


Children, Young People & Skills Committee

Title:	Children, Young People & Skills Committee
Date:	12 November 2018
Time:	4.00pm
Venue	Council Chamber - Council Chamber, Hove Town Hall, Norton Road, Hove, BN3 3BQ
Members:	Councillors: Chapman (Chair), Penn (Deputy Chair), Brown (Opposition Spokesperson), Phillips (Group Spokesperson), Allen, Hamilton, Knight, O'Quinn, Taylor and Wealls
	Voting Co-opted Members: Amanda Mortensen, Trevor Cristin, Bernadette Connor and Karen James
	Non-Voting Co-opted Members: Ben Glazebrook (Youth Works Representative)
Contact:	Gregory Weaver Democratic Services Officer 01273 291214 greg.weaver@brighton-hove.gov.uk

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AGENDA

Part One

Page

32 PROCEDURAL BUSINESS

(a) Declaration of Substitutes: Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest:

- (a) Disclosable pecuniary interests;
- (b) Any other interests required to be registered under the local code;
- (c) Any other general interest as a result of which a decision on the matter might reasonably be regarded as affecting you or a partner more than a majority of other people or businesses in the ward/s affected by the decision.

In each case, you need to declare

- (i) the item on the agenda the interest relates to;
- (ii) the nature of the interest; and
- (iii) whether it is a disclosable pecuniary interest or some other interest.

If unsure, Members should seek advice from the committee lawyer or administrator preferably before the meeting.

(c) Exclusion of Press and Public: To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

33 MINUTES

7 - 18

To consider the minutes of the meeting held on 17 September 2018.

34 CHAIR'S COMMUNICATIONS

35 CALL OVER

- (a) Items (39,41 and 42) will be read out at the meeting and Members

CHILDREN, YOUNG PEOPLE & SKILLS COMMITTEE

invited to reserve the items for consideration.

- (b) Those items not reserved will be taken as having been received and the reports' recommendations agreed.

36 PUBLIC INVOLVEMENT

To consider the following matters raised by members of the public:

- (a) **Petitions:** to receive any petitions presented to the full council or at the meeting itself;
- (b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the 6 November 2018;
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 6 November 2018.

37 MEMBER INVOLVEMENT

To consider the following matters raised by Councillors:

- (a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
- (b) **Written Questions:** to consider any written questions;
- (c) **Letters:** to consider any letters;
- (d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

38 SCHOOL OFSTED PRESENTATION

19 - 24

Report of the Executive Director of Families, Children and Learning

Contact Officer: Mark Storey

Tel: 1273 294271

Ward Affected: All Wards

39 OVERVIEW OF AUTISM SUPPORT IN THE CITY AND PROPOSALS FOR FUTURE PROVISION

25 - 34

Report of the Executive Director of Families, Children and Learning.

Contact Officer: Lisa Brown, Georgina
Clarke-Green

Tel: 01273 293568,

Ward Affected: All Wards

40 YOUTH GRANTS PRESENTATION

41 RE-ORGANISATION OF SPECIAL EDUCATIONAL PROVISION IN THE CITY - PROGRESS REPORT 35 - 44

Report of the Executive Director of Families, Children and Learning.

Contact Officer: Edward Yeo, Georgina Clarke-Green Tel: 29-4354,

Ward Affected: All Wards

42 LOCAL TRANSFORMATION PLAN 2018 REFRESH AND WAVE ONE TRAILBLAZER EXPRESSION OF INTEREST 45 - 102

Report of the Executive Director of Families, Children and Learning.

Contact Officer: Carolyn Bristow Tel: 01273 291288

Ward Affected: All Wards

43 ITEMS REFERRED FOR COUNCIL

To consider items to be submitted to the 13 December 2018 Council meeting for information.

In accordance with Procedure Rule 24.3a, the Committee may determine that any item is to be included in its report to Council. In addition, any Group may specify one further item to be included by notifying the Chief Executive no later than 10am on the eighth working day before the Council meeting at which the report is to be made, or if the Committee meeting take place after this deadline, immediately at the conclusion of the Committee meeting

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CHILDREN, YOUNG PEOPLE & SKILLS COMMITTEE

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For further details and general enquiries about this meeting contact Greg Weaver, (01273 291214, email greg.weaver@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk.

Date of Publication - Friday, 2 November 2018

BRIGHTON & HOVE CITY COUNCIL
CHILDREN, YOUNG PEOPLE & SKILLS COMMITTEE

4.00pm 17 SEPTEMBER 2018

**COUNCIL CHAMBER - COUNCIL CHAMBER, HOVE TOWN HALL, NORTON ROAD,
HOVE, BN3 3BQ**

MINUTES

Present: Councillors: Councillor Chapman (Chair)

Councillor Penn (Deputy Chair), Brown (Opposition Spokesperson), Phillips (Group Spokesperson), Allen, Hamilton, Knight, O'Quinn, Taylor and Wealls

Co-optees: Adam Muirhead, Bernadette O'Connor, Karen James, Josh Cliff, Trevor Cristin

PART ONE

13 PROCEDURAL BUSINESS

(a) Declarations of Substitutes

- 13.1 Adam Muirhead was present in substitution for Ben Glazebrook
- 13.2 Bernadette O'Connor was present in substitution for Marie Ryan
- 13.3 Trevor Cristin was present in substitution for Ann Holt.

(b) Declarations of Interest

- 13.4 There were none.

(c) Exclusion of the Press and Public

- 13.5 In accordance with section 100A of the Local Government Act 1972 ("the Act"), the Committee considered whether the press and public should be excluded from the meeting during an item of business on the grounds that it was likely, in view of the business to be transacted or the nature of proceedings, that if members of the press and public were present during that item, there would be disclosure to them of confidential information (as defined in section 100A(3) of the Act) or exempt information (as defined in section 100(I) of the Act).
- 13.6 **RESOLVED** – That the press and public be not excluded.

14 MINUTES

- 14.1 Councillor Wealls referred to Page 9 Item 9.2 and requested the sentence be changed to read, "Councillor Wealls requested officer's remarks on the reasons for low numbers of outstanding judgements in Brighton."
- 14.2 **RESOLVED** – That minutes of the meeting held on 18 June 2018 be agreed as a correct record.

15 CHAIR'S COMMUNICATIONS

- 15.1 The Chair provided the following Communications:

"There is a full report later on the agenda but I am proud that the good work with the most vulnerable children & young people in the city has been recognised and that our overall judgement for children's social care in the city is now good.

Again, there is a report later on the agenda but I want to say congratulations to the city's nursery's schools and colleges on the good results archived across all phases this year.

Good news from Blatchington Mill that that they have been successful in a bid to establish a modern foreign languages hub within B&H. They are one of 7 schools nationally that have been successful, and this is a major achievement for the school and for the city. The project will involve supporting other secondary schools to improve outcomes in MFL, important for EBACC success and also reflective of the city we live in and the life skills we want young people to have, including the ability to be bilingual in a globalised and increasingly interconnected world.

I am pleased to say that St. Paul's CE Primary School and Nursery has been reaccredited International School Award status by the British Council. The assessors found that the "international dimension is firmly embedded in the school's curriculum and whole-school ethos, promoting citizenship and foreign language learning, and celebrating cultural diversity across the school and wider community". They also praised the well-established and active links with two schools, in Spain and in Uganda. Well done to all at the school.

Between Oct 2012 and Sept 2017 the Brighton & Hove Youth Collective consisted of 8 community and voluntary sector organisations: Brighton Youth Centre, The Crew Club, The Deans Youth Project, Hangleton & Knoll Project, Tarner Community Project, The Trust for Developing Communities, YMCA Downslink and the Young People's Centre (YPC).

It was commissioned by Brighton and Hove City Council to deliver universal youth work across the city to young people against a number of targets and outcomes for young people under the overall strategic outcomes of 'Young

people are able to enjoy their leisure time’ and ‘Young people have the opportunity to be active citizens and shape the services that affect their lives’. The Youth Collective worked collaboratively with each other and other organisations in the city to run events and put on activities for young people; everything from local community events to city wide events like the B.fest youth arts festival, which is part of Brighton Fringe Festival – a report has been compiled that celebrates the work that took place and the outcomes achieved. The organisations involved continue to work collaboratively as part of the BHCC youth grants programme, providing some amazing opportunities for young people across the city

More detail including the report can be found on the youth collective website – a link will be shared in the minutes of this meeting.

I would like to welcome Councillors Lucy Care, Lisa Eldret, Alan Graves and Richard Hudson from Derby City Council who are part of a delegation to observe our committee system in practice.

There has been a minor adjustment to the Financial Implications of Agenda Item 23. The change will now read: “The cost of the TESU service per year is £66,800 paid for by the High Needs Block within the DSG.

There are no direct financial implications for the Local Authority as a result of the recommendations in this report.”

These changes have been applied and are available online for public consumption.”

16 CALL OVER

16.1 All items on the agenda were reserved for discussion.

17 PUBLIC INVOLVEMENT

17 (a) Written Questions

17.1 There were none

17 (b) Deputations

17.2 There were none

18 MEMBER INVOLVEMENT

18a Petitions

18.3 There were none

18b Written Questions

18.4 There were none

18c Letters

18.5 There were none

18d Notices of Motion

18.6 There were none

19 PRESENTATION BY PETER CHIVERS

- 19.1 The Committee considered a presentation by Mr Chivers, Head of Brighton & Hove Music and Arts. Various projects were detailed by way of a powerpoint presentation, it was stated that there was currently an effort to involve other forms of art from many different sources. A thousand people were involved in creating starting points from which a wider network had been established as a foundation in order to foster new projects. The Committee considered a video introducing the World of Fairlight program.
- 19.2 Councillor O'Quinn asked if students were being helped to find apprenticeships in these specific areas.
- 19.3 The Head of Brighton & Hove Music and Arts stated that through the Cities of Learning work, it was hoped that a scaffolding for children to move into apprenticeships may be implemented.
- 19.4 Councillor Allen praised the positive work being achieved despite the juxtaposition of a program formerly run by the Council and later outsourced.
- 19.5 Councillor Phillips enquired what opportunities were available for low income students and disadvantaged children in the city.
- 19.6 The Head of Brighton & Hove Music and Arts confirmed that there were programmes being run to provide and teach musical instruments across the city.
- 19.7 Councillor Brown welcomed the positive approach and outcome of the projects highlighted.
- 19.8 **RESOLVED** – That the Committee agreed to note the presentation.

20 OFSTED UPDATE

- 20.1 The Head of Education Standards & Achievements and Head of Service Early Years Youth & Family Support provided an update on schools which had recently been inspected by Ofsted.

- 20.2 The Head of Education Standards & Achievements was pleased to advise that the results put Brighton and Hove above the national average for good schools or better including attendance. A video was played showcasing the Roundabout Nursery and its success.
- 20.3 Councillor Phillips enquired what could be done to help nurseries falling behind.
- 20.4 The Head of Service Early Years Youth & Family Support stated that Ofsted carried out inspections every 4 to 5 years in which time criteria could change. It was noted that within this time the Committee would also often change and that BHCC had a team that was working with safeguarding to address this.
- 20.5 Councillor Taylor enquired what had been done to address the issue regarding phonics and further enquired if strategies could be implemented ahead of the next Ofsted inspection.
- 20.6 The Head of Education Standards & Achievement stated that phonics had seen an increase however there were some ongoing issues. It was emphasised that a strategic approach was in place along with a support from other areas.
- 20.7 Councillor Taylor requested assurance that BHCC was addressing the issue regarding Brackenbury and Mile Oak.
- 20.8 The Head of Education Standards & Achievement stated that a school improvement board was convened every 6 weeks to address serious issues,
- 20.9 The Assistant Director Education & Skills stated that at both school improvement boards issues had already been identified with work underway to resolve them. It was further stated that in both cases the issue laid with the leadership and that since, BHCC had engaged with school partnerships and had developed audits for these.
- 20.10 Councillor Hamilton expressed concerns at the large loss of income brought on by the deficit of children available to fill an abundance of classes provided.
- 20.11 Councillor Penn enquired what steps were being taken to address parent's concerns.
- 20.12 The Head of Education Standards & Achievement stated that communication was identified as an issue and that it was established that the head teacher's presence at many different events was key.
- 20.13 **RESOLVED** – That the Committee agreed to note the report.

21 EARLY HEADLINES STANDARDS AND ACHIEVEMENT IN BRIGHTON AND HOVE SCHOOLS

- 21.1 The Committee considered a report of the Executive Director for Families, Children & Learning. The report was introduced by the Head of Education Standards & Achievement. The report outlined the early headlines of the results of the national tests in Summer 2018.

- 21.2 Councillor Brown enquired when BHCC would know about coasting and floorstandard.
- 21.3 The Head of Education Standards & Achievement stated that there may be a change of definition in future and that coasting and floor standards was likely to not exist.
- 21.4 Councillor Phillips enquired what new tests were currently in place for 7 year olds.
- 21.5 The Head of Education Standards & Achievement stated that the national system was a test that was surreptitiously being carried out so as to not appear as a test.
- 21.6 Councillor Wealls commented that there was a risk regarding people achieving the expected standards.
- 21.7 The Head of Education Standards & Achievement stated that many efforts were taken to address this with the aim for every pupil to reach their full potential.
- 21.8 Councillor Wealls further enquired if BHCC had worked with Governor Support with a view to supporting more abled children.
- 21.9 The Head of Education Standards & Achievement offered to look in to this for Councillor Wealls.
- 21.10 Ms Mortensen welcomed the positive results attained.
- 21.11 The Assistant Director Education & Skills agreed and noted that there was support for mental health for young people.
- 21.12 Josh Cliff stated that GCSE's had increased in complexity and that stress was an issue brought on by the weight of expectation.
- 21.13 The Executive Director, Families, Children & Learning reminded the Committee that the item was in regards to the learning as a whole.
- 21.14 Councillor Taylor requested EBacc schools be included to further information brought in future.
- 21.15 The Head of Education Standards & Achievement confirmed EBacc schools would be included in the full standards report.
- 21.16 **RESOLVED** – That the Committee noted the Early Headlines Standards and Achievement Report for the academic year 2017-2018.

22 SCHOOL ADMISSION ARRANGEMENTS 2020/21

- 22.1 The Committee considered a report of the Executive Director of Families, Children, & Learning. The Head of School Organisation introduced the report regarding the proposed school admission arrangements for the city's schools.
- 22.2 Councillor Phillips enquired if there was a plan to review the current admissions arrangements, she further requested if the expanded capacity at Dorothy Stringer and

Varndean was likely to accommodate the projected number of catchment children for September 2020.

- 22.3 The Head of School Organisation stated that BHCC expected to meet the projected number of catchment children for September 2020. It was concluded that there was high level of support for the current arrangements.
- 22.4 The Chair stated that there was no appetite for changes to the current arrangements and reaffirmed that there was no support for change to catchment areas.
- 22.5 Councillor Penn requested clarification in reference to the potentially exclusionary use of the word “England” within the report.
- 22.6 The Head of School Organisation stated that the Department of Education had specifically stipulated use of “England” however it was noted that this proposal covered England and Wales. The Head of Organisation stated that clarity would be provided in future following further correspondence with the Department of Education.
- 22.7 Ms Mortensen enquired of any further changes to primary admission numbers.
- 22.8 The Head of School Organisation stated that proposals were made in January and that this was a complicated process. It was further stated that efforts to hold more discussions with head teachers regarding pupil numbers and spare spaces with a view to reaching agreements in developing ways forward, were underway.
- 22.9 **RESOLVED:** That a consultation on the proposed changes to the school admission arrangements for 2020-21 be undertaken as detailed in the report namely:-
- (i) Amending the admission priorities which will apply in the event of oversubscription to include children who have been in state care outside of England and have ceased to be in state care as a result of being adopted, within the definition of looked after and previously looked after children
 - (ii) Agreeing to make no change to the “relevant area”.

23 TRAVELLER EDUCATION

- 23.1 The Head of Education Standards and Achievement provided a brief overview of the Traveller Education report which outlined an analysis of the educational outcomes for Traveller Children.
- 23.2 Councillor Brown expressed concern with the drop to secondary level attendance and enquired if there were any children at school at that age who would remain to attend and take the GCSE exams.
- 23.3 The Head of Education Standards & Achievement stated that there was a mix of reasons for the drop to secondary level and further stated that the objectives of the teams involved was to promote education among travellers.
- 23.4 Councillor Brown enquired if schools were encouraging children to stay and take exams.

- 23.5 The Assistant Director Education & Skills stated that efforts were being made however it was not known how many year 11 students were involved in the report.
- 23.6 Councillor Penn enquired what could be done to reach hidden children, specifically those that were not transitory and not part of a minority group.
- 23.7 The Head of Education Standards & Achievement stated that BHCC were actively seeking out ring-fenced and vulnerable groups.
- 23.8 Mr Muirhead welcomed the report and briefly detailed some projects currently underway as a result of this.
- 23.9 **RESOLVED:** That the contents of the report be noted.

24 HIDDEN CHILDREN

- 24.1 The Committee considered a report of the Executive Director, Families, Children & Learning. The Head of School Organisation introduced the report regarding the Hidden Children strategy and provided an update on new work processes.
- 24.2 Councillor Penn requested assurance that the 400 children referred to in the report were receiving mental health support via the Clinical Commissioning Group.
- 24.3 The Head of School Organisation stated that BHCC currently ran process that provided access education to children who had been unable to attain this. It was further clarified that there was a criteria in place to assess need. An assurance was made that, where required, support was available.
- 24.4 Councillor Penn in reference to tier 3 stated that there was a long waiting list.
- 24.5 The Head of School Organisation recommended that the inclusion support service would be better placed to give a greater level of assurance to this concern.
- 24.6 Councillor Brown enquired of the figure pertaining to home schooling across the city.
- 24.7 The Head of School Organisation said the Council would conduct visits within the initial weeks and risk assess over 200 homes. It was stated that home education was on the rise of the last few years.
- 24.8 Ms Mortensen enquired how many of the 439 children had special education needs and disabilities, she further enquired how BHCC compared nationally.
- 24.9 The Head of School Organisation clarified that BHCC were collecting information with a view to developing a clear idea for future work. It was clarified that nationally BHCC were more forward thinking than other authorities.
- 24.10 Councillor Wealls requested an update which included SEN review as this was integral.

- 24.11 The Assistant Director Education & Skills noted that the SEN review was due in November.
- 24.12 Councillor O'Quinn expressed concern regarding the rise of home schooling.
- 24.13 The Head of School Organisation agreed there was a lot to be done on this.
- 24.14 The Executive Director Families, Children & Learning confirmed that the reason for the Children Strategy was to ensure there was a single consultation for schools.
- 24.15 Councillor Phillips enquired if anything like this had been attempted previously.
- 24.16 The Head of School Organisation clarified that this was the beginning of a process to highlight and develop answers to a problem.
- 24.17 Councillor Knight enquired how many children were diagnosed with ill mental health as a result of bullying and other external factors.
- 24.18 The Head of School Organisation stated that a range of statistics were being considered and developed however specific data had not yet been gathered.
- 24.19 Councillor Knight requested that this be gathered.
- 24.20 The Head of School Organisation gave an overview of the efforts currently undertaken in this regard and planned to address issues in future. It was further agreed that Councillor Knight's request for data regarding mental health would be included in future.
- 24.21 **RESOLVED** – That the Committee:-
1. Approve the Hidden Children strategy attached as Appendix 1
 2. note the activities being undertaken to develop this approach
 3. Receive a report in June 2019 on the progress made as detailed in the Hidden Children strategy action plan.

