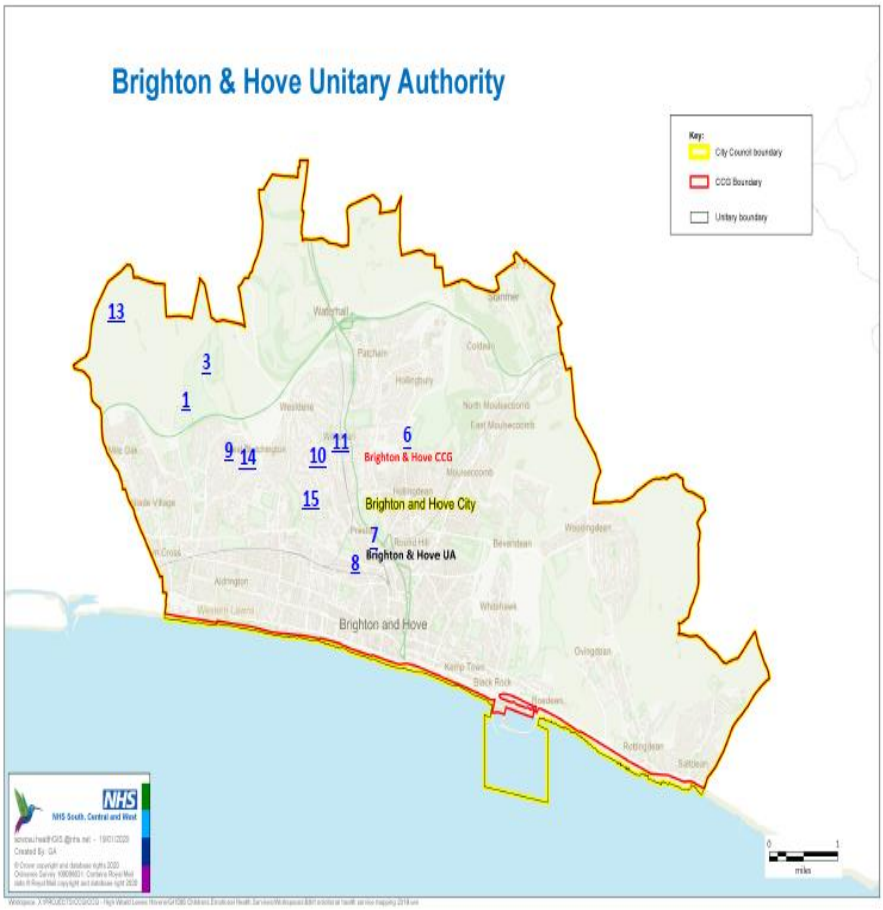
Links to Services

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.

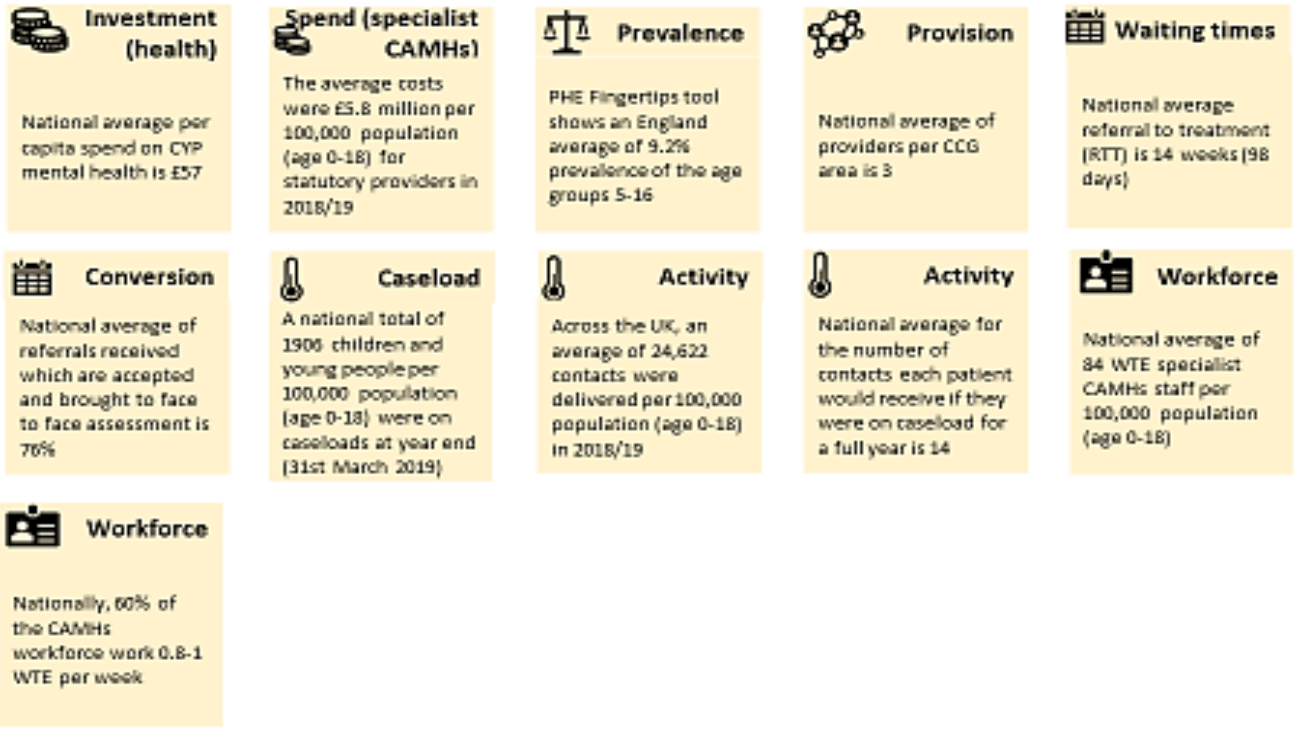
The key findings from the data analysis are set out here and shown in Infographic One below.

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.

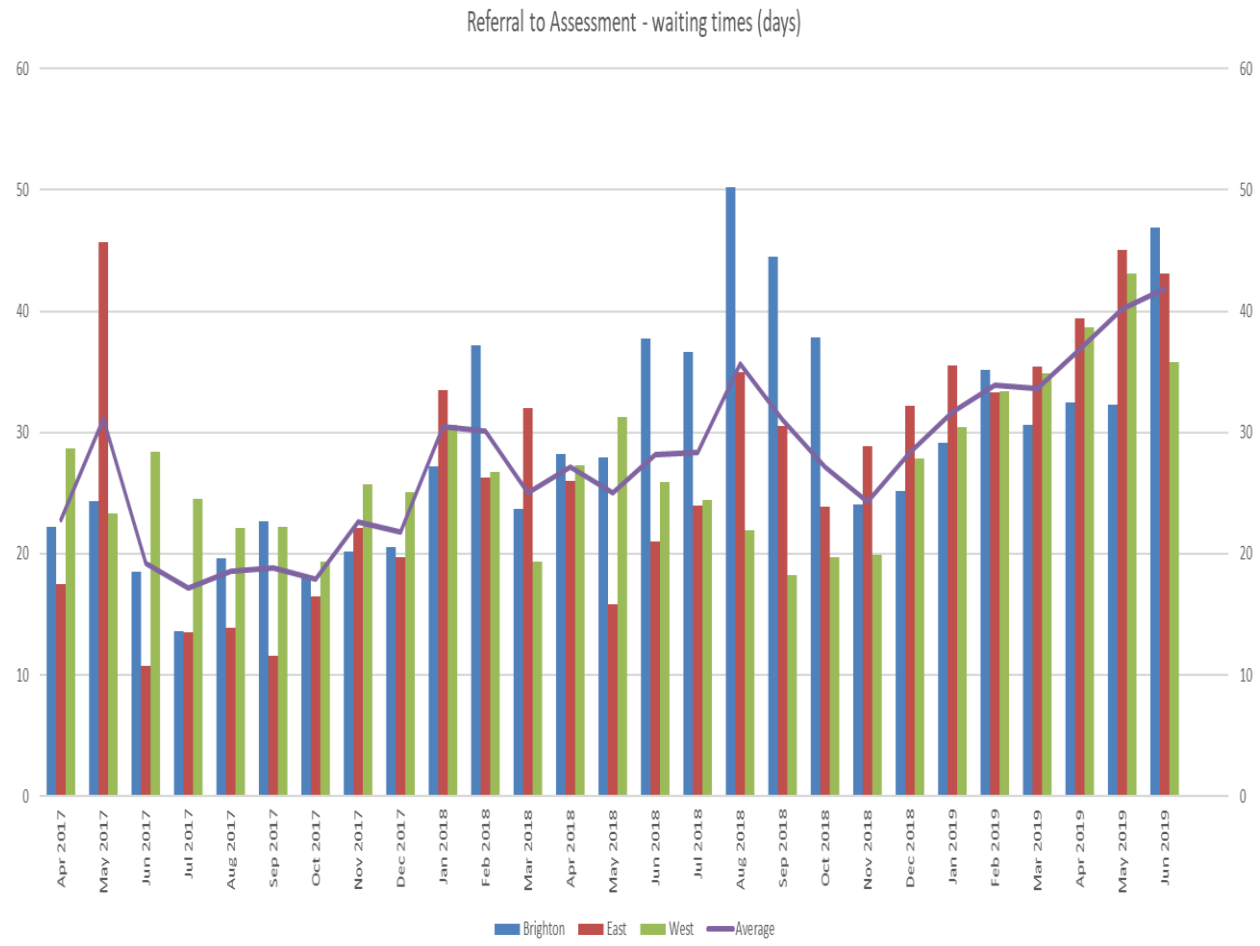
Waiting times for SPFT specialist services

