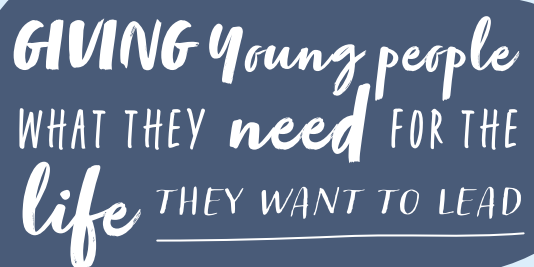


FOUNDATIONS FOR OUR FUTURE

Sussex Children and Young Peoples'
Emotional Wellbeing and Mental Health
Strategy 2022 – 2027



GIVING Young people
WHAT THEY *need* FOR THE
life THEY WANT TO LEAD



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1: FOREWORD

Foundations for our Future was a review of the support available for children and young people's emotional health and wellbeing across Sussex. The review, which was independently led, was commissioned because organisations and services recognised more needed to be done to improve the emotional health, wellbeing and mental health of our children and young people. In particular, the services that are available and the experience of children and young people using them needs to improve.

The review identified a number of key themes and recommendations.

One key recommendation was the development of a Sussex-wide Emotional Wellbeing and Mental Health Strategy for children and young people 0-25 years. This strategy focuses on the improvement of services and experience but will only be successful if those services are supported by changes in other areas, for example physical health, community improvements, education, and a stronger focus on prevention. Therefore, this Sussex-wide Strategy sits under the umbrella of an overarching children's plan where strategies relating to physical health, learning disability and autism, education, and safeguarding will be aligned, and with shared sets of principles.

By joining together all the plans and services which support young people we aim to be able to achieve better, longer lasting outcomes for children and their families.

As we developed this strategy we took into account:

- the national priorities as documented in the NHS Long Term Plan, Future in Mind, the Five Year Forward View and the Green paper.
- the recently refreshed Local Transformation Plan (which consolidated and built on the plans from each Local Authority area)
- data gathered from stakeholders who contributed to the review into Children and Young People's Emotional Wellbeing and Mental Health services 'Foundations for our Future'.
- the views from young people and families about its format, the language used, as well as the content. This was achieved through the facilitation of a co-design group of young people, family members, and some frontline staff.

Although this is a Sussex-wide Strategy with the ambition to deliver the best and same outcomes for all children and young people across Sussex, it is essential that we recognise and respond to the specific needs of local communities and look at how we can remove any barriers children and young people experience that may limit opportunities for good emotional wellbeing and mental health. The expectation is therefore for this strategy to be translated into local implementation plans that meet the needs of the local population, enable local integrated working, whilst delivering the same agreed outcome framework across all areas.

Mental wellbeing has wide-ranging impacts upon how children and young people view themselves, their quality of life and the wider society. Previous work by Public Health England has identified the influence which a child's emotional health and wellbeing has upon their development, learning, physical health and their mental wellbeing in adulthood. Positive mental wellbeing is essential if children and young people are to flourish and lead rich and fulfilling lives. It helps people recover more quickly from physical illness, increases life expectancy and reduces the likelihood that they will engage in behaviours which may put their health at risk.

ACHIEVE BETTER
outcomes for CHILDREN
& THEIR FAMILIES



WORKING TOGETHER to SUPPORT CHILDREN, YOUNG PEOPLE & THEIR FAMILIES

To improve their emotional wellbeing and mental health, children, young people and families have told us there should be:

- A focus on prevention and early support - helping to keep young people emotionally well, readily available self-management tools and earlier interventions when more help is needed
- Better help for schools to enable them to support the emotional health and wellbeing of their pupils
- More support for families and a whole family approach
- A joined-up partnership approach with organisations working together to support children, young people and families
- Clear information about what services and help is available and how to access it
- Greater clarity on who services support, what they provide, and how people are referred in
- Making best use of grass roots and voluntary organisations as part of how children and families are supported
- Specialist pathways of care must be available for vulnerable groups of young people. This includes those with Autistic Spectrum Conditions (ASC), young people engaged with the youth justice system, care leavers, looked after children, and young people who are homeless.
- Smooth and effective transition between services.



2: VISION

Our aim is to support children and young people to have positive emotional wellbeing and mental health so that they can:

- Achieve their goals and ambitions
- Grow up to be confident and resilient
- Feel safe and can get the help they need and trust easily
- Be involved in how services for everyone are delivered and developed
- Receive the best possible care, support and treatment, when they need it
- Have both good physical and mental health.

This will mean that:

- Children and young people understand their mental health needs and can help themselves and their friends
- Children, young people and their families are able to support themselves, but are also supported by others including professionals and other adults they trust to help them
- Everyone, including schools, colleges and services, will be able to help children, young people and families to stay well and will notice when things are not good and be part of the help and support
- All professionals and services will have expertise to target and support children and young people who are more vulnerable and be able to engage with them in the best way to achieve the best outcomes
- All support is built around children and young people and their families, with services working together to meet their needs. This includes bringing resources together in the best way to make this happen.

GIVING Young people
WHAT THEY need FOR THE
life THEY WANT TO LEAD

3: STRATEGY

GIVING OUR YOUNG PEOPLE WHAT THEY NEED TO LIVE
THE LIFE THEY WANT TO LIVE

OUTCOMES FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

- Children and young people are supported to develop and achieve their goals and to have inspiring futures
- Families feel supported to cultivate and develop resilience in themselves and their children
- The voice of children and young people is valued, heard and acted upon
- Help is readily available to keep young people well and where more help is needed this is provided early
- Children and young people receive the right help and at the right time, making interim support readily available for people needing extensive treatment that can take longer to find

KEY ACTION AREAS

Focus on prevention

- Take action to address:
- Bullying and sexual violence
- Suicide and self-harm
- Parental substance misuse and mental health problems
- Social determinants of health for high and complex needs

Ways of working

- Single Point of Access (SPOA) for support
- Whole school approach
- Create mentally healthy schools
- Whole family approach
- Supported transition to adult services

Improve Support


- Early support – including Mental Health Support Teams in schools
- Specialist mental health (CAMHS)
- Crisis and urgent support
- Specialist pathways of support for high and complex needs

OUR PRIORITIES TO DELIVER THE VISION

- Prevention - Addressing the issues that impact on mental health
- Early help and access to support
- Specialist and timely support to meet high and complex needs
- Support for life transitions

HOW WE WILL SUPPORT DELIVERY OF OUR VISION

- Digital Support
- Work together to plan and pay for services
- Collective Leadership and Governance
- Monitor if our actions are making a difference
- A skilled workforce



ENCOURAGE &
NURTURE
RESILIENCE & HELP TO
PREPARE for
ADULTHOOD

4: HOW WE WILL ACHIEVE OUR GOALS

KEY PRINCIPLES

We will:

