

HEALTH & WELLBEING BOARD ADDENDUM 1

4.00PM, TUESDAY, 11 FEBRUARY 2025

COUNCIL CHAMBER, HOVE TOWN HALL

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ADDENDUM

ITEM		Page
20	BETTER CARE FUND QUARTER 3 UPDATE	3 - 12
21	CHILDREN & YOUNG PEOPLE MENTAL HEALTH AND EMOTIONAL WELLBEING	13 - 60



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Integrated Care Board (NHS Sussex,) the Local Safeguarding Boards for Children and Adults and Healthwatch.

Title:

Better Care Fund 2024/25 Quarter 3 Report

Date of Meeting:

11 Feb 2025

Report of: Steve Hook Director Health & Adult Social Care & Tanya Brown-Griffith NHS Sussex Director for Joint Commissioning and Integrated Community Teams – Brighton and Hove

Contact: Chas Walker

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Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

The report provides the Health & Wellbeing Board with an update on the Better Care Fund (BCF) plan for 2024-25, and performance against the plan up to quarter 3 (April 24 to December 24)

The Performance report covers our formal governance compliance against the national conditions of the grant, performance against the national BCF metrics, capacity and demand associated with our local hospital discharge and community care pathways, and the expenditure of the BCF grant against the individual schemes included in 2024-25 plan.



The report also covers the new BCF policy framework from NHSE supporting the BCF planning process for 2025-26

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to:

1. Note the performance against the Better Care Fund plan 2024-25 to the end of quarter 3 and agree the quarter 3 monitoring submission to NHS England
2. Note the new national BCF framework policy for 2025-26 BCF planning process

1. Background & context

- 1.1. Since 2014 the Better Care Fund (BCF) has provided a mechanism for joint health, housing and social care planning and commissioning, focusing on personalised, integrated approaches to health and care that support people to remain independent at home or to return to independence after an episode in hospital. It brings together ring-fenced budgets from NHS Integrated Care Board (ICB) allocations, and funding paid directly to Local Government, including the Disabled Facilities Grant (DFG) and the improved Better Care Fund (iBCF).
- 1.2. The BCF has two core policy objectives:
 - Enable people to stay well, safe and independent at home for longer.
 - Provide people with the right care, at the right place, at the right time.
- 1.3. The BCF has four national conditions:
 - A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
 - Implementing BCF policy objective 1: enabling people to stay well, safe and independent at home for longer.
 - Implementing BCF policy objective 2: providing the right care, at the right place, at the right time.
 - Maintaining the NHS's contribution to adult social care (in line with the uplift to the NHS minimum contribution to the BCF), and investment in NHS commissioned out of hospital services.

- 1.4. The continuation of national conditions and requirements of the BCF in recent years has provided opportunities for health and care partners to build on their plans to embed joint working and integrated care further. This includes working collaboratively to bring together funding streams and maximise the impact on outcomes for communities whilst sustaining vital community provision.
- 1.5. Since last year, the Additional Discharge Funding to enhance community and social care capacity is also required to be included in the BCF pooled budget arrangements.
- 1.6. Following approval of the full BCF narrative Plan, for 2023-2025, by the Board in July 2023. We have continued to keep the Board updated on progress on the plan including agreeing the specific scheme expenditure changes for 2024-25 at the start of this financial year.

2. Performance against the BCF Plan for 2024-25

Governance

- 2.1. We can confirm to the Board that at the end of Quarter 3 we met all the national conditions of the BCF grant including ensuring there is a section 75 agreement in place between the Local Authority & NHS Sussex to enable the delivery of the BCF plan

National BCF Metrics

- 2.2. As part of the BCF planning local health & care partnerships are required to set stretched targets against the national BCF metrics. Our performance against the agreed metrics on our BCF plan for 2024-25 are set out in the table below. Noting that we are on track to meet two out of four of the planned targets, we set, against the national BCF metrics.

Metric	Detail	Performance standard	Actual performance	narrative
Avoidable admissions	Unplanned Admissions for chronic ambulatory care sensitive conditions (NHS OF 2.3i)	Average per quarter of 131.6 per 100,000 of the population.	At end of Q2 136.8 Improving position, on track to meet target	We had an extremely high start to the year with the first quarter average of 167.1. Since then performance has improved and if we continue on the current trajectory we will meet our planned target by the end of the year
Falls Admissions	Emergency hospital admissions due to falls in people over 65	Rate per 100,000 of 2,296.7 admissions for falls in a year.	For Q1 646.3 Q2 678.1 Not on track to meet target	Over the first two quarters there were 1,324.4 per 100,000 recorded admissions for falls in people 65+ on current trajectory we will not meet planned targets
Residential care admissions	Annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes. (ASCOF 2A part 2)	Rate per 100,000 of the population of 582	Q3 651 residential care admissions Improving position, not on track to meet target	This was an improvement from 752 average admissions in Q2 to 651 so getting closer to target but on current trajectory unlikely to meet target by end of year
Discharge destination	Percentage of discharges to a person's usual place of residence (SUS data)	91.7% of people being discharged to normal place of	91.5% On track to meet target	To note early data for Q3 period shows a small spike to 92% but still confident we will meet planned target for the end of the year

- 2.3. The Falls Admissions metric for people over 65 years of age is the metric we are furthest off our original planned targets and latest data shows this is continuing to go in the wrong direction. There is work going on between Local Authority and NHS Sussex to review the national data sources and drill down into local data to be better understand the underlying issues around the current performance. Our local Health & Care Partnership Executive Board have signed off on a local Frailty Plan which aims to improve integrated working and ensure a focus on preventative approach to supporting frailty and reducing the number of people over 65 needing to be admitted to hospital related to falls. As part of this plan, and through the new Integrated Community Teams model, we have several evolving initiatives designed at delivering a proactive and integrated community interventions to better support frailty in the local community.
- 2.4. Residential care admissions are the other metric where we are not meeting our original planned target, but performance has improved over the last quarter. In line with the review by Professor John Bolton into our hospital discharge services, increasing investment in our hospital and community reablement services is helping prevent older people deconditioning in hospital and promoting our ability to help them maintain independent living in the community. As per 2.3 the partnership work on our local frailty plan and associated Integrated Community Team approach should also enable us to improve our support of frailty in the local community enabling people to live for longer in the local community before needing long-term residential care.
- 2.5. Avoidable admissions are an improving position and on current trajectory we should meet our planned targets by the end of the year. Noting a level of caution linked to the level of demand over the winter in our acute hospital and whether

this will show up as an increase in avoidable admissions through Q3 and Q4 data.

Capacity and demand

- 2.6. As part of the BCF plan we are required to model capacity requirements across our hospital discharge and community response services and then report on actual demand across these pathways. In general demand has tracked our original planned capacity with some variations which are mainly linked to improved data capture over the year.
- 2.7. Where we have seen an increase in demand across our system, above our plan, we have been able to use the BCF winter pressure finance resources, we held back, in anticipation of additional demand pressures through the second half of the year. There is a more detailed list of this investment in section 2.13 of this report

Expenditure

- 2.8. As part of our BCF planning for 2024-25 the Board agreed a detailed expenditure plan. The table below summaries the current expenditure to the end of Q3 against planned expenditure

	2024-25			
Running Balances	Income	Expenditure to date	Percentage spent	Balance
DFG	£2,522,833	£1,565,427	62.05%	£957,406
Minimum NHS Contribution	£25,369,113	£19,079,630	75.21%	£6,289,483
iBCF	£9,459,107	£7,094,331	75.00%	£2,364,776
Additional LA Contribution	£487,830	£350,873	71.93%	£136,957
Additional NHS Contribution	£0	£0		£0
Local Authority Discharge Funding	£2,210,253	£1,657,690	75.00%	£552,563
ICB Discharge Funding	£2,382,192	£1,188,450	49.89%	£1,193,742
Total	£42,431,328	£30,936,401	72.91%	£11,494,927

- 2.9. The key performance measure is how close to budget are we. The table shows 72.9% of the budgeted expenditure has been spent, so close to the 75% we should be at by the end of Quarter 3. The two areas where we are currently underspent is on the disabled facilities grant (DFG) and ICB discharge funding
- 2.10. The DFG is showing 62% expenditure against budget. We have profiled anticipated spend to the end of the year which we expect to be closer to the full budget with current commitment of disabled facilities grants approved but not completed standing at £837k.
- 2.11. The ICB discharge figure is showing an underspend due to the £705k we have held back to support winter planning and pressures. As per section 2.13 of this report we have now agreed the schemes and expenditure of these grant funds

over quarter 3 and 4 of the BCF plan will feed into the figures when we report at the end of Quarter 4

Winter planning

- 2.12. The table below sets out the schemes agreed through our local health & care partnership for supporting our local winter pressures plan

Brighton & Hove Scheme	Capacity	Provider	Annual Plan
Additional P1 HCA Hours	10.8 WTE	SCFT	372,040
Additional Therapy for P1 Discharge	8.4 WTE	SCFT	129,848
ASC in UCR	3 WTE	SCFT	32,000
OT for TOCH	6 WTE	UHSx	25,184
OT Frailty Therapy	6 WTE	UHSx	25,184
MH Rapid Discharge Service	4.8 WTE	BHCC/SPFT	36,184
Home First Expansion	4 WTE	BHCC/SPFT	48,000
Hospital Agency SW	1.5 WTE	BHCC/SPFT	49,600
Facilitated Discharge CRHT	4 WTE	SPFT	21,000

3. BCF planning for 2025-26

- 3.1. NHSE have now sent out their BCF policy framework to support HWBs in their statutory BCF planning role
- 3.2. In line with the government's vision for health and care, the [Better Care Fund policy framework](#) sets out the vision, funding, oversight and support arrangements, focused on 2 overarching objectives for the BCF in 2025-26:
- Reform to support the shift from sickness to prevention
 - Reform to support people living independently and the shift from hospital to home

For the forthcoming year, will streamline the planning and reporting process for most health and wellbeing board areas (HWB areas). HWB areas, comprising health and wellbeing boards (HWBs), their local authorities and integrated care boards (ICBs), are responsible for developing and agreeing plans in collaboration with other local partners. They are best placed to assess the required service capacity, balance priorities within the overall objectives of the BCF and integrate BCF-funded service developments with other health and adult social care services.