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)

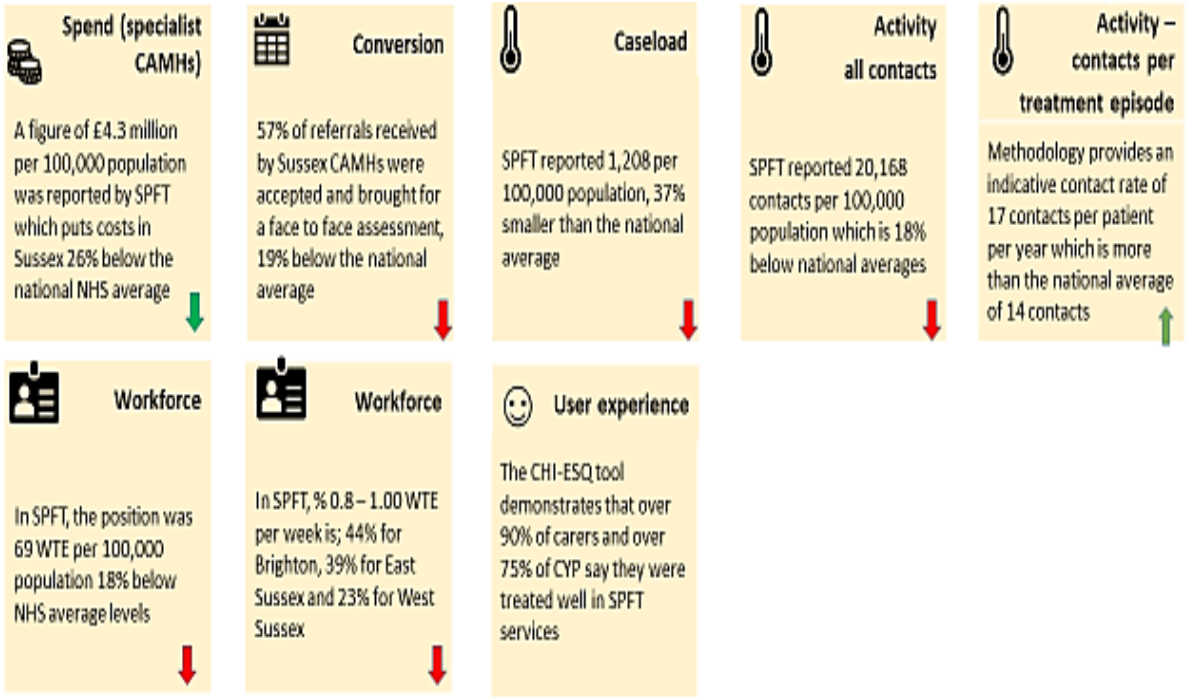
Across England, 2018/19 saw the sixth consecutive year of growth in the size of the specialist services workforce. The average position was 84 WTE (whole time equivalent) specialist community services (CAMHS) staff per 100,000 population (age 0-18).

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.

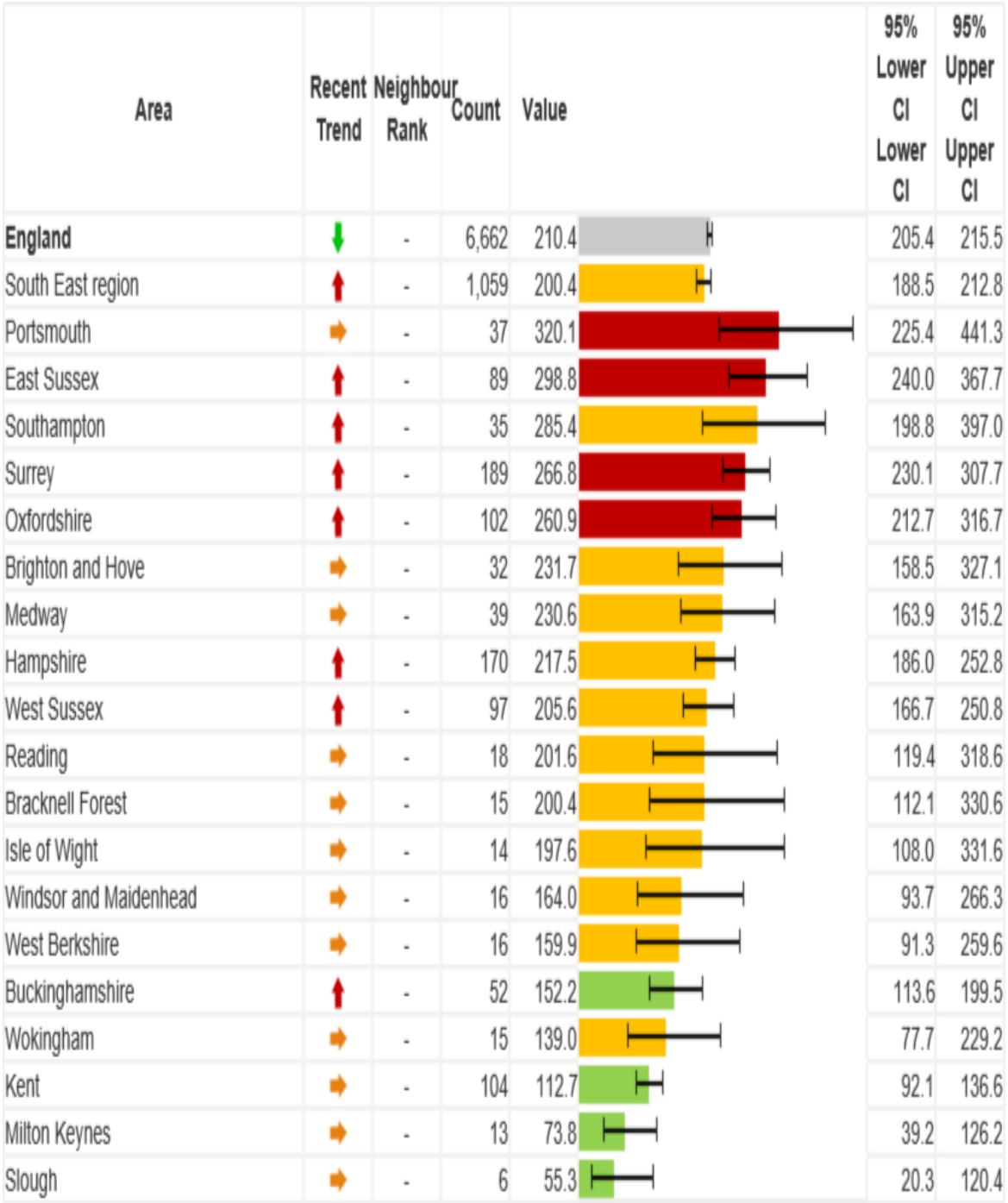
As Graph Three below shows, for those aged between 10-24 years old, Brighton & Hove, East and West Sussex all have rates per 100,000 population of self-harm leading to hospital admission that are higher than for the South East Region and those for England as a whole.