- Ensure mental health and emotional wellbeing is everyone's responsibility and help reduce stigma
- Shared decision-making with the voice of children, young people and families being central. This includes co-production and co-design with children, young people and families at the heart of all we do
- Use intelligence - our knowledge of our local population needs, and evidence of 'what works' and what is cost effective
- Intervene early to stop problems escalating
- Proactive prevention and promotion enabling the whole community to support mental health and emotional wellbeing, and with particular emphasis on how to help children, young people and their communities build on their own strength
- Reduce inequalities and proactively working with the most vulnerable groups
- Encourage and nurture resilience and help prepare for adulthood
- Build capacity for support to improve access for all, ensuring this is available in a timely way where they are, and in their community
- Address physical and mental health equally
- Work together to commission and run the right services
- Partnership working that supports effective cross sector working with shared responsibility, accountability and mutual respect
- Achieve best value for money and effective use of our assets and resources
- Ensure Digital Services and Digital Integration support the THRIVE framework

SUPPORT CHILDREN
& young PEOPLE
TO THRIVE

WE WILL IMPLEMENT THE THRIVE APPROACH TO SUPPORT THE DELIVERY

To ensure we transform the way we support young people and their families we have adopted the nationally recognised model of good practice known as THRIVE.

THRIVE promotes shared decision making with children, young people and their families by empowering them to be actively involved in their care. It focusses on person-centred support and changes the approach to emotional wellbeing and mental health for children and young people by looking at their specific needs rather than at diagnosis.

By changing the approach we take we will shape the support available for children, young people and their families. It also means we can nurture staff to have the right skills, capabilities and knowledge to support this approach.

By using this model we are aiming to support children and young people to 'thrive'. Thriving involves functioning well and feeling content. By focusing on helping people thrive we move away from illness to the more positive, proactive focus of wellbeing. To do this services are centred on prevention, promotion and awareness raising work in the community.

In addition to this, services will provide children and young people with four main support functions:

- GETTING ADVICE (coping, building and promoting resilience)
- GETTING HELP (earlier intervention)
- GETTING MORE HELP (access to support)
- GETTING RISK SUPPORT (support for those with highly complex support needs and for those most vulnerable).

Young people's needs change at different points in their lives. Our services need to be flexibly capable of meeting those needs with the right support at the right time.

A key part of this approach is taking a whole community view – looking at the people involved in a young person's lives and making sure they are supported and involved in the journey that a young person is taking. See appendix A for more information about THRIVE in Sussex.

THE NEEDS OF CHILDREN AND YOUNG PEOPLE

Local Data: Children with Mental Health Illness in Sussex

According to national surveys of children and young people aged 5-16 years, there has been an almost 25% increase in the number of children and young people with a mental health disorder between 2017/18 and 2021. Based on findings of those surveys, the estimated number of children aged 5-16 years with a mental disorder in Sussex increased from 29,470 in 2017/18 to 37,200 in 2021. (2)

There is also evidence that the number of children and young people with possible eating problems has risen substantially over the past 8 years. Based on findings of the 2021 survey on the mental health of children and young people, in 2021 an estimated 46,000 11-19 year olds have a possible eating problem in Sussex, compared to an estimated 23,300 young people aged 16-24 years who had a possible eating problem in 2013. (2, 3)

In 2020/21, over 5,850 pupils were identified with social, emotional and mental health needs (3,063 primary school age and 2,788 secondary school age) across the three local authorities in Sussex. (4)

25%
INCREASE

IN THE NUMBER OF children
AND young people WITH A
MENTAL HEALTH disorder

THE NUMBER OF 11-19
year olds WHO HAVE A
POSSIBLE eating problem

46,000

5,850

pupils WERE IDENTIFIED WITH
SOCIAL, EMOTIONAL AND mental
health needs IN SUSSEX

RISK FACTORS ASSOCIATED WITH REDUCED MENTAL WELLBEING IN SUSSEX

There are a range of risk factors that may increase the likelihood of children and young people experiencing a mental health problem. Table 1 summarises some of these risk factors and the number of children and young people affected across Sussex.

Across the South East, almost a quarter of a million children live in low income families. Across Sussex, over 53,700 children were living in relative low-income families, and over 44,600 children in absolute low-income families in financial year ending 2020. Higher percentages of children living in low-income families were recorded in Hastings, Eastbourne, Rother, and Crawley.

All three local authorities have higher rates of children in need due to abuse or neglect in comparison to the South East region and a greater percentage of 15year olds with three or more risky behaviours, such as current smokers, alcohol use, cannabis use, use of other drugs, poor diet, or physical inactivity.

Brighton and Hove local authority has higher rates for children in need due to abuse or neglect; children in care, and children in need due to family stress due to dysfunction or absent parenting in comparison to the South East and England overall. West Sussex has a higher rate for 16-17year olds not in education, employment or training (NEET), with a high number of not known recorded in comparison to the South East region and England overall.



TABLE 1: CHILDREN WITH RISK FACTORS ASSOCIATED WITH REDUCED MENTAL WELLBEING IN SUSSEX

INDICATOR/RISK FACTOR	PERIOD	BRIGHTON & HOVE	EAST SUSSEX	WEST SUSSEX	SOUTH EAST	ENGLAND
Number of children in low-income families	2016	7,865	16,855	18,325	233,485	1,974,035
Rate		16%	16%	11%	13%	17%
Number of children in need due to abuse or neglect	2018	1,007	1,392	2,410	24,360	215,270
Rate per 10,000 children under 18 years		198	131	139	125	181
Number of children in care	2020	370	590	810	10,445	80,080
Rate per 10,000		82	56	46	53	67
Number of children in need due to family stress due to dysfunction or absent parenting; children aged under 18	2018	718	901	735	22,780	110,530
Rate per 10,000		140	85	43	118	94
Percentage with 3 or more risky behaviours at age 15	2014/15	24%	23%	18%	17%	16%
Number of first time entrants to the youth justice system	2018	26	68	79	1,424	12,006
Rate per 100,000		118	143	107	171	241
Number of 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	2017	220	530	1,710	12,310	68,070
Percentage		5%	5%	10%	7%	6%

Source: PHE Fingertips, Mental Health and Wellbeing JSNA

KEY FINDINGS OF TWO NATIONAL FOLLOW UP SURVEYS ON THE MENTAL HEALTH OF CHILDREN AND YOUNG PEOPLE IN ENGLAND IN 2020 AND 2021 INCLUDED:

Increase IN RATES OF PROBABLE MENTAL DISORDER IN 6-16 year olds

FROM 1 IN 9 TO 1 IN 6

ALMOST 40%

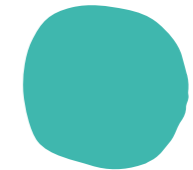
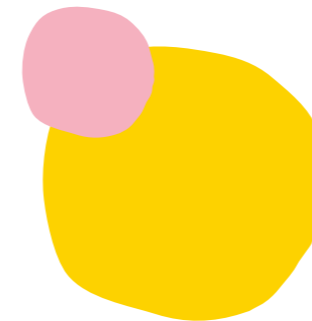
OF THOSE AGED 6 to 16 years HAD experienced DETERIORATION IN MENTAL HEALTH since 2017