- 3.3. As set out in the policy framework, HWBs will be expected to agree goals against 3 headline metrics as part of their planning return:
- Emergency admissions to hospital for people aged 65+ per 100,000 population.
 - Average length of discharge delay for all acute adult patients, derived from a combination of- proportion of adult patients discharged from acute

hospitals on their discharge ready date (DRD), for those adult patients not discharged on DRD, average number of days from DRD to discharge.

- Long-term admissions to residential care homes and nursing homes for people aged 65+ per 100,000 population.

3.4. Supporting indicators aligned to the metrics will be:

- Unplanned hospital admissions for chronic ambulatory care sensitive conditions.
- Emergency hospital admissions due to falls in people over 65.
- Patients not discharged on their discharge ready date (DRD), and discharged within 1 day, 2 to 3 days, 4 to 6 days, 7 to 13 days, 14 to 20 days, and 21 days or more.
- Average length of delay by discharge pathway.
- Hospital discharges to usual place of residence.
- Outcomes from reablement services.

3.5. Local authorities and ICBs must agree a joint plan, signed off by the HWB, to support the policy objectives of the BCF for 2025 to 2026. The development of these plans must involve joint working with local NHS trusts, social care providers, voluntary and community service partners and local housing authorities.

3.6. The NHS minimum contribution to adult social care must be met and maintained by the ICB and will be required to increase by at least 3.9% in each HWB area. Local authorities must comply with the grant conditions of the Local Authority Better Care Grant and of the Disabled Facilities Grant. HWB plans will also be subject to a minimum expectation of spending on adult social care, which are published alongside the BCF planning requirements. HWBs should review spending on social care, funded by the NHS minimum contribution to the BCF, to ensure the minimum expectations are met, in line with the national conditions.

3.7. HWBs will need to submit for assessment:

- a narrative plan
- a completed planning template which articulates their goals for the 3-headline metrics in line with the requirements and guidance in the table in planning expectations section above
- an intermediate care (including short-term care) capacity and demand plan

Together, these make up a HWB area's submission of its BCF plan.

Plans must be accompanied by signed confirmation from local authority and ICB chief executives that they have agreed to their BCF plans, including the goals for performance against headline metrics. It is recommended that HWB areas publish BCF plans on the local authority and ICB websites. Submissions of plans are due by 31 March 2025 (noon).

3.8. Board members are asked to note that apart from the increase to the Disabled Facilities Grant there is no other increases, including no inflationary increase to the BCF for 2025-26

7. Important considerations and implications

Legal:

- 7.1. The report explains the objectives and requirements in relation to the better Care Fund.
- 7.2. It is a requirement that the Better Care Fund is managed locally through a pooled budget. The power to pool budgets between the Council and the (then) CCG is set out in the NHS Act 2006 and requires a formal Section 75 Agreement. Regulations prescribe the format and minimum requirements for a Section 75 Agreement. A new Section 75 Agreement was agreed in 2023 to support the 2023-25 plan. This agreement was updated in 2024 to reflect the agreed changes to the BCF plan scheme profile for the year 2024-25.
- 7.3. The report confirms that at the end of Quarter 3 national conditions of the BCF grant including ensuring there is a section 75 agreement in place between the Local Authority & NHS Sussex to enable the delivery of the BCF plan

Lawyer consulted: Natasha Watson

Date: 3.2.25

Finance:

- 7.4. The Better Care Fund is a section 75 pooled budget which totals £42.431m for 2024/25. The ICB contribution to the pooled budget is £27.751m and the Council contribution is £14.680m, which includes the £9.459m Improved Better Care fund and the £2.523m Disabled Facilities Grant.
- 7.5. This informs budget development and the Medium-Term Financial strategy of the partner organisations, including the council. This requires a joined-up process for budget setting in relation to all local public services where appropriate, and will ensure that there is an open, transparent and integrated approach to planning and provision of services. Any changes in service delivery for the council will be subject to recommissioning processes and will need to be delivered within the available budget.

Finance Officer consulted: Jane Stockton

Date: 3.2.25

Equalities:

- 7.6. The BCF plans set out in the narrative submission specifically how the schemes invested in will support the equalities and health inequalities of their local population. Individual EHIA's are carried out for specific new schemes as they are developed. All schemes funded by the NHS are required to apply EHIA processes to all services commissioned. The plans and strategies have been developed jointly based upon detailed population analysis, reflecting the Place based plans that are informed by EHIA's and the local JSNAs. There is not a formal public and engagement process supporting this annual process, but individual schemes will be informed by views of patients and public.

Sustainability:



7.7. None

Health, social care, children's services and public health:

7.8. The BCF plans set out in the narrative submission specifically how the schemes invested in will support equalities and health inequalities policy and requirements of their local population. The development, agreement and delivery of the plan is the responsibility of the local Health and Wellbeing board.

8. Supporting documents and information



Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Integrated Care Board (NHS Sussex,) the Local Safeguarding Boards for Children and Adults and Healthwatch.

Title:

Children & Young People Mental Health & Wellbeing Report

Date of Meeting:

11 Feb 2025

Report of: This report has been compiled as a partnership approach between BHCC (Children, Families & Wellbeing), Sussex Partnership Foundation Trust, NHS Sussex Integrated Care Board, Public Health & VCSE partners

Contact: Chas Walker

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Wards Affected: All

FOR GENERAL RELEASE

Executive Summary

Children & young people's mental health and emotional wellbeing (CYP MH & EWB) is one of our health & care partnerships population health priorities. This report builds on and reports back on our progress on our partnership work, including:

- CYP MH & EWB elements of our Joint Health & Wellbeing Strategy
- The CYP elements of our 2022 Mental Health Joint Strategic Needs Assessment
- The aims of our Integrated Care Strategy with specific reference to CYP MH & EWB

The report demonstrates that we are making good progress against the ambition set out in these partnership strategies, acknowledging the difficult financial environment partners are



working with. It highlights the work to better integrate the assets we have across the city to maximise our reach and impact. It also sets out the challenges we face with increasing levels of children and young people needing support for their mental health and emotional wellbeing in the city and the associated impact of this on the ability to access existing services, the impact this is having on individual young lives, and the longer-term implications as young people transition into adulthood with underlying mental health and emotional wellbeing needs with the impact this will have on our health and care system and wider society.

This report provides Health & Wellbeing Board (HWB) members with:

1. Population health data and key insight across the city
2. An high level overview of the services in the city that support children and young people based on the thrive model
3. Our local health & care partnership priorities supporting children and young people's mental health and emotional wellbeing
4. HWB members are invited to consider and discuss our progress as a partnership in delivering the recommendations of the 2022 JSNA aimed at improving children and young people's mental health and emotional wellbeing in the city. This will be supported by a presentation on the day of the meeting

Decisions, recommendations and any options

Brighton & Hove Health and Wellbeing Board is recommended to note the report for the purposes of information and engage in a partnership discussion to consider how we can continue to develop our partnership work to improve children and young people's emotional health and wellbeing.

1. Population health context

Mental health and wellbeing

- 1.1. Mental health problems are common - nearly two in three of us will experience a mental health problem during our lives. Stigma and discrimination can make a person's mental health problems worse or delay them seeking help. Mental health issues affect, and are affected by, our relationships with family, friends and communities and they are both a cause and a consequence of social inequalities.
- 1.2. **Starting Well-** the foundations of life-long wellbeing are laid down in infancy and childhood. The first 1,000 days, from conception to age two, is a critical phase and secure baby and infant attachment is paramount. The needs of infants differ from primary school aged children and differ again from young people of secondary school age and above. Early adulthood for young people (between 16 to 25) is a key life stage: Half of lifetime mental health problems are established by age 14 and three quarters by age 24. Young people are making important transitions in their lives and becoming more independent. Ages 15 to 23 is a period of significant development of capabilities such as planning, self-control, flexibility, and awareness which help adults to manage life and work effectively

Level of need in the city

- 1.3. Our shared understanding of mental health needs in the city is informed by the all ages Brighton and Hove [Mental health and Wellbeing JSNA](#) published in 2022.¹ The JSNA showed that for children and young people in Brighton and Hove, need is higher compared to England and the South East, that it is worsening and demand is rising.
- 1.4. Based on national surveys of the prevalence of mental health conditions in children and young people, it is estimated that Brighton and Hove has around 7,000 children and young people aged 2 to 19 years with a mental health condition. The estimates vary by age from around 1 in 20 (5.5%) pre-school children aged 2 to 4 years to almost 1 in 6 (17%) young people aged 17 to 19. Young women aged 17 to 19 are at highest risk with an estimated 1 in 4 (24%) having a mental health condition.
- 1.5. There is evidence from both national and local surveys that prevalence worsened significantly for children and young people during the pandemic particularly for older age groups
- 1.6. The JSNA identified communities at greater risk of poor mental health and those who experience disadvantage and stigma. For some groups at higher risk of mental health problems, for example, those with special educational needs, those with experience of care, children with neurodivergence, the city has larger communities (by proportion) compared to England overall. There is a dedicated section of the assessment covering children & young people's mental health that focuses on *Improving the care and support offer for young people ensuring that they and their families are at the heart of an integrated service approach*. The recommendations from the JSNA are covered in section 3 of this report
- 1.7. Since the publication of the JSNA, our understanding of need has been deepened through more recent local surveys and insights: the 2023 Brighton & Hove Safe & Well at School Survey (SAWSS) of pupils aged 8 to 18 years and 2024 Health Counts survey of people aged 18 years and above in the city. The SAWSS survey is conducted every two years, the most recent findings are from November 2023.² The Health Counts survey is conducted every 10 years and the most recent findings are from April 2024. These surveys along with national indicators and service usage data evidence that the need in the city is high and growing.
- 1.8. More detailed information about local needs is available here
 - [Mental health JSNA 2022 full report FINAL.pdf](#)
 - [Safe & Well at School Survey 2023 by Brighton and Hove City Council - Infogram](#)
 - [Health counts](#)

Some of the key findings are outlined below:

