

# Children, Young People & Skills Committee

Date: **14 September 2020**

Time: **4.00pm**

Venue **Virtual Meeting - Skype**

Members: **Councillors:** Clare (Chair), Hills (Deputy Chair), Allcock (Opposition Spokesperson), Brown (Group Spokesperson), Grimshaw, Hamilton, Lloyd, McNair, Nield and Simson

## **Co-optees**

Bernadette Connor (Catholic Diocese), Trevor Cristin (Diocesan Director of Education), Karen James (Parent Governor Representative) and Amanda Mortensen (Parent Governor Representative)

## **Non-Voting Co-optees**

Adam Muirhead (Community Works Rep)

Contact: **Lisa Johnson**  
Democratic Services Manager  
01273 291228  
lisa.johnson@brighton-hove.gov.uk

Agendas and minutes are published on the council's website [www.brighton-hove.gov.uk](http://www.brighton-hove.gov.uk).  
Agendas are available to view five working days prior to the meeting date.

Electronic agendas can also be accessed through our meetings app available through ModernGov: [iOS/Windows/Android](#)

This agenda and all accompanying reports are printed on recycled paper

# AGENDA

## 13 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.*

## 14 MINUTES

7 - 26

To consider the minutes of the meeting held on 15 June 2020 (copy attached)

## 15 CHAIR'S COMMUNICATIONS

## 16 CALL OVER

(a) Items (19 – 25) will be read out at the meeting and Members

invited to reserve the items for consideration.

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

## 17 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 7 September 2020
- (c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 7 September 2020.

## 18 MEMBER INVOLVEMENT

27 - 28

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;
  - 1. Councillor Hills – Multicultural School Book Fund
- (d) **Notices of Motion:** to consider any Notices of Motion referred from Council or submitted directly to the Committee.

## 19 SCHOOL OFSTED PRESENTATION

29 - 42

Report of the Executive Director for Families, Children & Learning (Copy attached)

*Contact Officer: Mark Storey*

*Tel: 01273 294271*

*Ward Affected: All Wards*

## 20 FOUNDATIONS FOR OUR FUTURE – THE FINAL REPORT FROM THE SUSSEX WIDE CHILDREN & YOUNG PERSON'S EMOTIONAL HEALTH & WELLBEING SERVICE REVIEW

43 - 202

Report of the Executive Director for Families, Children & Learning (Copy attached)

*Contact Officer: Deb Austin, Carolyn Bristow*

*Tel: 01273 291407*

, Tel: 01273  
291288

Ward Affected: All Wards

**21 SCHOOL ADMISSION ARRANGEMENTS 2022/23 203 - 274**

Report of the Executive Director for Families, Children & Learning (Copy attached)

Contact Officer: Richard Barker  
Ward Affected: All Wards

Tel: 01273 290732

**22 SCHOOLS FUNDING 2020/21 275 - 284**

Report of the Executive Director for Families, Children & Learning (Copy attached)

Contact Officer: Louise Hoten  
Ward Affected: All Wards

Tel: 01273 293440

**23 CENTRAL YOUTH HUB - YOUTH INVESTMENT FUND**

*Report to Follow*

**24 YOUTH REVIEW 285 - 352**

Report of the Executive Director Families Children & Learning (copy attached)

Contact Officer: Deborah Corbridge  
Ward Affected: All Wards

Tel: 01273 29

**25 PROPOSAL TO CONSULT ON CLOSURE OF MAINTAINED NURSERY CLASS AT HERTFORD INFANT SCHOOL 353 - 360**

Report of the Executive Director Families Children & Learning (copy attached)

Contact Officer: Vicky Jenkins

Tel: 01273 296110

**26 ITEMS REFERRED FOR COUNCIL**

To consider items to be submitted to the 22 October 2020 Council meeting for information.

**PART TWO**

**27 PART TWO PROCEEDINGS**

To consider whether those items listed in Part Two of the agenda should remain exempt from the press and public.



The City Council actively welcomes members of the public and the press to attend its meetings and holds as many of its meetings as possible in public. Provision is also made on the agendas for public questions to committees and details of how questions can be raised can be found on the website and/or on agendas for the meetings.

The closing date for receipt of public questions and deputations for the next meeting is 12 noon on the fourth working day before the meeting.

Meeting papers can be provided, on request, in large print, in Braille, on audio tape or on disc, or translated into any other language as requested. Infra-red hearing aids are available for use during the meeting. If you require any further information or assistance, please contact the receptionist on arrival.

### **FURTHER INFORMATION**

For further details and general enquiries about this meeting contact Lisa Johnson, (01273 291228, email [lisa.johnson@brighton-hove.gov.uk](mailto:lisa.johnson@brighton-hove.gov.uk)) or email [democratic.services@brighton-hove.gov.uk](mailto:democratic.services@brighton-hove.gov.uk)

### **WEBCASTING NOTICE**

This meeting may be filmed for live or subsequent broadcast via the Council's website. At the start of the meeting the Chair will confirm if all or part of the meeting is being filmed. You should be aware that the Council is a Data Controller under the Data Protection Act 1998. Data collected during this web cast will be retained in accordance with the Council's published policy.