Proportion OF children AGED 11-16 with POSSIBLE eating problems

FROM 6.7% TO 13%

OVER HALF

OF 17 to 23 year olds HAD poor sleep ON three OR MORE nights OUT OF SEVEN



IMPACT OF COVID ON EMOTIONAL WELLBEING AND MENTAL HEALTH

The COVID-19 pandemic has direct and indirect impacts on the mental health and emotional wellbeing of children and young people. Social isolation, loneliness, school closures, increased stress due to the economic impact of lockdown measures especially on low earning households all contribute to a negative impact on mental health. Evidence suggests that the pandemic has hit the most vulnerable and disadvantaged groups hardest, increasing the impact of longstanding inequalities. (6)

Research shows that those most affected by the pandemic include children and young people with pre-existing mental health problems, children and young people with Special Educational Needs (and Disabilities) (SEND), children and young people from low income families, children and young people identifying as LGBTQ+, and those with disabilities and experiences of trauma and domestic abuse. (4, 7, 8)

Whilst some children and young people coped well between during the first six months of the pandemic with only a slight reduction in life satisfaction and relatively stable happiness, females and those with pre-existing mental health issues experienced a decline in mental wellbeing, with increased anxiety as a key impact. (9)

Key findings of two national follow up surveys on the mental health of children and young people in England in 2020 and 2021 included:

- **INCREASE IN RATES OF PROBABLE MENTAL DISORDER**
From one in nine in 2017 to one in six in 2021 in children aged 6 to 16; from one in ten in 2017 to one in six in young people aged 17 to 19 years.
- **DETERIORATION OF INDIVIDUAL-LEVEL CHANGE IN MENTAL HEALTH**
Almost 40% of those aged 6 to 16 years in 2021 had experienced deterioration in mental health since 2017, and more than 20% experienced improvement. Concerningly, among those aged 17 to 23 years in 2021, more than 50% experienced a deterioration, and approx. 15% experienced improvement of their mental health.
- **INCREASE IN EATING PROBLEMS**
The proportion of children and young people with possible eating problems increased between 2017 and 2021, from 6.7% to 13.0% in 11 to 16 year olds and from 44.6% to 58.2% in 17 to 19 year olds.
- **POOR SLEEP**
In 2021, over a quarter of children aged 6 to 10 year olds, over a third of 11 to 16 year olds, and over half of 17 to 23 year olds had poor sleep on three or more nights of the previous seven. Those with a probable mental disorder had much higher proportions of poor sleep compared to their peers without mental disorder across all age groups.

5: TO ACHIEVE OUR VISION OUR PRIORITIES ARE

See below priorities to achieve our Vision.

PREVENTION - ADDRESSING THE ISSUES THAT IMPACT ON MENTAL HEALTH

Prevention and early intervention are key to promoting and maintaining good mental health and wellbeing in all people. There is evidence that supporting families and carers, building resilience through to adulthood and supporting self-care reduces the mental and physical ill health over a person's life, reducing the cost of future interventions, improving economic growth and reducing health inequalities. (1)

Evidence suggests that factors other than access to services make a far higher contribution to improving health and wellbeing. These 'wider determinants of health' include income, education, occupation, housing and the built environment. (2) See Fig x

Figure x: Dahlgren and Whitehead determinant of health model (1991) (opposite page)

Evidence from the Cochrane Collaboration and the Mental Health Foundation suggest that the following are important areas of focus in preventing mental health problems in children and young people: (3)

- Experiences of adversity
- Disadvantaged environments
- Identity, Transitions and expectations
- Social support
- Emotional literacy
- Early intervention

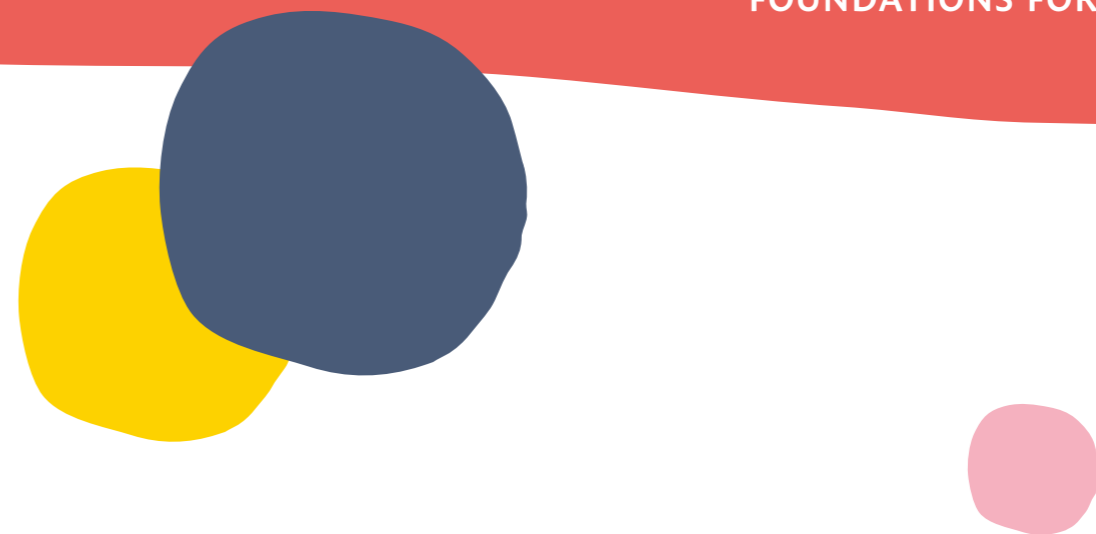
PROGRESS IN SUSSEX

- The development of a Starting Well action plan/ Health and Wellbeing Board (Brighton and Hove)
- ICS Suicide Prevention programme
- Pan-Sussex Self-harm Learning Network for schools. This was established in Sept 2020 and aims to increase confidence of parents and teachers in helping children and young people who are self-harming or at risk of doing so.
- Whole School Approaches so that all parts of the school are working in partnership to support children, young people and families and promote emotional wellbeing and good mental health



FIGURE X: DAHLGREN AND WHITEHEAD DETERMINANT OF HEALTH MODEL (1991)

TREATING children early FOR MENTAL HEALTH ISSUES is CRUCIAL



EARLY HELP AND ACCESS TO SUPPORT

Treating children early for mental health issues is crucial. Research has shown that the earlier we can intervene particularly with evidence-based interventions, the better outcomes we see later on. Early help and timely access to support must be provided at any stage in a child or young person's life, with the aim to improve the overall outcomes for their emotional wellbeing and mental health at an early stage, and to try to prevent further problems from developing later.