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.

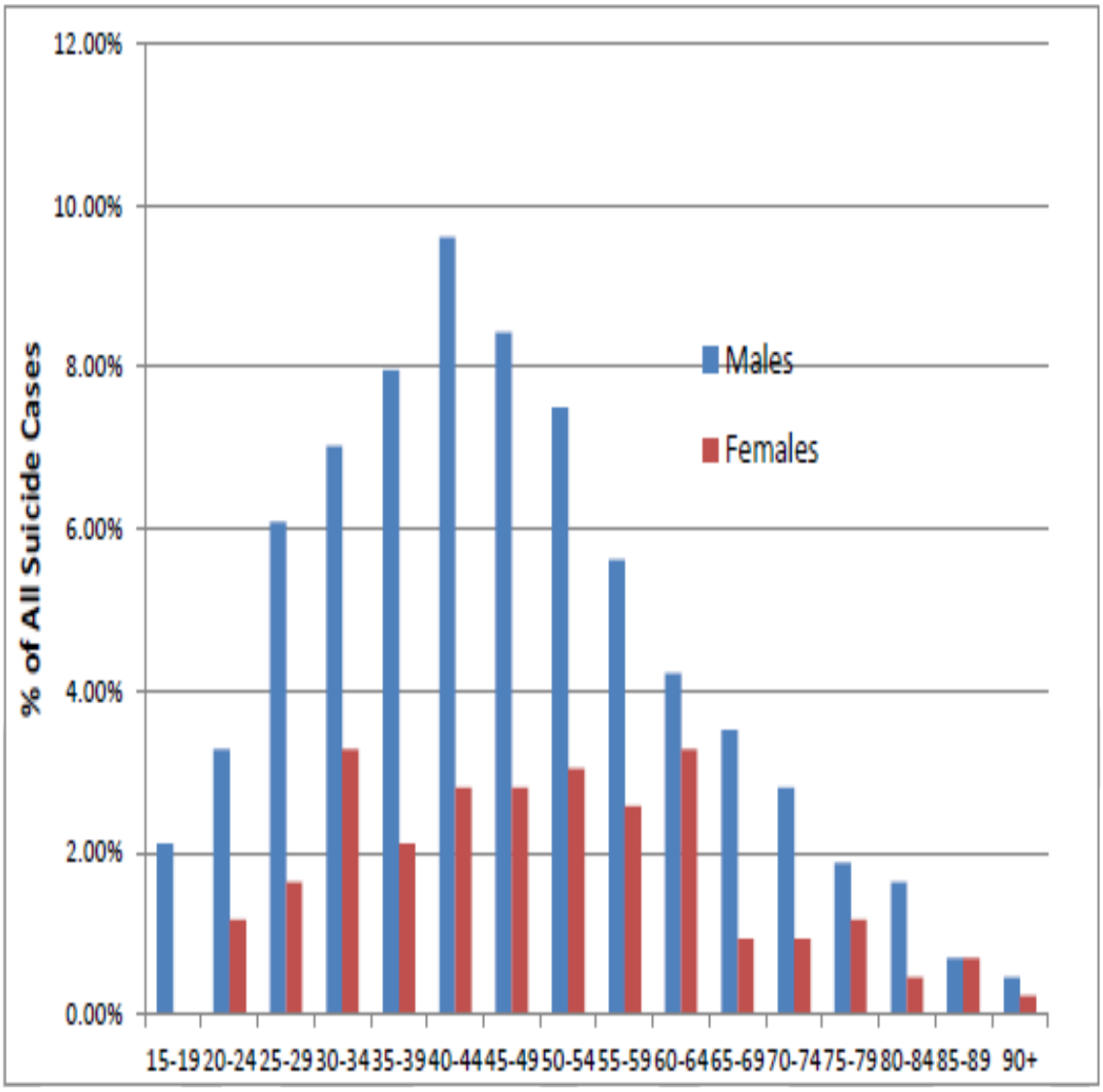
Graph Six: Suicide crude rate 10-34 years, per 100,000 five-year average (2013 - 2017)

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.

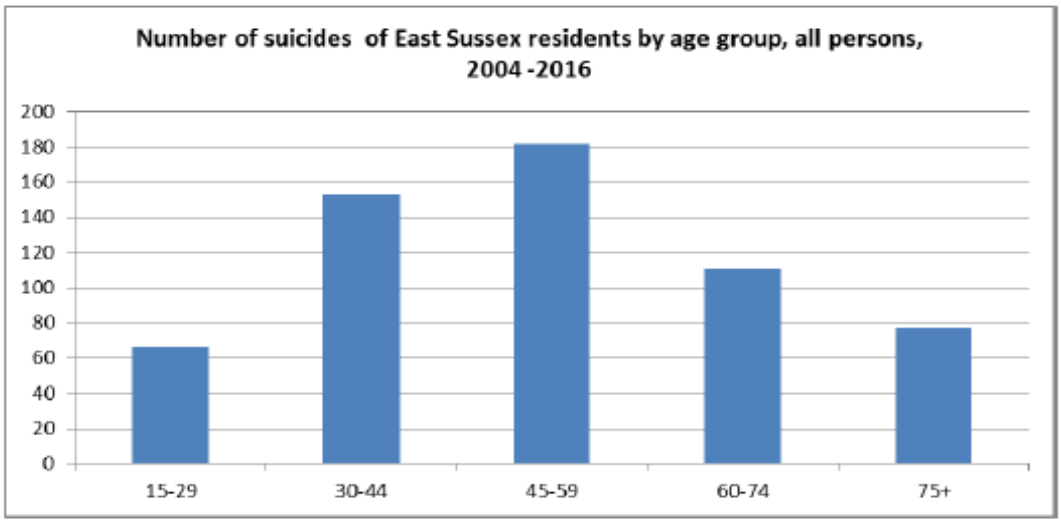
In Brighton & Hove**,** the LTP does not directly comment on suicide but refers the reader to, The Brighton & Hove Suicide Prevention Strategy: And Action Plan January 2019 - December 2021(December 2018) which provides the numbers set out in Graph Seven.

Graph Seven: Brighton & Hove - number of suicide and undetermined injury deaths by age and gender, Brighton & Hove residents, 2006-2016