Therefore, by entering the meeting room and using the seats in the chamber you are deemed to be consenting to being filmed and to the possible use of those images and sound recordings for the purpose of web casting and/or Member training. If members of the public do not wish to have their image captured, they should sit in the public gallery area.

### **ACCESS NOTICE**

The Public Gallery is situated on the first floor of the Town Hall and is limited in size but does have 2 spaces designated for wheelchair users. The lift cannot be used in an emergency. Evac Chairs are available for self-transfer and you are requested to inform Reception prior to going up to the Public Gallery. **For your own safety please do not go beyond the Ground Floor if you are unable to use the stairs.**

Please inform staff on Reception if this affects you so that you can be directed to the Council Chamber where you can watch the meeting or if you need to take part in the proceedings e.g. because you have submitted a public question.

### **FIRE / EMERGENCY EVACUATION PROCEDURE**

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by council staff. It is vital that you follow their instructions:

- You should proceed calmly; do not run and do not use the lifts;
- Do not stop to collect personal belongings;
- Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions; and
- Do not re-enter the building until told that it is safe to do so.



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

**4.00pm 15 JUNE 2020**

**VIRTUAL MEETING - SKYPE**

**MINUTES**

**Present:** Councillor Allcock (Chair)

**Also in attendance:** Councillor Knight (Deputy Chair), Clare (Opposition Spokesperson), Brown (Group Spokesperson), Hamilton, Hills, McNair, Nield, Simson and O'Quinn

**Co-optees:** Trevor Cristin, Bernadette Connor, Joanna Martindale

**PART ONE**

**1 PROCEDURAL BUSINESS**

**(a) Declarations of Substitutes**

1.1 Councillor Jacqueline O'Quinn was sitting in substitute for Councillor Gary Wilkinson.

**(b) Declarations of Interest**

1.2 There were none.

**(c) Exclusion of the Press and Public**

1.3 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).

1.4 **RESOLVED** – That the press and public not be excluded.

**2 MINUTES**

2.1 **AGREED** – that the minutes of the meeting held on 15 June 2020 was signed as a correct

**3 CHAIR'S COMMUNICATIONS**

### 3.1 The Chair gave the following communication:

“There is much talk currently about the move to recovery and renewal work around the pandemic, which is vital work, however I just want to pause and give continued thanks to the many teams and services continuing to provide urgent support for children, young people and their families in response to COVID19. We need to balance the discussions working out what the new normal is with acknowledging many are still in the crisis phase.

One area of work that has been continuing all through this time has been the childcare offer in the city to the children of keyworkers and those deemed vulnerable including those with SEND. I have been proud of the city’s response on this. As we now move towards a wider opening / reopening of settings I know the education and childcare leaders in the city will continue to deliver a safety first approach alongside caring and educating our children to a very high degree.

#### Update on wider opening of schools and nurseries

When the government announced in May the ask for education and childcare settings to start planning for wider reopening for some specific year groups, we worked with schools, unions and local authority teams to look at how that might best be managed locally. We also developed a generic risk assessment for private and voluntary early years providers to support their decision making. Part of this work has been to acknowledge that all schools and settings are different, in terms of size, staffing levels etc and therefore the response needed from each will be different. However I have been proud of the safety first approach all partners have taken to the wider opening of schools and early years settings, this has been a unifying element.

We liaised closely with our colleagues in public health to ascertain their view on whether there was sufficient reassurance locally to go ahead. Earlier in June we felt we needed further reassurance around the track and trace programme, as it was such early days. We were also mindful of the high footfall seen in the city during the good weather of late May and early June.

During that time much work was underway between schools, our health and safety team, the unions and others to continue to make the necessary plans for wider opening. That work didn’t stop.

Further to discussions held earlier last week, we reached a position where we felt there was sufficient reassurance that the necessary measures were now in place, especially around Track and Trace, to mitigate risks. Measures for managing for potential outbreaks had become much clearer since earlier in June. We therefore released a statement last Wednesday to confirm that schools and council nurseries should start wider opening from Monday 15th June.

Pupils in the priority age groups (nursery, reception, year 1 and year 6 for Infant and Primary and Years 10 and 12 for secondary) are expected to return in a gradual way from today with numbers varying from school to school. Many early years settings are already open with more planning to open this week. These are in addition to the key worker and vulnerable pupils including those with SEND already attending. Individual school and nursery risk assessments will inform how best to manage this based on

Government guidance. Control measures are also in place in case of outbreaks, which will be managed working with the Public Health England Health Protection team for Sussex and Surrey.

I give my thanks to those early years setting who have also remained open during this time and recognise the important work they have done to support our youngest children in the city.