The early years of childhood lay a foundation for future academic, social, emotional and behavioural success. If we teach children the skills they need in their formative years, they can carry these skills with them through their elementary years and beyond. However we must ensure we do not ignore a problem a young person is facing and not allow problems to grow over time and become more difficult to resolve. Since 2015 significant strides have been made to increase both the number and type of services available, the way they are accessed and how accessible they are. More children and young people than ever before have received the support they need from both NHS clinical professionals and services focused on intervening much earlier in their lives. However, there is still more to do, particularly in response to the impact on children and young people's emotional wellbeing and mental health from the COVID-19 pandemic.

PROGRESS IN SUSSEX

In increasing access, key developments include an increase in specialist and core CAMHS capacity to address increased need for interventions. For example, improved Cognitive Behavioural Therapy (CBT) services with the use of Attend Anywhere for clinical sessions and virtual group work outside school hours..

In working with our schools in Sussex, 17 Mental Health Support Teams (MHSTs) will be implemented in our areas of highest deprivation by end 2023/24. Schools are supported in their approach to implement good mental health and emotional wellbeing which in turn promotes school attendance and emotional literacy.

More support has been provided to early intervention services (e.g. online counselling) meaning more children and young people can be seen at a time that suits them. , A Single Point of Access and Advice for emotional wellbeing and mental health support is being implemented in each Local Authority area of Sussex.

In addition to the above, the demand for services has been mapped to quantify and plan capacity taking account of post pandemic need. There is also been further improved access to Urgent and Emergency Support 24/7, for example the Sussex Mental Health Helpline. Pathway plans are being developed for Sussex localities to deliver a new service model for Neurodevelopmental pathway.

SPECIALIST AND TIMELY SUPPORT TO MEET HIGH AND COMPLEX NEEDS

Some children and young people will need more help and risk support, including some who live with multiple high need and complex disabilities and/or significant Special Educational Needs and Disabilities (SEND). This may also include children and young people who are looked after (including unaccompanied asylum-seeking young people), children who may have experienced trauma or abuse; adopted children and care leavers. The need for trauma informed support, recognises that some children and young people experienced adverse childhood experiences, such as being subject to sexual exploitation or who exhibit harmful sexual behaviour; those known to the Youth Offending Service; those affected by substance misuse; and those at risk of sexual abuse and/or exploitation, and will need more help and risk support. Evidence shows that the children and young people who experience poor life opportunities, are more likely to develop significant mental health issues and have a reduced life expectancy.

This strategic vision, centred around our Foundations for our Future Programme, must enable children and young people with complex needs to achieve the best life opportunity and outcomes as a result of receiving timely mental health and emotional wellbeing interventions. Interventions must be aligned and co-ordinated with multi-agency and multi-disciplinary holistic support and care, involving family support, early help services and children's social care to enable young people to achieve the best possible life opportunities.

The Kent and Sussex Provider Collaborative went live in October 2021 and is therefore now responsible for the oversight of the Tier 4 offer for children and young people. This includes access to beds, day hospital provision and alternatives to admission where appropriate. The key aims of the Collaborative are to:

- Where children need a bed, ensure this is as close to home and for the shortest period as possible. For some children and young people their particular needs can mean they need a highly specialist bed which may not be local but they will be supported to return to a more local bed as soon as possible
- Ensure that children and young people's experience of an admission is positive and has a sustainable impact on their mental health
- That pathways of care are joined up with community services
- To develop alternatives to admission including; day hospital services for those with an eating disorder, short term crisis beds (in Kent GAU) and enhanced community support
- To reduce the waiting time from referral to admission into a bed as and when needed
- To support early and effective discharge planning
- To work in a multi-agency networking approach to ensure children and young people's educational, health and social care needs are identified and met
- Ensure engagement of children, young people and their families in their individual care plans and service developments
- Support acute paediatric settings to safely manage young people who are admitted to their units

PROGRESS IN SUSSEX

We continue to develop strong partnership relationships between the NHS and with Local Authorities to ensure there is a strategic approach to service delivery, but also joined-up local networks to support individual children and young people.

For example, mental health and emotional wellbeing support for our looked after children is provided by general service alongside targeted specialist therapeutic provision. We are developing the specialist therapeutic provision in partnership with Local Authorities and CAMHS to further expand the support needed by looked after children and young people. This forms part of our action plan in section 6.

We have been working with parent carer forums across Sussex to ensure the lived experience of children and their families is central to all pathway and service design.

Sussex Sexual Assault Referral Centre (SARC) provide children and young people who have been the victim of sexual abuse with high quality support, which is measured and evaluated using age-related, evidence-based outcome tools to assess progression and improvement.

Specialist CAMHS practitioners integrated in Youth Offending Teams and services that work directly within the Youth Justice System (YJS) providing direct access to emotional wellbeing and mental health interventions as part of the team approach. Specialist forensic CAMHS team operates across Sussex, linking into youth justice and police and probation services.

ENABLE young people
TO ACHIEVE the best
 possible **LIFE**
 opportunities

SUPPORT FOR LIFE TRANSITIONS

Whilst transition to adult services is a focal point for improvement, there is a recognition and movement towards a public health focus of supporting children and young people through points of change or 'life transitions', such as leaving school, home or Looked After Care and this is reflected in the strategic vision for the Sussex Strategy Group for Suicide and Self-Harm Prevention for example.

Our priority is to develop supports for young adults across Sussex through life transitions. The aim is to reduce the number of people who transition to adult mental health services and to support young people to access support within their communities and gain and retain independence.

We are making sure we learn from provision models of care that children and young people tell us work well for them, as we embrace the new Thrive and co-production way of working.

HELP Young people
TO ACCESS SUPPORT WITHIN
their COMMUNITIES

PROGRESS IN SUSSEX

The way many children and adult services are currently configured, does not best meet the needs of young people. Services for children do not support the level of independence this age group hold and services for adults generally require a level of independence young people may not have yet attained and are not particularly designed for their developmental age.

In addition to more 'traditional' offers in Specialist CAMHS (up to 18) services and Adult Mental Health Services, the following offers are currently in place to support young adults. For our students in Sussex a specific student mental wellbeing work programme is developed in collaboration with Sussex Universities, IAPT providers, Local Authorities, NHS Trusts and our voluntary and community sector. A Student Mental Wellbeing Collaborative across the Southeast has been developed (including Universities, NHS Trusts, NHS England across Kent, Surrey and Sussex) supported by student mental health ambassadors to ensure the student voice is linked to an emerging Sussex Student Mental Health programme.

For all above priorities, further information can be found in the Sussex Children & Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (2021/22).