- Hospital admissions for self-harm in those aged 10 to 24 years are statistically significantly higher in Brighton and Hove than England and the South East, with rates in the city in 2022/23 1.5 times higher than England
- SAWSS 2023 found whilst the majority of pupils reported good wellbeing in the latest survey in 2023 a significant minority of 12-16 yrs (12%) sometimes or often self-harm and of pupils aged 14-16 yrs (18%) experience suicidal thoughts. This peaked in the 2021 survey return and improved in 2023, however the long-term trend is negative. Struggles with issues related to food and body image were also significant for young people.
- For Health Counts respondents aged 18 to 24 years, the most commonly reported health condition was mental health (36%). Over a quarter (27%) of Health Counts respondents aged 18 to 24 years indicated they had self-harmed in the last 12 months and over one in five (23%) indicated they have ever made an attempt to take their life.
- Some groups are disproportionately affected and consistently reported higher levels of mental health problems and/or lower wellbeing: Communities identified at higher risk for children and young people (in SAWSS) were similar to those identified at higher risk for young adults (in Health Counts). SAWSS 2023 identified the following groups for children and young people: girls; older pupils, pupils who do not identify with the gender given at birth; LGB+ pupils, young carers; those who receive extra help at school; children in care and care experienced. The Health Counts survey identified similar groups for adults: Those living in more deprived areas; Adults from Mixed/multiple ethnic groups and Gypsy, Roma or Irish Traveller adults; Trans, non-binary or intersex adults (TNBI); Lesbian, gay, bisexual, queer or other non-heterosexual orientation (LGBQ+) adults; Adults with a disability; Adults with Autism and or a learning difference; Those living in temporary or emergency accommodation; Those with experience of the care system as a child/young person; residents of some areas of the city including Moulsecoomb and Bevendean, Coldean and Stanmer, Kemptown, and Central Brighton

Voices of children & young people

Insight from the Mental health and wellbeing JSNA

- 1.9. As part of the JSNA, views were gathered from a review of 11 recent engagement projects lead by children and young people. The engagement projects span 2020-2022 and involved hundreds of young people in primary and secondary schools and older young people aged up to 25 in the city.
- 1.10. Key themes:
 - Equity and equality of inclusion: Work with young people whose voices are less often heard; recognise the impact of racism, take a gender sensitive approach to support the needs of young men.
 - Getting help early: Ensure there is timely and tailored support; increase awareness of services in children and young people and parents; provide

relatable self-care strategies; address the stigma around youth loneliness and social isolation; increase understanding of the impact of a death of a parent and going into care; expand “friends with training” to support those with eating difficulties

- Co-design and co-production and meaningful engagement: Expand involvement of peers and people with lived experience in designing and commissioning services; expand development of peer support The importance of the education setting
- Ensure a whole school approach to mental health: staff to reflect diversity of the communities they serve; train more people to be Wellbeing Ambassadors; recognise importance of transition support (primary to secondary)

Insight gathered from Young Health Watch and VCSE partners on the voice of young people

1.11. The third sector are uniquely placed to support our health & care partnership to develop important insight from young people on their MH & EWB needs. The national and famous [#IAMWHOLE campaign](#) was a VCSE and Brighton & Hove Clinical Commissioning Group collaboration. In more recent times we had the Hope Hack event that brought together 60 youth ambassadors from schools and colleges across the city, where mental health was one of the core themes. Overarching themes from CYP insight, developed by the VCSE sector, include:

- Stigma and lack of understanding prevents young people from seeking and accessing the help they need
- Cost of living is impacting and putting pressure on families. That pressure is have a direct impact on young people’s emotional wellbeing as families cut back
- Safe spaces and increased support and understanding in our schools and colleges to help young people manage their MH & EWB needs
- Young people do experience significant social isolation and need opportunities to make friends, experience new things and socialise
- Help when young people need it, waiting lists for support mean young people can wait months to get the help they need, exacerbating their MH & EWB needs. Can more be done to support CYP when they are waiting for specialist support?

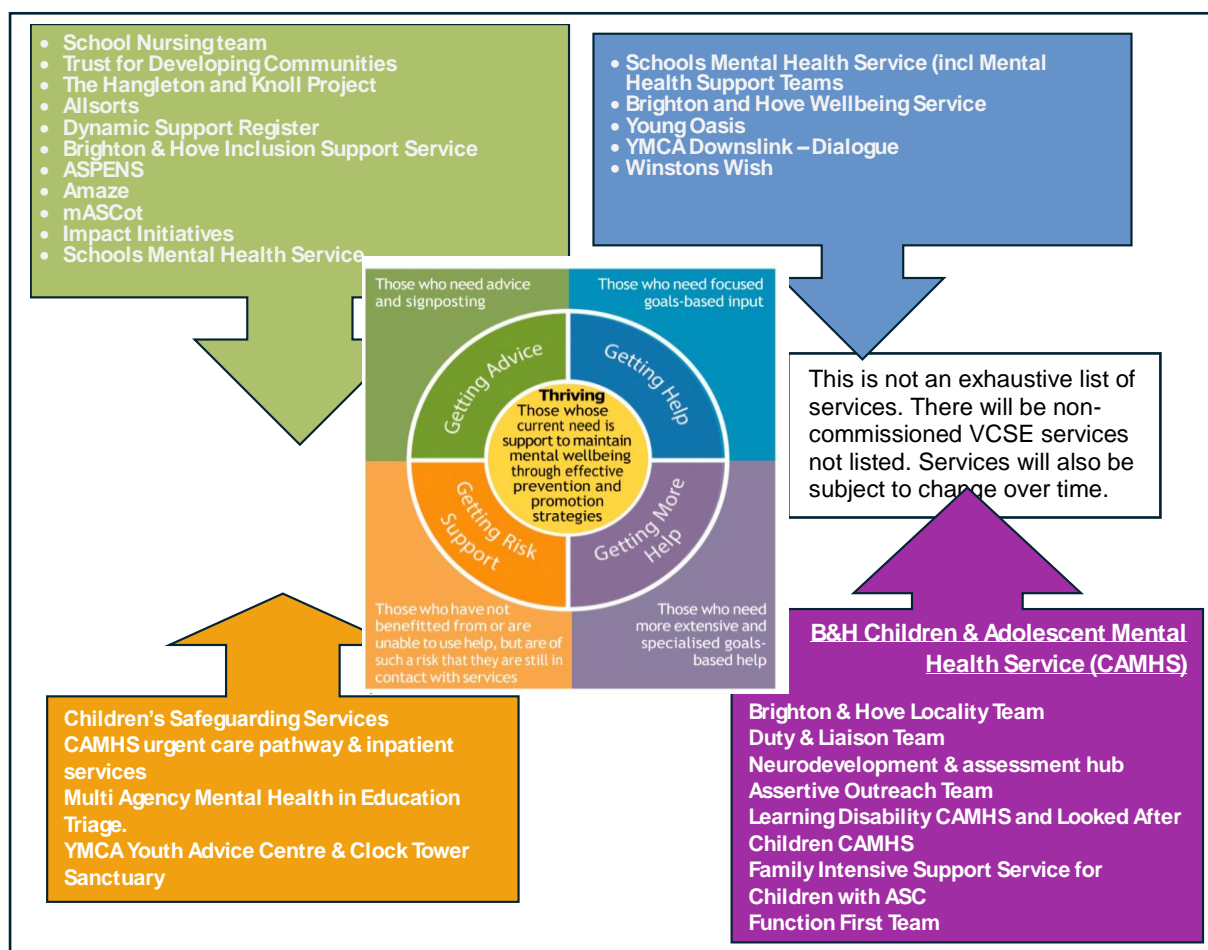
1.12. [Young Healthwatch Brighton and Hove](#) wanted to know what young people know about the mental health support available in their school, and what were their ideas around what could be improved. They worked closely with 3 secondary schools in Brighton & Hove asking students their views on wellbeing and mental health support in schools, and what kinds of school-based support worked well, what didn't, & what else could be offered. Key recommendations were

- Schools need to communicate more clearly where mental health support is available in their school.
- Identify the spaces in schools where vulnerable young people may be spending time and recognise the potential for them to provide a more supportive atmosphere and signpost to information and help.

- Provide alternative tools for understanding & managing feelings. Many students felt they lacked spaces to be angry, to cry, or to express themselves in an energetic way without causing disruption or being discouraged.
- Appended is the full consultation findings are appended to this report

2. Overview of services that support children & young people's mental health in the city

2.1. The THRIVE Framework is a model for providing mental health services to children, young people, and their families. It's based on the idea that mental health and well-being can be promoted across the population. The model is person-centered and needs-led, and it emphasizes prevention. A wide range of support and services is delivered to children and young people throughout the THRIVE Framework by health, care and voluntary and community sector organisations throughout a wide range of settings including within schools.



2.2. Across Brighton & Hove we have good range of services that support CYP MH & EWB. This includes significant assets across communities, schools and our mental health care services supporting early help, prevention and access for more formal therapeutic and mental health services

2.3. Our local VCSE sector provides a significant level of infrastructure and delivery assets that support CYP MH & EWB in the THRIVE framework areas of *getting*

advice and help . A lot of these services support known areas of deprivation in the city and particular young person population groups who are at greater risk of poor mental health and emotional wellbeing. The Council have worked hard to protect investment into youth work through its community grants programme and to support new capital investment into youth work building infrastructure including the new Brighton Youth Centre development and the new youth hub investments in Hangleton and Knoll and Moulsecoomb. The VCSE sector also provides important targeted service resources through its youth advice centres run by YMCA DownsLink Group, Clock Tower Sanctuary and Impact Initiatives. These targeted services are an essential point of access for young people experiencing compounding social and mental health needs in supporting their safety. The services delivered through our youth work investment are essential to our wider aims to ensure a preventative approach to supporting CYP MH & EWB. We know that what works and creates change for CYP is relationship-based work and VCSE are experts in creating and maintaining the necessary trusted relationships.