25 SUPPORTING PEOPLE WITH DISABILITIES INTO EMPLOYMENT

- 25.1 The Committee considered a report of the Executive Director of Families, Children and Learning. The report was introduced by the Head of SEN Statutory Services and the Head of Service Fostering, Adoption & Permanence and outlined the support available to people with complex barriers to employment.
- 25.2 Councillor Brown welcomed the additional funding and gave support for apprenticeships.
- 25.3 Councillor O'Quinn requested clarity on the number of officers currently employed.
- 25.4 The Head of Service Fostering, Adoption & Permanence stated there were now 6 full time officers.

- 25.5 Councillor Phillips enquired if extra funding would be enough.
- 25.6 The Head of Service Fostering, Adoption & Permanence stated that in terms of access to work, Central Government had put aside some money towards unpaid work, it was clarified that BHCC was currently running internship forums to provide help for access to work and attaining funding.
- 25.7 Councillor Phillips sought further clarification regarding the form of employment being sought.
- 25.8 The Head of Service Fostering, Adoption & Permanence stated that one of the fundamental principles of supported employment was that this was comprehensive and sustainable.
- 25.9 **RESOLVED:**
- (1) That the changes to the support and services available to people with complex barriers to employment be noted;
 - (2) That the committee should receive annual updates specifically on the Special Educational Needs and Disabilities (SEND) work for those over 19 years of age.

26 INSPECTION OF LOCAL AUTHORITY CHILDREN'S SERVICES - BRIGHTON & HOVE 2018

- 26.1 The Committee considered a report of the Executive Director, Families, Children & Learning. The report was introduced by the Assistant Director Children's Safeguarding & Care and the Service Manager Directorate Policy & Business Support which provided an update on the recent Children's Services Ofsted Inspection and sought approval on the required post inspection action plan.
- 26.2 Councillor Brown stated that the experience of children required improvement and noted that paragraphs 3.8 and 3.9 appeared contradictory.
- 26.3 The Assistant Director Children's Safeguarding & Care stated that item 3.8 implied that the work carried out with children subject to children in need plans needed to be improved and that item 3.9 stated that response from front door services regarding referrals was prompt and timely.
- 26.4 Councillor Phillips enquired if cuts to the service had impacted capacity.
- 26.5 The Assistant Director Children's Safeguarding & Care stated that the introduction of the model of social work in 2015 specifically the removal of transition points meant that there was zero reliance on agency workers as a result money was not reapportioned from frontline services. It was further noted that morale among social workers was high.
- 26.6 The chair praised the report and noted that following discussions and presentations there was cross party positivity.

26.7 RESOLVED:

- (1) That the Ofsted Inspection of Local Authority Children's Services (ILACS) report as detailed in appendix 1 to the report be noted;
- (2) That the Chair write to Children's services staff on behalf of the committee to thank them for the work they have done to improve services and outcomes for vulnerable children and young people; and
- (3) That the post Ofsted ILACS action plan as detailed in appendix 2 to the report be agreed.

27 ITEMS REFERRED FOR COUNCIL

27.1 There were none.

The meeting concluded at 18:40.

Signed

Chair

Dated this

day of

Ofsted update 31 October 2018

Schools inspected since last committee 2018

School	Date of Inspection	OE Grade	Previous grade
Full inspections			
St Bartholomew's CE Primary School	11/09 & 12/09/18	2	3
Longhill High School	17/09 & 18/09/18	2	3
Saltdean Primary School	09/10/18	Not yet confirmed	2

Snapshot from 31 October 2018

	% of schools judged to be Good & Outstanding	National % schools judged to be Good & Outstanding	% Pupils in a Good or Outstanding School	% of schools judged to be Outstanding	National % Schools judged to be Outstanding
Primary	92.3	90.1	90.3	13.5	19.2
Secondary	100	81.2	100	0	25
Special	83.3	94	90.7	33.3	39
Colleges	100			-	
PRUs	100	84.6	100	0	17
All Schools (not colleges)	93.1	89	94	15.3	21.9

National figures as at 31 August 2018

Overview of Early Years Ofsted inspections

- Ofsted inspect registered settings identified as
 - Childcare on domestic or non-domestic premises (111 settings)
 - Childminders (134)
- 97% were judged good or outstanding in Brighton & Hove compared to 94% in England and 95% in the South East (March 2018)
- 31% outstanding (B&H), 22% (South East) and 18% (England).
- Since March 2018:
 - Two settings have moved from good to outstanding
 - Two other settings have remained as outstanding
 - Nine settings have remained as good, and two new settings have been judged as good
 - One setting has moved from outstanding to requires improvement

Inspections of all Ofsted registered early years settings (31 March 2018)

	Outstanding %	Good %	Requires improvement %	Inadequate %
England	18	76	5	1
SE	22	73	4	1
Brighton & Hove	31	66	2	0

EY Ofsted inspections since August 2018

Setting	Inspection date	Latest grade	Previous grade
Hopscotch Hove Station	August 2018	1	New
My First Word Grows Up	August 2018	2	New (re-registration)
Pixies	August 2018	2	2
Pumpkin Patch (Hove)	September 2018	1	2
My First Friends	September 2018	2	2
Active Kids	September 2018	2	2

Subject:		Overview of Autism support in the city and proposals for future provision	
Date of Meeting:		12 November 2018	
Report of:		Executive Director of Families, Children and Learning	
Contact Officer:	Name:	Georgina Clarke-Green	Tel: 01273 292257
	Email:	Georgina.ClarkeGreen@brighton-hove.gov.uk	
Ward(s) affected:		All	

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 To update the committee on the increase in children and young people with ASC identified as their primary and secondary need.
- 1.2 To inform the committee of the recent developments in city-wide partnership work on Autism support for children and young people and their families, particularly in response to the Autism Scrutiny in 2014.
- 1.3 This report also provides an overview of future planned work including looking ahead to a refreshed Special Educational Needs and Disability (SEND) strategy for the city.
- 1.4 To seek approval to progress considerations to create Cullum Centres in the city.

2. RECOMMENDATIONS

- 2.1 That the Committee notes the support for Autism work underway in the city and provide a commitment to the future planned work. To note that Autism will have a high profile within the refreshed SEND Strategy in the next year.
- 2.2 That the Committee authorises officers to progress the partnership with the National Autistic Society and Cullum Family Trust to create Cullum Centres at Dorothy Stringer and Hove Park Schools, subject to necessary planning and regulatory consent (and in the case of Dorothy Stringer, the agreement of the PFI provider). Brighton and Hove parent groups, PaCC and mASCot will also be an integral part in the development of this specialist facility as will Amaze, a local charity that gives information, advice and support to families of children and young people with SEND.

3. CONTEXT/ BACKGROUND INFORMATION - DATA

- 3.1 A range of data is collected in the city for children and young people with SEND. The termly school census is undertaken with all maintained schools and academies and the January census collects the primary and secondary (where

applicable) SEN type. A summary of the most recent data relating to Autism is set out below.

The table below shows where schools have identified a primary need for both SEN support and then for those that have an Education, Health and Care Plan.

Autistic Spectrum Condition Primary Need	Jan-15	Jan-16	Jan-17	Jan-18
SEN Support	133	151	164	229
Statement/EHCP	156	157	169	188
Total	289	308	333	417

SEN pupils with ASC noted as their Secondary Need

- Statement/EHCP – 97 pupils
- SEN Support - 35 pupils

It's also important to look at national comparators:

- At January 2018 proportion of EHCP pupils with ASC recorded as their primary need in Brighton & Hove, was significantly below National (18.6% Brighton & Hove, 28.2% National).
- The January 2018 proportion of SEN Support pupils with ASC recorded as their primary need in Brighton & Hove was in broadly in line with National (5.2% Brighton & Hove, 5.7% National).

- 3.2 It is also important to note that following the Ofsted and Care Quality Commission inspection into our SEND arrangements in 2016, the Local Authority has focussed its attention on developing more robust case recording and the identification of need, together with the CCG. This has meant that since 2016 we have seen a significant reduction in the number of children and young people being recorded as having 'no specialist assessment of type of need' and a greater number of children recorded as having Autism. This rise reflects the national trend.

4. RESPONSE TO THE AUTISM SCRUTINY IN 2014

- 4.1 In 2014 a Services for Children with Autism Scrutiny Panel was set up to examine services for children with autism in the city. The Panel's evidence showed that there were several areas where more needed to be done and it made a number of recommendations that referred to training, dissemination of information, governing bodies, home support and performance monitoring.
- 4.2 We are able to report that significant progress has been made against a number of these actions:
- Where appropriate, private educational psychologist reports are now accepted by the Child and Adolescent Mental Health Service as part of evidence of a diagnosis, which continues to be given by psychiatrists and paediatricians
 - A well-attended autism awareness raising conference was organised with representation from multi-agency professionals including representatives

- from health, education, social care, universities, the voluntary and community sector and parents/carers
- A Brighton and Hove Autism Aware Award has been developed and 10 schools have achieved the award status: 2 secondary, 1 infant, 1 junior, and 6 primary schools
- Training around autism has been offered as part of the training programme for governors and further support and training is planned.
- The findings of the Scrutiny report were shared as part of direct communication in the governor's newsletter.
- The Joint Strategic Needs Assessment was updated to include a section on autism.

5. ADDITIONAL DEVELOPMENTS

5.1 During this time there have been other related changes and developments including:

- The Transforming Care programme focussing on children and young people as well as adults. The aim of the programme is to ensure that individuals have the care and support they need to enable them to live fulfilling and safe lives in their communities within the least restrictive environment.
- The national focus on children's mental health, including neuro-developmental issues, with the publication of Future in Mind and the development of a Children's Mental Health Local Transformation Plan. Recognising and addressing the needs of children with neuro-developmental issues, including autism, has been a key aim of the plan with a commitment to invest more in this important diagnostic and support pathway.

5.2 A city-wide autism working group for children and young people with ASC was established following the scrutiny report with membership from parents/carers, the Local Authority and Health. The multi-agency group meets termly to further develop and monitor progress on an ASC work plan.

5.3 Other actions that have taken place in recent years include:

- Links explored with higher education establishments to influence delivery of SEN specific training on teacher training modules. Brighton and Hove Inclusion Support Service representatives are active members of the citywide SEN inclusion steering committee led and hosted by the Brighton University Education Department.
- Sussex University were a key contributor to the schools conference and support World Autism Awareness Week.
- Autism specific PSHE resources have been developed focussing on sex, education and healthy relationships.
- SEND guide for professionals has been produced and launched in May 2018, including guidance on identifying and supporting CYP with communication and interaction difficulties including Autism.
- Training on the 'Just Right' programme delivered to schools and partners to support managing the needs of children with Autism in schools, alongside training on a range of autism related subjects including links with mental health

5.4 A wide range of support has also been developed within the local authority and our partners. The following services and support are now available for children and young people with autism and their families:

- BHISS autism and language support team
- The integrated Seaside View post diagnostic support
- Strong community and parent led support via local groups such as Amaze, PaCC and mASCot
- Children and Adolescent Mental Health Service diagnostic and assessment support
- Time Out providing post diagnosis parenting support
- Specialist TripleP parenting support

If children meet the criteria for other aspects of our local offer they are also able to gain access to the relevant support (eg social work, family support, English as an additional language) they will receive this support in addition to the specialist services specified above.

6. PLANNED FUTURE WORK

Strategic planning

- 6.1 A refreshed SEND Strategy will be co-produced with all stakeholders across 2019. This will include representation from Amaze, the local parent/carers group PaCC and our partners in education, health and care. The strategy will be system wide and address how we are going to further improve and develop services for children, young people and adults with SEN and Disabilities within Brighton and Hove. Services, support and provision for children and young people with Autism will be a priority within the new strategy.
- 6.2 The content of the draft Children's and Adults Autism strategy has recently been reviewed and as a result of this an action plan has been developed to highlight key actions to take forward and develop further. This plan will also include the actions already identified through CYP Autism working group and the previous scrutiny committee. Officers will continue to work collaboratively with key stakeholders including Clinical Commissioning Group colleagues in the development and delivery of the strategy and the intention is to report this back to Health & Wellbeing Board in the first half of 2019.

Support

- 6.3 Brighton and Hove Inclusion Support Service (BHISS) has established its Autism core offer for September 2018. This has been done in consultation with service users and with schools. The plans for the partial trading of BHISS are in development for September 2019.

- 6.4 We know that transitions (e.g. starting school, moving to secondary and looking at post 16 options) can be very challenging for pupils with autism so we are looking across the phases to see what can be done to enhance this support. The local authority provides an early years' service that helps autistic children move into school. We continue our autism specialist support into secondary schools and are considering how we might enhance that offer. Transition training is offered as part of the general BHISS offer. Discussions continue with our local higher education partners as detailed below.
- 6.5 £90,000 of additional funding was awarded at Budget Council and is being used to fund additional case officer capacity in the Supported Employment Team. They will work closely with individuals and employers to place young people in the most appropriate settings and jobs and will continue to support them in work. This will also provide capacity for the Supported Employment Team's role as a SEND employment champion with the aim to: further develop the offer of employability across the city; raise awareness with employers; support more employers to consider employing individuals with SEND; expand types of roles and job sectors available. This will include further working with young people with autism.
- 6.6 Brighton and Hove CCG is leading on a proposed development of a new neurodevelopmental pathway across the age phases for the city, which will include autism identification, diagnosis and family support. There is a need for this work because the current local provision for neurodevelopmental services is complex and fragmented, involving multiple partners in health, social care and education. The key features of the new proposed model are:
- A single Entry Point with combined expertise across child development and mental health in one place, creating a hub;
 - Earlier interventions with increased capacity for assessments and post diagnostic support.
 - Consistent and enhanced packages of family support and interventions that are no longer linked to age, condition or entry point.
 - Targeted early and intensive support for complex cases and challenging behaviours.
 - Navigation support for families to provide clarity and coordination, especially the pathways into adulthood.
- 6.7 It has been agreed that a parent/carer guide to Autism in Brighton and Hove will be co-produced with our local parent/carer representative groups and will be developed as part of our Local Offer. An essential part of this will be hearing from children, young people and families on what they would find most useful in this guide. This will complement the planned FAQ development for the local offer that the CCG is leading on.
- 6.8 The home support offer for families with autism is constantly being reviewed and ways of enhancing this are being explored and implemented. This support includes the proposed parent/carer guide referred to above, the improved Local Offer, the enhanced neurodevelopment pathway and the BHISS Support for Home (family practitioners) offer.

- 6.9 Work continues with the local universities on how they both best support autistic students and how they target their promotion about Higher Education opportunities in local schools and colleges to autistic young people in the city. One example is at the University of Sussex which runs an annual Autism Spectrum Summer School which offers a valuable insight into university life. The optional residential aspect of the programme gives students a taste of independent life, enabling them to feel comfortable in a university setting away from home before the term starts.
- 6.10 The Autism Aware Award has been further developed as a tiered approach and schools are currently being recruited to this programme.

Information

- 6.11 Our SEND 'Local Offer' brings together in one website the full range of information about the support that is available for children and young people with SEND up to the age of 25. The Local Offer was developed involving children and young people with SEND and their families alongside other organisations such as Amaze and PaCC. A member of the Amaze team works one day per week with an LA officer to further shape and update the information held on the Local Offer. A new version of the Local Offer is under development and has been significantly shaped by the views of parents and carers and young people.
- 6.12 Further work is also planned with the city's school governors to develop the SEN training available, including for autism.
- 6.13 The local authority alongside our colleagues from the CCG and local parent/carer groups are in discussion with an independent provider who is proposing an alternative approach to aspects of local authority officer training.
- 6.14 The SEND guide to professionals plus the executive summary have been shared with schools and partners across the city. A school self-evaluation audit tool has been shared with all schools to be explored and discussed further at a Head teacher and SENCO event planned for January 2019.
- 6.15 Further work is needed to consolidate data recording and reporting with reference to autism in the city. Discussions are already underway with the performance team within Families, Children and Learning about what data and analysis could be available on a regular basis. This will be included in the refresh of the city's SEND Strategy work.

7. CREATING NEW MAINSTREAM SPECIAL FACILITY PROVISION

Background

- 7.1 At the Children, Young People and Skills Committee on 18 September 2017, final decisions were taken regarding the re-organisation proposals which included a commitment to open a new Special Facility for children with autism in a secondary school in the city.
- 7.2 Secondary schools had been asked to express an interest in hosting a new Special Facility. Originally three schools expressed an interest but for different

reasons, two schools did not wish to proceed. The third school, Dorothy Stringer, has continued to explore with us the potential of developing the provision on their site.

- 7.3 Dorothy Stringer School has a strong reputation for SEND support and is committed to the project. However the school is part of the council's grouped schools PFI contract and this presents a challenge as any development will need to be agreed with the PFI provider.
- 7.4 Additionally, discussions have also been taking place with Hove Park School to rebuild and extend their existing over-subscribed Phoenix Centre, which caters for children with autism. The Phoenix Centre operates from somewhat inadequate premises on both school sites, which has limited its overall intake to 13 pupils only.
- 7.5 At the end of 2017, the DfE invited the LA to bid for a capital sum to develop SEN provision totalling nearly £500K over 3 years. Our proposal to use this sum to develop our new Special Facility has been accepted by the DfE. We receive the first instalment of £167k this year. In 2018/19 the DfE also announced an additional national grant for special provision for SEND of £50m. The Brighton & Hove City Council share of this equates to £0.116m.

Partnership with the National Autistic Society and Cullum Family Trust

- 7.6 In a parallel development, through our links with the National Autistic Society (NAS), the society offered to explore with us whether they might support the development of the new Special Facility with a potential donation in the region of up to £2 million for capital costs. The donation would be from the Cullum Family Trust. The Trust works with the National Autistic Society to create new Special Facilities in mainstream schools, which are then called 'Cullum Centres'.
- 7.7 The Cullum Family Trust was founded by Peter Cullum CBE and is run by him and his family. Peter Cullum is a businessman and philanthropist. His interest in establishing centres within mainstream schools for children with autism arises from a family connection with the condition. The family trust also has a longstanding connection to Sussex, and manages some of its philanthropic giving via the Sussex Community Foundation.
- 7.8 We have explored this offer with the NAS over the past several months, including visiting two of the three existing Cullum Centres in Surrey.
- 7.9 In addition to the £500K capital fund from DfE that the LA has allocated to this project, the NAS would require a revenue commitment from the authority. This would be a one-off project initiation fee (£50K per build but with room for negotiation possible if both projects go forward) and then an annual commitment in the region of £7-14K for training of staff and continued accreditation of the Facilities.
- 7.10 Revenue costs would need to be recouped from savings made in other areas. Place costs in our Special Facilities are in the region of £17K per annum whereas the average cost of an independent 'agency' placement is £36K per annum and in the area of autism, often considerably higher than the average,

so there is a potential significant saving in the High Needs Block.