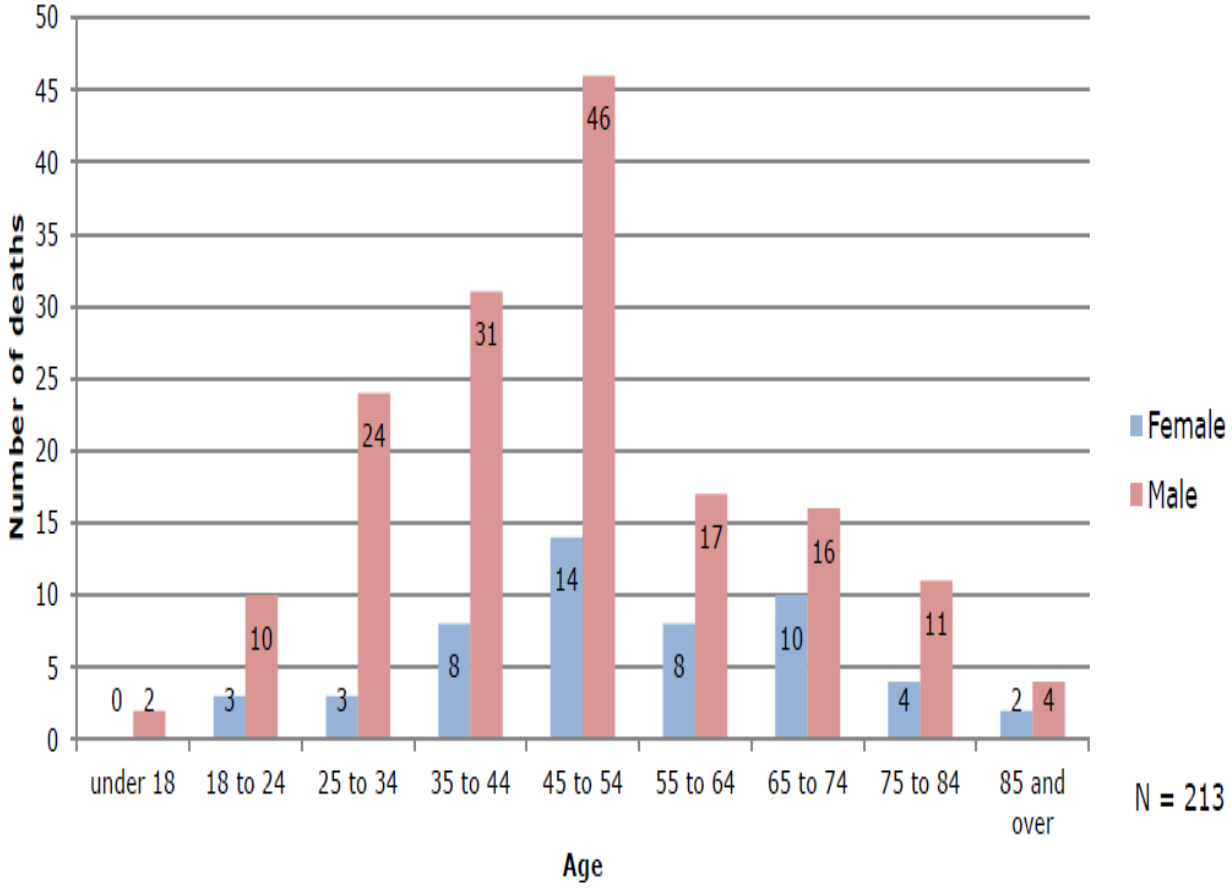
In East Sussex, the LTP has this to say about suicide, ‘Suicide in under 18’s is rare, although the East Sussex Child Death Overview Panel Chair has flagged an increase in recent years’ and the suicide audit provides the numbers shown in Graph Eight:

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.

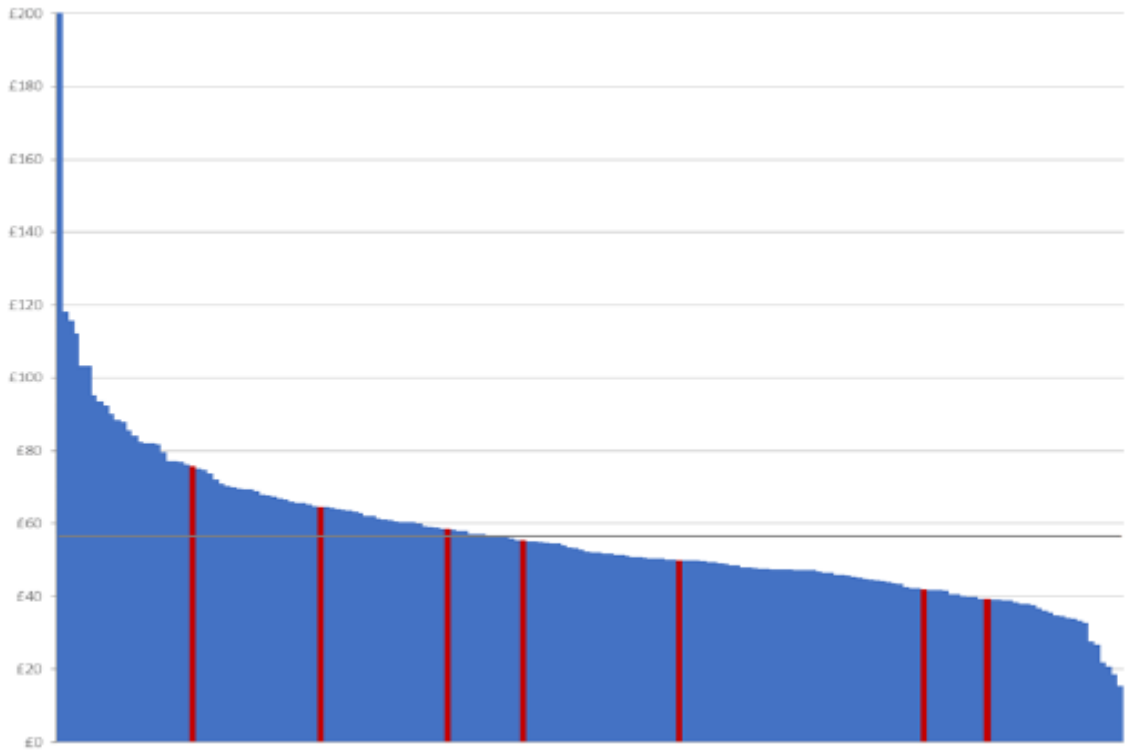
In England, average CCG spend per capita on children and young people's mental health (excluding learning disabilities and eating disorders) was £57 per capita (0-18) in 2018/19. The average across all Sussex CCGs was £55, however there was local variation ranging from £39 to £76 per capita.

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:	**East Sussex Health and Wellbeing Board**
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

The Board is recommended to:

1) note the findings of the inspection into the multi-agency responses to children's mental health in East Sussex which was published 14 April (Appendix 1); and

2) note the multi-agency action plan which has been developed to address the areas for development (Appendix 2).

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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.

2.5 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 Cabinet 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 Covid-19. The Board is recommended 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

Contact Officer: Amanda Watson
Tel. No. 01273 481339

Email: Amanda.watson:eastsussex.gov.uk

BACKGROUND DOCUMENTS

None

APPENDICES

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

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.

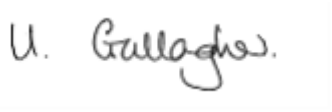
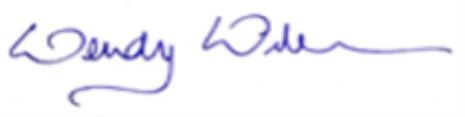
Next steps

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: **East Sussex Health and Wellbeing Board**

Date: **14 July 2020**

By: **Healthwatch East Sussex**

Title: **Healthwatch Annual Report 2019-20**

Purpose: **To provide an overview of Healthwatch East Sussex's Annual Report 2019-20: Guided by you**

RECOMMENDATION

The Board is recommended to consider and note the report

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1. Introduction

1.1 Each local Healthwatch in England is required to publish an annual report covering certain issues. The Healthwatch East Sussex Annual Report 2019-20 is titled *Guided by you* and is attached as **appendix 1.**

2. Supporting information

2.1 The Annual report sets out, amongst other things, details of Healthwatch's priorities for 2019/20; highlights of its work over the course of the year; ways in which it made a difference; its work on engagement around the NHS Long Term Plan; information about its volunteers; financial details; and plans for next year.

3. Conclusion and reasons for recommendations

3.1. The East Sussex Health and Wellbeing Board is recommended to consider and note the report.

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JOHN ROUTLEDGE
Executive Director, Healthwatch East Sussex

Contact Officers: John Routledge
Tel: 01323.403590
Email: john.routledge@escv.org.uk

BACKGROUND DOCUMENTS

None

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healthwatch East Sussex

Annual report 2019-20

Guided by you

Contents

Message from our chair

Keith Stevens
Healthwatch East Sussex
Chair

share information, expertise and learning to improve health and social care services

This is Healthwatch East Sussex's seventh year of operation and we have continued to play a key role working to ensure that the needs, experiences and concerns of people who use health and social care services are understood by those who commission and deliver them.

Our year started by coordinating activity with Healthwatch West Sussex and Healthwatch Brighton & Hove to capture and feed resident's and patient's views from across Sussex into the NHS Long-term Plan.

Throughout the year we continued our work on the well-being of children and young people. We also undertook our 'Listening Tour' in the High Weald to capture local views on health and care services, 'Mystery shopped' dentistry services and completed an independent review of Care Homes.

This year we joined the Health and Care Systems Partnership Board in East Sussex and have worked to ensure that the views and concerns of the public, patients and users are considered in their decision-making and will continue to do so.

We were delighted to win the top award in the 'Championing Diversity & Inclusion' category at the 2019 Healthwatch England National Conference for our work with vulnerable residents living in temporary accommodation at Kendal Court.