2.4. We also have a strong CYP MH & EWB across our schools and colleges with our educational partners working closely with health, local authority and VCSE partners to ensure CYP can access support through their local schools. A lot of this work is led through the Councils [Schools Mental Health Service](#) this service works closely and in educational settings across the city providing over 6,500 contacts with children, young people and their families. The services include:

- brief interventions to support children and young people’s mental health, this can be individual or with key adults
- group work with children and young people
- mental health consultations to professionals involved with children and young people
- training and reflective practice for professionals
- workshops and groups for parent carers
- mental health consultations with parents concerned about their child or young person

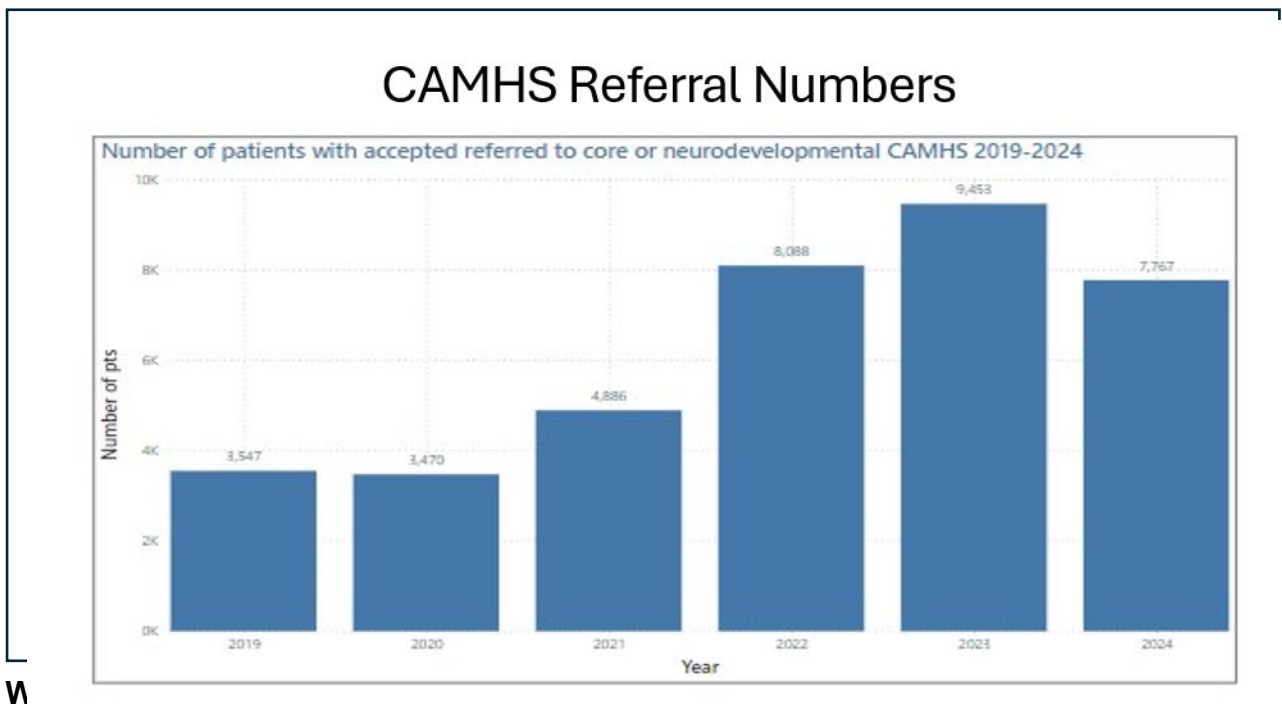
In addition to the Schools Mental Health Service, schools and colleges contract directly with counsellors or specialist counselling organisations like YMCA Dialogue to provide additional support to pupils. Last year YMCA Dialogue provided counselling to 577 CYP and support to 168 parents and carers

2.5. The [Brighton and Hove Wellbeing Service](#) is a partnership between Sussex Partnership NHS Foundation Trust, YMCA DownsLink Group and Southdown. It is the front door, in the city, for all mental health referrals for children and young people (CYP) aged 4-25s in the city, including CAMHS. The service offers a wide range of short-term support options for CYP with mild to moderate mental health needs. Support is delivered through British Association of Counselling and Psychotherapy (BACP) accredited counselling and therapy services to CYP in Brighton & Hove offering one-to-one interventions in-person, group sessions in-person, online services in the community as well as in schools and colleges



across the city. Wellbeing offers a range of support including Talking Therapies, Dramatherapy, Art Therapy, Parent and Family Support and has discrete treatment pathways for neurodivergent and LGBTQ+ people.

- 2.6. Partners have worked closely together to ensure a multi-agency triage is delivered through the Wellbeing Service working closely with the Councils Schools Mental Health Service.
- 2.7. The challenge we face is that even with this range of services supporting the THRIVE Framework we are still seeing growing numbers of children & young people needing to access services that support moderate and high levels of need. This growing demand is seeing waiting lists for services increase with some children, young people and their families waiting for excessive periods of time for services. This becomes a problematic cycle as children & young peoples mental health & emotional welling can further deteriorate whilst waiting for the right support. The graph below shows the growing demand on CAMHS services over the last few years. This increasing demand is against the backdrop of significant pressure on statutory partner budgets and the same increasing demand in adult mental health services



- 2.8. Family hubs and the start of life programme is a national initiative aimed at joining up and enhancing services through local family hubs ensuring all families can access the support and help they need. [Brighton & Hove Family Hubs](#) operate across four sites in the city. A key focus of Family Hubs is the wellbeing of the whole family and the city's Family Hubs are supported by the Schools Mental Health Service and support families to access a wide range of help and support for their MH & EWB needs

3. Health & Care Partnership work to support CYP MH & EWB

- 3.1. The Sussex Integrated Care Strategy, [Improving-Lives-Together](#), sets out an ambition in through its Shared Delivery Plan- *we will agree and develop a system approach to children and young people requiring an acute response from CAMHS services as part of the wider support network*. This ambition is aligned with the original external review, [Foundations for our Future](#), which was commissioned by the pan Sussex Clinical Commissioning Groups and three Local Authorities in 2018/19. The Foundations for our Future strategy, which followed the review, partners agreed four key areas for change that will bring about the greatest emotional wellbeing and mental health benefits to local children, young people and families in five years (2022 – 2027). These are:
- *Prevention – addressing issues that impact mental health*
 - *Early help and access to support*
 - *Specialist and timely support to meet high and complex needs*
 - *Support for life transitions*
- 3.2. The children and young people’s mental health transformation programme of work is overseen by the Sussex Mental Health, Learning Disability and Autism (MHLDA) Delivery Board, and also reports to the Sussex Children and Young People’s Board. The Sussex Children and Young People’s Mental Health Delivery Group has been established by the MHLDA Delivery Board to ensure the delivery of agreed programmes of work and achievement of required outcomes. The delivery group is multi-agency and representatives from Brighton and Hove are members for the group. Appended to this report a more detailed update on the Sussex Children and Young Peoples Emotional Wellbeing and Mental Health Development Programme that is delivered through these partnership structures
- 3.3. Locally our joint health & wellbeing strategy sets out under, *Starting Well*, the aim *to reduce risks to good emotional health and wellbeing will be addressed, including parental substance misuse and domestic abuse, and mental health services will be easier to access*. There is clear focus on addressing the needs of families to ensure children grow up in environments that promote their positive wellbeing
- 3.4. In 2022 we published the [Mental health JSNA](#) for the city. There is a dedicated section of the assessment covering children & young people’s mental health that focuses on *Improving the care and support offer for young people ensuring that they and their families are at the heart of an integrated service approach*. The JSNA came up with the following recommendations to respond to the assessment finding, relating to CYP

	MH JSNA recommendations for children & young people
5.1	Adult and children mental health services should have a dedicated transition function to ensure there is continuity of care for young people
5.2	Ensure that mental health services are tailored to needs of young people particularly those aged 16 to 25
5.3	Commissioners and providers to ensure adult and children’s mental health services take a whole family approach to mental health. For example, adults’ services to take account of the potential impact of poor parental mental health on children and vice versa
5.4	Expand capacity to meet unmet need in children and young people. In particular in areas where there are rapidly growing needs or large unmet need such as substance use, eating disorder, neurodivergence assessment, self-harm, body image
	MH JSNA recommendations service transformation
4.3	Shift the balance of investment to increase support for children and young people with mental health and wellbeing problems to bring a lifetime of benefits to young people, their families, communities and the economy.

- 3.5. As well as the Sussex Integrated Care Partnership work, we have included in our local Place-based Shared Delivery Plan a specific partnership objective around *the development of a joint triage for the Wellbeing Service, CAMHS and Schools Mental Health Service*. As detailed in points 2.5 and 2.6 this work has been successfully implemented and we will be considering over the coming months an objective in next year’s Shared Delivery Plan to continue to support our partnership work in this area

4. HWB member discussion on the progress on delivering on the recommendations from the 2022 JSNA supporting children & young peoples mental health & emotional wellbeing

Presentation will be provided on the day of the Board meeting to support the discussion

5. Important considerations and implications

- 5.1. Legal: The availability of assessment and treatment services in relation to mental health are important for a range of agencies to meet their legal obligations in terms of health, wellbeing, education, and support services to young people and their families.

Lawyer consulted: Natasha Watson

Date:3.2.25



5.2. Finance:

There are no contractual financial implications to this report. The report identifies known pressures on statutory partner budgets impacting the ability to deliver some of the original partnership aims are set out in the main report

Finance Officer consulted: Jane Stockton

Date: 3.2.25

5.3 Equalities:
Set out within the main report

5.4 Sustainability:
None

5.5 Health, social care, children's services and public health:

Set out within the main report

6 Supporting documents and information

- 1 Sussex Children and Young Peoples Emotional Wellbeing and Mental Health Development Programme
- 2 Young Healthwatch schools wellbeing service report



YMCA RIGHT HERE

Young people promoting health and wellbeing through education, campaigning and influencing

A LOOK AT HEALTH & WELLBEING IN BRIGHTON & HOVE SECONDARY SCHOOLS

A YOUNG HEALTHWATCH CONSULTATION
JULY 2018



CONTENTS

Executive Summary	1
About	2
Background	3
Methodology	4
Findings	6
Recommendations	15
Obstacles, Reflections & Limitations	16

EXECUTIVE SUMMARY

The Idea

What do young people know about the mental health support available in their school, & what were their ideas around what could be improved?

Young Healthwatch set out to enrich & complement the information Public Health Brighton & Hove already had about the 'Schools Wellbeing Service' & to talk to students in secondary schools across Brighton & Hove about their views on wellbeing & mental health support in schools.

What did we find out?

ENVIRONMENT:

Space was a key issue for young people. Designated 'wellbeing' spaces were highly sought after, & the comfort or 'feel' of the school environment was a key consideration.

RELATIONSHIPS:

Relationships were a key part of students' journeys to receiving support with their mental health; primarily relationships with teachers. Teachers having the time, space, & awareness to notice (not just be approached) when students were struggling was a key concern across all schools & year groups.

INFORMATION & CONSISTENCY:

Consistency around where, who, when, & what to expect around mental health provision seemed to be a key need across schools. Students were more confident in identifying provision that was in a fixed location at fixed times.