Update on the work that has taken place since lockdown / last CYPS committee and a thank you to staff

Since our last CYPS Committee meeting in early March and since full lockdown started later that month, I've been immensely proud and impressed with the effort that teams and individuals across the city have made to support children, young people and their families to navigate and mitigate the impact the pandemic has had on them. People have been going above and beyond in their efforts to support families. This work has included:

- Supporting an increasing number of keyworker children and those who are vulnerable getting in to school during lockdown. We now regularly have over 1500 children in our schools daily and of course that number will now be rising further from today
- 95% of our schools have remained open during this time, including over bank holidays and what would have been school holidays
- Around a third of early years providers including all council nurseries also remained open and we've seen on average 300 children a day attend those settings
- Children with a social worker have continued to receive timely visits from their social workers or other professionals supporting them, some virtually and some face to face where necessary. Social workers have also made sure that their assessments are being completed in a timely way and that Initial Child Protection Conferences are happening on time to safeguard children. Foster carers and the fostering service have also made sure that children in our care are being offered stability in terms of their placements, supported by Brighton and Hove's Virtual School.
- In our children's centre food bank, since 16th April we have delivered 1123 emergency food parcels. Last week food parcels were given to 161 households across the city. The number before Covid was usually around 30-40 per week. 31% of the families are from the most deprived IDACI decile and 66% are from the three most deprived deciles.
- In May an average of 3800 meals were provided in our schools a week, to feed staff and pupils who have been attending the childcare offer.
- We are seeing an upward trend in those eligible for free schools meals and the team have been proactively contacting families who may now be eligible.
- The close liaison we've been able to have with PaCC and Amaze has helped us best support SEND children and young people in the city and their families, including the invaluable insight of families experiences provided by their recent parent/carer survey
- The impressive work undertaken by Adam Muirhead and colleagues to get a clear communication out early on about the range of online youth work available to young people
- Our ethnic minority achievement service (EMAS) has continued to work well supporting BAME families in the city including support to access free school meals, translation of key COVID19 items, support to access home learning from school, delivery of the home

school liaison offer and conducting a thorough survey with families to explore the impact of the virus on particular BAME families and their decisions about their children turning to school.

- Over 30,000 children have been accessing home learning support from their schools and from national offers such as BBC
- PPE have been provided to teams and partners throughout this period when needed, and starter packs of PPE have been offered to all schools and childcare settings to help with their wider opening plans.
- Members of the BHISS team have been supporting parents and carers through regular phone calls, emails and virtual learning platforms. The team has worked alongside parents to problem solve ways to help their child's learning at home and has provided resources, activities, links to websites and ideas. They have also placed emphasis in their conversations with families on the importance of wellbeing and held a variety of parent and carer workshops and virtual coffee mornings focussed on Supporting mental health, Anxiety and Low mood with families having daily access to the Schools Wellbeing Service consultation line should they need additional support.
- The SEN team has been continuing their work virtually so that parents and carers remain able to apply for an Education, Health and Care (EHC) Needs Assessment. With the co-production element of EHC Plans being undertaken virtually either through phone conversations or Skype.
- The Specialist Community Disability Service continue to work with families to identify creative and flexible ways to use their Direct Payments differently such as buying equipment and software to enable easier access to IT.
- Our PSHE team have gathered and produced resources that support schools to reintegrate children into schools putting their wellbeing at the heart of planning
- Services to support schools have continued and adapted so for example there is now an enhanced wellbeing offer for heads. Governor services have run networks, training and meetings so that Governance can continue to be highly effective

Of course, there is still more to do and as we move in to our recovery and renewal phase of this work we mustn't lose sight of those in our communities who have suffered more during the pandemic. We need particular focus to be made on those from BAME communities and those who are disadvantaged. This pandemic has shown us that it is of even more importance to look to address the gaps we see in our communities and to better support and work with those who were already at a significant disadvantage when this began.

And in all of this, much of the city's business as usual has had to continue and I've been so impressed with our teams abilities to maintain that work whilst responding to Covid 19 effectively."

#### **4 CALL OVER**

4.1 The following items were called:

8. Home to School Transport: Response to the Recommendations from the Independent Review Report.
9. Statutory Relationships, sex and health education.

10. Special Educational Needs and Disability (SEND) Strategy 2020 – 2025: draft for consultation.

4.2 The following item was not called, as a result the recommendations in the report were agreed:

11. Adult Community Learning.

## **5 PUBLIC INVOLVEMENT**

5.1 There was no public involvement.

## **6 MEMBER INVOLVEMENT**

### **(a) Written Questions**

#### **(i) Youth Services**

6.1 Councillor Hannah Clare put the following question:

“1. Could the Chair provide an update on the youth services consultation that was launched in May including:

- How many responses have so far been received?
- Where in the city the young people who have responded are based?

2. How have our city's youth services adapted under Covid-19?”

6.3 The Chair provided the following reply:

“1.a. The Youth Review online consultation was launched on 15th May and will close on 28th June. On 3rd June there had been 199 responses.

1.b. Of the 199 responses, 22 of the responses did not indicate the area the respondents lived and 8 young people that completed the questionnaire lived outside of the city. The rest of the responses from young people came from:

East - 8  
 Central - 102  
 West - 44  
 North – 15

The survey has been widely publicised via youth providers and our Communication’s team. There is a plan to publicise it further, particularly to those areas where there have been low returns to date.