- 7.11 The intention has been for the new Special Facility to take 20 children with autism in total admitting 4 children per annum into Year 7 over five years. These children would be admitted over and above the existing PAN for the school and would therefore not affect established admission numbers.
- 7.12 Our agreed view with Dorothy Stringer is that if we were able to proceed with the project there, space restrictions would necessitate a new build on the site for the Special Facility, with the capital expense rising as a consequence. Although a sum of £7.5M has been set aside for the capital requirements of the wider re-organisation of special provision, this is already committed to special school development and further funding is therefore required for this project.
- 7.13 The need for Secretary of State consent for any resultant building applies to both the Dorothy Stringer and Hove Park School sites. The need for planning consent is also likely to present a challenge.

8. Current Proposal

- 8.1 In June 2018, a committee report on the proposed partnership with the NAS and Cullum Family Trust to build Cullum Centres was presented to the Policy, Resources and Growth Committee which approved the direction of travel and further exploration subject to on-going approvals from the Children, Young People and Skills Committee.

- 8.2 The current proposal is to move forward on the project in two stages:

First stage: to create two new build Cullum Centres on the Hove Park site as part of the wider plans to upgrade and refurbish the school sites this year. This would enable a larger Special Facility in much improved premises with a larger capacity at Hove Park School. The Cullum Centres there will build on previous expertise at the existing Phoenix Centre but will benefit additionally from training for all school staff and accreditation of the Centre from the National Autistic Society. Although there will still need to be the usual planning consents and approvals, Hove Park is not a PFI site and the process should be simpler and more streamlined with a strong possibility of at least one of the Centres being open from September 2019. The LA will commit the £500K it has earmarked for the project and the remaining funding will come from the Cullum Family Trust.

Second Stage: Due to various complexities around the Dorothy Stringer site, gaining specific consents and approvals will take longer. In addition, Dorothy Stringer has taken an extra class in this academic year due to weight of pupils at secondary transfer and is likely to take further extra pupils over the next couple of years onto quite a cramped site. In this context it has been agreed that development of a Special Facility here will probably not be possible until after 2021 at the earliest. While there remains a commitment to develop a Facility at this site, there will inevitably be a significant delay. However if we proceed with Stage 1, the commitment to increase capacity made as part of the re-organisation proposals can still be honoured.

9. ANALYSIS AND CONSIDERATION OF ANY ALTERNATIVE OPTIONS

Due to the profile of the scrutiny report plus the ongoing dialogue with key stakeholders we feel the details set out above and the development of further provision are the right things to have focussed on with key actions being completed. This is an ongoing process so can be amended as needs change.

10. COMMUNITY ENGAGEMENT and CONSULTATION

Through mASCot, Amaze and PaCC we hear feedback from many families in the city about our Local Offer. As well as the community engagement that Amaze do, MAScot does a regular parent/carer survey, the results of which help inform the city provision in terms of Autism support. The themes picked up by these groups working directly with our service users as well as feedback we collect directly help inform service improvement priorities. We have a mature well established relationship with partners in the city and we are committed to a co-production approach across all levels.

11. CONCLUSION

- 11.1 We ask the committee to approve the recommendations and acknowledge the range of support available in the city and our commitment to make further improvements.

12. FINANCIAL and OTHER IMPLICATIONS:

Financial Implications:

- 12.1 The autism strategy will be delivered within the financial resources identified from a variety of sources. These include capital funding, resource from the council's general fund budget and funding allocated through the dedicated schools grant.
- 12.2 With regard to the proposed partnership with the National Autistic Society and associated Cullum Trust, the financial implications being considered include:
- Whether the build costs for the two Cullum Centres will be within the total capital budget identified (this is estimated at £2m from the Cullum Trust and £0.5m already secured from the SEND capital grant).
 - A further capital grant was announced by DfE in summer 2018, the Brighton and Hove share being £0.116m which could also be utilised to fund some of the capital costs.
 - Whether it is permissible to use the SEND capital grant to fund the one-off project initiation fees (£0.050m per centre) which the Cullum Trust require as a LA contribution
 - The annual costs for training and accreditation would be funded from the high needs block of the dedicated schools grant
 - The implications of Dorothy Stringer being a PFI school
 - The ongoing funding of 'additional' places – there would be new specialist provision within the city and revenue funding (place plus top-up) would need to be identified to resource these places. This could be through places released from our maintained special schools or perhaps a reallocation of places from other Special Facilities. Alternatively if more specialist provision is available in the city it might enable us to reduce

agency placements (average cost of an Agency Placement is £36k). The initial impact would be quite low but as the units incrementally build up the costs will increase.

The HNB is under pressure and overspent by £0.291m in 2017/18 and is projected to overspend again in 2018/19.

Finance Officer Consulted: Steve Williams

Date: 02/10/2018

Legal Implications:

- 12.3 The Children and Families Act 2014 places duties on Local Authorities towards children with special educational needs, including autism spectrum conditions, in terms of assessing need, making suitable provision and signposting to other organisations. The LA must ensure that these education and training functions are exercised with a view to promoting high standards.
- 12.4 The creation of Special Facilities in the city for children with autism will assist the LA in fulfilling these duties. Legal advice will be provided in relation to specific issues which may arise as the project progresses

Lawyer Consulted:

Serena Kynaston

Date: 05/10/2018

Equalities Implications:

The summary of provision and planned activity in this report demonstrates the breadth of support to autistic children, young people and their families in Brighton and Hove.

Sustainability Implications:

- 12.5 In the city it is imperative that we continue to introduce more sustainable options around supporting families in the city, especially in the context of increasing demand and reducing resources. The planned activities set out in the report support this, including the planned parent/carers guide, the proposed new neurodevelopmental pathway and the refreshed SEND strategy. This will all add to increasing the knowledge and awareness of the impact of autism on children, young people and their families and provide best use of resource within the current context.

Any Other Significant Implications:

N/A

SUPPORTING DOCUMENTATION

Appendices:

- 1. None

Documents in Members' Rooms: None

Background Documents: None

Subject:		Re-organisation of Special Educational provision in the City - Progress Report	
Date of Meeting:		12 November 2018	
Report of:		Executive Director for Families, Children & Learning	
Contact Officer:	Name:	Regan Delf, Edward Yeo	Tel: 01273 293504, Tel: 29-4354
	Email:	regan.delf@brighton-hove.gov.uk, edward.yeo@brighton-hove.gov.uk	
Ward(s) affected:		(All Wards);	

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of the report is to set out progress in the first stage of implementation of the new special schools hubs in the city and to identify next steps.
- 1.2 All three new hubs opened in line with the agreed schedule on 1 September 2018. The scheduled date for completion of the all phases of implementation of the vision for the specialist hubs is the end of July 2020 and currently plans are on track to meet that deadline.

2. RECOMMENDATIONS:

- 2.1 That the Committee notes the report.

3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 In 2014, the Local Authority carried out a wide-ranging review of special educational provision.
- 3.2 A vision for a consolidated future model of provision was co-produced with families and a wide range of partners.
- 3.3 Extensive formal and informal consultation took place between 2014 and 2017 on a range of proposed changes, intended to:
 - Preserve the number of specialist places overall
 - Build on existing outstanding provision to ensure all children in specialist provision receive an outstanding education
 - Provide improved support to families so that they can withstand the pressures of having one or more disabled children in order to keep families together, prevent children coming into care and prevent the need for expensive out of city residential schooling

- Consolidate the existing six special schools and two PRUs into three specialist hubs that would offer a wide range of integrated education, health and care/ extended day and holiday services to families
 - Provide an extended offer of support and guidance to families, including in the home, where children have especially complex needs and challenging behaviour
 - Provide an extended health offer to meet both physical and mental health needs of children and young people
 - Extend and improve the post 16 and post 19 educational offer for children with complex SEND
 - Improve and update the environment, accommodation and curriculum for children with SEND at the hubs
- 3.4 On 18 September 2017, the Children, Young People and Skills Committee approved final recommendations to create three special school hubs from the previous six special schools and two Pupil Referral Units in the city.
- 3.5 Specifically recommendations were to:
- expand, re-designate and extend the age range up to the age of 19 years of Hillside Community Special School, and close Downs Park Community Special School so as to form the integrated hub for severe and complex learning difficulties in the west of the city - now re-named Hill Park
 - expand and re-designate Downs View Community Special School, and close the Cedar Centre Community Special School so as to form the integrated hub for severe and complex learning difficulties in the east of the city – now named Downs View
 - expand and extend the age range of Homewood College from 11-16 to 5-19
 - approve the merger of the existing Pupil Referral Unit (PRU) and the Connected Hub, and the arrangements to bring the merged PRU together with Homewood College to form the integrated hub for social, emotional and mental health – known as the SEMH central hub pending decision on re-naming
- 3.6 Following the decision of the CYPS Urgency Sub-Committee on 13 June 2017, Patcham House School closed at the end of July 2018 at which point there were no pupils on roll.
- 3.7 To ensure no special school places were lost for children with autism in the city, contemporaneous plans were put forward to open a new Special Facility for more vulnerable children with autism in a secondary school in the city. Since then, plans have advanced considerably including a potential partnership with the National Autistic Society and the Cullum Family Trust to explore a new Special Facility at Dorothy Stringer School and a substantial upgrade and new build for the existing Special Facility at Hove Park School.
- 3.8 **Outcome Measures:** the success of the re-organisation will be judged on the basis of the agreed outcomes being sought, notably:
- 3.8.1 Excellent quality local provision for all children and young people with special educational needs and disabilities
 - 3.8.2 Improved academic outcomes for all

- 3.8.3 Improved attendance rates and a reduction in exclusions
 - 3.8.4 Increased percentage of young people in further education, employment or training post statutory school age
 - 3.8.5 Reduction in family breakdown and the number of special school pupils needing to be in the care of the Local Authority
 - 3.8.6 Reduction in number of children placed in expensive out of city independent provision
 - 3.8.7 All three Hubs judged outstanding by Ofsted
 - 3.8.8 All three Hubs financially stable and no budget deficits in our special provision
 - 3.8.9 Agreed efficiency savings made through consolidation of sites, leadership and back office functions
- 3.9 Service level agreements between the individual Hubs and the Local Authority will ensure that key deliverables continue to be met.

4. PROGRESS REPORT

- 4.1 On 1.9.18, all three special school hubs opened as:
- Hill Park School (formerly Hillside and Downs Park Schools) – Executive Headteacher Rachel Burstow
 - Downs View School (formerly Downs View School and Cedar Centre) – Executive Headteacher Adrian Carver
 - SEMH Central Hub (Homewood College, Brighton and Hove Pupil Referral Unit and the Connected Hub Pupil Referral Unit – Executive Headteacher Louise Cook
- 4.2 Hill Park and Downs View Learning Difficulty Hubs both cater for children and young people with a wide range of complex learning needs from severe to moderate. They both are able to take children and young people from the age of 2 years to 19 years, although currently few children start below the age of 4 years and Hill Park does not yet have post 16 provision.
- 4.3 The SEMH Central Hub caters for children with social, emotional and mental health needs. It now has an age range of 5-16 years although almost all pupils are in Key Stages 2, 3 and 4. Homewood College has only secondary pupils while the PRU has all age groups. Most primary pupils at the PRU are on short term part time placements, remaining of the roll of their primary school but there are some permanent full time placements also. The Connected Hub is for Year 11 only.

4.4 Site consolidation and development

- 4.4.1 As part of the re-organisation project, there has always been a commitment to consolidate sites and then substantially upgrade, extend and develop the sites that remain.
- 4.4.2 £7.5M has been reserved for capital development although it is proving difficult to meet planning requirements within that budget.

- 4.4.3 The design and construction of the projects arising from the review will be undertaken by the councils Strategic Construction Partnership. This will ensure that we have early involvement of all parties involved in delivering the projects. This includes representatives from each school.
- 4.4.4 Preliminary design work has been undertaken on the projects to extend the east and west hub projects (Hill Park and Downs View) and initial estimates of the cost of the two projects have been received. Unfortunately these are higher than anticipated.
- 4.4.5 The original total budget figure for the projects at Hill Park and Downs View was £6.5million. The initial estimates received from the partnership indicate that the total budget costs will be in the order of £8million. Work will be undertaken to interrogate these costs to see if savings can be made to bring the costs down to closer to the original estimates. If this is not possible consideration will need to be given to how to fund the projects arising from the review.
- 4.4.6 The proposal is that work on site will commence in the summer of 2019 although there may be some enabling works prior to this at the eastern hub (Downs View) in Woodingdean.
- 4.4.7 Work on the SEMH hub (Homewood College, Brighton and Hove PRU and the Connected Hub) is not as advanced as the west and east hubs owing to uncertainty around the preferred site. Once this is confirmed design will commence.
- 4.4.8 The individual projects will need to be added to the capital programme. At the present time there is an allowance within the FCL capital programme of £7.5million to implement the outcomes of the SEND review. As the projects are defined and costs are finalised it will be necessary to add the individual projects to the capital programme, either by specific reports to PR&G committee or by making amendments as part of the Targeted Budget Management (TBM) process.

4.5 Integrated health offer

- 4.5.1 The CCG's Commissioner for Children's Health services has worked with the Health Trusts and School Hubs to consider the best use of available resources to enhance the Health Offer into those Schools.
- 4.5.2 This involved outlining what the current offer is from the Health Services and agreeing a number of broad principles.
- 4.5.3 Each Hub was then tasked with working through with key stakeholders the details of services / posts and costs to best meet the needs of pupils in their schools.
- 4.5.4 In Hill Park and Downs View, we are now awaiting the outcomes of this before more formalised contractual arrangements can be taken forward.
- 4.5.5 In this area, the SEMH Hub has moved further ahead and recruited an extended range of therapeutic input to support the emotional and mental health of pupils.

4.6 Extended day offer

- 4.6.1 Part of the vision for all three hubs has been the provision of extra-curricular, extended day and short break services as part of the integrated provision on offer.
- 4.6.2 The two Learning Difficulty Hubs, Hill Park and Downs View, will provide leadership and coordination for existing statutory short break services for disabled children with these services operating from Hub facilities. Plans are in place to appoint a joint co-ordinator of extended day services as the two Hubs have decided to run a joint service.
- 4.6.3 In the last budget round, the council provided an extra £90K per annum for short break/extended day activities from the 18/19 financial year onwards with the intention that this be delivered through the hubs in consultation with PACC and relevant parent representatives.
- 4.6.4 This funding will be divided between the hubs once their planning is in place. Until that point it will fund existing short break services and direct payments to families.
- 4.6.5 Given there are few if any short break services in the SEMH sector and that plans are for the LD hubs to manage and coordinate a significant range of existing short break services, it has been agreed that 50% of the funding (£45K pro rata per annum) goes to the SEMH hub and 25% each to the two LD hubs (£22.5K per hub or £50K across the hubs) for a pooled budget to create an overall co-ordinator post.
- 4.6.6 **Post 16 Provision**
- 4.6.7 As part of proposals to create three integrated hubs across the city, the age range of Hill Park and the SEMH Hub have been extended to 19 years to match the upper age range at Downs View Link College.
- 4.6.8 Previously all post 16 education in maintained special schools in the city had been located at Downs View Link College. The Link College has provided outstanding provision for the city's young people with more severe, profound and multiple learning needs for a number of years and will continue to do so.
- 4.6.9 However parents would like an extended post 16 offer for children with milder learning difficulties and other complex needs, including where appropriate SEMH, in the maintained sector.
- 4.6.10 The LA has also been concerned to reduce further the percentage of young people not in education, employment and training as young adults and to improve ability to commission high quality further education placements at best value.
- 4.6.11 As a consequence, post 16 provision at Hill Park and the SEMH hub is being planned subject to sufficient on-going need and an affordable business case.

- 4.6.12 The intention is for this to be in place from September 2020 in the last phase of the hub development.
- 4.6.13 This provision is intended to support a transition to Further Education College, employment or other training opportunity.
- 4.6.14 In the early summer of 2018, Downs View School's bid to run an independent post 19 college for students with severe learning difficulties (Downs View Life Skills College – DVLSC) was apparently one of only three bids from maintained special schools approved by the Department for Education. This is a very significant achievement and a testament to the quality of the application.
- 4.6.15 Currently the LA is commissioning 22 placements at DVLSC for post 19 young adults as part of new duties to ensure education is provided up to 25 years if required for eligible young people with Education, Health and Care plans.
- 4.6.16 DVLSC costs are considerably lower than the equivalent independent placements and thus the LA has achieved a considerable saving through placements there.
- 4.6.17 DVLSC is operating currently from the Patcham House site on a long term temporary basis.
- 4.6.18 The LA is required to go to tender on the contract for post 19 provision going forward and the relevant processes are in train.
- 4.6.19 The LA is minded to offer Patcham House as a site for the new post 19 contractor at a suitable commercial rent for the foreseeable future as other sites of sufficient size and quality would be difficult to secure locally.

4.7 Support for 'Hidden' and Disadvantaged Children

- 4.7.1 The Hubs are all designed to offer integrated education, health and extended day activities with extra support for families where children have complex needs and behavioural challenges.
- 4.7.2 Particularly in the SEMH Hub, the extended provision will enable a more comprehensive offer to families of children who may have been unable to cope with a mainstream school environment.
- 4.7.3 Extended provision will include additional support for emotional and mental health.
- 4.7.4 The significant capital investment in upgrading and developing the Hub sites will offer pupils who may be reluctant to attend school new and exciting curriculum and extra curriculum opportunities.
- 4.7.5 Key performance indicators for the Hub development include outcome measures around reduction in exclusion and improvement in attendance, as well as a reduction in the number of young people needing to come into care.

5 COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 The re-organisation of special provision has been based throughout on a co-production model with parents, carers and young people.
- 5.2 The original review of SEND provision in 2014 informed proposals and at every stage, from developing the vision to recruiting executive heads to determining how the extended offer will look, families have been involved.
- 5.3 The support of aMAZE and the Parents' and Carers' Council (PACC) in facilitating consultation and co-production has been invaluable.