CURRICULUM & LEARNING:

Many students felt that information about mental health should be embedded in the curriculum beyond PSHE, so to include Science, English, & Creative Arts. Where specific learning took place students felt this should be interactive, where possible youth led, & supported by specialists.

AWARENESS:

Many schools use their own language around the Schools Wellbeing Service, which may be useful, however it seemed that overall students had a lack of understanding as to who the lead staff member for mental health was, and their purpose.

WIDER ISSUES:

Important areas that students wanted covered included sleep, stress, & food/diet.

What did we do?

We worked closely with 3 secondary schools in Brighton & Hove asking students to tell us what kinds of school-based support worked well, what didn't, & what else could be offered.

We held targeted focus groups with years 10 & 8 in each school. In addition, we hosted interactive 'listening lab' stalls in line with our Young Healthwatch approach. This mixed methods approach enabled a broad & diverse range of young people to take part in formal & informal ways.

We spoke to over 280 students over June - July 2018

Recommendations from Young Healthwatch

Schools need to be communicate more clearly where mental health support is available in their school; where, who, when & what? Use young person friendly language & embed the provision across the school community.

Identify the spaces in schools where vulnerable young people may be spending time e.g. toilets, disused areas, and the far reaches of campus, & recognise the potential for them to provide a more supportive atmosphere & signpost to information & help.

Can schools provide alternative tools for understanding & managing feelings? Many students felt they lacked spaces to be angry, to cry, or to express themselves in an energetic way without causing disruption or being discouraged.

ABOUT

Young Healthwatch is a group of volunteers aged 16-25 that exists to listen to young peoples views about health & social care in the city, & share these views to influence how services are designed & delivered. Young Healthwatch is delivered by YMCA Right Here in partnership with Healthwatch Brighton & Hove.

YMCA Right Here is a young people's health and wellbeing project based in Brighton & Hove and is managed by YMCA Downslink Group. Right Here's Youth Ambassadors are a diverse group of 16 – 25 year old volunteers who co-facilitate and co-deliver a number of health promotion projects, campaigns, and community consultations.

ACKNOWLEDGEMENTS

We would like to extend our special thanks to Dorothy Stringer School, the Portslade & Aldridge Community Academy, & Patcham High School for their pro-active & enthusiastic cooperation with us for this consultation.

We would also like to thank the team at Public Health & Healthwatch for their ongoing support and partnership.

BACKGROUND

Public Health Brighton & Hove were seeking to find out what young people knew about the mental health support available in their school, and what their ideas were around what could be improved to support their wellbeing. Young Healthwatch, with their peer to peer approach, felt they could complement and enrich the ongoing evaluation of the Schools Wellbeing Service, so our consultation was designed with the aim of informing this service..

What's the Schools Wellbeing Service?

The Schools Wellbeing Service (SWS) works to promote mental wellbeing in schools and reduce stigma around mental health. The team helps set up systems and services in schools that will enable schools to be more proactive in meeting the mental health needs of their pupils.

They also work to build staff confidence in understanding and supporting students' mental health needs. The service aims to make it easier for children, young people and families to access appropriate support when it's needed.

Schools Wellbeing Service:

"We hope that schools will notice:

- A stigma free school
- More confidence in understanding & supporting mental health in a school setting.
- Systems and services in place in school that will be proactive in meeting the mental health needs of its school community.
- Children, young people and families having easier access to appropriate support when needed "



The Context

This participatory work with young people was tasked with providing a complimentary broader context around wellbeing in schools, so what wellbeing meant and looked like to young people and what might work better. It was agreed that the SWS, schools and partner agencies could extrapolate from the findings for their own work and working together, to enhance the mental health and wellbeing of our young people in schools.

METHODOLOGY

Public Health identified two cohorts that they felt were particularly important to hear from, due to the tendency for mental health support needs to arise during these years. For that reason we approached schools aiming to deliver 2 targeted focus groups - one with year 8 students, another with year 10 students. We delivered 6 of these in total.

We planned to visit schools for an entire day, and deliver our signature Young Healthwatch Listening Labs over lunch, break and/or after school alongside our focus groups during class time.

"Our Listening Labs involve setting up an interactive stall or station in a busy area in the school where lots of students will see us. We give out free goodies like stressballs, resources and Healthwatch branded pens. We play music and games, and try to make our station as colourful and fun as possible. We usually get crowds of students wanting to know whats going on and we all take turns chatting to them and challenging them to contribute." - Becca, Youth Ambassador

Students who approached our Listening Lab were invited to answer two questions in order to take our freebies.

When it comes to supporting your mental health:

- 1. What is school already doing that works?**
- 2. What does school need to add or change?**

We collected hundreds of responses in this way, while our focus groups allowed us to talk in much more depth with students about their experiences and ideas. We encouraged schools to organise the focus groups in a way that enabled a representative cross-section of young people to be involved in our conversations.

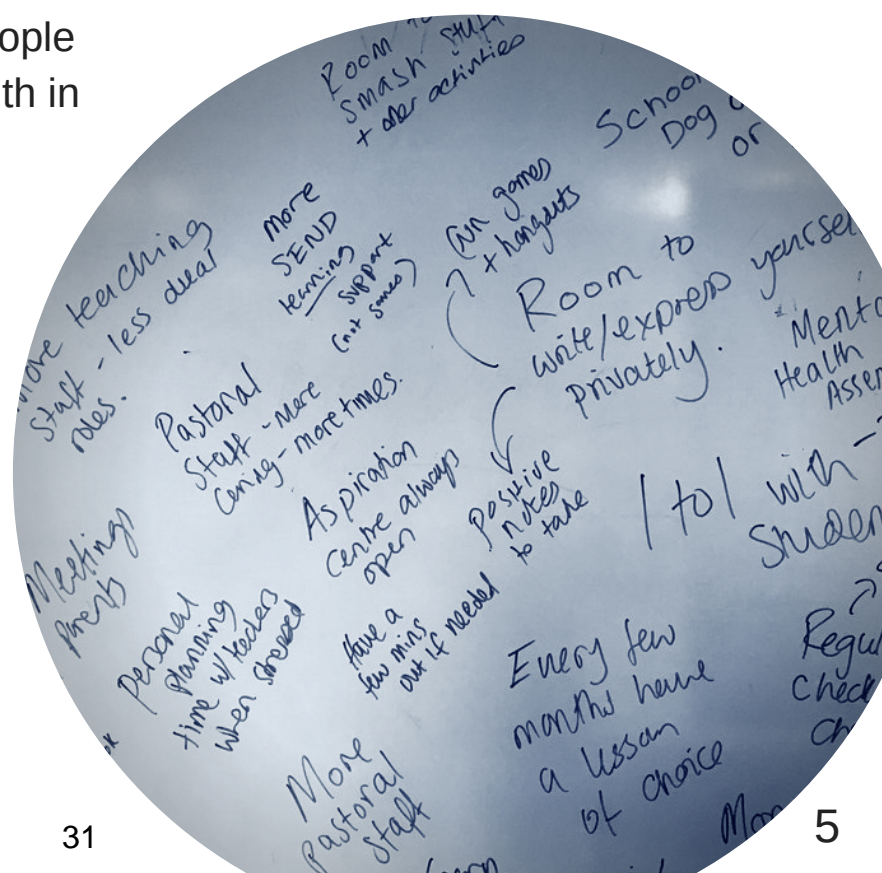
Before we visited, we provided schools with a 'promotion pack' in order to let students know where to find us on the day if they wanted to share their views.

Our focus groups were structured but **informal**, with a range of activities that **allowed students to engage in different ways** - through writing, chatting in small groups, or sharing with the whole group.

We began all of our sessions with a brief conversation about health and wellbeing - what is it? who does it affect? Why does it matter?

This ensured that all of the young people in the room had a **shared understanding of the language** we were using, and allowed us to frame our questions, and establish what existing support students were aware of and how effective they felt it was, before moving on to their **ideas for improving support**. The intelligence in this report draws chiefly from our recently completed consultation, however we are also drawing from a wider body of relevant knowledge Right Here has gathered over the years of working with and within schools, and through our other consultations and projects.

We were also able to use the recent Mental Health Champions student conference as an opportunity to ask and listen to young people about mental health in their schools.



FINDINGS

DEMOGRAPHICS

We spoke with **280+ young people ranging from 12 – 16 years old**. With the exception of our focus groups the nature of engagement precluded gathering individual data monitoring. We can however say with some confidence that we were approached by a **diverse range of students in terms of age, gender, and ethnic background**.

Our focus groups were well balanced, and as previously mentioned, chosen to be reflective of the wider school community. You can find a full breakdown of our demographics in Appendix 1.

PROCESS

We felt that our **informal, peer-led approach** led to **successful engagement** and drew out important issues and meaningful conversations that might not otherwise have emerged.


Young Healthwatch's **creative methods** were also a big part of this success - our Listening Lab model proved extremely popular in schools.

A huge majority of **students responded in a positive and thoughtful way** when asked for their thoughts and suggestions about the needs of the school community and the strengths and areas for improvement when it came to student support.

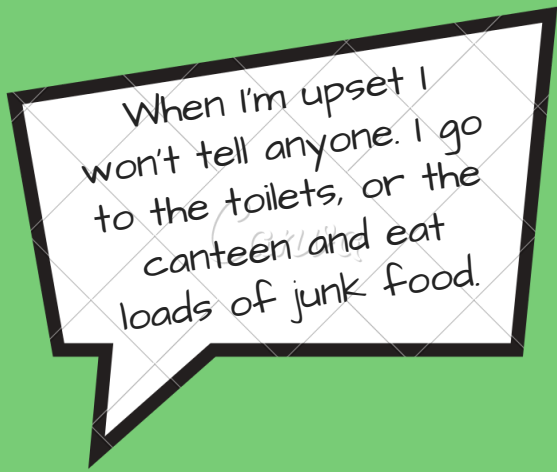
KEY THEME: ENVIRONMENT

The school environment was an issue that most students raised in response to either things that are working well, or things that could be improved. **Designated spaces** where students could go if they were feeling upset, angry, anxious, or stressed were highly sought after. Students were positive about existing spaces, but there was a unanimous feeling that **more safe space and 'wellbeing' space** was required. Informal spaces were also widely discussed in response to where someone might go if they were struggling. Toilets, disused areas, and the far reaches of campus were all common places that students identified that they might go.