All of our success in 2019/20 is thanks to our dedicated staff, the tireless work of our volunteers, the continued support of East Sussex County Council and the willingness of the health and social care providers to listen and act upon what we have to say. So once again a big "thank you" from the board of Healthwatch East Sussex.

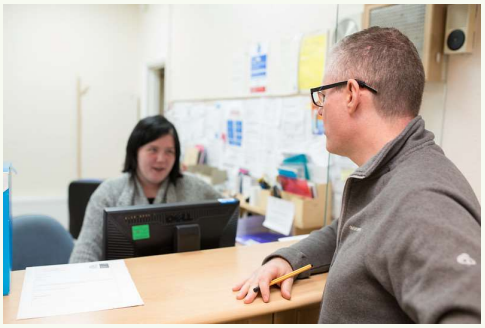
Keith Stevens
Healthwatch East Sussex Chair

Our priorities

Last year people told us about the improvements they would like to see health and social care services make in 2019-20. These were our four priorities based on what you told us.

Priority One: Influencing the Preventative Health Agenda

Priority Two: Young people's mental health



Priority Three: Primary Care and getting to the right health professional

Priority Four: Raising the profile of Healthwatch East Sussex

'Following the CQC [Care Quality Commission] inspection results for ESHT [East Sussex Healthcare NHS Trust], I am writing to thank you directly for your contribution to the improvements that we have been able to make. This has given us really helpful feedback and ensured that we have focused on the aspects of care that most needed it. You have also helped us to strengthen the involvement of patients and the public in our work.'

Dr Adrian Bull, Chief Executive, East Sussex Healthcare NHS Trust

About us

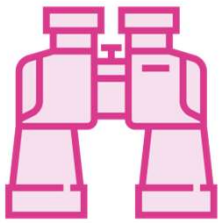
Here to make care better

The network's collaborative effort around the NHS Long Term Plan shows the power of the Healthwatch network in giving people that find it hardest to be heard a chance to speak up. The #WhatWouldYouDo campaign saw national movement, engaging with people all over the country to see how the Long Term Plan should be implemented locally. Thanks to the thousands of views shared with Healthwatch we were also able to highlight the issue of patient transport not being included in the NHS Long Term Plan review – sparking a national review of patient transport from NHS England.

We simply could not do this without the dedicated work and efforts from our staff and volunteers and, of course, we couldn't have done it without you. Whether it's working with your local Healthwatch to raise awareness of local issues, or sharing your views and experiences, I'd like to thank you all. It's important that services continue to listen, so please do keep talking to your local Healthwatch. Let's strive to make the NHS and social care services the best that they can be.

> I've now been Chair of Healthwatch England for over a year and I'm extremely proud to see it go from strength to strength, highlighting the importance of listening to people's views to decision makers at a national and local level.

Sir Robert Francis
Healthwatch England Chair



Our vision is simple

Health and care that works for you.
People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.

Our purpose

To find out what matters to you and to help make sure your views shape the support you need.

Our approach

- People's views come first – especially those who find it hardest to be heard.
- We champion what matters to you and work with others to find solutions.
- We are independent and committed to making the biggest difference to you.

How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Undertaking surveys, focus groups and events
- Going out in the community and working with other organisations

Find out more about us and the work we do

Website: www.healthwatcheastsussex.co.uk
Twitter: @HealthwatchES
Facebook: Facebook.com/HealthwatchESussex

Highlights from our year

Find out about our resources and the way we have engaged and supported more people in 2019-20.

Health and care that works for you

24 volunteers

helping to carry out our work. In total, they gave up 1,250 hours of their time to contribute to Healthwatch activity.

We employed

9 staff

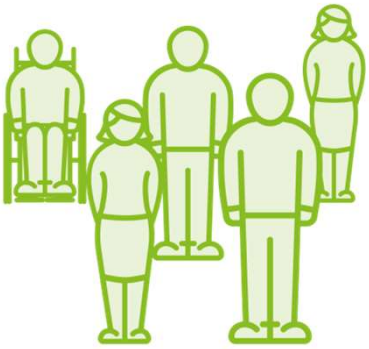
62.5% of whom are full time equivalent

We received

£468,000 in funding

from our local authority in 2019-20, the same as in the previous year.

Providing support



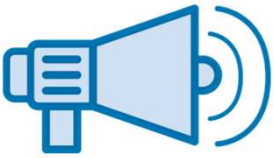
Approx. 2,500 people

shared their health and social care story with us.

363 people

accessed Healthwatch advice and information online or contacted us with questions about local support, or to find out how to make a complaint.

Reaching out



16,753 people

engaged with us through our website, we reached 63,251 people through Facebook, generated 45,657 impressions via Twitter and 1,220 people engaged with us at community events.

Making a difference to care

We published

5 reports

about the improvements people would like to see with their health and social care, and from this, we made 19 recommendations for improvement.

How we've made a difference

Healthwatch East Sussex staff receiving the 'Championing Diversity and Inclusion Award' at the 2019 Healthwatch England National Conference for their work supporting vulnerable people at Kendal Court in Newhaven.

Speaking up about your experiences of health and social care services is the first step to change.

Take a look at how your views have helped make a difference to the care and support people receive in 2019-20.

Helping young people access better mental health support

In 2019 the Care Quality Commission (CQC) launched its 'Declare Your Care' campaign to capture experiences of care and raise the profile of services amongst those with a low awareness of them.

Healthwatch East Sussex collaborated with 'People in Partnership' to focus on the understanding of and attitudes towards mental health support, both amongst young people and service providers.

A number of young people were interviewed to explore their 'lived experiences' of mental health issues and the services they had come into contact with.

Young People told us:

- Seeking support or complaining about the quality of care can be most challenging when people are at their most vulnerable.
- Continuity of care can be an issue, especially the transition from child to adult services.
- Due to limited capacity, services aren't always able to provide support when it is most needed such as times of crisis.
- Raising awareness of the issues and the help available may assist in early interventions.
- There isn't a one-size-fits-all solution.

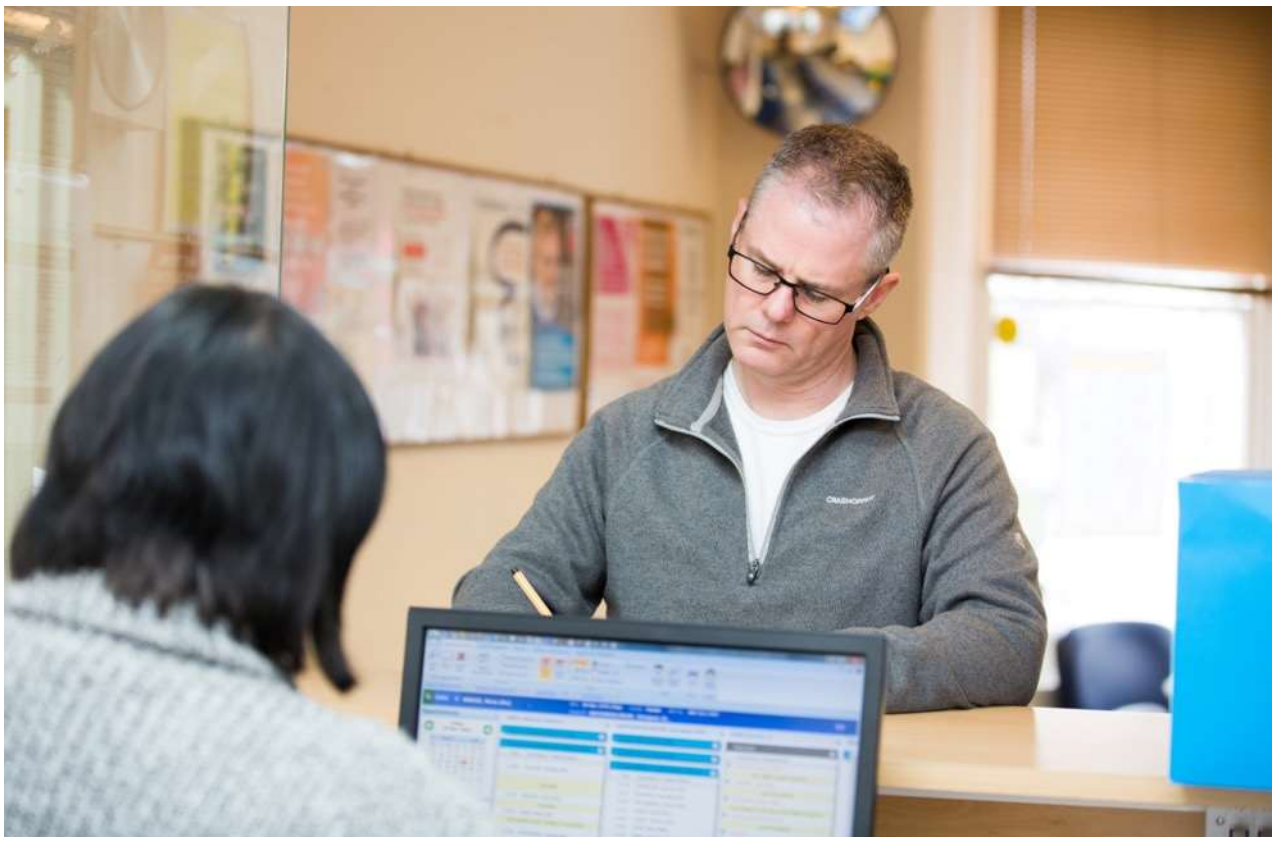
'Declare Your Care' social media messaging