2. Youth providers have adapted well during Covid-19; they transferred promptly to online services (including an online youth club with break out rooms using Zoom) and an individual telephone support, particular for the most vulnerable young people. The various services can be found in their service offer

(<https://new.brighton-hove.gov.uk/directory-youth-services>) which was developed and publicised soon after the initial lockdown.

Youth providers in our city asked to be designated as essential key workers to enable them to respond to reports of young people meeting in groups. This was agreed and detached youth work restarted in the city on 18th May.

This is helpful as there have been reports of anti-social behaviour criminal behaviour from some groups, although it must be noted that this ASB is not exclusively linked to young people.

6.4 Councillor Clare provided the following supplementary question:

“Was there a risk of this happening locally?”

6.5 The chair noted that funding had been to increase youth service across the city. It was noted that the Chair was not aware of any existing youth provision that was threatened.

## **(ii) Nursery Services**

6.6 Councillor Sarah Nield gave the following question:

“Given that the loss of nursery places would have far-reaching consequences both for local families and for the economic recovery of Brighton and Hove, how well are our nurseries managing to weather the Covid-19 storm, and what is this council doing to help them?”

6.7 The Chair gave the following response:

“This has been a very difficult time for nurseries across the city. I want to thank all the nurseries that remained open throughout the lockdown to care for children of critical workers and those who are vulnerable.

Around two thirds of nurseries and most childminders closed after lockdown. All Council nurseries remained open. Those nurseries that closed are now starting to re-open for more children. On Thursday 4 June 74 out of 108 group settings and 30 out of 109 childminders were open. [Will be updated for next Thursday]. Some were waiting for the council’s advice on schools reopening before doing so.

Unfortunately, two settings have closed permanently because they are no longer financially sustainable; they had low numbers of children prior to the pandemic but lockdown prevented recovery. A third setting had planned to close at the end of the summer term (prior to coronavirus) but will not now reopen.

We have continued to pay early years free entitlement funding for the summer term for children at their setting, including for those who would have attended were it not for coronavirus, Nurseries have been given 100% relief on their rates and can apply to the council’s discretionary businesses support fund which has just opened. nurseries have also been able to access the Job Retention Scheme.

I wrote to the secretary of state for education regarding the limitations of the coronavirus job retention scheme for nurseries. This included the fact that Brighton & Hove’s



ongoing low funding rate for EYFE will have an even greater impact on providers during lockdown as they make up for this shortfall with parental fees, which have been very low or non-existent during lockdown.

We have been providing daily updates to all childcare providers in order to give them information on the wide range of financial support from the government, and answering questions regarding this from individual providers.

Our early years development team has been in regular contact with providers with resources and targeted individual support for ongoing operation and reopening. We have shared a significant amount of information on support and resources through [our Early Years and Childcare Facebook pages](#) which has nearly 1,400 followers (around five posts per day).

I recognise that nurseries face continuing challenges when they reopen because of the measures they need to take to keep children safe. There are also likely to be less children attending because their parents want to keep them at home or have lost their jobs.

### (iii) Covid 19 Briefings

6.9 Councillor Elaine Hills provided the following questions:

- “1. In our members’ Covid briefings, we were told the number of referrals to Front Door for Families has dropped. Is this still the case, and how are referrals going generally?”
2. Lockdown is difficult for parents and carers of children with SEN needs, as well as the children and young people themselves. What extra support have they had since nurseries, schools and colleges closed?
3. Could you explain to the committee why only elected councillors but not coopted members of the CYPs committee were invited to recent Covid-19 update meetings?”

6.10 The Chair gave the following responses:

- “1 - Our initial contacts into the Front Door for Families dropped by 14% in the first 4 weeks of lockdown. However, in the past 4 weeks they have risen to 95% of that we would expect at this time of year.

Following lockdown there was an initially a significant reduction in the number contacts that became referrals into children’s social work. In the first 4 weeks referrals dropped to 45% of the usual level. Over the last 6 weeks referrals for a social work assessment have picked up and in the 4 weeks to the end of May the rate has increased to 63% of the rate we had prior to the lockdown.

What these figures suggest is that while initial contacts have not significantly reduced the contacts are not reporting harm or risk that require social work interventions. This is something that is being closely monitored and we anticipate that as more children return to school, referrals for social work assessment will increase.

Whilst we are not yet at the level of referrals into social work we would expect at this time of year, the numbers are slowly increasing. This increase in part may be as a

result of the Brighton and Hove Safeguarding Children Partnerships. See *Something Say Something* campaign. This is encouraging the local community to report concerns about children and this appears anecdotally to be having an effect on contacts to our service, with the increased contact happening after the launch.

*Front Door For Families* is working well with our key partners Police and Health to operate as near to normal as possible. We have a very small number of Social Care staff, Police and Health in the office with everyone else remote working from home. While we have had a reduction in referrals from schools and health we have seen no reduction in referrals from the police.