Additionally, the presentation and 'feel' of schools was felt to have a direct impact on wellbeing. Tired or poorly maintained buildings and classrooms, uncomfortable seating, and a **lack of indoor social space** was felt to impede the experience of being at school. Many students placed these issues within the wider context of **funding for schools**, and demonstrated a clear understanding about why schools may struggle to find space or additional amenities; this seemed to contribute toward some feeling of apathy about schools, and students were not confident their ideas could be realised.



"A place to go when we're stressed to just chill, paint, draw, shout, or even throw things; with books and other tools to help us manage."



When I'm upset I won't tell anyone. I go to the toilets, or the canteen and eat loads of junk food."

Students had a number of solutions they felt would address some of the issues they identified. One focus group suggested that **students spend one day per year or term on school upkeep** - this could include painting classrooms or hallways in calm and positive colours chosen by students, cleaning windows, or freshening up displays.

They felt this would encourage a sense of responsibility, pride, and ownership; reducing vandalism and making school more of a shared space.

It was felt that in order for students to be able to relax at school, **more quiet spaces** with soft colours and furnishings should be introduced, and more safe indoor space that could be used as a refuge from bullying or loud and chaotic areas of the school.

Where in school could you go if you were struggling?



KEY THEME: RELATIONSHIPS

While many students felt that **teachers played a key role** in connecting students with support and creating a stigma-free environment, experiences of this role varied greatly. While some students had trusting relationships with teachers, other felt that **teachers did not have the time, skills, or awareness** to support or signpost students who were struggling.

While **friends and family** were also key for young people seeking support, overwhelmingly trusted teachers were a key point of first contact. Year 8 students were more likely to use 'official' avenues for support such as designated staff and spaces, while year 10's were more likely to take 'unofficial' routes based on who they liked or trusted.

Students found **dual roles confusing**, and felt that they acted as a deterrent for students seeking pastoral support.

Many students commented that **they want teaching staff to 'notice'** if something is wrong and check in. However, these same students felt that **teachers were under too much pressure** to have these kinds of relationships with students.

Many students would also **turn to friends** in person **or online** if they were struggling, while far fewer students referenced parents, carers, or other family members.

Animals were also a popular source of emotional support for students of all ages.

Teachers being approachable and **equipped to have helpful conversations** around mental health was a key need identified by students during our consultation and during the Mental Health Champions Conference.

"I'm not going to go to my science teacher and tell her about how I'm feeling as I have to see her the next day in science and pretend it never happened. Plus I know she's too busy to really do anything."

"Students need positive interactions with teachers to improve their wellbeing. Some teachers can't have a normal conversation with you."

Who in school can you talk to if you are struggling?

A word cloud of various roles and relationships, with 'Teacher' being the largest word. Other words include 'Friends', 'Family', 'School Nurse', 'Head Of Year', 'Parents', 'Pets', 'Nobody', 'Form Tutor', 'Online', 'Diary', 'Headteacher', 'YAC', 'Boyfriend/Girlfriend', 'Doctor', 'Someone I Trust', and 'God'.

Teacher
Friends
Family
School Nurse
Head Of Year
Parents
Pets
Nobody
Form Tutor
Online
Diary
Headteacher
YAC
Boyfriend/Girlfriend
Doctor
Someone I Trust
God

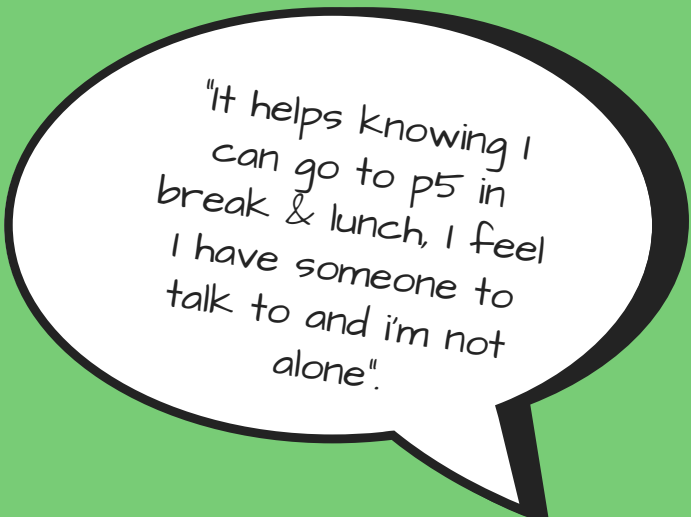
KEY THEME: INFORMATION & CONSISTENCY

In group discussions students were more likely to identify a range of people and places they might approach for support, although some groups were more informed than others. When asked individually however, students were more likely to struggle to provide this information. Some designated areas such as 'The Bridge', 'The Hub', or other specific classrooms were well known, but few students were clear on the times they were open and what you might expect if you went along.

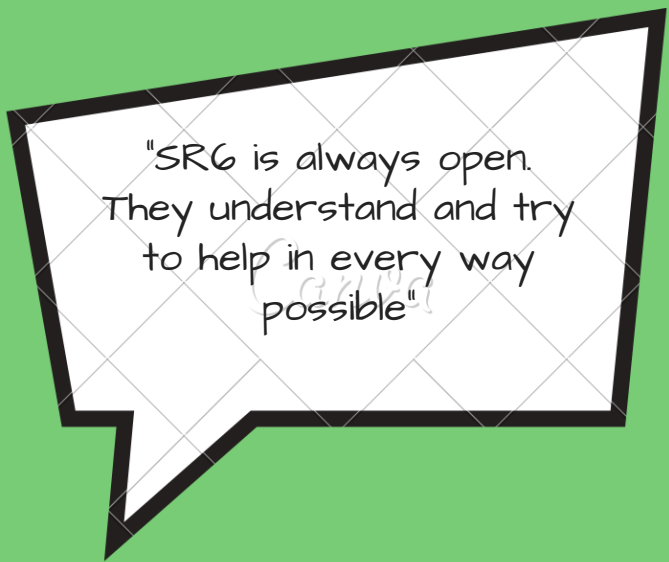
The focus groups demonstrated to us the **importance of peers in sharing knowledge** about what's available in schools and recommending access points to others, however it was also felt among the facilitators and participants that **what a school offered students should be clearly summarised and shared** or displayed in order to manage expectations and ensure that students could seek out the most appropriate source of support for them.

Many students also expressed **frustration at not being allowed or able to access certain kinds of support**, and there was a lack of understanding about why this may be (for example, not meeting thresholds, students with SEND having quiet places to relax during breaktimes, or support only being available on certain days).

The **sources of support that students recalled most easily were those that were consistent**; in the same place at the same times each day or week.



"It helps knowing I can go to p5 in break & lunch, I feel I have someone to talk to and i'm not alone".



"SRG is always open. They understand and try to help in every way possible".

What kind of support would you expect to receive if you reached out?

A word cloud on a white background with rounded corners, set against a green background. The words are arranged in a circular pattern around the central phrase "They Would Tell Someone Else". The words include: "Support", "I Don't Know", "See The Dog", "Nothing", "Advice", "Get Sent Out", "Counselling", "Warm Compress", "Signposting", "Help", "Popcorn And A Drink", "Comforting", "Understanding", "Unhelpful Response", and "Else".

Support
I Don't Know
See The Dog
Nothing
Advice
Get Sent Out
Counselling
Warm Compress
Signposting
Help
Popcorn And A Drink
Comforting
Understanding
Unhelpful Response
Else
They Would Tell Someone Else

KEY THEME: CURRICULUM & LEARNING

Working mental health awareness into lesson plans across the curriculum was a popular idea among the students we spoke with. It was felt that integrating these conversations amongst other topics would serve to **normalise the subject** of mental health, and act as an additional opportunity to signpost to support.

Additionally it was felt that **changes could be made to the learning environment** that would improve student wellbeing. A **broader range of ways to contribute** in class, such as writing on a whiteboard or using an ipad were suggested, as were things like being able to listen to **calming music**, **drink water** freely, and eat **healthy snacks**.

"Feeling respected and being comfortable at school. Having comfortable clothes and classrooms and being able to eat when you're hungry all help. They make you feel well and more able to learn."

"Learning about it in a lesson just like you do respiration or history makes it less of a big deal and means its the same as all health needs."

Exam stress was also raised often, particularly by year 10 students. It was felt that the **culture around exams needed to change**, and more support with planning and managing revision was needed. Many students also felt that conversations needed to be had with examining bodies to try and **space out exams for GCSE students**.

Many students raised the idea of **1 to 1 time with teaching staff** as a solution to wellbeing and learning needs. They felt that having time to discuss issues such as stress, revision planning, sleep, and wellbeing would be highly valuable to them. This was a **popular suggestion among both year 8's and 10's**. While year 10's tended to want to utilise this time to discuss their needs around exams, year 8's were more interested in the emotional support they might receive during a 1 to 1.

KEY THEME: AWARENESS

Many schools use their own language around the Schools Wellbeing Service, which made it challenging to gauge awareness. However, it seemed that **overall students had a lack of understanding as to who the lead staff member for mental health was, and their purpose.**

When asked for ideas, many students also described the notion of having a mental health specialist based at the school for some or all of the time to tackle stigma and support students and teachers. This was a popular idea, but when pushed students couldn't think of anyone who may already be doing some of those things. We felt that this pointed to a **greater need for awareness of Primary Mental Health Workers and their roles.**

It was also felt that there could be **greater awareness among both teachers and students** of mental health and the ways in which people may be affected.

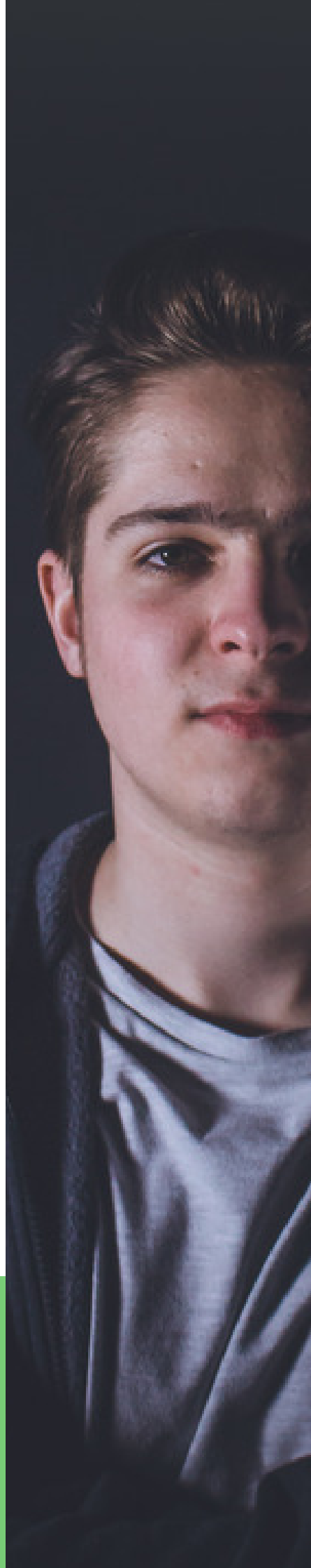
The curriculum was felt to be an important part of creating awareness and normalising these conversations.
(see page 13)

"I have anxiety and teachers are always telling me I need to speak up more. There are times I feel I need to get out of class and teachers say no, or I just get sent back to class again."