6: TO DELIVER OUR STRATEGIC PRIORITIES AND AMBITIONS OUR ACTIONS WILL BE

FOCUS ON PREVENTION

(I) TAKE ACTION TO ADDRESS:

- Bullying and harmful sexual behaviours
- Suicide and self-harm
- Parental drug and alcohol misuse, parental conflict and parental mental health problems
- Social determinants of health

We will:

- A. Work together to promote healthy development during the first 1001 days, including:**
- Ensuring that accessible resources on how to promote your baby's emotional wellbeing are made available to all pregnant women and their families
 - Ensuring that all professionals working with young children and families are equipped to promote strong attachment and infant mental health, including the health visiting, midwifery and early years settings
 - Ensuring there are opportunities in all local areas for families to get support, including peer support, to promote their own mental health and that of their babies
- b. Ensure effective self-help resources are available and promoted across the county and that this includes digital solutions.**
- c. Ensure that frontline practice of the children's workforce is underpinned by a trauma aware and trauma informed approach, including understanding the impact of ACEs (Adverse Childhood Experiences) and mitigations.**
- d. Ensure that all areas have clear plans to minimise the impact of domestic abuse, substance misuse and parental mental health on children and support those affected.**
- e. Ensure that there are clear local strategies in place to address bullying and harmful sexual behaviours, through school based and community action.**
- f. Have a clear pan-Sussex self-harm and suicide prevention strategy, supported by local multi-agency plans.**
- g. Promote an approach to planning and policy making, by systematically and explicitly taking into account the health implications for children and families to address the key social determinants of health, including:**
- housing, homelessness and the built environment
 - poverty and financial insecurity
 - training and employment
- h. Develop a pan-Sussex 'model for prevention', based on evidence of what works and where we can achieve the biggest return on investment using our collective resources.**

GROUP RESPONSIBLE Whole system responsibility required - governance to be agreed

ENSURE effective
SELF-HELP RESOURCES
ARE available
& **PROMOTED**





IMPROVE SUPPORT

(II) PROMOTE EARLY ATTACHMENT AND INFANT MENTAL HEALTH.

We will:

- a. Make sure that accessible resources on how to promote your baby's emotional wellbeing are made available to all pregnant women and their families
- b. Ensure that promoting strong attachment and infant mental health is covered in all ante natal and post- natal contacts by health visitors and that there are opportunities in all local areas for families to get support, including peer support, to promote their own mental health and that of their babies

GROUP RESPONSIBLE Commissioners of the Healthy Child Programme in all three LA areas. Draw on resources from the Foundation for Infant Mental Health

(III) PROMOTE WELLBEING THROUGH EARLY YEARS EDUCATION.

We will:

- a. Promote Information, Advice and Guidance for parents and carers on the emotional wellbeing of young children through all early years settings
- b. Share examples of good practice by early years settings in actively promoting the foundations for good mental health in young children, and supporting parents to do this.

GROUP RESPONSIBLE Early Years strategic leads in all three LA areas

(IV) ENSURE THAT SPECIALIST ADVICE ON MENTAL HEALTH AND WELLBEING IS SYSTEMATICALLY AVAILABLE TO ALL FRONT-LINE PROFESSIONALS WORKING WITH CHILDREN AND YOUNG PEOPLE.

We will:

- a. Ensure a daily advice phone line is established in each area of the county for at least one hour in the working day which staff in early years settings and schools can ring to get advice on supporting the wellbeing of children and young people
- b. Ensure that all targeted and specialist teams working with young people (early help, social care, youth offending) have access to named sources of specialist mental health advice
- c. Provide a regular series of breakfast/twilight briefings on key mental health topics for front line staff designed to extend their understanding and expertise

GROUP RESPONSIBLE A cross county group with different service reps including specialist CAMHS managers

(V) ENSURE THERE ARE SUFFICIENT EMOTIONAL WELLBEING/ EARLY INTERVENTION, TARGETED AND SPECIALIST MENTAL HEALTH SERVICES AVAILABLE CONSISTENTLY AND EQUITABLY ACROSS SUSSEX. THESE MUST DELIVER THE CONTINUUM OF SUPPORT NEEDED TO MEET THE NEEDS OF ALL SUSSEX CHILDREN, YOUNG PEOPLE AND FAMILIES.

We will:

- a. Ensure that the support early intervention, targeted and specialist services (CAMHS) can provide is understood and consistently offered across the county, with regular auditing
- b. Review usage and other indicators of need to ensure that resources for early intervention, targeted and specialist provision are allocated appropriately

GROUP RESPONSIBLE Mental Health commissioners

(VI) ENSURE THAT APPROPRIATE URGENT SUPPORT IS PROVIDED TO CHILDREN, YOUNG PEOPLE AND FAMILIES IN CRISIS.

We will:

- a. Expand our 24 hour service for children and young people who need support out of hours
- b. Enable children and young people to have access to a timely crisis response for assessment
- c. Increase intensive home treatment capacity to work with a group of young people (experiencing a period of chronic distress and impaired functioning)
- d. Look at a range of complementary and alternative crisis services to A&E and admission, including development of a community drop in 'crash pad' for children and young people who are in crisis
- e. Provide a comprehensive offer for 0-25 year olds (blue light triage service)
- f. Explore multi-agency crisis and risk management training
- g. Ensure that CAMHS practitioners are represented in the staffing of the Sussex Mental Health Line

GROUP RESPONSIBLE ICS Leads (TBC)

- h. Further enhance pathways between community and Tier 4 services (both inpatient and day hospital) so that children and families experience a more seamless approach and that any admissions or enhanced support are responsive and/or planned as part of an overall plan of care
- i. Further develop alternatives to admission and Tier 4 capacity including commissioning day hospital provision and access to increased beds across the South East
- j. Develop the workforce further to include new roles - Youth Intensive Psychological Practitioners (YIPPS) and Family Ambassadors.
- k. Ensure roll out of training for the T4 workforce including enhanced support re autism, disordered eating and models of care and support in conjunction with HEE
- l. Continue to monitor and respond to any issues of quality in T4 provision

GROUP RESPONSIBLE Kent and Sussex Provider Collaborative

(VII) ENSURE THAT OUR MOST VULNERABLE CHILDREN AND YOUNG PEOPLE HAVE ACCESS TO GOOD MENTAL HEALTH SUPPORT. THIS SHOULD INCLUDE YOUNG PEOPLE WHO ARE IN OUR CARE, ARE NEURODIVERSE, AND ARE YOUNG OFFENDERS.

This will require targeted offers of support for vulnerable children and young people and ensure that agencies are joined up in their support for that young person.