What is clear is that when we are contacting families they are in need of people to talk to and offload (due to their limited social contacts), so enquiries and conversations can take longer as staff take on elements of emotional support for families at this difficult time.

- 2 - We recognise and understand the particular challenges faced by parents and carers of children and young people with special educational needs in these unusual times. In order to help these families, the council has continued to work closely with PaCC and Amaze and implemented a wide range of support measures.

Throughout this difficult period, it has been important that parents and carers have a voice. Amaze undertook a parent/carer survey that asked the local SEND community about their experiences of COVID-19. The outcome of the survey was cascaded by officers to all Headteachers and SENCOs to help inform their thinking when deciding upon how best to support their children and young people with SEN when learning at home or in school. The outcome of the survey was also discussed at a Secondary Heads phase meeting led by representatives from the parent groups.

Officers have also worked with PaCC and Amaze on designing the 'individual pupil risk assessment' tool for schools to use with their pupils who have an Education Health and Care plan. PaCC also authored a slide on 'communicating with families' for the recent Head and SENCO workshops on SEND and Covid-19, which was well received by the participants. Senior officers have also worked with PaCC and Amaze in dealing with more practical matters such as providing a letter for parents and carers to gain access to the early morning slots at supermarkets and providing answers to the Frequently Asked Questions on the Amaze website.

At the beginning of lock-down the Special Educational Needs team, Brighton & Hove City Council's Inclusion Support Service (BHISS) and the Specialist Community Disability Service worked together to identify our most vulnerable families. SEN caseworkers and our specialist Social Workers contacted all of these families by phone to check that they had the support they required.

Brighton & Hove City Council's Inclusion Support Service (BHISS) have also been using Educational Psychologists, SEND Specialist teachers, Primary Mental Health Workers, SEMH and Early Years Practitioners and Family Support Workers to skilfully apply learning and psychological theories to support these families through this challenging time.

Members of the BHISS team are supporting parents/carers of children and young people known to the service through regular phone calls, emails and virtual learning platforms. The team have worked alongside parents to problem solve ways to help their child's learning at home and have provided resources, activities, links to websites and ideas. For example, the Sensory Team has been providing support for children and families with the use of braille through WhatsApp and Facetime

The BHISS team have also placed emphasis in their conversations with families on the importance of wellbeing as part of home education. The service has held a variety of parent/ carer workshops and virtual coffee mornings that have focussed on specific areas of need such as:

- Supporting mental health - delivered by Emotional & Mental Health -Practitioner trainees
- Anxiety
- Low mood - exploring the link between low-mood and life events
- Supporting a healthy approach to sleep

The school's wellbeing service consultation line has also been open to all parents/carers daily and their contact details are published through the Council's local offer website and through PaCC and Amaze's media platforms.

Looking to the future the BHISS team are helping families to support their child's transition from home back to school, between year groups and between schools. For example, the Autism and Language team have emailed parents of Y6's to offer a video training session to help support them in preparing their child for their transition from Y6 into secondary school. The BHISS Early Years team are also supporting families with transition arrangements for children starting school in September through providing advice, strategies and resources e.g. visual timetables and photo books.

The SEN team have been continuing their work virtually so that parents and carers remain able to apply for an Education, Health and Care (EHC) Needs Assessment. Through using a range of IT platforms and software, professionals are also able to work with families to provide advice towards EHC needs assessments. Where possible, the co-production of EHC Plans with parents/ carers is being undertaken virtually either through phone conversations or through Skype.

Although we recognise schools may need to postpone annual review meetings that are due to take place in the summer term, officers are happy to support schools holding a review through virtual meetings by telephone or video.

Social workers from the Specialist Community Disability Service (SCDS) continue to maintain all of their statutory visits and reviews through contacting families by phone or video platforms. Through their conversations with families, social workers are also providing any useful updates on services and checking that parents/carers have enough support. The SCDS is also working with families to identify creative and flexible ways to use their Direct Payments differently such as buying equipment and

software to enable easier access to IT. Respite packages at Drove Road have been continuing as usual; on-the-whole, this has also been the case for Tudor House.

As you can hear there is a great deal going on to support those parents and carers of children and young people with SEN. Further information on the range of provision, services and support available for families during the Covid19 pandemic can be found on the Brighton and Hove Local Offer website link:  
<https://new.brighton-hove.gov.uk/special-educational-needs-and-disabilities/sen-interim-working-arrangements-support-families>

- 3 - When it became obvious in late March that that 'business as usual' was likely to be disrupted for some time I talked with officers about how we can ensure that elected Member's were still able to be updated on the key COVID19 response being made to children and young people in the city, especially once it was known that April committee wouldn't go ahead.

I have held four COVID19 Member briefing sessions since lockdown began, on 7<sup>th</sup> April, 28<sup>th</sup> April, 20<sup>th</sup> May and the 4<sup>th</sup> June. These sessions were specifically for councillors that sit on CYPs committee to enable them to be able to continue their overview and scrutiny role and to provide a space for questions to be asked about various elements of the COVID19 response.