6. CONCLUSION

- 6.1 A 'one year on' report was requested by Committee back in September 2017 when final proposals were agreed.
- 6.2 The three new special school hubs opened on schedule in September 2018.
- 6.3 The full project is intended to be complete by September 2020 and barring any setbacks in terms of planning consents or approvals for building works, it is envisaged that the project will complete on schedule.
- 6.4 The full benefits of the re-organised provision will be evident once the project is completed with upgraded sites and extended integrated health, care and education provision.
- 6.5 Outcome measures against which the success of the Hubs can be judged are listed in 3.6.3. As the Hubs only opened in September 2018, it is too early to evaluate success against key performance indicators but progress towards these will be measured as part of the council's performance management systems.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 7.1 The implementation of the SEND review proposals mean that at least the same number of specialist placements for children with SEN and disabilities will be delivered but through a reorganisation of provision. This approach will safeguard Dedicated Schools Grant (DSG) high needs block funding levels whilst, at the same time, delivering greater economies of scale resulting in reduced unit costs.
- 7.2 The proposed changes and resulting savings will enable the available funding to be used more efficiently and effectively, so that the city's special provision is sustainable into the future. These revenue savings are most likely to be realised when co-location of the schools is achieved and the economies of scale should, in particular, facilitate savings in management, administration and premises budgets. Analysis of special school budget plans for 2018/19 has identified approximately £2.7m is currently spent in these areas and the proposals in previous committee reports set out the plan to save £700k over a multi-year period starting in 2018/19. A saving of c. £100k has already been achieved

through the closure of Patcham House School and this resource has been reinvested in provision across the integrated hubs.

- 7.3 For 2018/19, an additional £175k has been allocated across the hubs to support the integrated health offer and this will increase to a full year figure of £300k in 2019/20. In the last budget round, the council also provided an extra £90k per annum for short break/extended day activities from the 2018/19 financial year onwards.
- 7.4 The reduction in costs and integration of provision, and the additional investment for the integrated health offer, will mean that the unit values for top-up funding in special schools will need to be reviewed over time and applied in accordance with the Government's operational guidance and the Schools and Early Years Finance Regulations.
- 7.5 In order to facilitate the necessary property changes a sum of £7.5m has been set aside in the capital programme to support the SEND review. The disposal of any surplus assets identified under this review may potentially generate capital receipts. Those receipts, less any disposal costs, will be ring-fenced to support capital investment through the Council's Capital Investment programme to enable the adaptations and improvements to the new provisions. The balance of receipts after the initial ring-fencing will be used to support the Council's future corporate capital strategy.

Finance Officer Consulted: Steve Williams

Date: 05/10/18

Legal Implications:

- 7.6 There are no legal implications arising from this report. Particular projects may give rise to specific issues which will be covered by individual reports at future meetings.

Lawyer Consulted: Serena Kynaston

Date: 01/10/18

Equalities Implications:

Equalities Impact Assessments were carried out as needed throughout the period of the review. Now the hubs are operational, equalities implications are the primary responsibility of the executive headteachers.

The LA continues to have a statutory responsibility to ensure that the needs of all children with Education, Health and Care plans are met, which it executes via an annual audit and commissioning process.

Sustainability Implications:

Financial stability has been a major driver in creating the new consolidated hubs. Additionally the larger specialist hubs will be able to run an enhanced curriculum offer due to a larger staff group and economies of scale. The considerable investment in specialist site provision should ensure long term sustainability of accommodation.

Any Other Significant Implications:

None

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms

None

Crime & Disorder Implications:

- 1.1 Where young people have significant social, emotional and mental health needs (SEMH), there is a risk of behavioural challenges within and beyond the school day, including on the routes to and from school. In relation to the SEMH hub, all plans are being made with the express intention to ensure safety and effective discipline. Attention is being paid in site development to ensuring safety and security for students, staff and the wider community.

Risk and Opportunity Management Implications:

Each hub has the appropriate risk management procedures in place. Where there are new planned developments, risk management processes will be updated as required.

Public Health Implications:

Improving mental and physical health and wellbeing is central to the vision for each hub. In particular the council has invested in an extended health offer within each hub with an additional £100K of funding to supplement provision via the CCG.

Corporate / Citywide Implications:

The re-organisation of special provision in the city is consistent with the key deliverable in the Corporate Plan, notably to provide '**A good life:** Ensuring a city for all ages, inclusive of everyone and protecting the most vulnerable.'

Subject:	Children and Young People's Mental Health Local Transformation Plan - 2018 refresh and Wave One Trailblazer Expression of Interest		
Date of Meeting:	12 November 2018		
Report of:	Executive Director for Families, Children & Learning		
Contact Officer:	Name:	Gill Brooks	Tel: 01273 23 8717
	Email:	gill.brooks1@nhs.net	
Ward(s) affected:	All wards		

FOR GENERAL RELEASE**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The first purpose of the report is to update on the Children and Young People's Mental Health Local Transformation Plan (LTP) refresh for 2018; to provide an update on progress, opportunities and challenges and funding allocation.
- 1.2 The second purpose of the report is to provide details on the expression of interest to be Wave One of *Transforming Children and Young People's Mental Health Provision: A Green Paper* (2017) 2019-2024. The expression of interest was submitted on 17th September 2018.

2. RECOMMENDATION:

- a) That the Committee notes the report

3. CONTEXT/ BACKGROUND INFORMATION**Local Transformation Plan (LTP) 2018 refresh**

- 3.1 Following the publication of Future in Mind (2015) which highlighted difficulties in access to mental health support to children and young people, all CCG's are required to produce an annual Children and Young People's Mental Health Local Transformation Plan (LTP) refresh.
- 3.2 Health and Wellbeing Board approved the Brighton and Hove (LTP) in October 2015, the refresh in October 2016 and October 2017. These documents can be found here: <http://www.brightonandhoveccg.nhs.uk/plans>
Included in the paper is the **Executive Summary** (Appendix A). The full Local Transformation Plan is available if required.

- 3.3 CCGs were required to refresh and republish their LTPs by 31st October 2018. There are several elements to the draft LTP refresh for 2017/18:
- An update and progress on children and young people's mental health services vision and how the refreshed LTP will enable that to succeed;
 - The LTP plans for 2017/18 onwards in the context of the Five Year Forward View for Mental Health and developments within our Sustainability and Transformation Partnership (STP) and Commissioning Alliance; and
 - An update on 2017/18 (spend and activity).

3.4 Our progress and achievements so far and on-going challenges are:

"Our vision is to provide more responsive support for children and young people when they experience poor mental health or are in crisis. We will give them opportunities to build their own resilience and recognise their need earlier, encouraging them to support and confide in one another. They can access services when, where and how they choose, embracing digital and social media. Services will work closely together so that criteria and thresholds are less important than addressing holistic need in a timely way, generating good outcomes."

3.5 The changes have been developed around:

- Infrastructure in place for successful change – training & FindGetGive website
- Building capacity at an early stage – Wellbeing and Schools Wellbeing Services
- Targeted support – Specialist CAMHS redesign

Phase One – foundation stages, pilots, testing

Phase Two – consolidation and recurrent change

Achievements since last publication	Challenges; what still to do
CYP MH access target achieved - 34% (against a target of 30%) Started work on vulnerable CYP Adaptive Mentalisation Based Integrative Treatment (AMBIT) training Schools Wellbeing activity Agreed outcome/ experience measures across system	MH crisis response Vulnerable CYP with MH needs – LAC Wellbeing Service waiting times Schools Wellbeing – MHSDS (Access Target) FEDS (eating Disorder) access and waiting time target Implementation of neurodevelopmental pathway Wave One Trailblazer opportunity

3.6 The main areas of focus (change and improvements) in the 2018 refresh are:

	Area of change/ development	Highlights
Infrastructure	#IAMWHOLE (mental health awareness campaign)*	Building on previous campaigns – 2018 campaign – Whole Hour – spend at least one hour on World Mental Health Day (10 Oct) paying attention to your wellbeing and mental health. This improves quality and safety by raising awareness and directing people to help as early as possible
	Social Prescribing	YMCA have been successful in a bid to implement social prescribing for young people in the City providing early intervention that reduces risk and improves safety
	Participation*	Right Here supporting key providers to `stock take` their participation offer and plan improvements (part of CYP IAPT) recognising that we need to involve users in improving outcomes and quality of our services
	<i>Can we Talk</i> training initiative	Brighton and Sussex University Hospitals NHS Trust/ Sussex Partnership NHS Trust national bid – train acute hospital staff in MH awareness to improve safety and risk response in the acute sector
	Self-harm needs assessment*	Published with recommendations Feb 2018 Task and finish group to be established 2018/19
	Updates prevalence data Oct 2018	Public Health England to publish updated data – need to recalibrate commissioning intentions
Building capacity	Adaptive Mentalisation-based Integrative Treatment (AMBIT) – whole system training*	Whole system training (health and social care) – framework to assess and treat across agencies supporting a shared risk

		assessment and management to improve safety and response
	Workforce development*	Workforce Matrix – gap analysis (2018) Workforce Strategy Phase 2 (end 18/19) Links with HEE and NHSE Ensuring there is the appropriate workforce to respond to need
Targeted support	Schools Wellbeing Service and Wave One Trailblazer site opportunity*	Opportunity to bring additional resource to the mental health support in schools
	Wave One Trailblazer site opportunity – pilot 4 week access to treatment in Specialist CAMHS	Pilot 4 weeks to treatment – increasing capacity so that waiting times reduced
	Building an integrated pathway across 3 main providers of children's mental health services (Family Coach)*	CAMHS, Schools Wellbeing and Community Wellbeing Services – risk, protocols, communication, joint triage and Family Coach (parental mental health and socio-economic issues associated with child's mental health). This will improve risk management, communications, safety and quality of all the services
	Vulnerable children and young people – their mental health needs – links with social care*	Additional MH resource in social care pods. Plan to expand further (LAC needs) in 19/20, supporting risk management
	Children's Mental Health Access Target*	34% achieved 17/18. 18/19 target is 32%. Main focus on Schools Wellbeing service submitting to MHSDS from Nov 2018
	Outcome and experience measures*	3 main providers have agreed core measures. Will be nationally measured from April 2019. 18/19 is shadow year

	Neuro-developmental pathway improvements*	Business case approved in principle Plan to implement July 2018 Includes Transforming Care needs Requires joint working with social care and education. Addresses identified needs of our most vulnerable group of children
	Eating Disorder (FEDS)	Access target to be measured from 19/20 Service review and improvement plan to achieve target

*Health and Local Authority joint working

3.7 Benefits realisation

3.7.1 The impact of this investment and strategic improvement is able to be measured through various criteria:

- a) More children accessing mental health services – 34% in 18/19 (17% 17/18);
- b) Specialist CAMHS access – 92% first treatment within 8 weeks in 18/19 (compared to 100% first treatment within 18 weeks in 17/18); and
- c) Schools Wellbeing – 309 treatments with 66% significantly improved after intervention (April-June 2018).

3.7.2 We recognise that we need to develop a more robust method of measuring the impact on quality, safety and outcomes of services as well as access and activity.

3.8 Governance

3.8.1 This LTP will be presented at the following committees:

- a) CCG Governing Body – 24th October 2018; and
- b) Brighton and Hove Health and Wellbeing Board (Chair's updates) - Nov 2018

3.8.2 It has been signed off by the children and young people's assurance group and NHS England prior to final publication.

4. **Wave One Trailblazer (Green Paper) expression of interest – for information as bid was submitted 17th Sept 2018**

- 4.1 As well as investment following Future in Mind the government has committed to £215m additional funding to implement the recommendations in the *Transforming Children and Young People's Mental Health Provision: A Green Paper* (2017) 2019-2024. The emphasis is on increasing mental health support in schools through Mental Health Support Teams as well as piloting 4 weeks to treatment for CAMHS. The key elements are:
- a) Increase resource to schools – more evidence based interventions and whole school approach, additional roles and training opportunities;
 - b) Includes vulnerable CYP/ PRUs (inequalities) and independent schools;
 - c) At least 2 MH Support Teams per CCG:
 - i. (7.5 WTE per 8000 pupils/ 20 schools – 500 interventions (evidence based CYP IAPT)
 - ii. **Funding of £326K** (no capital)
 - d) Integrated whole system, referral process, collaborative working;
 - e) Designated School Leads – one required in every school – strategic leads (training & support from DfE);
 - f) Clear pathway to Specialist CAMHS and supervision;
 - g) Tracked and evaluated via MHSDS;
 - h) 4 week waiting time to treatment pilot (Specialist CAMHS);
 - i) Project resource funding available if required; and
 - j) **Finance is for one year (Jan 2019/end 2020) future funding is subject to further agreement and is to be confirmed.**
- 4.2 Brighton and Hove CCG has been invited to express an interest in being a Wave One Trailblazer site. The submission deadline is 17th September 2018 and we should have confirmation of acceptance by October 2018 to implement from January 2019 onwards. Please see *Appendices B, C and D* for the Trailblazer submission.
- 4.3 Current support in schools and colleges:
- a) 10 WTE in all 10 secondary schools; less in Primary Schools; some support to Special Schools, about to implement in Colleges
 - b) Whole School approach/ framework embedded (50% direct interventions 50% system / whole school approach)
 - c) School MH leads in all secondary schools
 - d) School triage (Secondary)
 - e) Have been part of CWB/ CAMHS Triage
 - f) Providing 1000 direct interventions pa
 - g) About to introduce Family Coach model (Schools and CWB triage)
 - h) Informal CAMHS supervision
 - i) Now on CareFirst, need to submit to MHSDS by Nov 2018
 - j) Current funding £570,000 (£212,000 is CCG)

4.4 The Brighton and Hove proposal:

4.4.1 Mental Health in schools

4.4.1.1 We will build on our current model within Schools Wellbeing Service (SWS) service by enhancing the resource and adding to the current funding. We have used the formula in the guidance to ensure we have:

- a) Sufficient resource across all schools
- b) Interventions can take place at home where the school environment is not appropriate or where there are emotional school refusers and vulnerable young people
- c) The service able to participate in the mental health triage hub so that it is combined with our Front Door For Families (social care) for a truly integrated triage
- d) Agreements with all schools to ensure existing services are maintained
- e) Specialist CAMHS able to provide a more robust consultation and formal supervision service across all education establishments

4.4.1.2 Our proposal will mean a further 14 WTE with a restructure so that the current SWS will be an umbrella service for at least 3 MHSTs, resulting in needs of clusters of education establishments (College, Secondary, Primary and Special schools) being met as systems. Innovation will include:

- a) Being able to address needs across transitions (for example mainstream to special schools, primary to secondary schools, and non-attenders returning to education)
- b) Being able to provide a universal offer, equally whatever the education establishment
- c) Being able to provide a flexible offer:
- d) working more closely with Specialist CAMHS (joint approach in schools)
- e) providing interventions in pupil's homes where this is more appropriate
- f) Extending the offer to independent schools and our colleges
- g) Ensuring robust working relationship, clear pathways and supervision from Specialist CAMHS including risk management
- h) Addressing specific needs (such as self-harm as 20% of 14-16 year olds state they have self-harmed) targeting protected characteristics with staff with experience in working with BME, LGBTQ, as well as enhancing support to vulnerable children
- i) Providing an opportunity to address gaps in intervention modalities, building on findings from our workforce training needs analysis and strategy that is linked to our current training offer

4.4.2 4 weeks to treatment – Specialist CAMHS

4.4.2.1 Assessment and Treatment; packages of treatment that will ensure:

- a) Continue to participate and provide clinical leadership in the triage hub ensuring extension of partnership working to MHSTs to develop an integrated referral system (CAMHS, MHST's and Wellbeing Service)
- b) Assessment within 2 weeks – front load the pathway with skilled clinicians , to address risk, this could be see and treat and would commence paired outcome scores (where treatment continued)
- c) At assessment and at all points of the pathway the Adaptive Mentalisation-Based Integrative Treatment (AMBIT) framework would be

used to support staff and networks to manage risk, engage and provide appropriate response to our most vulnerable children/ young people especially for those who do not attend or were not brought

- d) A universal offer to all Specialist CAMHS accepted referrals - first line treatment of: a workshop based model for children and young people, parents/carers (workshops include: resilience skills; distress tolerance; emotion /sensory regulation; grounding techniques; psychoeducation); and/or risk support and interventions; and/or AMBIT informed network consultation. At assessment and all points of the service pathway the AMBIT framework would be used to ensure effective communications and safer systems around YP
- e) Ongoing Specialist intervention pathways for more complex needs and treatment
- f) Integral links with Schools trailblazer (supervision, consultation and step up/ step down across the Thrive-informed pathway) as well as potential for some Specialist CAMHS interventions in education settings

4.4.2.2 The proposal also:

- a) Requires time to address current demand (backlog)
- b) Demand and capacity modelling currently taking place to support bid (requires agreement on inclusions and exclusions e.g. diagnostic neuro-developmental excluded)
- c) A trajectory will be developed – when will achieve 4 weeks to treatment target
- d) Monitored through MHSDS
- e) Additional resource to implement - operational

5 COMMUNITY ENGAGEMENT & CONSULTATION

5.1 The following children, young people and parent/ carer involvement has been undertaken:

- a) JSNA focus groups in 2016;
- b) Review of care pathways and development of the Local Transformation Plan workshops in June 2015 and July 2016;
- c) Attendance at LMG meeting in October 2016;
- d) Young people focus group in Nov 2016;
- e) Approval of pathway and specification from Local Authority partners (Children's Services and Public Health);
- f) Autism service review – involvement of parents and carers (Nov-Dec 2016);
- g) User feedback during the redesign of Specialist CAMHS phase in Jan 2017;
- h) Self-harm needs assessment focus group (Dec 2017-Jan 2018);
- i) Big Health and Care conversation – young people's session (Dec 2017);
- j) Neuro-developmental pathway development with parents/ carers (Sept 2017);
- k) Primary school pupils co-writing *Flo and the Funny Feelings* with author Anna Williamson as part of #IAMWHOLE campaign 2017; and
- l) Young People friendly needs assessment and LTP (April 2018).

6. CONCLUSION

- 6.1 The committee is asked to note the update on the Children and Young People's Mental Health Local Transformation Plan (LTP) refresh for 2018. This includes an update on progress, opportunities and challenges and funding allocation and how it aligns with the whole system of children's services.
- 6.2 The expression of interest to be Wave One of *Transforming Children and Young People's Mental Health Provision: A Green Paper* (2017) 2019-2024 was submitted on 17th September 2018. This additional funding will supplement LTP funding and enable a more flexible and improved mental health response to our schools including an outreach to people's homes. It will also provide additional funds to improve access to specialist mental health treatment.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

To support the changes required as outlined in *Future in Mind*, Brighton and Hove Clinical Commissioning Group (CCG) has been allocated the following funds (verified and approved by Finance Directorate and assured by the LTP Assurance Group (CCG and Local Authority):

LTP refresh - finance table	2015/16	2016/17	2017/18	2018/19*	2019/20*	2020/21*	Total
Community Eating Disorder Service for Children and Young People	£148,848	£154,000	£154,000	£154,000	£154,000	£154,000	£918,848
Transformation Plan (LTP Table below)	£372,582	£610,000	£718,000	£872,000	£975,000	£1,098,000	£4,645,582
Non-recurrent NHSE	-	£125,000	-	-	-	-	£125,000
NHSE Health & Justice investment	-	£0	£35,000	£35,000	£35,000	£35,000	£140,000
Current and projected CCG additional investment	-	£70,000	£70,000	£70,000	£70,000	£70,000	£350,000
TOTAL	£521,430	£959,000	£977,000	£1,131,000	£1,234,000	£1,357,000	£6,179,430

*Potential Trailblazer additional funds

Transformation Plan Funding 2015/21	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Est. % annual increase	-	63.70%	17.60%	21.40%	11.80%	12.60%	-
Est. Annual Increase	-	£237,418	£108,000	£154,000	£103,000	£123,000	£725,418
Total Allocation (£)	£372,582	£610,000	£718,000	£872,000	£975,000	£1,098,000	£4,645,582
Spend	£372,582	£604,890	£710,433	£872,000	£975,000	£1,098,000	£4,632,905
Variance	£0	£5,110	£7,567	£0	£0	£0	£12,677

LTP Cumulative 2015/21	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Cumulative Allocation	372,582	£982,582	£1,700,582	£2,572,582	£3,547,582	£4,645,582	£13,821,492
Cumulative Spend	372,582	£977,472	£1,687,905	£2,559,905	£3,534,905	£4,632,905	£13,765,674

In context, it is worth noting that the total CCG investment in children's mental health including the above:

- £4,255,536 (17/18)
- £4,345,354 (18/19)

Wave One Trailblazer

If the CCG is successful as a Wave One Trailblazer, additional funds will be provided to implement those changes. The CCG will have confirmation of this in October 2018.