Our main recommendations included:

- Mental health support services needing to be visible and accessible.
- Providing early support could prevent issues becoming more significant.
- Services should be linked and mutually supporting in relation to mental health provision.

These experiences and findings have been fed back to the CQC and shared with local decision-makers in order to inform the provision of mental health support for young people.

"I would advise anyone to try and find services out there that can help you – only takes a few clicks on google! If you're not happy with a service, tell someone, even if they don't listen straight away, someone is out there to help!"



Influencing the Preventative Health Agenda

There has been much talk of 'prevention' being a high priority for health and care services in East Sussex.

Evidence shows how effective prevention not only improves outcomes for the public but also saves money compared to addressing more complex problems. This priority status has not always been truly reflected in the policies and practices of policy makers and commissioners.

The NHS Long Term Plan and development of a new Health and Care Partnership and Plan for East Sussex provided an ideal opportunity to put prevention at the centre of new developments.

We listened to the public telling us they wanted more focus on preventative services in the county.

Healthwatch East Sussex have made a consistent case for strong preventative services.

We have contributed to local plans and policies through the Sustainability and Transformation Partnership, East Sussex Health and Care Partnership, East Sussex Communications and Engagement Steering Group and Clinical Commissioning Group-led Primary Care Network (PCN) developments.

We are exploring prevention issues in collaboration with East Sussex Community Voice's European project which focuses on identifying young people who are struggling at school and supporting them before their needs become more complex.

We are also founder members of the East Sussex Housing-related Need Support Group, bringing together county and local authorities and the NHS to prevent increases in homelessness.

The 'Chatty Van' on location as part of Healthwatch East Sussex's 'High Weald Listening Tour' in 2019

Primary Care: Getting to the right health professional

Feedback from the public, such as from our High Weald Listening Tour, has told us that support for local primary care services is high, but there are concerns about the sustainability of GP practices and their ability to accommodate timely appointments in some areas.

Some local practices have closed down whilst others are collaborating to become 'Primary Care Networks' and offering appointments with other health professionals, including paramedics and nurses.

Healthwatch in Sussex have worked closely with Primary Care Network developments in the county and Sussex-wide to relay public attitudes to accessing primary care services.

Through the two East Sussex Primary Care Commissioning Group Committees, we have influenced the development of changes such as social prescribing, which involves offering non-clinical health support.

We have also been closely involved in development of a 'Community of Practice' in the 'Havens' part of East Sussex. This multi-agency forum oversees the impact of multiple primary care interventions in the area, involving GPs, mental health services, voluntary organisations, Public Health and Healthwatch.

Healthwatch East Sussex have also started to raise the profile of the difficulties faced by people in temporary accommodation when accessing local health and care services when placed by a neighbouring authority.

Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

Website: www.healthwatcheastsussex.co.uk

Telephone: 0333 101 4007

Email: enquiries@healthwatcheastsussex.co.uk

Long Term Plan

#WhatWouldYouDo

Highlights

More than 600 people shared their views with Healthwatch across Sussex.

We promoted surveys and undertook focus groups reaching different communities across Sussex.

Healthwatch encouraged participation through engagement at community events.

NHS Long Term Plan

Following a commitment from the Government to increase investment in the NHS, the NHS published the 'Long Term Plan' in January 2019.

This set out its' key ambitions over the next 10 years. Healthwatch launched a countrywide campaign to give people a say in how the plan should be implemented in their communities.

Healthwatch East Sussex co-ordinated the activity of the three Healthwatch in Sussex (Brighton & Hove, East Sussex and West Sussex) to ask the public and patients across the county #WhatWouldYouDo to improve the NHS locally?

The top issues that people told us they wanted services to focus on is:

- Access to mental health support
- A more holistic and personalised approach to care and treatment – joining up mental and physical aspects
- Balancing accessibility with continuity of care
- Clear and timely communication with and between the public, patients, staff and organisations

These findings are set out in a report available on the Healthwatch East Sussex website, which was shared with the Sustainability & Transformation Partnership, local Clinical Commissioning Groups and Healthwatch England.

'They addressed the medical symptoms only; they did not address any lifestyle changes I could make to improve my future outcomes'