We will:

- a. Implement the 'All age learning disability and autism strategy' 2021-2024
- b. Recognise the increasing number of children who are looked after across Sussex, review and align the current service offers and increase the investment to allow more access to timely specialist services for children and carers.
- c. Ensure our most vulnerable young people – including those in care, care leavers, those using youth offending services, and those with complex conditions receive appropriate mental health support.
- d. Make the most efficient use of our specialist services to deliver effective and timely support
- e. Support children open to Social Care, especially those on the edge of care, to ensure the impact of their adverse childhood experiences on their mental health and wellbeing is appropriately recognised and addressed.

GROUP RESPONSIBLE LA and NHS Commissioners



WAYS OF WORKING

(VIII) PROMOTE WHOLE SCHOOL APPROACHES TO DEVELOPING EMOTIONAL WELLBEING FOR CHILDREN AND YOUNG PEOPLE.

We will:

- a. Develop Sussex wide guidance on the whole school approaches to developing a strong sense of belonging, and promoting good behaviour, which are most likely to tend to the happiness and wellbeing of children and young people, and disseminate and promote that guidance across the county
- b. Invest in resources to promote and support effective practice in schools
- c. Ensure that best practice within the new MHSTs is disseminated and promoted

GROUP RESPONSIBLE Emotional wellbeing in education leads in each of the LA areas, plus CCG and Multi Academy Trust representatives

(IX) ENSURE THAT IN EACH AREA OF THE COUNTY THERE IS A CLEAR WELL UNDERSTOOD FRONT DOOR FOR EMOTIONAL WELLBEING AND MENTAL HEALTH REFERRALS WHICH LINKS APPROPRIATELY TO REFERRALS FOR SAFEGUARDING AND FOR ASSESSMENT OF NEURO DIVERSITY.

We will:

- a. Develop a single point of access/ advice for each local authority area which confirm to a set of agreed core principles
- b. Ensure that children, young people, families and referrers understand how the SPoA works and how to access it
- c. Ensure the SPoA links to the THRIVE framework so that the needs of a young person can be appropriately met in a timely way and in their local community

GROUP RESPONSIBLE SPOA leads

(X) ENSURE THAT APPROPRIATE TRANSITION AND SPECIALIST SERVICES ARE AVAILABLE FOR YOUNG PEOPLE UP TO THE AGE OF 25 THAT TAKE ACCOUNT OF THEIR NEED RATHER THAN FOCUSED ON THEIR AGE.

We will:

In ensuring that young people experience positive life transitions between services, we will have clear minimum practice standards in place to support transitions to different age-related support.

We will:

- a. Piloting Care Leavers Personal Health Budget proof of concept in East Sussex for expansion across Sussex.
- b. Explore youth specific ARRS (Additional Roles Reimbursement Scheme) Roles in some Primary Care Networks (PCNs) with highest levels of 16-25 population.
- c. Improve Student Emotional Wellbeing and Mental Health pathways and bespoke offer.
- d. Develop plans for improving all life transitions made by Children and young people including transition from child to adult services.
- e. Ensure equality of access to acute and community Eating Disorder Services. Pilot CAMHS clinicians working into adult eating disorder services to support transition beyond 18 years.
- f. Developing our Digital offer of information and resources
- g. Development of transition posts for those young people moving to adult services in inpatient settings.

PROMOTE

& SUPPORT

effective practice

IN SCHOOLS

- h. Develop and expand Personality Disorder provision (part of the adult community transformation programme). Increase prevention and earlier interventions specifically for young people (14-25).

GROUP RESPONSIBLE 16-25 year Project group

(XI) ENSURE THAT WIDER MENTAL HEALTH SUPPORT IS AVAILABLE TO FAMILIES AND THAT COORDINATED FAMILY MENTAL HEALTH SUPPORT IS PROVIDED.

We will:

- a. Ensure there is strong involvement with adult services
- b. Strengthen family safeguarding approaches

GROUP RESPONSIBLE TBC

PROVIDE digital services
WHICH SUPPORT &
empower PEOPLE



7: HOW WE WILL SUPPORT DELIVERY OF OUR VISION

To make sure we focus on improving children and young people's lives we need:

COLLECTIVE LEADERSHIP AND GOVERNANCE

- A clear strategic plan for children and young people's emotional health, wellbeing & mental health across Sussex for taking forward the recommendations from FFOF. The newly formed Pan-Sussex ICS Children's Board will be responsible for overseeing its implementation
- Clear place-based plans that recognise the need in each area, and are aligned
- There is active commitment and agreement at a senior level and across organisations via a concordat agreement
- Through an outcomes and accountability framework we can demonstrate the delivery against this strategy

The leadership approach to governing and transforming children and young people's mental health and wellbeing services in Sussex is centred on joined up working across the integrated care system (ICS). The development of the Sussex mental health and wellbeing vision and underpinning strategic plans focuses the whole system on improving the outcomes and experiences for our children and young people. It is supported by a system-wide mental health concordat signed by all stakeholder partners.

This has allowed complex pathway challenges, to be discussed and transformed, where no single entity or organisation is in control.

The Sussex strategic plans, aligned with our Foundations for our Future programme and the NHS Long Term Plan, are underpinned by a clear governance structure. See appendix B for CYP Emotional Wellbeing and Mental Health Foundations for our Future and CYP Mental Health Programme governance structure

DIGITAL SUPPORT

- We should provide digital services which support and empower people to stay healthy and independent for longer. This will include, among other things, secure online access to clinicians, personalised and relevant health information, and digital tools and advice that meet the expectations of young people and their families.
- All digital services we build, buy or commission should be co-designed with people that will use the end product (children, young people, families and staff).
- We will co-design digital services with children and young people, their families and carers and those providing support.
- Digital services need to be designed for, and with, people with different physical, mental health, social, cultural and learning needs, and for people with low digital literacy or those less able to access technology.

- We must acknowledge that those with the greatest health needs are also the most at risk of being left behind and build digital services with this in mind, ensuring the highest levels of accessibility wherever possible.
- Those working with young people have digital tools that support them in doing their jobs effectively (e.g. Electronic records, online ways of seeing outcome measure information).
- We should regularly review and evaluate the effectiveness and accessibility of digital services across the system and this review must be led by those who use our services.

WORK TOGETHER TO PLAN AND PAY FOR SERVICES

In order to deliver the transformation required significant investment is needed. This needs to be mapped to all parts of the pathway to ensure we have sufficient prevention and earlier intervention support in place as well as targeted and specialist services to meet the needs of our most vulnerable and complex young people.

Any funding needs to be prioritised to ensure it is being targeted to the areas where it will have the most impact for children, young people and their families. Decisions about targeted investment will be made in partnership with children, young people, their families and other key stakeholders and partners.

Sussex NHS commissioners and Local Authorities in East Sussex, West Sussex and Brighton and Hove have been working together to develop a joint Sussex wide approach to the commissioning of emotional and mental health and wellbeing services. In coming to this shared commissioning approach we have assessed and understood our children and young people's mental health needs across Sussex and at a local level, and at the planning and development of services to meet those needs within the available finances. An overarching Sussex Health and Care Partnership Children's Board will be accountable for the delivery of this strategy alongside other children's strategies including the physical health strategy.