The funding the CCG has applied for is as follows:

- Schools - **£690,100** (equivalent of 2 MHSTs and Specialist CAMHS supervision)
- 4 week to treatment pilot - **£915,500** (plus **£766,300** waiting list initiative)

Finance for Wave One Trailblazer is for one year (Jan 2019/end 2020) future funding is subject to further agreement and is to be confirmed by NHSE. It was recommended that the CCG submits a bid and then discusses and agrees future funding with NHSE if successful. If the CCG is successful, we will be required to develop a full business case in October/ November 2018, so this can be considered at various local committees (including this one) in the future. At the time of writing the paper, the outcome of the expression of interest was not known, however it is anticipated that a verbal update will be available at the meeting.

These financial implications reflect the position relating to the CCG. If the Wave One Trailblazer application is successful a full business case will be required and this will consider the future funding position and implications for both the CCG and the local authority.

Finance Officer Consulted: Name: Steve Williams

Date: 31/10/18

Legal Implications:

This report sets out how the Council has responded to recommendations made by the Department of Health and Social Care to improve mental health services for children and young people. The Council needs to demonstrate that these recommendations have been taken into account in the annual refresh of their Local Transformation Plan as well as in their expression of interest to be a Wave One Trailblazer site. If the Council is successful in this tender, additional funds will be provided to enhance the ability to meet our statutory duties to children and young people in our area.

Lawyer Consulted:

Name: Hilary Priestley

Date: 2/11/18

Equalities Implications:

An Equalities Impact Assessment (EIA) has been developed for the LTP refresh and is available on request. An EIA for the Trailblazer will be developed if the bid is successful.

Sustainability Implications:

The sustainability of LTP funding is secure until 2021 as part of the Future in Mind strategy and the NHS Five Year Forward View for Mental Health. NHS England is currently developing an NHS 10 Year Plan.

A sustainability assessment will be carried out once the Trailblazer bid has been successful.

Any Other Significant Implications:

None

SUPPORTING DOCUMENTATION

Appendices:

- A. Executive Summary of Children's Mental Health Local Transformation Plan
- B. Trailblazer Part A - Schools
- C. Trailblazer Part B – finances and activity
- D. Trailblazer Part C – 4 weeks to treatment pilot

Documents in Members' Rooms

None

Background Documents

None

Appendix 1

Crime & Disorder Implications:

No crime and disorder implications at this stage.

Risk and Opportunity Management Implications:

Risk and opportunities have been considered as part of the Local Transformation Plan and by providers' mobilisation plans.

Public Health Implications:

The *Future in Mind* report also recommends a regular prevalence survey of child and adolescent mental health is carried out every 5 years, and NHS England are planning to carry this out later this year (2018). Public Health is a co-commissioner of Schools Wellbeing Service.

Corporate / Citywide Implications:

No corporate or City-wide implications at this stage, however, the following reviews have been taken into account:

- a) The Special Educational Needs and Disability Review; and
- b) Services for children with autism scrutiny panel report.



Children and Young People’s Mental Health and Wellbeing Local Transformation Plan for Brighton and Hove (2015-2020)

Refresh 2018/19 – Executive Summary



#IAMWHOLE



YMCA RIGHT HERE
Young people promoting health and wellbeing
through education, campaigning and influencing



Better health for our city

First published November 2015
Revised November 2016
Revised October 2017
Revised October 2018

Foreword





In 2015, partners in Brighton and Hove came together to develop a vision to improve children and young people's mental health support, interventions, services and outcomes. This resulted in our Children and Young People's Mental Health Local Transformation Plan which lays the foundations for promoting and improving their emotional wellbeing and mental health. We recognise that achieving this will take more than one organisation and requires a whole system approach. This was proven in our achievement of the children's mental health access target in 2017/18 and will become vital as we express our interest in being a Wave One Trailblazer site for *Transforming Children's Mental Health: A Green Paper*.

This Transformation Plan is the result of close engagement with children, young people, their families, local voluntary sector groups and providers of mental health services.

Brighton and Hove is committed to joined-up working between organisations and for this reason a multi-organisational Local Transformation Assurance Group has been established between the Local Authority and the CCG. It underpins all the integrated work we are currently developing through Caring Together and our Sustainability and Transformation Partnership as well as the Central Sussex and East Surrey Commissioning Alliance, and what we have done through the development of a Joint Strategic Needs Assessment.

Together we can build resilience, intervene early, and improve access to mental health services and outcomes to improve the mental health and wellbeing of our children, especially those who are most vulnerable.

This plan also sets out clear and achievable actions for how we will deliver this vision. We look forward to continuing to work together to make this happen.

Wendy Carberry Managing Director South Central Sussex and East Surrey Commissioning Alliance 	Dr. David Supple Clinical Chair, Brighton & Hove CCG and local GP 	Pinaki Ghoshal Executive Director, Families Children and Learning Directorate Brighton and Hove City Council 	Alistair Hill Director of Public Health, Brighton and Hove City Council 
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1. Executive summary

1.1 Introduction and Context

- 1.1.1 This is an important time for the development and improvement of children's and young people's mental health services. Mental health has been placed on an equal footing to physical health in policy through parity of esteem and with the publication of *Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing*¹ in 2015, ensuring children's mental health has increased attention and investment.
- 1.1.2 There has been universal acknowledgment in policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological wellbeing. For those children and young people with diagnosable mental health problems and their families/carers and the agencies that support them, the challenges are greater.
- 1.1.3 The Brighton and Hove Children and Young People's Mental Health Local Transformation Plan (LTP) is produced annually as mandated by NHS England. The first one was published in November 2015 and refreshed in 2016 (Phase One) and again in 2017. The refreshed 2018/19 LTP² can be found on the CCG website (see link below). It is a plan outlining progress up to the end of 2017/18. The LTP will be available, on request, in accessible versions (easy-read format), for example for those with a learning disability or where English is not their first language. If you would this document in an alternative format, for example large print, Braille or audio please contact our Engagement Team to discuss your requirements on 01273 238 700 or bhccg.participation@nhs.net. Young volunteers at Right Here have also worked on a young people-friendly version of the LTP, needs assessment and a short film to explain to people about how to access mental health services and what to expect. These are also available on the CCG website following the link below.
<https://www.brightonandhoveccg.nhs.uk/children-and-young-people%E2%80%99s-mental-health-and-wellbeing-transformation-planning>

Our Vision

Our vision is to provide more responsive support for children and young people when they experience poor mental health or are in crisis. We will give them opportunities to build their own resilience and recognise their need earlier, encouraging them to support and confide in one another. They can access services when, where and how they choose, embracing digital and social media. Services will work closely together so that criteria and thresholds are less important than addressing holistic need in a timely way, generating good outcomes.

¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

²<https://www.brightonandhoveccg.nhs.uk/publications/plans-priorities-and-progress/plans>

- 1.1.4 **The key changes and updates to the LTP can be found in section 1.3 below. In each chapter of the main Plan, the key updates are highlighted in a box at the beginning of each section so they are easily identifiable.**
- 1.1.5 The publication of *Future in Mind*³: *Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing* heralded a call to transform the services offered to children and young people with mental health and wellbeing issues through the development of a local transformation Plan. To support this change Brighton and Hove CCG has been allocated additional funds with an annual increase until 2021.
- 1.1.6 LTPs were developed in response to *Future in Mind* which highlighted the difficulties children, young people and their families have in accessing mental health support and provided a blueprint for whole system change.
- 1.1.7 This transformation is reflected in the Five Year forward View⁴ with its focus on prevention, reducing inequalities, empowering patients, involving and engaging to ensure new models of care are co-created with children and young people as well as strong clinical leadership. It is crucial to focus on children's needs and manage them early so that we can reduce any deterioration and complexity in adulthood. The priorities over the next 10 years will be identified by NHS England in the autumn of 2018 and will build on the work already started with the *Five Year Forward View and Future in Mind*.
- 1.1.8 Mental health is one of the four priority areas for the NHS and forms part of the ambitious national programme of the Five Year Forward View for Mental Health⁵. To support this, a Mental Health Delivery Plan 2017/18 outlines the programme delivery, governance and assurance nationally, regionally and locally. CCGs will continue to be monitored and provide assurance on the implementation of the Five Year Forward View in Mental Health. There are plans to publish a new 10 year NHS plan in the autumn of 2018 which will support the work in developing a sustainable plan with our partners beyond 2021. The following areas of the current plan, in table one overleaf, are relevant to the LTP.
- 1.1.9 For children's mental health, a key national target that this plan addresses is, ensuring at least 30% of children and young people with a diagnosable mental health condition receive treatment by the end of 2017/18, 32% by end of 2018/19 and 35% by end of 2020/21. A new outcome metric will be introduced in April 2019 which will also provide a way of measuring impact of interventions and the experiences of our children and young people. To achieve these targets, additional investment and resource has been allocated to mental health services by the CCG through the LTP fund.
- 1.1.10 The *Transforming Children and Young People's Mental Health Provision: A Green Paper* (2017) focusses on improving mental health interventions within education environments so that awareness of mental health/ emotional wellbeing issues are recognised and identified early

³https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

⁴<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

⁵<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

so that pupils receive help quickly and in a targeted way. It also recognises that staff and parents/ carers also need support – a whole school approach to mental health.

1.1.11 Brighton and Hove has also been chosen to express an interest in becoming a Wave One Trailblazer site for *Transforming Children and Young People's Mental Health Provision: a Green Paper* (2017). This will enable us to improve mental health support to our schools, strengthening expertise and response, as well as an opportunity to pilot a 4 week to treatment access target in Specialist CAMHS.

1.1.12 Other FYFVMH targets include:

- a) Continuing to commission an Early Intervention Psychosis Service that achieves the national target of at least 53% of people experiencing first episode of psychosis commence treatment within two weeks of referral; and
- b) Increasing the access to specialist perinatal mental health services by enhancing the current Brighton and Hove service.

	Area	National context – planning guidance	Local context
1	Children and young people's mental health	<p>At least 30% of Children and Young People with a diagnosable Mental Health condition receive treatment from an NHS-funded community Mental Health service;</p> <ul style="list-style-type: none"> ○ 30% of local need is met by Q4 2017/18 ○ 32% of local need is met by Q4 2018/19 ○ 35% of local need is met by Q4 2020/21 <p>Outcome and experience measures will be collected from April 2019.</p> <p>Commission 24/7 urgent and emergency mental health service for Children and Young People and ensure submission of data for the baseline audit in 2017 and follow up audit in 2018;</p> <p>All services working within the Children and Young People's IAPT programme;</p> <p>Community eating disorder teams for Children and Young People to meet access and waiting time standards: All localities expected to baseline current performance against the new standard measurement against it.</p>	<p>Commissioned additional capacity through the new Wellbeing Services (Schools and Community) to meet the 30% target by 31 March 2018 – achieved 34%. Ensure Schools Wellbeing submitting data to Mental Health Services Data Set by Q3 of 18/19 to support the increased target.</p> <p>Local CYP IAPT working group (multiple providers) has agreed on consistent outcome and experience measures that will be used across the whole pathway.</p> <p>Urgent response pilot in Specialist CAMHS in 2017 to increase hours of urgent response. Whole Sussex / STP model being developed aligned with New Models of Care developments. Learning from adult Liaison Services to improve CYP offer;</p> <p>Specialist CAMHS, Schools Wellbeing and Community Wellbeing within Children and Young People's IAPT programme in 2017. Five staff currently training in CYP IAPT courses. System-wide review and improvements to participation principle.</p> <p>Sussex wide Family Eating Disorder Service established in October 2016 is currently achieving 59.5% access and waiting times required for routine referrals and is achieving 75% for urgent referrals in 2017/18. The target 95% by 2020/21</p>

2	Specialist perinatal mental health	<p>Increase access to evidence-based specialist perinatal mental health care: regional plans and trajectories in plan to meet national ambition of 2,000 additional women accessing care.</p> <p>Commission additional or expanded specialist perinatal mental health community services to deliver care to more women within the locality.</p>	<p>Sussex and East Surrey (STP) successful in specialist perinatal mental health bid (wave one) to increase capacity and access for women to specialist service.</p> <p>For Brighton and Hove this meant enhancing the specialist service already there to increase the number of women receiving treatment from 92 per year to 154 per year to achieve the expected prevalence of 5% of birth rate requiring specialist perinatal mental health interventions (achieved 6.5% in 2017/18).</p>
3	Early Intervention in Psychosis (EIP)	<p>53% (in 17/18 and 18/19 and 60% in 2020/21) of people experiencing a first episode of psychosis commence treatment with a NICE – approved care package within two weeks of referral.</p>	<p>Sussex wide Early Intervention in Psychosis Service (EIP) is exceeding this target. For Brighton and Hove it is currently 88.3% (17/18) commencing their treatment within two weeks.</p>
4	Health and Justice	<p>Improved access to meet the needs of high risk/ high harm/ high vulnerability children and young people who are accessing Health and Justice commissioned services in:</p> <ul style="list-style-type: none"> • Secure estate • Specialist Community services • Developing collaborative commissioning arrangements across all agencies 	<p>Specialist CAMHS assertive outreach model includes working in partnership with Social Care in Children's Services, providing consultation, advice, guidance and support in supervision to develop a team around the child for our most vulnerable young people. It involves bringing together mental health professionals in Looked after Children, Youth Offending, Substance Misuse and Adolescent expertise into one team. This is an example of joint working across the CCG and the Local Authority as well as NHS England Health and Justice, ensuring we support young people within our community rather than in Secure Estate, but with clear step down pathway when they do return from Secure Estate. Whole system training has taken place in Adaptive Mentalisation-based Integrative Treatment - AMBIT (July 2018) ensuring all professionals have a framework to support each other and vulnerable children to ensure the</p>

5	Suicide prevention	The Five Year Forward View for Mental Health's ambition is for the number of people taking their own lives to be reduced by 10% nationally by 2020/21 compared to 2016/17 levels (baselines are all ages).	Brighton and Hove has developed a Suicide Prevention Plan in line with the National Suicide Prevention Strategy targeting high risk groups, including young people. Young people and self-harm are key components of that Plan as the national strategy identifies self-harm in its own right. https://www.brighton-hove.gov.uk/content/health/health-and-wellbeing/suicide-prevention-action-plan A self-harm needs assessment was published in March 2018 with a focus on widening the scope and definition of self-harm, whole system approach, prevention and awareness as well as strengthening the response.
6	New models of care	By April 2019: Reduce by ~280 the number of patients out of area for adult low and medium secure and CAMHS inpatient services Invest approximately £50m in community services to reduce the need to admit patients in these services Reduce unnecessary admissions to these services Reduce the average length of stay for patients in these services	Brighton and Hove is part of Wave 2 CAMHS new models of care, across a partnership including Surrey and Borders Foundation Trust and Sussex Partnership Foundation Trust (SPFT). The pilot starts in autumn 2018 and will focus on reducing admissions to inpatient beds and length of stay by strengthening community services. This is also linked to the recommissioning of inpatient beds that NHS England are currently undertaking which will increase children's mental health beds in the South East by 41, including 10 new eating disorder beds in Hove.
7	Infrastructure	By April 2018 the NHS will have increasingly relevant, high quality national mental health data to support benchmarking and identify gaps in services; Strive to ensure consistency in assurance of mental health services through aligned national dashboards and oversight, insight and assurance frameworks; Move towards a focus on measuring mental health services on the outcomes they achieve; Focus on ensuring that mental health services are appropriately rewarded to deliver high quality care; and Consider how to improve the use of digital technology to drive quality mental health services.	Brighton and Hove CCG will ensure all services it commissions are able to provide data to the Mental Health Data Services; Specialist CAMHS and Community Wellbeing Service are currently flowing data. Schools Wellbeing Service in Q3 2018/19. Brighton and Hove CCG will contribute data to the Five Year Forward View Mental Health Dashboard to enable quality assurance and consistency, benchmarking and assurance and oversight.