These meetings have been accompanied by a written officer update. I asked for the first update (shared on the 6<sup>th</sup> April) to also be distributed to the non cllr Members of CYPs committee so they were kept in the loop and had an officer contact in case of further query. In addition, several of those colleagues have also been involved in a good number of meetings on the COVID response over the last few months."

6.11 Councillor Hill gave the following supplementary questions:

- 1- Could a written update please be provided on this.
- 2- Will there be a further increase in support for parents of SEND children who will be returning in September?
- 3- Have families been updated on this and if so has there been any response?

6.12 The Chair gave the following responses:

- 1- It was confirmed that a written response would be provided.

The Interim Executive Director, Families, Children & Learning stated that there was a lot of planning undertaken with regard to terms of preparations for the expected increase of social work referrals. It was further stated that referrals had decreased which was linked to schools not being open as usual and that there had been a successful round of recruitment for social workers.

- 2- The chair stated that updates had been provided on a gradual basis and that groups such as PAC and Amaze had been consulted and included in the process. It was asserted that the lack of resources was a challenge however that efforts were being taken to be creative with the response.

**(b) Member's Letters****(i) Response to LGA Report**

6.13 The Committee considered a letter from Councillor Wares and Councillor Mears which sought to request an amendment of the recommendation in order that no actions were made while the interim report was undergoing the process of further deliberations.

6.14 The Chair provided the following response:

“Thank you for welcoming the efforts being made by the HTST service to introduce significant improvements.

We will take account for the future the issues you raise about better alignment of the Committee and Panel dates such that each can best influence the other. As you will understand, recent decisions about timings have been influenced by the Covid-19 crisis and the need for urgent decision-making in respect of the HTST service capacity.

You will note that I specifically requested, through the leaders group that the work of the HtST could continue throughout the pandemic when many other council working groups were suspended.

Please note the current CYPS Committee Report into HTST includes reference to the work of the Members' Policy Panel in several places, following the last meeting of the Panel on 3<sup>rd</sup> June 2020.

We concur with your comments about the excellent contribution of PACC and Amaze to improving the HTST service and are pleased to say there is a co-production working document in place with PACC, and fortnightly co-production meetings are taking place. I'm pleased to say that reports to me from PaCC and Council officers indicate that this work is very constructive and focused on continuous improvement.

In relation to the survey of parents' views, a target of 80%+ satisfaction was felt to be realistic in relation to the ongoing COVID-19 crisis, which will inevitably cause significant changes for families using transport for some months to come. The need for social distancing will require the HTST service to source a considerable number of extra vehicles and staff from transport firms and there is likely to be some inevitable disruption to normal arrangements here and across the country as a consequence of the pandemic. When life returns to 'normal', the performance indicator here can be set at a higher level.

Regarding the point raised about the Dynamic Purchasing System (DPS) and the potential alternatives to that system, I am aware that the Interim Lead for the HTST is looking into this currently and will be able to provide some guidance on the various options for the council to consider going forward.

The remaining issues raised in your letter including the contract with Edge Public Solutions, we feel were covered in the comprehensive independent review of HTST by

the LGA and are being tackled via our response to their recommendations, all of which we have fully accepted.

You will wish to note that I've also asked the Chief Executive Officer of the Council to conduct a review of *lessons to be learned from the approach taken by officers in procuring a HTST dynamic purchasing system*. I've asked for this review to be independent and objective and that a report on this is submitted to and considered by the Council's Audit and Standards committee.

Finally, we refute the accusation that anyone within the council 'doctored' this report prior to publication and we have confirmation from the respectable LGA itself on that point. Using such language is unhelpful and risks being potentially defamatory of those involved I would ask that this allegation is withdrawn by you and not repeated. The council welcomes the input from the Member Policy Panel and looks forward to receiving their final recommendations to this committee prior to a fuller HtST service starting in September."

## **(ii) Re-opening of Schools**

6.15 The committee considered a letter from Councillor Nield which sought commitment of support to schools in running effectively during the Covid-19 era.

6.16 The Chair offered to provide a comprehensive and detailed response in letter and gave the following response:

"I want to thank you for your support to our responsible and measured safety-first approach.

You highlight the challenge for schools as they return and are requested to have classes of half the size but with the same space and class numbers. We support headteachers and governors to therefore make local decisions based on individual requests and circumstances. They have to base any provision on what they 'are able to provide safely'.

You highlight the significant challenge for vulnerable and disadvantaged families.

We have been and will continue working with the education partnership to support home learning so it is the best it can be.

We continue to support the mental health pressures on young people and the offer available to schools is all set out on the website we use with schools called BEEM

It will be necessary to revise our own programme for disadvantaged moving forward so that it takes account of this time in lockdown."

