

Report to: Cabinet

Date of meeting: 14 July 2020

By: Director of Children's Services

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

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

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

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

RECOMMENDATIONS – The Cabinet is recommended to:

- 1) note and receive the Independently Chaired Report – Foundations For Our Future - at Appendix 1;
- 2) note the Concordat Agreement which underpins the partnership commitment to act upon the recommendations – at Appendix 2; and
- 3) endorse the recommendations described in the Report.

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 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 Mind¹, 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 Plan³.

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

2.7. Prevalence and need - Nationally, 70% of children and young people who experience a mental health problem haven’t had appropriate support at an early enough age⁴ and reporting of emotional and wellbeing problems has become increasingly common. Between 2004 and 2017, the percentage of five to 15 year olds who reported experiencing such problems grew from 3.9% to 5.8%.⁵

2.8. Wellbeing has been shown to decline as children and young people get older, particularly through adolescence, with girls more likely to report a reduced feeling of wellbeing than boys do. As a group, 13-15 year olds report lower life satisfaction than those who are younger.⁶

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

¹ Future in Mind, Promoting, protecting and improving our children and young people’s mental health and wellbeing, NHSE 2015, <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

² Five Year Forward View for Mental Health, NHSE Taskforce, 2016 <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

³ <https://www.longtermplan.nhs.uk/>

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

⁵ Mental health of children and young people in England 2018 <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

⁶ State of the Nation 2019: Children and Young People’s Wellbeing Department for Education October 2019

⁷ Children and young people’s mental health: The facts Centre for Mental Health 2018

https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_ChildrenYoungPeople_Factsheet.pdf

people, seven out of 10 girls and six out of 10 boys describe experiencing suicidal thoughts. These children and young people are around three times as likely as others to have made a suicide attempt.⁹

2.10. In 2017, one in eight young people aged between five and 19 in England had a mental health disorder¹⁰. The World Health Organisation (WHO) describes mental health disorders as comprising a broad range of problems, with different symptoms. However, they are generally characterised by some combination of abnormal thoughts, emotions, behaviour and relationships with others. They can include depression, anxiety disorders and psychosis.¹¹

2.11. In pre-school children (those under the age of five), the national prevalence of mental health disorders is one in 18, with boys 50% more likely to have a disorder than girls.¹² Of the more than 11,000 14-year-olds surveyed in the Millennium Cohort Study in 2018, 16% reported they had self-harmed in 2017/18.¹³ Based on these figures, it is suggested that nearly 110,000 children aged 14 may have self-harmed across the UK in the same 12-month period.¹⁴ Young women in this age group were three times more likely to self-harm than young men.¹⁵ An estimated 200 children a year lose their lives through completed suicide in the UK.¹⁶

2.12. It is estimated that one in ten children and young people have a diagnosable mental disorder, the equivalent of three pupils in every classroom across the country.¹⁷

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

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

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

⁸ LGBTQ+ is used to represent those people who are lesbian, gay, bisexual, transgender, questioning and “plus,” which represents other sexual identities including pansexual, asexual and omnisexual

⁹ Children and young people’s mental health: The facts Centre for Mental Health 2018

¹⁰ Mental health of children and young people in England, ONS

<https://files.digital.nhs.uk/A6/EA7D58/MHCYP%202017%20Summary.pdf>

¹¹ World Health Organisation definition https://www.who.int/mental_health/management/en/

¹² Mental health of children and young people in England, 2018

¹³ Millennium Cohort Study <https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/>

¹⁴ The Good Childhood Report Children’s Society, 2018 <https://www.childrengoodreport.org.uk/good-childhood-report>

¹⁵ Brooks et al 2015 in Children and young people’s mental health: The facts, Centre for Mental Health, 2018

¹⁶ Burton, M. Practice Nursing Vol. 30, No. 5

¹⁷ Supporting mental health in schools and colleges Department for Education/NatCEN Social Research and National Children’s Bureau, August 2017

¹⁸ Children’s mental health services: the data behind the headlines Centre for Mental Health October 2019

value is 536, in East Sussex it is 527 and in B&H it is 548. This means that all Sussex areas are above the region average.

- For **completed suicide**, the average rate per 100,000 of the population aged 10 - 34 years is measured over the period 2013 – 2017. For the region, the value is 10.5: in West Sussex it is 12.4; in East Sussex it is 13.2 and in B&H it is 11.8. This means that all areas are above the regional average.

2.15. **The challenge** - Half of all mental ill health starts by the age of 15 and 75% by the age of 18.¹⁹ Effective early intervention is known to work in preventing problems occurring, or to address them directly when they do, before problems get worse. It also helps to foster a wide set of personal strengths and skills that prepare a child for adult life.²⁰ It can reduce the risk factors and increase the protective factors in a child's life. This is one example of the benefits of a broader approach that is less firmly rooted in more traditional models of support and that addresses not only mental ill health but which also focuses more on emotional health and wellbeing.