RECOMMENDATIONS

Our role as Young Healthwatch is primarily to gather and share the views and experiences of young people when it comes to health and social care. However, as young people we also identify our own recommendations based on what we have seen, heard, and learnt during this consultation.

- When clear on the support available, we found that young people were positive about the existing support in place at school, but wanted the offer to be bigger and broader.
- Students were often unclear about where, when, and what it was, and who was leading it. We felt that schools need to make their offer easy to understand and well publicised, including who the offer is for and why.
- With regards to the School Wellbeing Service we felt that schools should use their student voice and young person friendly language to embed awareness of the provision across the school community; consistent language should be used to ensure students are clear about what to expect from the service and from Primary Mental Health Workers.



RECOMMENDATIONS

- Many students commented that they wished support was available more often, particularly from the school nurse who was often referenced often in conversations about health and wellbeing. We would recommend that a needs assessment is made of school nurses to identify the training and information they need to support young people with mental health concerns. If increasing the availability of school nurses is not possible, we would recommend doubling efforts to promote and resource the 'Text Your School Nurse' offer. As we have heard lots of positive feedback around this since it began.
- We felt that a further piece of work could be done in schools to identify the spaces where young people may go to be alone, find a quiet or private space. During our consultation places such as toilets, empty classrooms, the far reaches of the field or school grounds, and other quiet spaces were referenced often, more so by year 10's than 8's. By identifying these mental health 'hot spots' we felt that there was probably potential for providing a more supportive atmosphere in these spaces, and for signposting to information and help.
- We came across many different ideas from young people about what they need during times of distress. While talking therapy met some of these needs, others felt that the offer could be more diverse and include a 'self-help' style room or more energetic means of emotional expression such as sport, art, or a safe place to shout or be physical. We would recommend that schools look at alternative tools for understanding and managing mental health and emotions, and legitimise additional ways to cope when discussing options with young people.

REFLECTIONS, OBSTACLES & LIMITATIONS

Methodology

While not all of the schools we had approached initially were able to take part in the consultation, we felt that our **youth-led interactive approach worked extremely well** in the schools that took part.

Diversity & Representation

The equality monitoring data we secured from the focus groups (our Listening Lab approach makes it harder to collate this info) reflect a broad and diverse representation of participants.

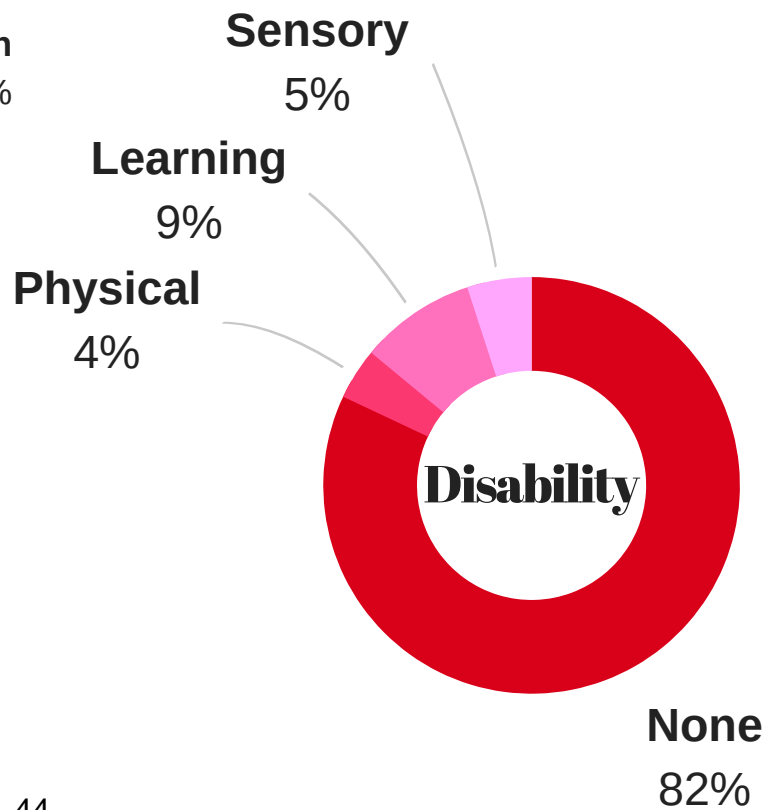
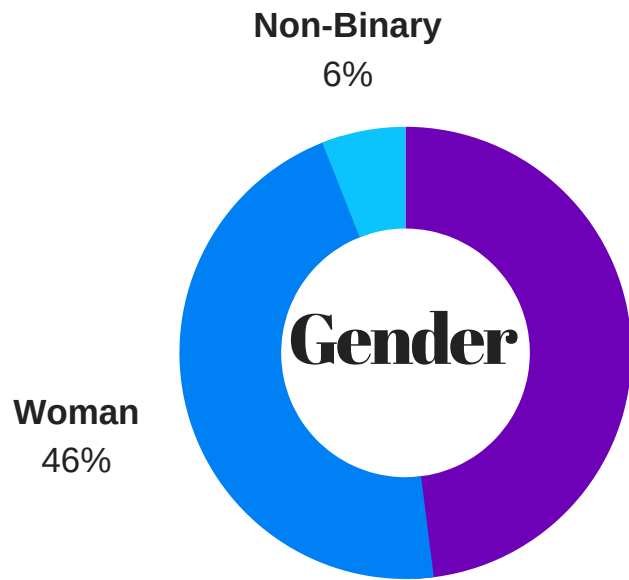
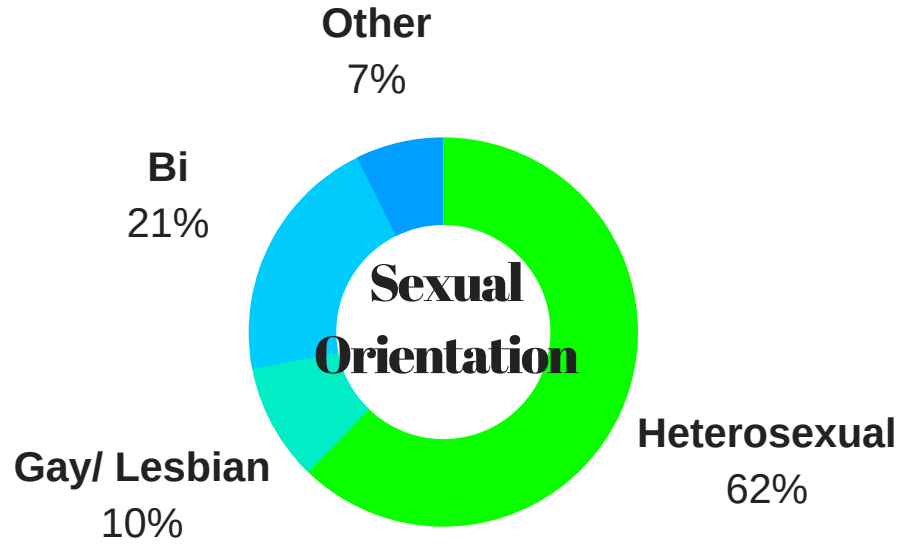
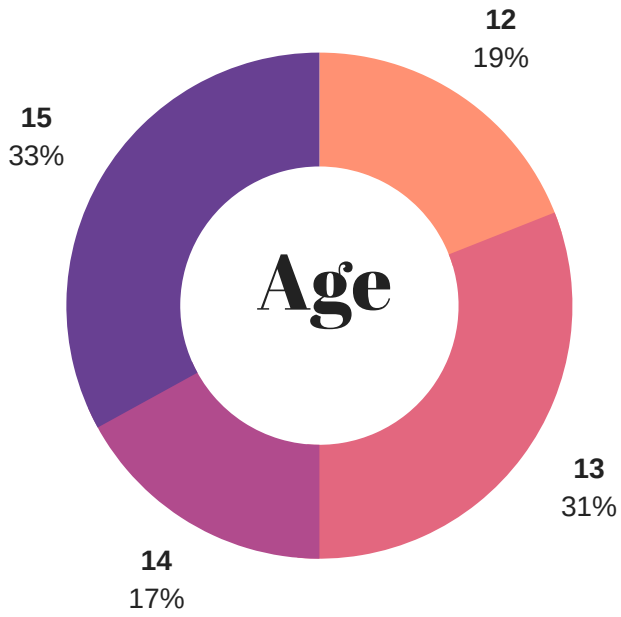
However, the specific needs of young people from specific backgrounds ethnicities, abilities, and identities was not drawn out and this could be an area for future work.

Reflections

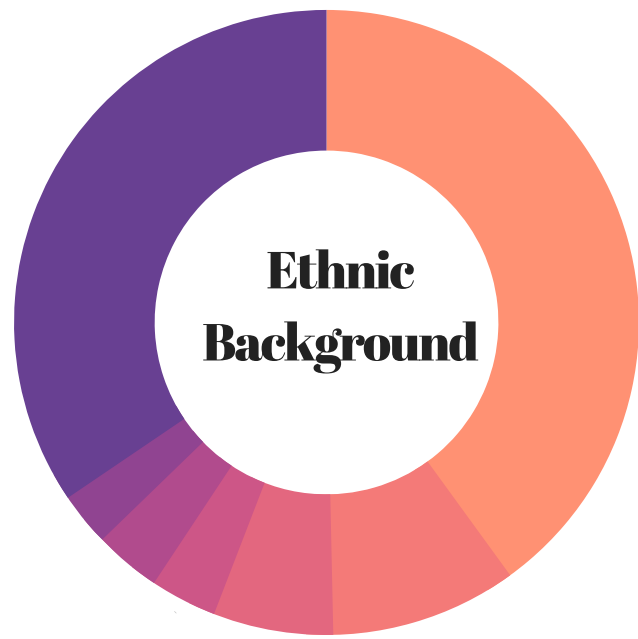
It seemed to us that most young people felt their schools were providing *something* that supported their emotional wellbeing. However, it was widely felt that **offers needed to be broader, clearer, and more diverse.**

Schools could be **more creative** around the ways in which they raise awareness and provide support, taking a lead from students.