## **(d) Notices of Motion**

### **(i) Supporting BAME communities.**

- 6.17 The Committee considered a joint Notice of motion presented by Councillor Hannah Clare regarding anti-racism.
- 6.18 Councillor Kate Knight formally seconded the motion.
- 6.19 Councillor Vanessa Brown stated that the Conservative Party did not agree with depressing description of the City as being institutionally racist. It was stated that Brighton and Hove was a diverse, tolerant and welcoming city to all residents and visitors alike. It was reasserted that the wording of the Notice of Motion was demeaning to teachers as it implied that they were unaware of how to perform their job effectively. It was noted that the Conservative party must abstain due to the divisive nature of the Notice of Motion.
- 6.20 Councillor McNair stated that Brighton and Hove was home to many ethnic minorities who lived together peaceably. A call for evidence based research was proposed. It was stated that education was about learning to discern and not teaching one particular viewpoint. Councillor McNair sought evidence for the claim that Teachers were contributing to racism.
- 6.21 Councillor Hill agreed with Councillor Brown and noted that history was taught from just one perspective. It was stated that examples of history of all people rather than just a “white lens” be taught.
- 6.22 Councillor O’Quinn stated that people should be reassured that this was already being taught in schools. It was noted that colonial history was already a subject being comprehensively taught at A-Level and GCSE.
- 6.23 Councillor Clare referred to the Global HPO report and stated that there was evidence of racism in government. It was stated that people mis-pronouncing names was an example of micro-aggressions.
- 6.24 The motion was passed following a vote.
- 6.25 **RESOLVED** – that the Notice of Motion be agreed.

## 7 SCHOOL OFSTED PRESENTATION

- 7.1 The Head of Education Standards & Achievement and Head of Early Years and Strategy Lead for Whole Family Working gave a brief overview of the current situation regarding Ofsted findings.
- 7.2 The Head of Early Years and Strategy Lead for Whole Family Working stated that Blueberry Nursery and Jean Saunders centre were both outstanding.
- 7.3 Councillor McNair enquired if there were any emerging patterns following the introduction of the new Ofsted regime and what could be learned from this.

- 7.4 The Head of Education Standards & Achievement stated that the quality of education was not fully known and that the inspection was to take in to account all subjects.
- 7.5 Councillor Nield sought an update on the situation with regard to future plans from the Department of Education.
- 7.6 The Assistant Director – Education & Skills stated that, to date, there were no sponsors for Moulsecoomb Primary school.
- 7.7 **RESOLVED** – That the School Ofsted update be noted.

## **8 HOME TO SCHOOL TRANSPORT: RESPONSE TO THE RECOMMENDATIONS FROM THE INDEPENDENT REVIEW REPORT**

- 8.1 The Committee considered a report of the Interim Executive Director for Families, Children & Learning which sought to set out the response of the Home to School Transport Service to the recommendations in the Independent Review Report, outlined progress made to date and further outlined issues for the service over the pandemic period. The report was provided by the Interim Lead for Home to School Transport and Assistant Director – Education & Skills.
- 8.2 Councillor Clare proposed the Green & Conservative Joint Amendment. It was stated that the panel would complete work in 2020 however that the panel work was not yet complete.
- 8.3 Councillor Brown formally seconded the amendment and noted proposal to change recommendation 2.1 was minor however this allowed for the recommendations in the report to be modified when all circumstances and problems had been investigated. Further support was expressed for extending the panel by 6 months.
- 8.4 Councillor Simson referred to the management structure and enquired what would be put in place. Further reference was made to the grade structure, clarification was sought with regard to the reason for having previously been so much. Further enquiry was made as to the status of the interim head of service.
- 8.5 The Assistant Director – Education & Skills stated that efforts to work closely with HR was being undertaken and that what was needed was an improved service. It was stated that the figures in the report were in regard to having an interim post in place however this was for only a short amount of time.
- 8.6 Councillor O’Quinn referred to the changes in the amendment and enquired if the committee could be assured that a clear work plan would be provided in the 6 months. A further request for an advanced timetable was made.
- 8.7 Councillor Clare remarked that the hope was this would not take a full 6 months and that efforts to get through all work was being undertaken.
- 8.8 The Lead for Home to School Transport agreed to look at an action plan.



- 8.9 Councillor Hamilton expressed disappointment in the panel taking so long to come to a final conclusion.
- 8.10 Councillor Nield requested an update on plans in place to deal with Covid in September.
- 8.11 The Lead for Home to School Transport stated that the situation was in constant daily development, efforts were being undertaken to reorganise all transport and that BHCC would be going forward with the Government's 2-meter rule. It was noted that extensive planning was in place with regard to the sourcing and running of vehicles. It was further stated that there was a lot of work with respect to trying to help with recruitment of staff as, due to age, health implications were having a negative effect on availability.
- 8.12 Councillor Knight expressed concern on the logistical, practical and emotional stress that officers were under. It was noted that the working hub was not on hold as the Chair recognised how important this was.
- 8.13 Councillor Simson noted that previous administrations had run scrutiny panels instead of a review. It was stated that Councillor scrutiny was paramount and expressed support for the extension until all works were completed as necessary.
- 8.14 Councillor Brown noted that it was important that the panel had to be present through till either August or the beginning of September.
- 8.15 The Managing Principle noted that there had been no scrutiny panels and clarified that this was a member policy panel. It was stated that as a matter of good practice it would be helpful to envisage some dates for reporting to parent committee.
- 8.16 The chair called a vote on the amendment which was carried.
- 8.17 A vote was held on the recommendations as amended which passed.
- 8.18 **RESOLVED-**
1. That the report be noted as an interim report that remains subject to change pending the deliberations and possible report of the Home to School Transport Policy Panel and other investigations by committee.
  2. That the report to Policy & Resources Committee on 27 May in Appendix B be noted by Committee.
  3. That the Use of Officer Urgency Powers in relation to supplier relief in Appendix C be noted by Committee.
  4. That the Terms of Reference for the Home to School Transport Policy Panel agreed by this Committee in November 2019 states it would conclude "early in the new year", but as the panel had not yet made its conclusions then agreement to the extension of the Home to School Transport Policy Panel for a further 6 months for further investigations and deliberations be agreed by Committee.