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

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

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

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

2.19. Qualitative data and information gathering across Sussex included:

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

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

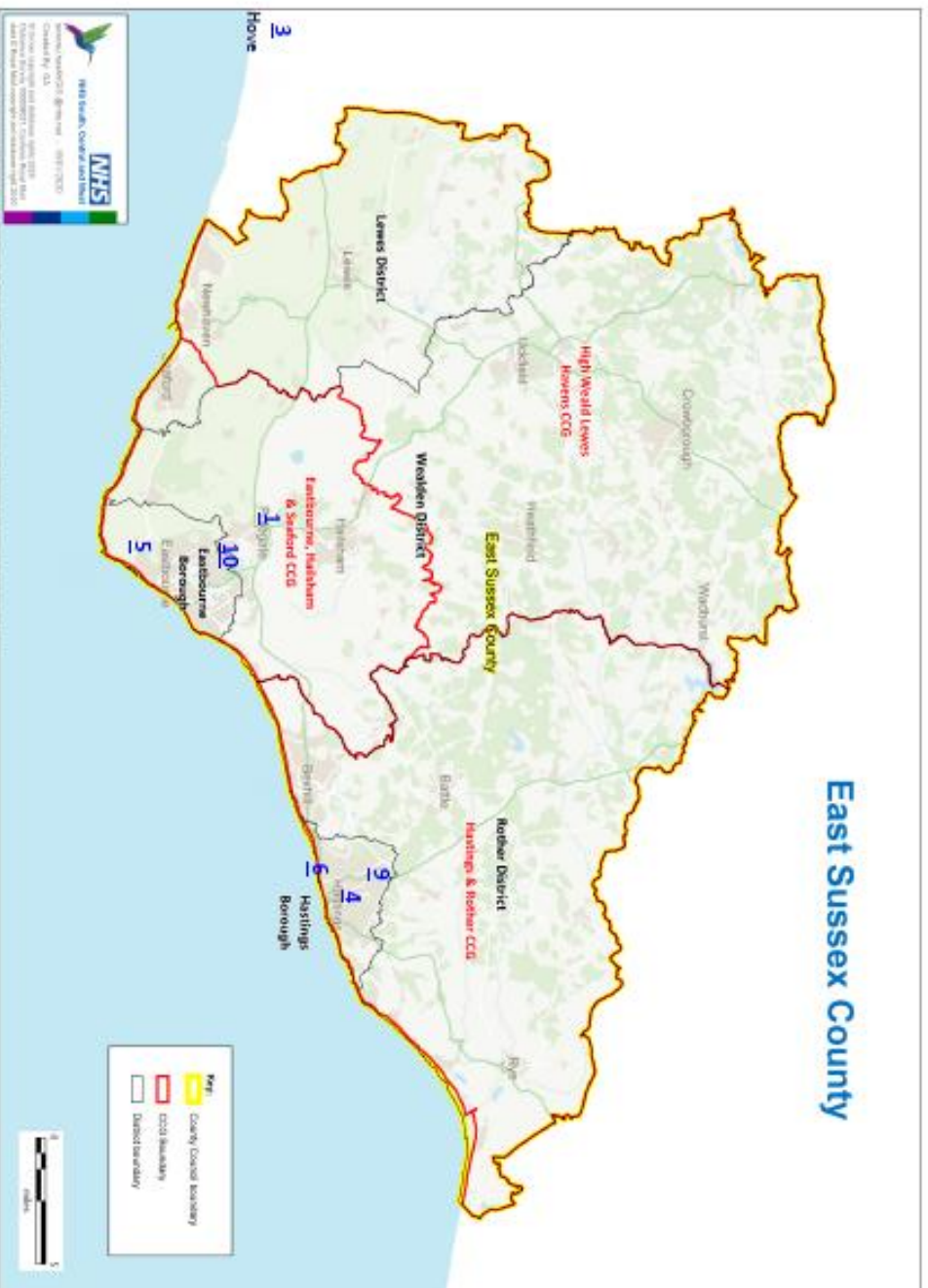
²⁰ Early Intervention Foundation <https://www.eif.org.uk/why-it-matters/what-is-early-intervention>

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

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

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

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



East Sussex County

Links to Services

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

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

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

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

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

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

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

Across Sussex, 5,117 referrals were received by non-NHS providers, representing just under a third (31%) of total referral activity. 37% of referrals accepted across Sussex were within these services. We are unable to compare NHS and non-NHS activity across a number of years because of lack of information from the non-NHS sector.

57% of referrals received by SPFT's specialist mental health services were accepted and brought for a face-to-face assessment. This is the lowest acceptance rate in the peer group, and below the national average position of 76%.