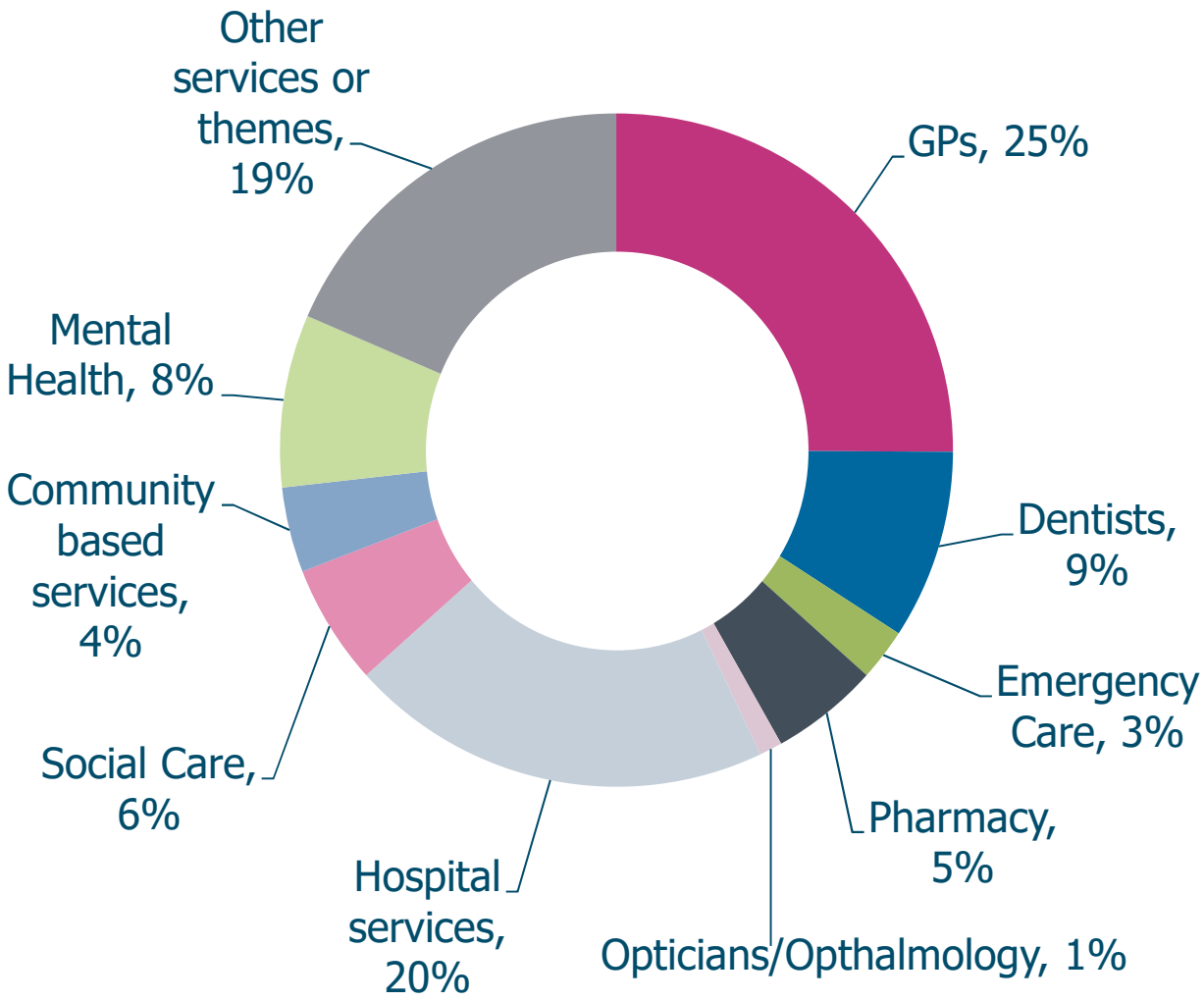
Helping you find the answers

Finding the right service can be worrying and stressful. Healthwatch plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.

This year we helped 363 people get the advice and information they need by:

- Providing advice and information articles on our website.
- Answering people's queries about services over the phone, by email, or online.
- Offering support and assistance through our NHS Complaints Advocacy service
- Promoting services and information that can help people on our social media.

Here are some of the areas that people asked about.



Case study: Supporting residents to access health and social care services at HMP Lewes

Healthwatch East Sussex, alongside seAp who we commission to deliver the Independent NHS Complaints Advocacy service for East Sussex, have worked to understand residents' access to health and care services.

We deliver bi-monthly information days in the Prison Library to identify issues before they escalate and share health and wellbeing information with residents and prison staff.

This has helped identify issues around preventative behaviour, continuity of care resulting from missed appointments, access to urgent treatment and the impact of literacy on resident's access to information and support.

We take an active part in the 'whole prison approach', using monthly stakeholder meetings to collaborate with prison staff and all of the providers and support agencies to share information and address concerns. This includes commissioned health providers, local NHS Trusts and Adult Social Care.

Collaborative work is ongoing to ensure that information and support is delivered appropriately.

> Thank you for listening and helping me, it has been so supportive to have someone there to talk with'

Example story 1:

A caller made contact identifying that they had not been un-subscribed from a local Trust's Maternity Self-referral system after experiencing a miscarriage and were still receiving messages. The individual gave consent for our Advisor to contact the Trust on their behalf and request that the personal details be removed. This was undertaken and the caller received an apology directly from the Maternity Manager.

Example story 2:

Our Information & Signposting service was contacted by a caller struggling with back pain and waiting to obtain physiotherapy. Our Advisor supported the caller in escalating their concerns with their GP and local NHS musculoskeletal services. This helped them navigate the escalation pathway and resulted in their treatment being brought forward.

Example story 3:

We were contacted by a patient who had not seen their dentist for over two years, who had discovered they had been removed from the patient list when booking a check-up, despite being a client of the practice for 20 years. Our staff liaised with NHS England and the practice manager to support the individual in clarifying the situation and assisting them to seek out and register at a dental practice.

Contact us to get the information you need

If you have a query about a health or social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

Website: www.healthwatcheastsussex.co.uk

Telephone: 0333 101 4007

Email: enquiries@healthwatcheastsussex.co.uk

Volunteers

At Healthwatch East Sussex we are supported by volunteers to help us find out what people think is working and what services they would like to see improved in their communities

This year our 24 volunteers supported us to deliver a variety of activities including:

- Participating in annual Patient Led Assessments of the Care Environment (PLACE)
- Undertaking Enter and View activity in relation to Dentistry provision in East Sussex
- Engagement activities as part of our High Weald Listening Tour programme
- Championing 'Healthwatch East Sussex' at meetings and through wider community networks; and
- Reviewing our Volunteer Handbook and overall Volunteer Involvement Strategy

Volunteers review dentistry provision in East Sussex

In July 2019, our volunteers undertook a pilot programme of 'Enter and View' visits to seven dental practices in the High Weald and to the three Emergency Dental Clinics covering East Sussex.

Our volunteers reviewed the facilities, accessibility of information and undertook questionnaires with staff and patients. They also undertook 'Mystery Shopping' activity to review websites and out-of-hours messages.

Our staff and volunteers wrote a report 'Knowing the Drill' letting commissioners and practices know what the process and feedback had identified:

- A majority of people felt they received quality care and services.
- Confidential spaces for discussions and accessibility in practices could be improved.
- Some practices could significantly improve the quality and accessibility of information and ensure it is up-to-date and accurate.
- Information on NHS charges and exemptions could be clearer.

The findings from the engagement have been shared with the Local Dental Committee in East Sussex and the commissioners of the Emergency Dental Service (EDS).

Lessons from this pilot approach to 'Enter and View' and 'Mystery Shopping' of dental provision is being used to inform similar activity scheduled for delivery in 2020/2021.

Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch East Sussex.

Website: www.healthwatcheastsussex.co.uk

Telephone: 0333 101 4007

Email: enquiries@healthwatcheastsussex.co.uk

Our volunteers

We could not do what we do without the support of our amazing volunteers. Meet some of the team and hear what they get up to.

Paula

'I have volunteered with Healthwatch East Sussex for several years now, but I find that I am still enjoying new experiences. This past year I undertook a PLACE visit (Patient Led Assessment of the Care Environment) to a secure mental health unit, joined in with visits to care homes and participated in visits to the Emergency Dental Services and spoke to patients about their experiences. So, three firsts for me personally and two firsts for Healthwatch East Sussex."

Miranda

One new volunteer joined us earlier in the year with expertise in dentistry provision. Miranda, a Dental Therapist and studying for her Masters degree, was able to contribute to planning our review of NHS High Street Dentist and Emergency Dental Services in East Sussex as well as taking part in some of the activities.