8	Mental Health Workforce	<p>The Future of the Mental Health Workforce (2017) states that:</p> <ul style="list-style-type: none"> • Mental health professionals should share their expertise more widely; • Mental health services should be compassionate, prioritising staff wellbeing and flexible working; • Mentoring and supervision in mental health services should be prioritised and protected; • Mental health career opportunities should be promoted; • Training and development opportunities should be provided to all staff. <p>Stepping Forward to 2020/21 (2017) states that:</p> <ul style="list-style-type: none"> • Entry requirements for medical schools should be widened; • Trainee medics should have greater exposure to psychiatry during training; • There should be a national programme of mental health staff retention; • Qualified staff should be encouraged to return to the NHS; • Clinical staff should be supported to use their time appropriately by delegating certain tasks. <p>Delivering the Expansion in the Psychological Professions (2017) states that:</p> <ul style="list-style-type: none"> • 6,425 new psychological posts need to be created, requiring a total of 11,646 training places from April 2018 to March 2021; • 7.76 psychological professions training places per year per 100,000 of the England population need to be created. 	<ul style="list-style-type: none"> • Brighton and Hove CCG are developing CYP EWMH staff through CYP IAPT training places. There are currently five CYP IAPT training places that have been taken up by local providers in the City. • Staff who work for the Local Authority (LA) are encouraged to take up training in a number of areas including mental health first aid, emotion coaching, restorative justice, being attachment aware and having a trauma-informed approach. • The Families, Children and Learning (FCL) LA team have a number of courses available to them including mindfulness for children and young people, solution focused approaches to working with children and families, suicide awareness and motivational Interviewing. • Phase 1 of a comprehensive CYP EWMH workforce strategy for Brighton and Hove has recently been produced, which sets out proposals for addressing some of the most pressing workforce issues highlighted in national policy. The second phase (July 2018 – March 2019) of the strategy will consist of a skills audit (workforce matrix) enabling the more even spread of skill sets, shared learning and a focus on staff wellbeing (by allowing certain roles and tasks to be delegated, freeing up time for clinicians) • Brighton and Hove has been chosen to express an interest in being a Wave One Trailblazer site for <i>Transforming Children and Young People's Mental Health Provision: a Green Paper (2017)</i>. This will provide an opportunity to expand and
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Table One: Five Year Forward View Mental Health Monitoring and Assurance

1.2 The Brighton and Hove Local Transformation Plan

- 1.2.1 The Brighton and Hove LTP has continued to be developed collaboratively, with an integrated approach, and co-produced with local stakeholders including children and young people, outlining the need to transform care and support on a whole system basis. Joint working with the Local Authority to develop and implement this Plan is mirrored in the work we do towards integration through our *Caring Together* programme, our Sustainability and Transformation Partnership and the Children and Young People's Mental Health and Emotional Wellbeing (0-25 years) Joint Strategic Needs Assessment.
- 1.2.2 Our continued aim through Phase Two (2017/18 onwards) is to build infrastructure to ensure children and young people have resilience and are able to thrive to markedly improve their lives. We identified a gap in provision and response for children and young people with a mild to moderate mental health need and invested to increase capacity accordingly in Community Wellbeing and Schools Wellbeing Services.
- 1.2.3 This will happen alongside the development of a system of prevention empowering people to recognise when they need help and support with their emotional wellbeing and mental health alongside enabling services to respond quickly to need, with targeted support to vulnerable children. The other key element of change is the increased capacity in mental health services that ensure a clear pathway and help at an earlier point to reduce the likelihood of deterioration.
- 1.2.4 We have an aspiration to measure the impact of this vision, demonstrating how interventions have made an impact and improved outcomes and people's lives, not just the number of children and young people accessing services. This could include population improvement such as reported an improvement in happiness in their life as well as data demonstrating a reduction in self-harm incidences. This 2018 refresh aims to demonstrate the difference the changes and improvements have made. We have laid the foundation for this possibility by gaining agreement from main providers of care to use a core set of outcomes and experience measures so that impact can be measured across the pathway. There is a national drive to measure outcomes and experience through the Mental Health Services Data set from April 2019, and we are currently in the shadow year for that change to take place.
- 1.2.5 Significant progress has been made in the implementation of the plan through Phase One to build the foundations for change. The programme of change has been developed around three key areas:
- a) Infrastructure in place to ensure successful change
 - b) Building capacity at an early stage
 - c) Targeted support
- 1.2.6 As we continue with Phase Two (2017/18 onwards) we will involve and consult across the system as we have always done. We know that we need to really understand what children, young people and their families need and want, and so we pledged to involve them in development of the vision and plan from the beginning.

- 1.2.7 The publication of the Joint Strategic Needs Assessment (JSNA) - Children and Young People's Mental Health and Emotional Wellbeing (0-25 years) in 2016 as well as the various multiple consultations undertaken so far underlines the importance of this and the continuation, to our future success.
- 1.2.8 In 2018, with the Brighton and Hove City Council, Public Health Team publish a self-harm needs assessment⁶ that outlines recommendations and actions which will inform future commissioning decisions to reduce this risk. The main findings from the needs assessment were:
- a) A recognition that the scope of self-harm needs to be broadened with a particular focus on young men's self-harm behaviour may manifest itself differently;
 - b) The data we have on self-harm is 'the tip of the iceberg' so we need to work with services to enrich our data and intelligence;
 - c) Improvements need to be made in communication and information sharing across the system about the level of risk presented;
 - d) Awareness and training is an essential aspect to early recognition and interventions;
 - e) That we need to ensure services are able to respond quickly and consistently to self-harm needs.
- 1.2.9 A task and finish group will be established in to focus on the following aspects:
- a) Refreshing the definition and scope of self-harm;
 - b) Developing common risk assessment tools and supporting resources for professionals, children, young people and parents/ carers; and
 - c) Ensuring system-wide sign up to the changes and improvements that is well communicated.
- 1.2.10 Some key words and phrases captured below, demonstrate the 'voice' of children and young people in our City that has led to the development of our commissioning intentions:



- 1.2.11 Along with the 'voice' of children and young people, we have taken into account the JSNA information and data to support commissioning decisions and highlighted key areas of focus:
- a) There are 58,600 children under 19 years old⁷ with an expected prevalence of 3,570 (mild

⁶ Self-harm Needs Assessment for Children and Young People. (2018). Brighton and Hove City Council Public Health Intelligence Team. Retrieved from: <http://www.bhconnected.org.uk/content/needs-assessments>

⁷ Census 2011

- to moderate need) and 945 (moderate to severe need)⁸ of a total prevalence of 12,200;
- b) Comparatively high levels of vulnerable or at risk groups of children and young people (2,160 supported by social care, 412 children in care, 6,156 SEND, 784 engaged with Troubled Families Programme, 37 unaccompanied asylum seekers and 4,004 children with English as an additional language)⁹;
- c) A high rate of self-harming (A&E attendance rate (10-25 year olds) is higher than England at 646 per 100,000)¹⁰ compared with average is England of 476.

1.2.12 As well as increasing capacity and access to mental health services with investment in Schools Wellbeing Service and Community Wellbeing Service, the Specialist CAMHS redesign has resulted in specific focus on supporting vulnerable groups and those in crisis. The development of mental health clinicians in social care (social care pods) has increased capacity for a more immediate response to social care, with the intention of enhancing this further in 2019/20. The pilot expansion of the crisis model in Brighton and Hove resulted in learning on demand and need and most appropriate model that will be the foundation of a Sussex wide mental health response.

1.3 Achievements so far – what we have done since the last publication of the Local Transformation Plan

1.3.1 The main changes and updates since the previous publication in October 2017 are outlined in the table below and described in more detail in sections 1.3 and 1.4

	Area of change/ development
Infrastructure	#IAMWHOLE (mental health awareness campaign)
	Social Prescribing
	Participation
	Can we Talk training initiative
	Self-harm needs assessment
Building capacity	Adaptive Mentalisation-based Integrative Treatment (AMBIT) – whole system training
	Workforce development
Targeted support	Schools Wellbeing Service and Wave One Trailblazer site opportunity
	Wave One Trailblazer site opportunity – pilot 4 week access to treatment in Specialist CAMHS

⁸ CHIMAT Prevalence data Brighton and Hove 2004

⁹ <https://www.brighton-hove.gov.uk/content/children-and-education/childrens-services/families-children-learning-annual-report>

¹⁰ BHCC PH Intelligence Team 2015

	Building an integrated pathway across 3 main providers of children's mental health services (Family Coach)
	Vulnerable children and young people – their mental health needs – links with social care
	Children's Mental Health Access Target
	Outcome and experience measures
	Neuro-developmental pathway improvements

- 1.3.2 **#IAMWHOLE and FindGetGive website** - the foundation for all help and support is through self-help. We have established a young person-run website www.findgetgive.com where young people and parents/ carers can seek help, advice, information and online tools from their peers in a young person-friendly way. The #IAMWHOLE mental health anti-stigma campaign in October 2016, associated with this website was a massive international success and was nominated for a Health Service Journal award. #IAMWHOLE 2017 was another success with its focus on Primary-aged children with publication of 'Flo and the Funny Feelings' by Anna Williamson, co-written by Brighton and Hove children, complemented by a PHSE lesson plan and parent workshops. Our plans for World Mental Health Day (2018) revolve around '**WHOLE hour**' which encourages people to think about their mental health and wellbeing for at least one hour on that day.
- 1.3.3 **Community Wellbeing Triage hub** – we have also established a single hub for mental health referrals which is part of the new all-ages Wellbeing Service. This provides advice and information as well as a simplified pathway for referrers including self-referrers, so that experienced clinicians ensure that the child/ young person's needs are addressed quickly and by the right service. As Specialist CAMHS and Schools Wellbeing are part of the triage hub there can be a smooth pathway across to specialist interventions, developing a flexible and responsive model across the continuum of care. We have been working with the provider of Community Wellbeing (Here), Schools Wellbeing (Local Authority) and Specialist CAMHS (Sussex Partnership NHS Foundation Trust) to develop an **integrated triage hub** as well as a **shared risk framework** which will lead to clear communications to users on the pathway, access and roles and responsibilities. Working with the Troubled Families Programme, we aim to provide a **Family Coach** model to address the needs of the whole family that are highlighted on referral; working with parental mental health issues as well as socio-economic issues that may lead to mental health concerns.
- 1.3.4 **The Schools Wellbeing Service** - formally established in June 2017 following a pilot with three secondary schools, mirrors this service. Primary Mental Health Workers support pupils, school staff and parents/ carers to access support by creating a whole school approach to mental health. We are currently working with the service to plan for how this offer could be rolled out to Colleges and Higher Education establishments. Brighton and Hove has been chosen to express an interest in becoming a **Wave One Trailblazer site for Transforming Children and Young People's Mental Health Provision: A Green Paper (2017)**. This will enable us to improve mental health support to our schools, strengthening expertise and response as well as an opportunity to pilot a 4 weeks to treatment access target in Specialist CAMHS. The

Green Paper focusses on improving mental health interventions within education environments so that awareness of mental health/ emotional wellbeing issues are recognised and identified early so that pupils receive help quickly and in a targeted way. It also recognises that staff and parents/ carers also need support – a whole school approach to mental health.

- 1.3.5 **Children’s mental health access target** - these services play an important role in ensuring that our children and young people have access to mental health services and support and achieve the NHS children and young people’s access target. Brighton and Hove achieved **34%** against a target of 30% for 2017/18.
- 1.3.6 Specialist CAMHS also went through a process of transformation and re-design resulting in some immediate changes. Longer, more sustainable change is still required:
- a) An expansion of assertive outreach;
 - b) Clinical leads in Primary Care, Schools, Social Care and Wellbeing Service;
 - c) Reduced waiting times for assessment, although waiting times for treatment remain high (average of 13-18 weeks);
 - d) A focus on vulnerable children and young people with a particular focus on urgent/ crisis response, vulnerable children and young people;
 - e) Improvements in our neuro-developmental pathway.
- 1.3.7 **Vulnerable children and young people mental health support** - a particular change has led to increased mental health support to social care pods focusing on vulnerable children and young people, such as those who are Looked After/ In care.
- 1.3.8 With our specialist provider (Sussex Partnership NHS Foundation Trust) we have commissioned a Sussex-wide Family Eating Disorder Service aligned with national guidance¹¹. This is a multi-professional team working to assess, treat and support people in the community and reduce the demand on inpatient eating disorder beds. With continuous improvement in mind, the service has also reviewed the clinical model and re-designed to improve access to assessment and treatment.
- 1.3.9 **Neuro-developmental service improvements** – working with providers across the pathway we have developed a model that creates a single hub for neuro-developmental issues, increases resource to address need and demand for diagnosis and support for families and carers. Whilst the focus is on health services, commissioners continue to work with the Local Authority to ensure that education and social care are part of the change and that we work together to improve outcomes for children and their families.
- 1.3.10 **Workforce development** - the development of a draft workforce strategy across Sussex has also been developed and consulted on, with a more in-depth Brighton and Hove document also available. Appendices 9 and 10 provide the details on this.
- 1.3.11 Alongside the service changes, the CCG and local partners became members of the London and South East Learning Collaborative, to implement Children and Young People’s Increasing

¹¹ <https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf>

Access to Psychological Therapies (CYP IAPT) in 2016. This programme ensures we apply the following principles to all areas of development:

- a) Value and facilitate authentic **participation** of young people, parents, carers and communities at all levels of the service;
- b) Provide **evidence-based practice** and be flexible and adaptive to changes in evidence. The CYP IAPT trainings offered by the programme are all evidence based;
- c) Be committed to raising **awareness** of mental health issues in children and young people and active in decreasing stigma around mental ill-health;
- d) Demonstrate that we are **accountable** by adopting the rigorous monitoring of the clinical outcomes of the service;
- e) Actively work to improve **access** and engagement with services.

1.3.12 **Benefits realisation** - the impact of this investment and strategic improvement is able to be measured through various criteria:

- a) More children accessing mental health services – 34% in 18/19 (17% 17/18);
- b) Specialist CAMHS access – 92% first treatment within 8 weeks in 18/19 (compared to 100% first treatment within 18 weeks in 17/18); and
- c) Schools Wellbeing – 309 treatments with 66% significantly improved after intervention (April-June 2018).

1.3.13 The aim is to improve the benefits realisation to include financial and outcome measures that will support sustainability.

1.3.14 The LTP priority areas for 2018/19 continue to be:

- a) Full implementation of Community Wellbeing and Schools Wellbeing Services – integrated triage and potential improvements if Brighton and Hove is a Wave One Trailblazer site;
- b) Full implementation of the re-specified Specialist CAMHS service (previously known as Tier 3 CAMHS) with focus on addressing mental health issues in vulnerable groups, improving urgent response as well as implementing the Thrive- informed model¹²;
- c) Ensure the CCG is able to continue achieve the children's mental health access target;
- d) Ensure the Family Eating Disorder Service review is completed with a clear plan to achieve access and waiting time targets from 2020/21;
- e) Continue with CYP IAPT implementation, training and quarterly reporting from the 3 main providers (SPFT, Here and partners and the Local Authority);
- f) Continue with NHS England Health and Justice and CCG joint commissioning for vulnerable groups;
- g) Workforce development and training needs analysis leading to a development of a local joint workforce strategy; and
- h) Implementation of an integrated neuro-developmental business case (including autism, learning disability, Tourette's syndrome and ADHD and complex challenging behaviour).

¹² <http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/>

1.4 Future developments

1.4.1 Whilst some good progress has been made on transforming services and improving the support for children and young people, the following areas are still to be developed and improved:

- a) Urgent and emergency mental health care (crisis) potentially across Sussex and aligned to New Models of Care;
- b) Mental health support for vulnerable groups especially our Looked After Children/ Children in Care;
- c) An accessible and resourced neuro-developmental pathway;
- d) Ensuring that our eating disorder service (Family Eating Disorder Service) achieves access and waiting times for urgent (1 week to NICE treatment) and routine (4 weeks to NICE treatment) by 2020 target date;
- e) Continue to achieve children's mental health access target and commence measurement of outcome and experience measurement in April 2019;
- f) Ensure waiting times continue to reduce especially in the Community Wellbeing service;
- g) Build and develop our Schools Wellbeing Service with full roll out across Primary Schools and Colleges;
- h) Commence work on self-harm needs assessment recommendations;
- i) The full roll out of CYP IAPT programme including training and development identified in the workforce programme;
- j) Continue formal collaborative commissioning with NHS England building on NHS England Health and Justice pilot; and
- k) A Workforce Strategy to support this change.

1.4.2 To continue to achieve the vision and work towards these further changes we have started to move away from the four tiered approach to mental health services¹³ to an offer that blurs the organisational lines and criteria and provides support and interventions along a continuum, depending on need. The new model of care is a Thrive-informed approach where 'no door is the wrong door' (See Figure 1 below).

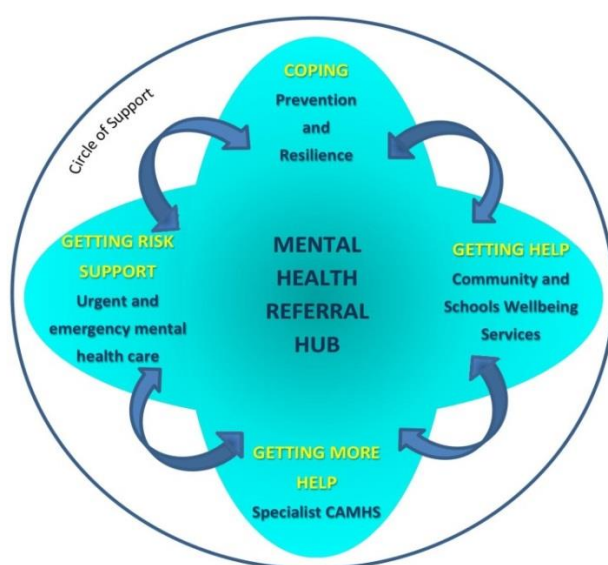


Figure 1: Thrive-informed model in Brighton and Hove

¹³ DH NSFC. Child and Adolescent Mental Health, 2010

1.5 LTP Funding and LTP Roadmap

1.5.1 Following the publication of Future in Mind and the development of LTPs, additional funding has been made available each year, to children and young people's mental health. In line with national allocation, Brighton and Hove CCG has received an additional 21.4% in 2018/19, which equates to £153,674. The tables overleaf shows the total level of investment from 2015/16 to 2020/21, highlighting 2018/19 as well as current CCG investment, and Figure 2 shows this as a roadmap including workforce, activity and finance. It is worth noting that there may be additional funds if we are successful as a Wave One Trailblazer site as well as planned additional funding of the neuro-developmental pathway from 2019/20.

LTP refresh - finance table	2015/16	2016/17	2017/18	2018/19*	2019/20*	2020/21*	Total
Community Eating Disorder Service for Children and Young People	£148,848	£154,000	£154,000	£154,000	£154,000	£154,000	£918,848
Transformation Plan (LTP Table below)	£372,582	£610,000	£718,000	£872,000	£975,000	£1,098,000	£4,645,582
Non-recurrent NHSE	-	£125,000	-	-	-	-	£125,000
NHSE Health & Justice investment	-	£0	£35,000	£35,000	£35,000	£35,000	£140,000
Current and projected CCG additional investment	-	£70,000	£70,000	£70,000	£70,000	£70,000	£350,000
TOTAL	£521,430	£959,000	£977,000	£1,131,000	£1,234,000	£1,357,000	£6,179,430

***Potential Trailblazer additional funds**

Transformation Plan Funding 2015/21	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Est. % annual increase	-	63.70%	17.60%	21.40%	11.80%	12.60%	-
Est. Annual Increase	-	£237,418	£108,000	£154,000	£103,000	£123,000	£725,418
Total Allocation (£)	£372,582	£610,000	£718,000	£872,000	£975,000	£1,098,000	£4,645,582
Spend	£372,582	£604,890	£710,433	£872,000	£975,000	£1,098,000	£4,632,905
Variance	£0	£5,110	£7,567	£0	£0	£0	£12,677

LTP Cumulative 2015/21	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	Total
Cumulative Allocation	372,582	£982,582	£1,700,582	£2,572,582	£3,547,582	£4,645,582	£13,821,492
Cumulative Spend	372,582	£977,472	£1,687,905	£2,559,905	£3,534,905	£4,632,905	£13,765,674

Table 2: LTP funding for Brighton and Hove CCG

1.5.2 In context, it is worth noting that the total CCG investment in children's mental health including the above:

- a) £4,255,536 (17/18); and
- b) £4,345,354 (18/19).