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

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

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

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

- (v) **Activity (contacts)** - A total of 89,855 CYP MH contacts were delivered across Sussex in 2018/19. SPFT's specialist services provided approximately 75% of these contacts with providers from other sectors delivering the remainder. This position is incomplete as data is not available for all providers.
- (vi) **Investment** - There is a lack of published national local authority data on children's services in relation to emotional health and wellbeing and benchmarking is therefore not available.

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

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

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

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

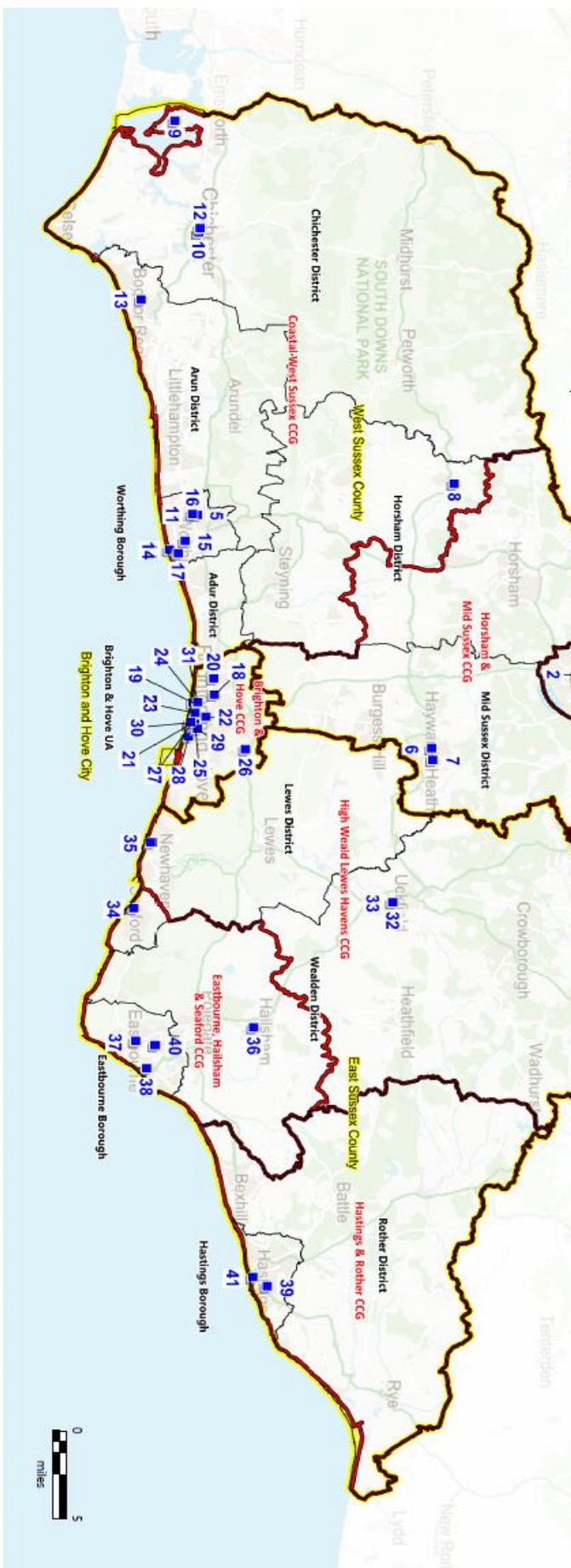
2.26. Most importantly of all, the Review Panel heard directly from children and young people, their families and carers during the course of the engagement programme.

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

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

Site number	Site name	Postcode
1	Crawley Family Fun Day	RH10 1EH
2	YMCA Homelife 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 2DB
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 1LD
11	West Sussex Youth Cabinet	BN13 3DQ
12	Youth Emotional Support (YES) Service	PO19 1DD
13	The Phoenix Centre Youth Group	PO21 5DD
14	Open Space Event	BN11 3PT
15	Aliberts Youth Project	BN14 7AP
16	Looked after children implementation group	BN13 3DQ
17	GAMHS Service	BN11 2DH
18	School Pupil Mental Health Champions	BN3 7BN
19	Disability Pride, Hove Lambs	BN3 2PE
20	Hangleton & Knoll parents and carers forum	BN3 7FP
21	Aliberts Youth Project	BN1 1AE

Site number	Site name	Postcode
22	BHASVIC Peathers 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 14F
28	Voices in Exile	BN2 1JP
29	Brighton & Hove Youth Advice Centre	BN1 45B
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 (BVA)	BN10 8RU
36	GAMHS Service Hailsham	BN27 3DY
37	Substance Misuse & Mental Health Focus Group	BN21 1PY
38	GAMHS Users focus group	BN22 78R
39	Open Space Event	TN94 3TA
40	People in Partnership – World Mental Health Day	BN21 2UF
41	I-Rock	TN94 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.

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BACKGROUND DOCUMENTS

None