APPENDIX 1



White 58%
Black British 9%
Other White Background 9%
White & Black Background 5%
White & Asian Background 4%
Arabic 5%
Other Mixed Background 5%
Another Background 5%



Children and Young Peoples Emotional Wellbeing and Mental Health Development Programme



47

January 2025

Lizzie Izzard – NHS Sussex

Jodie Olliver – Sussex Partnership NHS Foundation Trust

Improving Lives Together

Introduction

Strategy

The Sussex children and young people's mental health development programme outlined in this presentation is being delivered within the context of the 5-year [Sussex Integrated Care Strategy *Improving Lives Together*](#). Programme priorities for 2024/25 have been developed and agreed in response to the Shared Delivery Plan (SDP) and [Foundations for our Future Strategy](#), alongside the strategic objectives outlined in the NHS Long-Term Plan for Mental Health.

Governance

The children and young people's mental health transformation programme of work is overseen by the Sussex Mental Health, Learning Disability and Autism (MHLDA) Delivery Board, and also reports to the Sussex Children and Young People's Board. The Sussex Children and Young People's Mental Health Delivery Group has been established by the MHLDA to ensure the delivery of agreed programmes of work and achievement of required outcomes. The Sussex wide Delivery Group membership includes members of the Brighton and Hove Children and Young Peoples Emotional Wellbeing and Mental Health Partnership Group to ensure joined up working in terms of place based and Sussex delivery.

Improving Lives Together

Programme of Work

In July 2024 the multi-agency Children and Young People’s Mental Health Delivery Group identified four improvement priority areas for 24/25, focussing on the importance of a whole system pathway approach utilising the [Thrive Framework](#), with the overall aim of improving access to effective support for children, young people and families. These four priorities are outlined below: i) Getting Advice and Help; ii) Children and Young People’s (CYP) Mental Health Urgent and Emergency Care (UEC); iii) Specialist Child and Adolescent Mental Health Services (CAMHS) Service Development; and iv) Pathway Interface

Priority Area		
Getting Advice and Help	CYP Mental Health Urgent and Emergency Care (UEC)	Specialist CAMHS Service Development
Develop and improve: <ul style="list-style-type: none"> • Access • Communications • Core Offer 	<ul style="list-style-type: none"> • Review and build on Urgent and Emergency Care Improvement Plan • Develop new pathway including interface with new Hospital at Home service 	<ul style="list-style-type: none"> • Develop and deliver a new specialist CAMHS clinical model of care
Task and Finish Group membership includes: NHS Sussex (lead) , VCSE, SPFT, Public Health, Local Authority, Parent Carer, Expert By Experience	Task and Finish Group membership includes: NHS Sussex (lead) , Provider Collaborative, SPFT, Local Authority, VCSE, Parent Carer, Expert By Experience	Overseen through SPFT governance and Steering Group. Stakeholders to be engaged in development of the model
Pathway Interface	<ul style="list-style-type: none"> • Oversee interface between each element of the pathway to ensure pathway is connected and joined up support for CYP. 	Task and Finish Group membership to include nominated multi-agency members of the above priority area T&F Groups.

Programme principles and delivery

Multi-agency task and finish groups have established to collectively plan and lead implementation for each priority area. The work of the groups, and their delivery plans will:

- be developed using the Thrive Framework for system change taking a whole system approach.
- build on existing key strategies/plans, for example Foundations for our Future.
- be informed by existing needs analysis, insight and data (including equalities, health inequalities and quality insight) with a primary focus of improving access to support to meet need.
- consider the relationship and interdependencies with other workstreams / pathways:
 - **16-25 pathway and transition**
 - **Eating disorders**
 - **Children and young people with complex needs**
 - **Neurodevelopmental pathways**
 - **Inpatient Care/Tier 4**
 - **Suicide prevention**
 - **Emerging developments – Integrated Community Teams**
- make best use of existing resources

Getting Advice and Help



Getting Advice and Help

Summary

This priority area will focus on improving access to early intervention and support and includes the range of emotional wellbeing and mental health services to meet mild to moderate need (including MHSTs). This element of the pathway should provide timely needs-led support for children and young people as part of the wider emotional wellbeing and mental health pathway ensuring that their needs are met and reducing the likelihood of their needs escalating and requiring further support from specialist CAMHS services. A key deliverable will be the development of a consistent Sussex wide core offer.

✎ This priority area will be delivered through 3 Task and Finish Groups (TFGs):

1. The **Access** group will work on all aspects of Access (and entry points) to CYP mental health support, including CAMHS, early intervention offers.
2. The **Communications** group will work on all aspects of communications for CYP mental health and neurodevelopmental services.
3. The **Core Offer** group will work on determining the key, shared elements of a Sussex early intervention offer in CYP mental health.

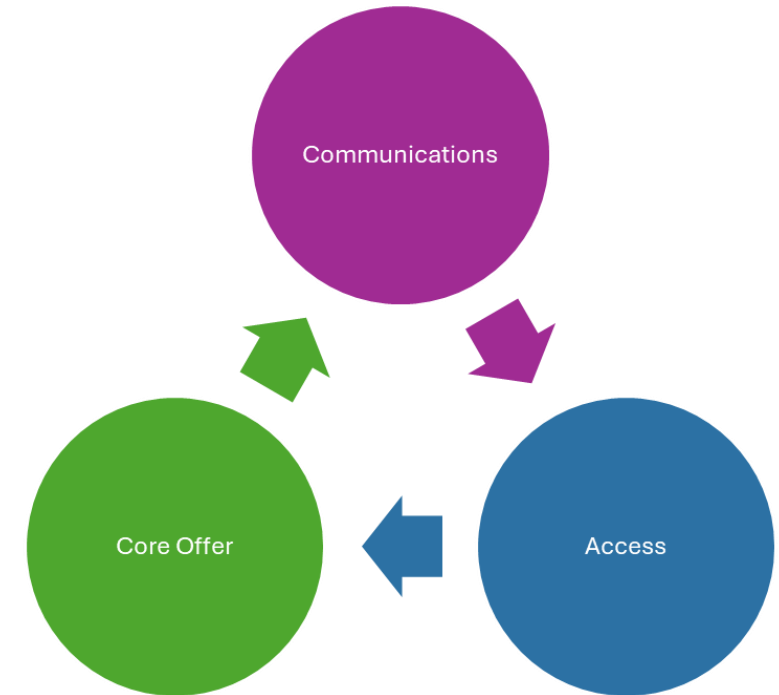
Getting Advice and Help

Progress

- The 3 TFGs have been established and have commenced the initial working phase – January – April 2025.
- The TFGs are working co-productively on different aspects of the Getting Advice and Help offer, using the agreed TFG principles. The three groups have areas of mutuality and will be delivered in partnership. The groups acknowledge multiple other strands of strategic activity they are working in and around both at place and Sussex wide (e.g. JSNA etc).

Next Steps

- Findings and options appraisal outlining potential solutions and recommendations will be completed the initial working phase (January to April 2025). This will inform the TFGs delivery plans and key milestones in 25/26 and 26/27.
- Where identified implement immediate changes to ways of working, where there is no cost implication or transfer of responsibility.



Improving Lives Together



**Specialist Child and
Adolescent Mental
Health Services
(CAMHS)**

Specialist CAMHS

Summary

Focus on improving access to evidence based support for children and young people with complex mental health needs. Working with partners and stakeholders, Sussex Partnership Foundation Trust (SPFT) are leading an internal service development programme to deliver a new model of care that improves outcomes, efficiency and effectiveness.

Progress

- Case for change developed by SPFT
- Interim SPFT programme lead / or Director of Transformation in post to develop and mobilise programme arrangements. Immediate focus on governance, priorities and allocation of tasks & responsibilities

Service improvements / delivery:

- Pathway Lead for Suicide prevention, postvention and strategic partnerships in post
- Targeted work to reduce the numbers of CYP who are waiting more than 52 weeks
- Development of intervention for obsessive-compulsive disorder (OCD) further to successful pilot
- Delivered a school professionals conference – October 2024

Specialist CAMHS

Next Steps

- Present case for change and engage with system partners
- Mobilise change programme to be implemented by April 2026. This programme will involve:
 - Development of a new Sussex wide specialist CAMHS clinical model
 - Engagement with young people and families, and key partner agencies
 - Workforce review and restructure
 - Development of parent/carer and expert by experience roles
 - Co-production of resources for the new evidence based clinical pathways

Children and Young People's Mental Health Urgent and Emergency Care (UEC)

Children and Young People's Mental Health Urgent and Emergency Care (UEC)

Summary

This priority area will focus on improving support for children and young people in mental health crisis. Urgent and emergency mental health care for children and young people ranges from liaison within acute hospitals to intensive home support and inpatient services. Key deliverables include building upon the Urgent and Emergency Care Improvement Plan and developing a new pathway which will include a new Hospital at Home service.

Progress

- The Task and Finish Group was established in November 2024.
- A map of the current UEC pathway has been completed and scoping of the current UEC gaps is underway, with a focus on 24hr provision for assessment, brief intervention and treatment (NHSE Long Term Plan objective).
- New Hospital at Home service in development (SPFT) – soft launch in February 2025 / full launch in May 2025 – the service will be key element of the UEC pathway as part of the wider pathway
- Multi-agency workshop held 14/01/25 to develop solutions and an options appraisal to address CYP MH access gaps for the UEC pathway across Sussex, focus on three areas: i) Rapid Response when a young person goes into crisis; ii) Pathway for young people for MH and Neurodevelopmental pathway support; iii) Support for parents and carers
- Horizon scanning / literature review undertaken by Health Innovation Kent Surrey and Sussex

Next Steps

- Findings and options appraisal outlining potential solutions and recommendations will be completed during Q4 24/25. This will inform the Task and Finish Group delivery plan and key milestones for 25/26 and 26/27.
- Where identified implement immediate changes to pathway to improve ways of working and support for CYP, where there is no cost implication or transfer of responsibility.

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