Figure 2: LTP `Roadmap`

2019/20

- New LTP investment £102,870
- 32% of need met (adjustment likely to be made when new prevalence data published Oct 2018)
- 1.5 WTE additional workforce (more WTE if Wave One Trailblazer)
- Workforce Strategy and recommendations and actions developed
- *Neuro-developmental pathway implemented*
- *Integrated approach across whole pathway*
- *MH support for vulnerable CYP (LAC)*

2020/21

- New LTP investment £122,805
- 35% of need met (adjustment likely to be made when new prevalence data published Oct 2018)
- 1 WTE additional workforce
- Workforce Strategy recommendations implemented
- *Integrated approach across the whole system including LA*

2018/19

- New LTP investment £153,674
- 32% of need met (note new CYP MH prevalence data to be published Oct 2018)
- 1.5 WTE additional workforce
- Workforce Matrix complete
- Wave One Trailblazer Expression of Interest
- *Transformation of Specialist CAMHS including urgent response*
 - *Neuro-developmental pathway developed*
 - *MH crisis response model/ pathway developed*

2017/18

- New LTP investment £107,847
- 34% of need met (target of 30%)
- 17.3 WTE additional workforce
- *All ages Wellbeing Service, Schools Wellbeing, Specialist CAMHS redesign*

2016/17

- New LTP investment £242,829
- 17.4% of need met (baseline)
- 3.2 WTE additional workforce
- *Implementation of FEDS, CYP IAPT and innovative communications and resilience*
- *Established #IAMWHOLE*

2015/16

- CYP MH CCG funding £2,935,000 (baseline)
- £521,430
- 17.4% activity on MHSDS

1.6 Workforce planning, training and development

- 1.6.1 Underpinning the transformational change required in the Plan is the development of our workforce to respond to need and deliver the services. The increased service availability and different models of care require a responsive and experienced workforce. We need to ensure the workforce is well supported and encouraged to strive for improvement.
- 1.6.2 A workforce strategy has been developed that encompasses the Kent, Sussex and Surrey regional requirements as well as local Brighton and Hove workforce needs. The details can be found in Section 21 and Appendices 9 and 10.
- 1.6.3 Alongside this Strategy the CCG's across Kent, Surrey and Sussex have commissioned a Workforce Matrix that will provide a snapshot of workforce skills and experience as well as demand. The matrix will be completed by November 2018. Evaluation of the results will enable us to refresh the Workforce Strategy with recommendations and actions. The CCG continues to support the training and development of staff including opportunities to train in CYP IAPT curricula as well as local courses and training opportunities.
- 1.6.4 There are plans for the University of Sussex to become a CYP IAPT training provider from September 2019 delivering the CYP Wellbeing Practitioner curriculum and Education Mental Health Worker (Mental Health Support Team) curriculum from January 2020. The University currently delivers the full CBT therapist training (PG Dip), supervisor training (PG Cert) and leadership training (PG Cert). A number of Brighton and Hove professionals have trained on these courses as well as having placements in our local schools. This can support the Trailblazer work if we are successful.

1.7 Governance, assurance and risk

- 1.7.1 The development of and approval of the LTP has involved the whole system and has a clear governance structure in place (see figure three overleaf). The key decision group (children and young people mental health LTP Assurance group) reports to the CCG Committees such as Commissioning Operational Meeting and internal PMO CCG structures. Other organisation and agencies involved in developing and approving this Plan include our partners in Brighton and Hove City Council (especially through the Integrated Board), providers, CCG Alliance, NHS England, Specialist Commissioning, NHS England Health and Justice, Local Safeguarding Children's Board, The Transforming Care Partnership, and stakeholder groups.
- 1.7.2 The LTP progress is monitored monthly by NHS England and a Local multi-organisational Assurance Group as well as our CCG governance structures (Figure 3 overleaf). The Health and Wellbeing Board has an important role in ensuring the whole system change within the LTP addresses the identified need. The Board will formally sign off the refreshed 2018/19 plan which will be published by 31st October 2018.

1.7.3 We have robust governance procedures in place as outlined above, that ensure our LTP risk register and CCG corporate risk register are updated regularly with controls and mitigating actions in place. A full overview of our risk register is available in Appendix 5 in the LTP tracker (as part of the main Plan). Our LTP risks are summarised in five key areas:

- a) Recruitment and training of workforce;
- b) Achieving new access targets including outcome metric;
- c) Complexity of transformational change;
- d) Affordability of a neuro-developmental pathway;
- e) Safe transition from children's to adult mental health services.

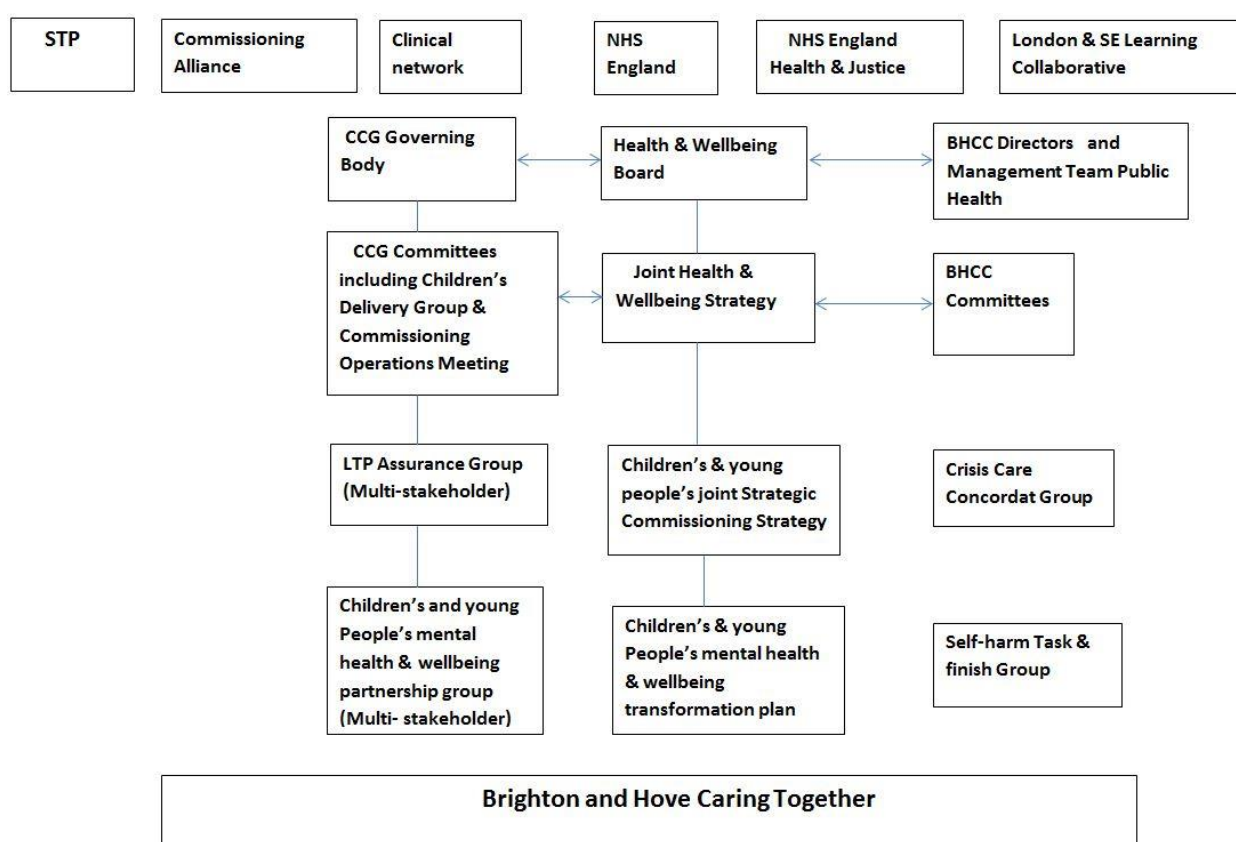


Figure 3: LTP governance

PART A - Children and Young People's Mental Health Trailblazer Site Expression of Interest Form

Use this form to express interest in being selected to be a trailblazer site to deliver a Mental Health Support Team

The expression of interest form is composed of three parts:

Part A) a word document where textual information is collected for Mental Health Support Teams

Part B) an excel document, for the collection of financial and analytical Information for both Mental Health Support Teams and waiting time pilots

Part C) a word document where textual information is collected for waiting time pilots

1 Introduction

You have been sent this expression of interest pack because your CCG has met a series of pre-defined criteria that have been identified as being essential for the successful delivery of the first round of trailblazer sites. Expressions of interest should be collaboratively developed with relevant providers, commissioners, local authority and educational officials and settings.

Please complete part A and B and C if applicable and send to your NHSE Regional Delivery Lead england.mentalhealthsouth@nhs.net by **17th September**

This form should be read alongside the guidance document.

1.1 Organisation details

CCG	Brighton and Hove CCG
CCG lead contact name, organisation, position	Gill Brooks , Brighton and Hove CCG, Commissioning Manager, Children and Young People's Mental Health
Other organisations involved in the application and named lead for each organisation	<p>Kerry Clarke, Brighton and Hove City Council (BHCC), Public Health</p> <p>Mohammed Bham, BHCC, Principal Educational Psychologist</p> <p>Tracey Williams, BHCC, Assistant Principal Educational Psychologist, Brighton & Hove City Council's Inclusion Support Service & Schools Wellbeing Service</p> <p>Peter Joyce, General Manager CAMHS Brighton and Hove/Acute, Sussex Partnership NHS Foundation Trust (SPFT)</p> <p>Julie Aldridge, Middle Street Head (Primary)</p> <p>John McKee, Patcham High School Head (Secondary)</p> <p>Louise Cook, Homewood (Social, Emotional and Mental Health special school hub) Head</p>
This should include: <ul style="list-style-type: none"> • Providers of CYP MH services • Other key partners 	
Region	South East Region
STP Footprint	East Surrey and Sussex
VSM approval	<p>Wendy Carberry, Brighton & Hove CCG, Managing Director, South Place Commissioning Alliance</p> <p>Lola Banjoko, Deputy Managing Director, South Place Commissioning Alliance</p>

1.2 The proposal

Proposal – 1,000 words max

Please provide a brief description of your proposal, including details of your proposed service model, why it should be funded and your success criteria

Please note applicants in receipt of funding must demonstrate that:

- They are committed to delivering a pilot of the MHST within the timescales specified
- They engaged the right stakeholders in the development of their proposal and have senior strategic commitment to the joint delivery
- Any funding will be used exclusively for intended purpose
- Any funding will be in addition to current investment in emotional, behavioural and psychological wellbeing or interventions by any party within the relevant settings

The CCG has worked with schools, education and health support services to develop this expression of interest. The City has an established engagement and governance infrastructure that includes education, health and schools (document one). This was developed when we were embedding Schools Wellbeing Service (SWS) as well as participating in Wave One of Schools in Mind project (document two); providing a whole school approach and direct interventions within schools in our City (2016 onwards). The SWS is part of a whole system response (document three) that is based on needs (document four – links).

The current service addresses mental health and emotional wellbeing needs early, providing access to high quality training, consultation, assessment and interventions within schools in our City; with links across primary, secondary and vulnerable learners including Looked After Children (LAC) (our City has 19th highest rate of LAC). This response is integrated with Educational Psychologists and Special Educational Needs Specialist Practitioners.

Early response/ intervention is one of our aims within our Local Transformation Plan (LTP), echoing *Future in Mind* and the *Five Year Forward View for Mental Health* as outlined in our LTP. Children, young people and parents/carers requested their needs were met early and where possible in a place convenient to them e.g. in a school (document five).

The LTP has been developed collaboratively at a senior level (CCG, Local Authority and providers) with a track record on implementing change – piloting and mobilising the SWS. This expression of interest is in addition to the sustained funding planned within the LTP. We will implement within the required timescales, details of our plan can be found below.

Our SWS was established following a pilot (evaluated by the University of Sussex) in 3 secondary schools. The service, now across all 10 secondary schools has a whole school approach ethos; early assessment and treatment for pupils, support for school staff to be aware and recognise signs and symptoms of emotional wellbeing issues and/ or mental health and know what to do, as well as training and workshops for parents has been developed with all stakeholders involved including children, young people and their parents/ carers (Young Mental Health Champions and Student Voice). The Emotional Wellbeing and Mental Health Framework (document six) outlines the roles and responsibilities of all partners, ensuring we build resilience and the right response is triggered early. More details can be found in document seven.

The existing service has achieved success and positive outcomes including:

- Designated Leads in all secondary schools
- Specialist CAMHS Lead Practitioner in schools
- Primary Mental Health Workers (PMHW) with a specific focus on LAC and more vulnerable pupils in our Social Emotional Mental Health school hub
- 465 direct interventions in 17/18 with 65% showing significant improvement using CYP IAPT measures
- Complementary offer from voluntary sector and Education Psychology
- Young People Mental Health Champions in 2 secondary schools
- All schools have participated in our award-winning mental health anti-stigma campaign #IAMWHOLE
- 130 people from 37 schools trained in Mental Health First Aid

Further details can be found in documents eight and nine.

We have adopted the principles of the Children and Young People's – Improving Access to Psychological Therapies programme: including the Skills Audit Framework with four PMHW currently undertaking CYP-IAPT post-graduate courses to improve access to evidence-based therapies. We have also developed a city-wide training programme for a range of special educational needs and mental health support in schools.

Proposal

We will build on our current model within SWS service by enhancing the resource and adding to the current funding. We have used the formula in the guidance to ensure we have:

- Sufficient resource across all schools
- Interventions can take place at home where the school environment is not appropriate or where there are emotional school refusers and vulnerable young people
- The service able to participate in the mental health triage hub so that it is combined with our Front Door For Families (social care) for a truly integrated triage
- Agreements with all schools to ensure existing services are maintained
- Specialist CAMHS able to provide a more robust consultation and formal supervision service across all education establishments (document ten)

Our proposal will mean a further 14 WTE with a restructure so that the current SWS will be an umbrella service for at least 3 MHSTs (document eleven), resulting in needs of clusters of education establishments (College, Secondary, Primary and Special schools) being met as systems. Innovation will include:

- Being able to address needs across transitions (for example mainstream to special schools, primary to secondary schools, and non-attenders returning to education)
- Being able to provide a universal offer, equally whatever the education establishment
- Being able to provide a flexible offer:
 - ✓ working more closely with Specialist CAMHS (joint approach in schools)
 - ✓ providing interventions in pupil's homes where this is more appropriate
- Extending the offer to independent schools and our colleges
- Ensuring robust working relationship, clear pathways and supervision from Specialist CAMHS including risk management
- Addressing specific needs (such as self-harm as 20% of 14-16 year olds state they have self-harmed) targeting protected characteristics with staff with experience in working with BME, LGBTQ, as well as enhancing support to vulnerable children
- Providing an opportunity to address gaps in intervention modalities, building on findings from our workforce training needs analysis and strategy (documents twelve and thirteen) that is linked to our current training offer (document fourteen)

Evaluation has been a strong part of our development and continued improvement of this service; we intend to enhance current methodology as well as participating in the national evaluation of this programme to ensure we continue to improve. Our indicators of success will include:

- A reduction in referrals to Specialist CAMHS (earlier intervention)
- An integrated triage with shared risk management, decision making tools and pathways across a Thrive-informed system
- An increase in direct interventions in education environments
- An increase in direct work with vulnerable children through a more flexible model allowing interventions to take place outside education establishments

To implement this, we recognise we would need project management support.

Please provide a high level timeline for the delivery of MHST. Please indicate any key milestones. This could be in the form of a slide or table

Date	Action	Who
Sept 2018	<ul style="list-style-type: none"> HR processes in place (recruitment) and JDs developed with adverts so we are ready to commence as confirmation agreed. 	Local Authority
Sept 2018	Presentation to Primary Heads Cluster meeting to agree roll out plan	Public health and head of primary cluster.
Week commencing 15 th Oct 2018	<ul style="list-style-type: none"> Successful EOI notified 	CCG as lead (whole system involvement)
Oct 2018	<ul style="list-style-type: none"> Develop full business case by 9th Nov 2018 (internal committees required to approve before this): <ul style="list-style-type: none"> ✓ Detailed proposal ✓ Detailed project plan and monitoring and evaluation ✓ Full baseline data ✓ Data sharing agreement ✓ EIA ✓ QIA ✓ Links with 4 week to treatment pilot Recruitment commences Develop understanding of staff available and skill set and training needs Apply for training as required Communications and engagement strategy developed Links with training for designated school leads 	

Nov 2018	<ul style="list-style-type: none"> Recruitment continues Training course interviews take place which includes negotiation/ involvement with CCG area and HEE Finalise model and structure Complete full business case by 9th Nov 2018 Communication and engagement strategy developed – links with 4 week wait pilot as appropriate 	<p>Local Authority (whole system involvement)</p> <p>CCG and Local Authority</p> <p>CCG and Local Authority</p>
Dec 2018	<ul style="list-style-type: none"> Full business case approved Recruitment continues Final preparation for start of implementation 	<p>NHSE</p> <p>Local Authority</p> <p>Whole system led by CCG</p>
Jan – March 2019	<ul style="list-style-type: none"> Training commences (one year) Implementation of model starts SWS service level agreements completed Identify schools Designated Leads for training in round 1 	<p>HEE</p> <p>Whole system approach</p>
2019/20	<ul style="list-style-type: none"> Monitoring of data Year one evaluation (Nov/ Dec 2019) Decisions made on further implementation of the service Schools Designated leads commence training Sept onwards 	<p>Whole system involvement</p>
2020/21	<ul style="list-style-type: none"> Full roll out (Jan 2020) Continue roll out, monitoring and evaluation 	<p>Whole system involvement</p>

Risks identified

	Risk	Mitigation
1	Recruitment of staff in a short period of time for a pilot of one year	<p>Consider flexible working arrangements e.g. part time staff increasing hours in the short term</p> <p>Development opportunities for current staff in the system</p> <p>Potential supply of staff through local University graduate courses</p>
2	Appropriate skilled professionals in the local area	Contacting training providers and good advertising and existing workforce skills
3	Short implementation timescales	Dedicated project management resource and robust governance structure and assurance

Supporting documents

Please include any supporting documents which you would like to be considered as part of your expression of interest – **please highlight sections relevant to this EOI**

- Document One – Governance structure
- Document Two – Schools in Mind Wave One
- Document Three – Thrive-informed model
- Document Four – LTP (highlighting key areas):
 - ✓ Five Year Forward View Mental Health (section 1.1.12)
 - ✓ LTP vision (section 5)
 - ✓ Track record of mobilisation (section 16.3)
 - ✓ Engagement (section 24)
 - ✓ Needs assessment (Section 3)
 - ✓ Vulnerable children requiring mental health (section 18)
 - ✓ Schools Wellbeing service (section 16.2)
 - ✓ Collaborative working (section 25)

- Document Five – JSNA's Self-harm needs assessment
<http://www.bhconnected.org.uk/sites/bhconnected/files/280318%20Self-harm%20needs%20assessment.pdf>
 Children and young people's Mental Health JSNA
<http://www.bhconnected.org.uk/sites/bhconnected/files/CYPMWB%20Summary%20report%20final%202016.pdf>
- Document Six: Whole School Approach Framework developed as part of the Wave One, Schools in Mind (2016) Project and in partnership with the Charlie Waller Foundation.
- Document seven – summary of current service
- Document eight – summary of achievements and outcomes
- Document nine – Emotional Wellbeing and Mental Health evaluation report
- Document ten – Supervision and Consultation from Specialist CAMHS
- Document eleven – proposed MHSTs structure
- Document Twelve – Workforce Strategy
- Document Thirteen – Workforce Matrix (workforce training and development)
- Document Fourteen – Current training offer

1.3 Key criteria

The guidance document lists several criteria which have been identified as essential in the delivery mental health support teams into schools and/or 4 week waiting time pilots.