This process has been informed by the children and young people's vision and strategic plans for mental health services to improve outcomes, transform current services and develop new bespoke services to better meet population mental health needs.

Mental health commissioning and provider partners have been working together to ensure that mental health is represented as equal alongside physical health within the Integrated Care System as it is developed further.

The THRIVE framework, has brought together partners, patients families and carers together, forming a shared strategic vision, and language, whilst moving towards person and family centred care with a strong focus on prevention and earlier intervention. Enabling young people and their families to voice their views, needs and wishes and contribute to plans and decisions about services is a key priority ensuring co-production of the programme.

This strategy and plans that sit behind it bring together the collective approach across our three Places Brighton and Hove, East Sussex and West Sussex to design, develop, commission and oversee high quality, innovative and integrated care and treatment pathways for people with mental health needs.



MONITOR IF OUR ACTIONS ARE MAKING A DIFFERENCE

- We look after the data we hold, share and use and this is explained in a way that makes sense to young people and their families
- We are open with people about how their information is used so that they have confidence that it is legal, safe and secure
- We put in place the right digital infrastructure so it supports in joining up young people's care. The young person should not have to repeat their care needs to different people and be able to say what they do not want shared
- We ensure that different organisations can talk to each other safely and securely
- Real time information is available to support direct care across the system
- Real time information and service feedback from young people and their families is used to support quality improvements, better system planning and evaluation of services
- A young person and their family can rapidly access up to date information on the impact of the care and treatment they are being offered

A SKILLED WORKFORCE

The considerable increased need for emotional wellbeing support for young people comes with the challenge of having sufficient and appropriate staff in place and to have them in place quick enough to meet the rising need. The workforce strategy must centre on all areas of recruitment, retention, training and development of staff.

The NHS People Plan1 clearly outlines its commitment to workforce development underpinned by significant continued and increasing investment from Health Education England.

For Children and Young People's services this means 'support to expand psychological therapies (IAPT) with an extra 245 psychological wellbeing practitioners and 300 IAPT practitioners together with a 25% increase in the number of training places for child and adolescent psychotherapy.

We need an agile workforce that has the necessary skills, competence, emotional intelligence and resilience to continually flex to meet the ever-changing needs of our communities. This means as well as increasing our workforce we need a focus on new roles such as peer support

workers and staff trained in different skills to work alongside the more traditional roles already in place.

We also need to consider how our workforce is arranged. Recruitment activity which seeks to replace 'like with like' is no longer fulfilling the increasing gap in traditional clinical/professional role. It is crucial that we diversify our approach to workforce planning and development, seeking to draw upon voluntary, community, social enterprises and third sector colleagues experience and support to stabilise and sustain our current and future workforce and meet the needs of children and young people who use services.

In addition, there is evidence to show where services have a strong commitment to invest in training and development in both their current and emerging workforce, this helps keep retain staff. Our continued focus is on nurturing a staff group which is highly trained and committed to supporting young people with some core skills that all staff have regardless of role or level. Workforce strategies will focus on five key themes with a specific focus on supply, education and development together with leadership and culture.

This work will help to identify and develop a plan to address skills and training gaps, whilst modelling future training requirements. This means we can commission the right training across organisations in a joined-up way to make sure we have the right people with the right skills to meet the needs of young people and their families.

Both as an Integrated Care System (ICS) and in the mental health trust; Sussex Partnership NHS Foundation Trust we are doing detailed planning demand for additional workforce to, again, make sure we have the right people with the right skills in place.

- We will ensure that all staff working with children and young people understand how they can help to develop healthy and resilient children, young people and families
- We will ensure that we have sufficient skilled, supported and appropriately trained staff to work with children, young people and families
- We will put in place a competency framework for the whole children and young people workforce that describes the core and specific skills required
- There will be an Integrated Care System (ICS) wide clear workforce plan in place to support the development and maintenance of those skills
- All schools will have an emotional wellbeing lead
- The system should have close working links to HEE and Universities to offer pathways of training and development opportunities as well as maximise recruitment of appropriately trained staff



UNDERSTAND

CHANGE *as a*

NATURAL PART OF

LIFE

APPENDIX A

THRIVE FRAMEWORK

1. Coping / Build and Promote Resilience

We will put in place the tools children and young people need to:

- Are equipped to support their own emotional well-being and life skills so that they can manage and understand normal life challenges into adulthood and be able to deal with them
- Have the family, educational and community support in place to live, study and grow well
- Have a positive start in life which allows them to develop strong and secure attachment in early childhood (age 0-5)
- Recognise and build on their own strengths and those of the people around them
- Manage periods of uncertainty in their life and be able to recover from difficult times. (such as stress, bullying, bereavement and behaviours around substance use and sexual health)
- Understand change as a natural part of life
- Recognise and avoid pressure from the actions of their peers
- Develop and maintain self-worth and confidence
- Recognise the importance of participation in a range of activities
- Prepare for and move smoothly into adulthood

We recognise that periods of transition may be particularly difficult for children and young people so we will make sure that extra support is put in place to plan for and help during these times to prevent problems from occurring.

2. Getting Help / Identify Problems Early

We will make sure that:

- Children, young people and the people around them can recognise:
 - Things that may affect their emotional well-being and what that might mean for them
 - When they are finding things difficult
- When things are not going so well, children, young people and the people can:
 - Get access to information to support themselves
 - Put in place coping strategies to manage difficulties including taking care of themselves as well as reaching out for help
 - Understand and communicate what support will work best for them as an individual and their family
 - Recognise the link between improving physical health can help their emotional health

- Our Early Help approaches will allow us to see where children, young people and their families may need help and make sure that help is in place at the right time to improve well-being
- Everyone in all organisations and services is clear about their role and responsibilities, is able to recognise when problems arise, and wraps around the young person as a support system
- The first person that a child or young person goes to for help has the skills, expertise and knowledge to provide the right advice and support
- Support, or access to support, is provided where we think problems may occur and more help is needed such as:
 - Children aged 8 to 11 have the skills and support in place to help when problems arise e.g. when entering adolescence
 - Children, young people and their family are involved in preparation for any periods of change so that problems do not increase e.g. moving schools or services

3. Getting More Help / Improve Access to Effective Support

We will make sure that:

- Children, young people and their families can find reliable information and advice, and guided help to be able to help themselves in the first instance
- Children, young people and their families have access to evidence-based support and interventions
- The first person that children and young people or their families choose to speak to, can provide appropriate practical help, advice and support- including access to additional support.
- People who provide support give the help that is needed and have access to further support when required
- If additional help and support is needed from other professionals and specialist services, the first person is able to contact them via clear pathways and the child/young person and their family know what is going to happen and when
- Children, young people and families will have knowledge and information about self-help skills and tools
- Any input from more specialist services will be time focused to meet specific and identified needs
- While specialist services are working with a child or young person, the other people around them will continue to provide support as well.
- Once any specialist treatment has been completed, on-going support will be continued by people who are close to the child or young person including family and friends
- There is an appropriate response by services when things change or get worse
- Support is located in the right places at the right time and provided in the right way so that children and young people will want to use it
- Children and young people only have to tell their story once because information sharing between agencies is good

MAKE SURE THAT
HELP is in the
 RIGHT PLACE
 AT the
 RIGHT TIME



CHILDREN & YOUNG PEOPLE
 have **KNOWLEDGE &
 OPPORTUNITIES**
 TO PROVIDE SUPPORT

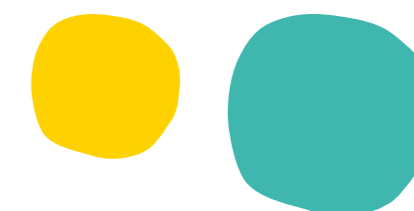


- Services and professionals are proactive to identify and support emerging needs of children, young people and their families
- Children and young people have knowledge and opportunities to provide support to each other and learn from their experiences
- Support includes approaches and tools that will help the young person and their family as they prepare for adulthood

4. Getting Risk Support / Care for those with the Most Complex Needs or are the Most Vulnerable

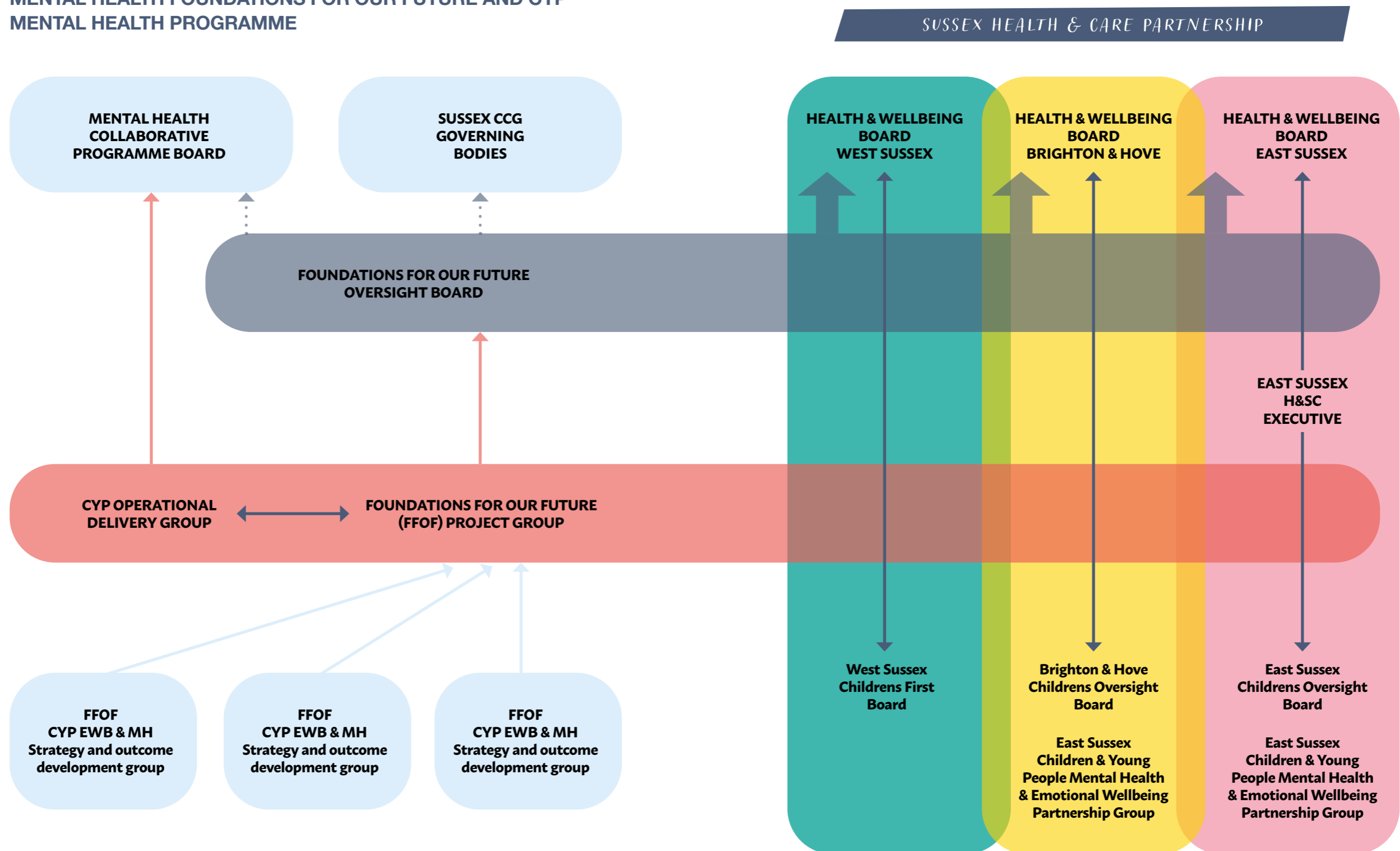
We will:

- Fully understand our local population and identify those who are most likely to need help
- Make sure that services work together to help those that find it hardest to access support can do so and that they do not experience additional stigma or labelling because of their needs
- Develop specific approaches to make sure that services are able to develop relationships to help engage children and young people to support them fully such as:
 - Make sure that children and young people are supported to be ready for the treatment that they need.
 - All services will proactively and consistently follow up all children and young people who do not engage and utilise alternative and innovative approaches to re-engage them
 - Services will work together to engage with and support families to ensure that interventions with their children are effective. This includes active follow up and consideration of different approaches if they are finding it hard to engage
- Have services that are flexible in their approach to support and make sure that the child or young person's needs are at the centre of all they do
- Look for opportunities to develop joined-up pathways and ways of working across all services to improve emotional well-being and mental health
- Make sure access to support based upon the level of need and risk to the individual child or young person
- Make sure that the support provided has been proven to work for children and young people with more specific needs. Where there are gaps in recommendations of support we will test and evaluate potential new innovative approaches so that children and young people do not have to leave the local area to access support
- Make sure local targeted workstream and strategies for children and young people with specific needs are linked together e.g. for Special Educational Needs and Disabilities (SEND)
- Ensure that effective planning and support processes are in place for those who will have on-going support needs into adulthood and that these fully involve young people and their families



APPENDIX B

GOVERNANCE STRUCTURE - CYP EMOTIONAL WELLBEING AND MENTAL HEALTH FOUNDATIONS FOR OUR FUTURE AND CYP MENTAL HEALTH PROGRAMME



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