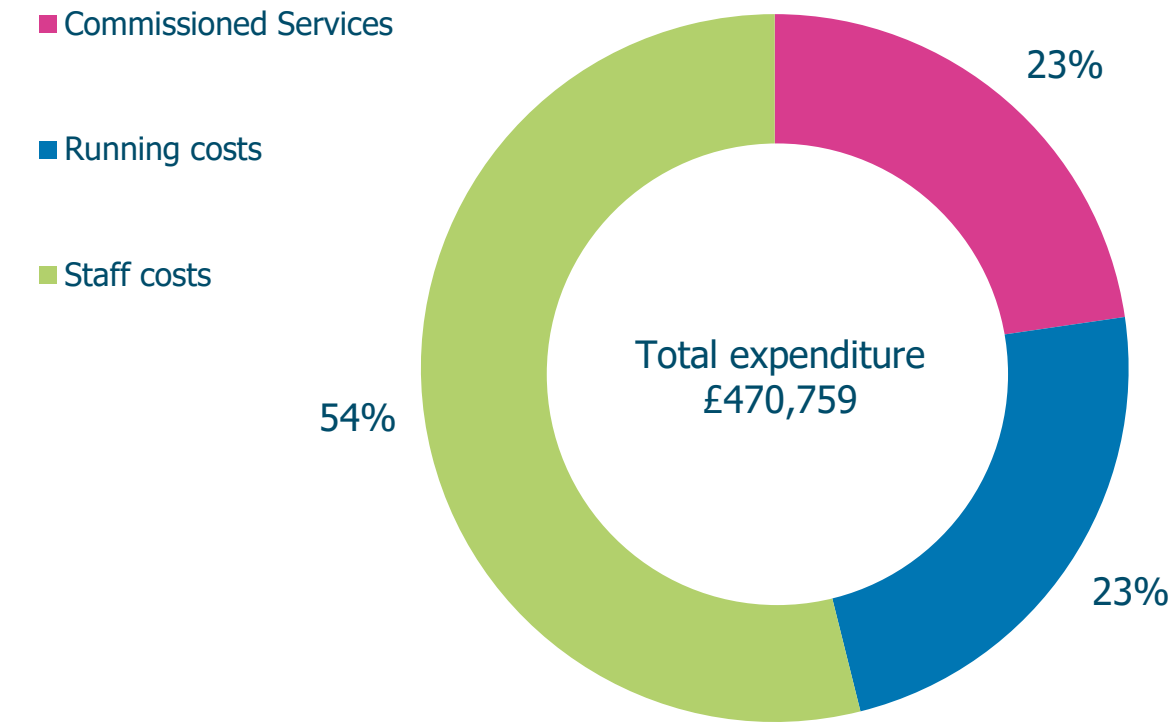
Phil

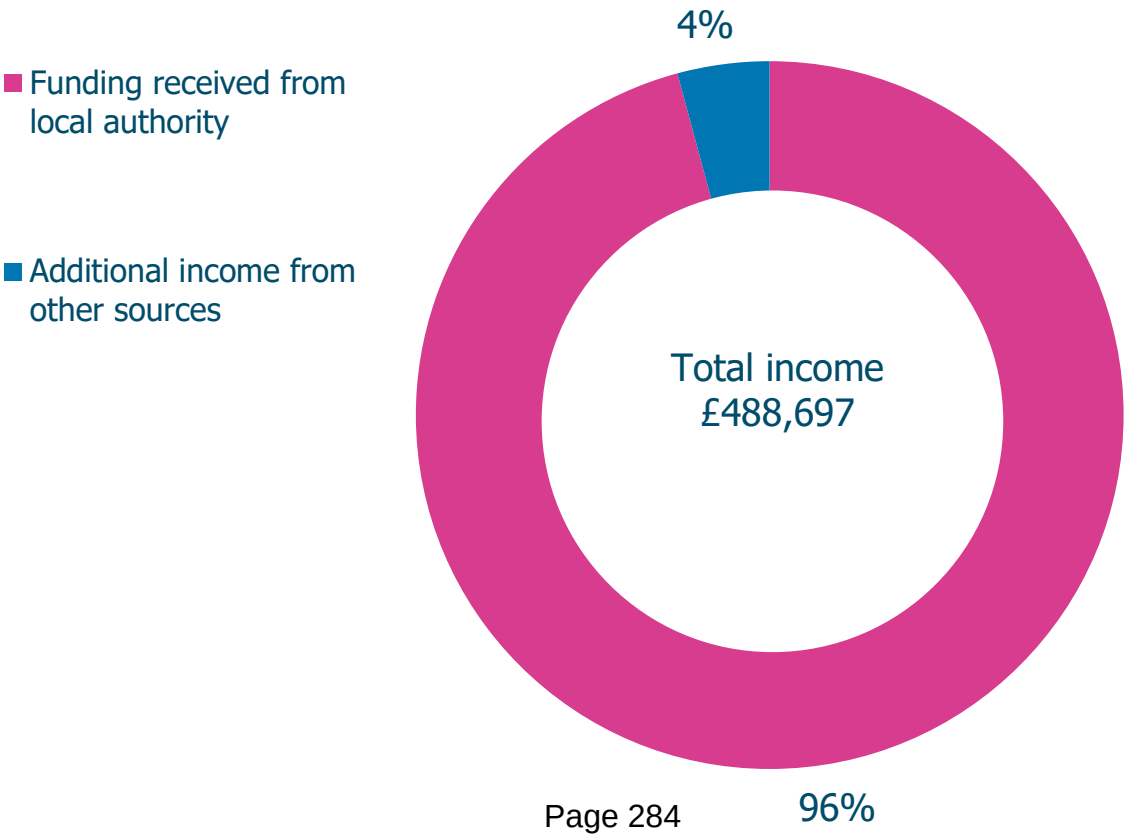
"The focus of my involvement with Healthwatch has been with the enter and view programmes, to care homes and hospital settings. The last series of visits to care homes were to those deemed to be good and outstanding. It was heartening to be able to identify many examples of very good practices and outcomes for residents at these visits."


I just want to thank you so very much for your understanding, patience and help that you given me.'
Have your say
www.healthwatch.co.uk
East Sussex

Finances

We are funded by our local authority under the Health and Social Care Act (2012). In 2019-20 we spent £470,759.





Our plans for next year

Message from our Director

I'm overwhelmed by the way that Healthwatch East Sussex (HWES) staff, volunteers and board members have worked so effectively to capture public views on health and care in 2019/20.

We have made good use of the feedback provided by the public to influence the shape of health and care services in East Sussex and the wider Sussex Integrated Care System.

In 2019, we set ourselves four key priorities:

1. Influencing the Preventative Health Agenda
2. Young people's mental health
3. Primary Care and getting to the right health professional
4. Raising the profile of Healthwatch East Sussex

Highlights of our year include winning the national Healthwatch England Award for Inclusion and Diversity for our support for homeless people being placed in emergency accommodation from out of area.

During the year we ran a successful 'Listening Tour' in the rural High Weald area of the county and captured examples of the best practice from the highest rated care homes in the county.

We have effectively held commissioners and providers of services to account, contributing many ideas and recommendations to our local Health and Care plans.

This includes raising the issues that matter to local people through our membership of various strategic partnerships and boards such as the Health and Wellbeing Board and Integrated Care Partnership.

John Routledge
Executive Director of Healthwatch East Sussex

The COVID-19 crisis has turned Healthwatch upside down with the closing down of face to face contact, and we have revised our work programme to engage people online, by telephone and by post.

This pandemic will continue to leave a mark and we will work with health and care services to support 'Restore and Recovery' plans, and we are looking further ahead and engaging the public and our partners in setting future priorities.

We have a lead role in the Integrated Care Partnership and Integrated Care System, including the Communications and Engagement workstreams. We will be working with our Healthwatch colleagues across Sussex to ensure that effective public engagement takes place before key decisions are made about future health and care services.

John Routledge
Executive Director, Healthwatch East Sussex

Thank you

Thank you to everyone helping Healthwatch East Sussex gather the views of the public and put these at the heart of health and social care decision-making, including:

- Members of the public sharing their views and experience with us
- Our dedicated staff team, volunteers and board members
- Voluntary and community organisation's contributing to our work
- Our commissioners at East Sussex County Council
- All our partners who commission and deliver local health and care services
- Our colleagues in Healthwatch Brighton & Hove and Healthwatch West Sussex

Contact us

Healthwatch East Sussex
Freepost RTTT-BYBX-KCEY
Healthwatch East Sussex
Greencoat House
32 St Leonards Road
Eastbourne
East Sussex
BN21 3UT

t: 0333 101 4007
e: enquiries@healthwatcheastsussex.co.uk

Twitter: @HealthwatchES
Facebook: Facebook.com/HealthwatchESussex

w: www.healthwatcheastsussex.co.uk

East Sussex Community Voice
Greencoat House
32 St Leonards Road
Eastbourne
East Sussex
BN21 3UT

t: 01323 403590
e: info@escv.org.uk

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you need this in an alternative format please contact us.

Company Name: East Sussex Community Voice
Company registration number: 8270069

Healthwatch East Sussex
Greencoat House
32 St Leonards Road
Eastbourne
East Sussex
BN21 3UT

www.healthwatcheastsussex.co.uk

t: 0333 101 4007

e: enquiries@healthwatcheastsussex.co.uk

@HealthwatchES

Facebook.com/HealthwatchESussex

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East Sussex Health and Wellbeing Board Work Programme

Date of Meeting	Report
17 September 2020	East Sussex Health and Social Care Programme– quarterly monitoring report
	Safeguarding Adults Board (SAB) Annual Report 2019-20
	Workshop meeting - to look at and agree milestones and Key Performance Indicators (KPIs) for monitoring on integrated health and social care partnership
	Presentation on 2019/20 Key Developments in Health and Social Care Programme
8 December 2020	Joint Strategic Needs and Assets Assessment (JSNAA) Annual Report
	East Sussex Health and Social Care Programme– quarterly monitoring report
	Children's Safeguarding Annual report
2 March 2021	East Sussex Health and Social Care Programme– quarterly monitoring report
	Director of Public Health Annual report
TBC	Pharmaceutical Needs Assessment (*Department of Health and Social Care announced that the requirement to publish renewed Pharmaceutical Need Assessments will be suspended until April 2022*)

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