In submitting this expression of interest you must indicate that you have read these criteria and undertake to deliver them. If you are successful you will need to demonstrate your plan to deliver within your plans which will monitored regionally.

	MHST	Yes	No
1	There is a Higher Educational Institution in your vicinity which is contracted to deliver the curriculum for the MHST workforce	Yes	
2	You undertake to capture the current (18/19) investment into CYP MH across health and education and to at least maintain that level of investment.	Yes	

	The new funding for MHST and/or waiting time pilots will therefore be an entirely additional investment into CYP MH services into schools		
3	You have reviewed the data sharing requirements and have the infrastructure in place or plans to deliver it within the timescales in order to provide the relevant data	<p>Yes to the following:</p> <ul style="list-style-type: none"> • Submitting activity and outcome data to MHSDS (Nov 2018) • Can record how quickly assessed and accessed services • Can record how quickly started treatment • Can record what outcomes were achieved • Participate in evaluation and sharing of information appropriately • Report on average waiting time to second contact (proxy treatment) 	
	a. Do you have a clinical lead for data	There is a data lead (non-clinical) and clinicians input activity data on to patient system	
	b. Are your services routinely using data to influence quality improvement	Yes	
	c. Do you have a digital patient record system in place	Yes	
	d. Does your system/s allow you to flow Snomed codes	The service will start to flow to MHSDS from Nov 2018 and will review flowing Snomed codes in autumn 2018 as part of business planning	
	e. Do you regularly collect % report paired outcome scores	Yes	
	f. Are outcome measures routinely used in the clinical consultation	Yes	
	g. Have you mapped the data sharing issues to support your service model & noted any potential associated costs	This will be addressed in the Collaborative Working group as part of the implementation of the pilot	
	h. If there are any cost implications is there funding in place	Yes	

4	You have locally made an assessment of mild to moderate mental health need for children and young people	Yes	
5	You have locally made an assessment of current provision for mild to moderate mental health needs for children and young people	Yes	
6	Services within your CCG have participated in schools pilot, phase 1 or 2	Yes	
7	Services in your area currently have an identified schools lead from mental health	Yes	
8	You agree to take part in the national evaluation for the duration of the agreed period	Yes	

1.4 4 Week waiting time pilot

In addition to expressing interest to become a Mental Health Support Team trailblazer site please indicate whether you would also like to be considered to be a 4 week waiting time pilot site:

Yes

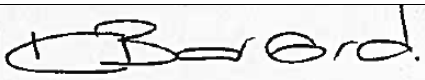

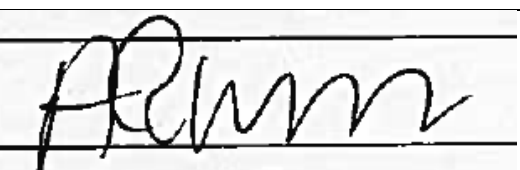
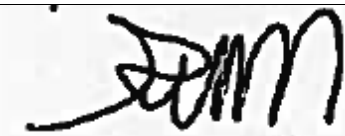
	4 week waiting time pilot	Yes	No
1	There is a Higher Educational Institution in your vicinity which is contracted to deliver the curriculum for the MHST workforce	Yes	
2	You undertake to capture the current (18/19) investment into CYP MH across health and education and to at least maintain that level of investment. The new funding for MHST and/or waiting time pilots will therefore be an entirely additional investment into CYP MH services into schools	Yes	

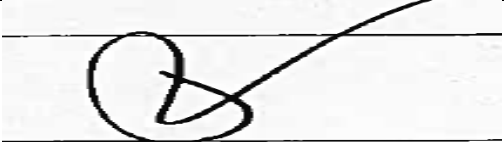
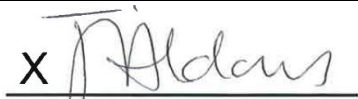
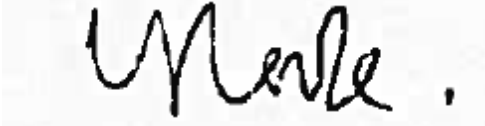
3	You have reviewed the data sharing requirements and have the infrastructure in place or plans to deliver it within the timescales in order to provide the relevant data	<p>Yes to the following:</p> <ul style="list-style-type: none"> • Submitting activity and outcome data to MHSDS • Can record how quickly assessed and accessed services • Can record how quickly started treatment • Can record what outcomes were achieved • Participate in evaluation and sharing of information appropriately <p>Not currently reporting on average waiting time to second contact (proxy treatment). A solution is currently being developed to ensure this can be resolved in 18/19.</p>	
	a. Do you have a clinical lead for data	There is a data lead (non-clinical) and clinicians input activity data on to patient system. SPFT have recently reviewed the data system to capture outcomes and experience measures (CYP IAPT) which involved robust clinical training	
	b. Are your services routinely using data to influence quality improvement	Yes	
	c. Do you have a digital patient record system in place	Yes	
	d. Does your system/s allow you to flow Snomed codes	The Trust is currently developing a plan to flow certain Snomed codes into the MHSDS which relate specifically to EIP requirements. Learning from this will support this project. Most critical/ high priority Snomed codes can be developed first	
	e. Do you regularly collect % report paired outcome scores	Yes	
	f. Are outcome measures routinely used in the clinical consultation	Yes	
	g. Have you mapped the data sharing issues to support your service model & noted any potential associated costs	Yes	

	h. If there are any cost implications is there funding in place	Yes	
4	You have locally made an assessment of mild to moderate mental health need for children and young people	Yes	
5	You have locally made an assessment of current provision for mild to moderate mental health needs for children and young people	Yes	
6	Services within your CCG have participated in schools pilot, phase 1 or 2	Yes	
7	Services in your area currently have an identified schools lead from mental health	Yes	
8	You agree to take part in the national evaluation for the duration of the agreed period	Yes	

1.5 Signatories

Signatories should include the Chief Executive Office or Chief Operating Officer of CCG(s), the Director(s) of Children's Services, the Director(s) of Public Health and an appropriate representative from the Health and Wellbeing Board, the strategic lead for the bid and any other supporting senior strategic signatories that you feel is relevant to demonstrate joint sign up

Organisation	Role	Signature
Health and Wellbeing Board	Cllr. Barford, Chair of Health and Wellbeing Board	
Clinical Commissioning Group	Wendy Carberry, Brighton & Hove CCG, Managing Director, South Place Commissioning Alliance	
Public Health, Brighton and Hove City Council	Alistair Hill, Director of Public Health	
Families, Children and Learning, Brighton and Hove City Council.	Pinaki Ghoshal, Director of Families, Children and Learning	

Patcham High Secondary School	John McKee, Head from Patcham Secondary School and chair of secondary heads meetings	
Middle Street Primary School	Julie Aldridge, Head of Middle Street Primary School and former head of city centre cluster at time of pilot	X  Julie Aldous Headteacher
Homewood College (SEMH School)	Louise Cook, Head of Homewood College (SEMH School)	

GUIDANCE: Please read this page in full before beginning your application

Expression of Interest Form-Part B Financial Information

- 1 This Excel spreadsheet is an essential part of the documents which local areas should use to set out their proposals for the development of mental health support teams and, if they intend to bid for it, a waiting time pilot. The full documentation has three parts a) and c) Word documents where textual information is collected b) this Excel document, largely for the collection of numerical and data-based information .
- 2 Please ensure that you complete as a minimum tabs (i) and (ii) Completing tab (v) setting out partners from Educational Settings who have been approached and indicated interest would be helpful but it is not essential to provide the final list , as successful trailblazer applicants may need further time to confirm the list of educational settings that are part of their programme.
- 3 Tab (1) should clearly state the service development and implementation costs in 2019/20. This should not include any costs associated with the existing service.
- 4 Please ensure Part B is submitted with Part A Application Form to your NHSE Regional Performance Lead by 17/09/2018

PART C - Children and Young Peoples 4 Week Wait Pilot Expression of Interest Form

Use this form to express interest in being selected to be a trailblazers site to deliver a waiting time pilot

The expression of interest form is composed of three parts:

Part A) a word document where textual information is collected for Mental Health Support Teams

Part B) an excel document, largely for the collection of financial and analytical Information for both Mental health supports teams and waiting time pilots

Part C) a word document where textual information is collected for waiting time pilots

1 Introduction

You have been sent this expression of interest pack because your CCG has met a series of pre-defined criteria that have been identified as being essential for the successful delivery of the first round of trailblazer sites. Expressions of interest should be collaboratively developed with relevant providers, commissioners, local authority and educational officials.

Please complete part A and B and C if applicable and send to your NHSE Regional Delivery Lead england.mentalhealthsouth@nhs.net by **17th September** .

This form should be read alongside the guidance document.

2 Organisation Details

Lead CCG	Brighton & Hove
CCG lead contact name, organisation, position	Gill Brooks , Commissioning Manager, Brighton and Hove CCG
Other CCG's involved in the application	NA
Other organisations involved in the application and named lead for each organisation This should include: <ul style="list-style-type: none"> • Providers of CYP MH services • Other key partners 	Pinaki Ghoshal , Brighton and Hove City Council, Executive Director Families, Children and Learning - Alistair Hill , Brighton and Hove City Council Public Health, Director of Public Health Ruth Hillman , Sussex Partnership NHS Foundation Trust, Service Director for Learning Disability and CAMHS Services Cllr Barford , Chair of Health and Wellbeing Board for Brighton and Hove
Region	South East
STP Footprint	East Surrey and Sussex
VSM approval	Wendy Carberry , Brighton & Hove CCG, Managing Director, South Place Commissioning Alliance
	Lola Banjoko , Deputy Managing Director, South Place, Commissioning Alliance

3 The proposal

Proposal – 1,000 words max

Please provide a brief description of your proposal to achieve and maintain waiting times from referral to evidence based intervention of 4 weeks, including details of your proposed service model, why it should be funded and your success criteria, and proposals for how you would use extra resources

We would welcome information on:

- the proposed starting average waiting time and
- the expected proportion of CYP that will be seen within the waiting time

Please note applicants in receipt of funding must demonstrate that:

- They are committed to delivering a waiting time pilot within the timescales specified
- They engaged the right stakeholders in the development of their proposal and have senior strategic commitment to the joint delivery
- Any funding will be used exclusively for the purposes it is intended for
- Any funding will be in addition to current investment

Brighton and Hove CCG has worked with the whole system to develop this expression of interest. The City has an established engagement infrastructure that includes children, parents, key Mental Health providers, Local Authority and Voluntary Sector. This includes a whole system partnership group (document one) and a collaborative working group. Its aim is to improve partnership working and develop pathways and protocols such as risk-management; information sharing and governance, using a Thrive-informed model (document two). Our system-wide shared commitment to improving outcomes and experience as well as measuring them, and addressing our workforce and training needs has been developed through our CYP IAPT working group (documents three and four).

The proposal to achieve waiting times of 4 weeks from referral to evidence based treatment (4 week pilot) is part of our longer term vision and transformation as outlined in our Local Transformation Plan (LTP) (document five); children, young people and parents/carers expressed desire for shorter waiting times as part of their involvement in redesign. The LTP also describes recent collaborative working (CCG and Sussex Partnership NHS Foundation Trust) and a track record on implementing change - improving Specialist CAMHS through a mobilisation of a re-design process that included reducing access and waiting times (document six). Children/ young people, parents/ carers were a key part of the redesign of the service; a user group has been established that continues to be a touchpoint for service improvements. The LTP has been collaboratively developed and has senior level support across all organisations. This expression of interest is in addition to the sustained funding planned within the LTP. We will plan and implement within the required timescales, details of our roll out plan can be found below.

Current waiting times

The Specialist CAMHS service has improved access and waiting times in the last 12 months with the introduction of local targets which were achieved by LTP funding:

	Routine	Priority	Urgent
Referral to face-to-face assessment	4 weeks	5 working days	4 hours
Referral to first face to face treatment	8 weeks	2 weeks	24 hours

The current performance against these targets (June 2018) is:

	Routine	Priority	Urgent
Referral to face-to-face assessment (YTD)	39%	85%	100%
Referral to first face to face treatment (YTD)	92%	71%	100%

Great progress has been made on reducing waiting times from 18 weeks to treatment however demand continues to rise so this has been difficult to sustain.

This proposal will enable the service to make further improvements as well as address risk and specialist pathways (following first treatment). The proposal is to focus the pilot on Specialist CAMHS, which will include some young people up to 25 years old (document seven). This pilot will link with the vulnerable children model currently being developed and implemented; focusing additional mental health support in social care teams, especially Looked After Children (our City has 19th highest rate of LAC) (document eight). This also includes Adaptive Mentalisation-Based Integrative Treatment (AMBIT) training across health and social care (<https://manuals.annafreud.org/index.html>) that has taken place in July 2018, with a plan to train a further 40 professionals with a focus on schools, as part of this pilot.

It will not include referrals for assessment and diagnosis of ASD/ ADHD as the CCG has written a separate business case to address this need.

The estimated annual number in the cohort is:

	2018/19	2019/20
Total in waiting list initiative	85	85
Total in cohort *	900	900
Total seen within waiting time	pilot starts 2019/20	480

*Includes ADHD & ASC patients estimated 240.

A detailed demand and capacity modelling has taken place that ensures:

- The current demand is addressed through a short term waiting list initiative (November 2018 – May 2019), with the potential to use bank/ agency staff
- A trajectory on current demand and 4 week pilot starting in June 2019 (one waiting list backlog addressed)

- Continue to submit activity and outcome data to MHSDS
- Reduce current caseload by one third
- The model we intend to adopt in this project (document nine)

Proposal: Assessment and Treatment; packages of treatment that will ensure:

- Continue to participate and provide clinical leadership in the triage hub ensuring extension of partnership working to MHSTs to develop an integrated referral system (CAMHS, MHST's and Wellbeing Service)
- Assessment within 2 weeks – front load the pathway with skilled clinicians , to address risk, this could be see and treat and would commence paired outcome scores (where treatment continued)
- At assessment and at all points of the pathway the AMBIT framework would be used to support staff and networks to manage risk, engage and provide appropriate response to our most vulnerable children/ young people especially for those who do not attend or were not brought
- A universal offer to all Specialist CAMHS accepted referrals - first line treatment of: a workshop based model for children and young people, parents/carers (workshops include: resilience skills; distress tolerance; emotion /sensory regulation; grounding techniques; psychoeducation); and/or risk support and interventions; and/or AMBIT informed network consultation. At assessment and all points of the service pathway the AMBIT framework would be used to ensure effective communications and safer systems around YP
- Ongoing Specialist intervention pathways for more complex needs and treatment
- Integral links with Schools trailblazer (supervision, consultation and step up/ step down across the Thrive-informed pathway) as well as potential for some Specialist CAMHS interventions in education settings (document ten)

Our success will be measured by:

- Testing proof of concept through robust monitoring and evaluation methodology
- Sustainable decrease in waiting times, ensuring no reduction in access
- Measurement of outcomes and experience (CYP IAPT)
- Audit and feedback

A summary of the key resources required to deliver this:

- Project management(2018/19)
- Operational clinical leadership
- A range of clinical staff (who may be bank/ agency) with a particular focus on reaching out to vulnerable children and young people

Timetable

Please provide a high level timeline for the delivery of waiting time pilot. Please indicate any key milestones. This could be in the form of a slide or table.

Date	Action	Who
Sept 2018	<ul style="list-style-type: none"> HR processes in place (recruitment) and JDs developed with adverts 	SPFT
Week commencing 15 th Oct 2018 Oct 2018	<ul style="list-style-type: none"> Successful EOI notified Develop full business case by 9th Nov 2018 (internal committees required to approve beforehand) Detailed proposal Detailed project plan and monitoring and evaluation Full baseline data Development of data sharing agreements EIA QIA Links with Schools part of the Trailblazer Recruitment commences for waiting lists Recruitment commences for pilot Communications and engagement strategy developed 	CCG as lead (whole system involvement)
Nov 2018	<ul style="list-style-type: none"> Recruitment continues Waiting list initiative planning commences Finalise model for pilot Complete full business case by 9th Nov 2018 Communication and engagement developed (links with Schools Trailblazer) 	SPFT CCG
Dec 2018	<ul style="list-style-type: none"> Waiting list initiative continues Recruitment continues Final preparation for implementation for pilot starting 	SPFT CCG led (whole system approach)
Jan – March 2019	<ul style="list-style-type: none"> Waiting list initiative continues 	SPFT
April 2019	<ul style="list-style-type: none"> Implementation of pilot model starts 	

2019/20	<ul style="list-style-type: none"> Pilot model commences Monitoring of data Year one evaluation (Nov/ Dec 2019) Decisions made on further implementation 	SPFT SPFT, CCG & NHSE
2020/21	<ul style="list-style-type: none"> Continue roll out, monitoring and evaluation 	Whole system involvement

Risks identified – please add any other risks and their mitigations

	Risk	Mitigation
1	Recruitment of staff in a short period of time for a pilot of one year	Consider flexible workforce e.g. part time staff working longer hours in the short term
2	Reliant expenses for agency model due to lack of personal	Monitor all costs and in house colleague availability
3	Suitable Building to support capacity	Explore further shared based opportunity with network and independent rental solutions
4	Short implementation timescales	Dedicated project management resource and robust governance structure and assurance

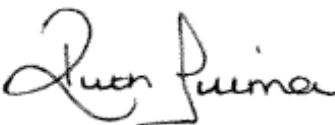

Supporting documents

Please include any supporting documents which you would like to be considered as part of your expression of interest - **please highlight sections relevant to this EOI**

- Document One – Terms of Reference for CYP Mental Health Partnership Group
- Document Two – Diagram of Thrive-informed model and summary of key providers
- Document Three – Workforce Strategy
- Document Four – Workforce Training (Matrix)
- Document Five- 2018 LTP refresh – with highlighted relevant areas:
 - ✓ Five Year Forward View Mental Health (section 1.1.12)
 - ✓ Track record of mobilisation (section 16.3)
 - ✓ Engagement (section 24)
 - ✓ Needs assessment (Section 3)
 - ✓ Vulnerable children requiring mental health (section 18)
- Document Six – summary of Specialist CAMHS re-design process
- Document Seven – Specialist CAMHS summary of service
- Document Eight - Mental Health for Vulnerable children model
- Document Nine – 4 week treatment model diagram
- Document Ten – Briefing on supervision and consultation in Schools team

4 Signatories

Signatories should include the CEO or COO of the CCG, the strategic lead for the bid and any other supporting senior strategic signatories that you feel is relevant to demonstrate joint sign up

Organisation	Role	Signature
Sussex Partnership NHS Foundation Trust	Ruth Hillman Service Director for Learning Disability and CAMHS Services	
Brighton and Hove CCG	Wendy Carberry Managing Director, South Place Commissioning Alliance	
Brighton and Hove City Council	Executive Director Families Children and Learning	