## **9 STATUTORY RELATIONSHIPS, SEX AND HEALTH EDUCATION**

- 9.1 The Committee considered a report of the Interim Executive Director for Families, Children & Learning which sought to inform committee of the support being provided to

Brighton & Hove schools ahead of the introduction of statutory relationships, sex education and health education (RSHE) in September 2020. The report was provided by the Partnership Adviser Health & Wellbeing and the Inclusion Coordinator at Carlton Hill (Isabel Reid).

- 9.2 The Committee were provided with a PowerPoint presentation. The Partnership Adviser Health & Wellbeing stated that many were compliant with what was to become statutory. Effective delivery was stated as a key aim of BHCC. It was stated that there was a lack of clarity of the definition of sex education. It was noted that the Local Authority was working hard to be transparent on this and that the aim was to be inclusive and values based.
- 9.3 Councillor Clare sought clarification of the difference between the old and new RHSE.
- 9.4 The Inclusion Coordinator at Carlton Hill stated from a primary perspective it had strengthened the views around inclusivity and health, It was stated that there was particular focus on teaching children how to look after their bodies and mental and health wellbeing. It was noted that work on puberty was not so clearly laid out and that some of this was covered in science classes.
- 9.4 The Partnership Adviser Health & Wellbeing stated that this had not been a statutory subject in the past as schools in Brighton and Hove had always delivered PSHE It was noted that the old guidance was now updated and that this now included work around mental health, sleep and pornography. It was noted that there was scope for looking at economic wellbeing.
- 9.5 Councillor McNair stated that this was not a formal consultation, an enquiry was made as to whether BHCC had involved faith groups and if the faith council would be more involved. Hope was expressed that Brighton & Hove would chose to deliver sex based education and clarification was sought as to what parental consultation had taken place to provide BHCC with confidence that this was what was wanted. Finally it was further enquired as to what extent the BAME community had been consulted.
- 9.6 The Partnership Adviser Health & Wellbeing recognised that broadly this area of consultation across communities was important. Talks with faith council was welcomed and it was noted that it was up to individual schools to set the curriculum. It was noted that BHCC aimed to provide guidance and that consultation had also taken place with faith leaders of the Coptic Church, a senior figure in the Jewish Community and an Imam from a Mosque. It was stated that the challenge was looking at how marriage was considered and that language was adjusted while respecting religious viewpoints. It was stated that an offer was made to go out in communities, churches or mosques however there was little response. It was stated that people had requested information and that schools in Brighton and Hove were teaching sexual education including practices of family diversity. It was noted a that a key issue surrounding sex education was safeguarding and that children needed to have a language to look after their bodies.
- 9.7 The Inclusion Coordinator at Carlton Hill stated that parent workshops were provided and attendance was predominantly by Arabic parents. It was stated that the overwhelming message was that women wanted more access to information.

9.10 Councillor Nield welcomed an approach that focused on transgender children and homophobia.

9.11 **RESOLVED –**

1. That a statement supporting Brighton & Hove Schools in taking inclusive approaches to RSHE and encouraging them to actively engage with their diverse parent and carer communities be agreed by Committee.
2. That recommendation of the PSHE Association Programme of Study for PSHE Education Key Stages 1-5 to all Brighton & Hove Schools as the basis of their PSHE curriculum and that this would build on the previous Brighton & Hove Programme of Study and be in line with statutory requirements be agreed by committee.

**10 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) STRATEGY 2020 – 2025: DRAFT FOR CONSULTATION**

10.1 The Committee considered a report of the Interim Executive Director, Families, Children & Learning which sought to provide a draft of the City's new SEND Strategy. The report was provided by the Service Manager – Directorate Policy & Business Support, Vice Chair of PACC (Diana Boyd) and the Head of SEN Statutory Services.

10.2 A presentation was provided, the Service Manager – Directorate Policy & Business Support stated that early identification was important and that the timescale was very long. The importance of maintaining joint working across services.

10.3 The Assistant Director – Health SEN & Disabilities stated that an action plan had been developed by checking in with all stakeholders to make sure the strategy would meet the needs of SEND communities.

10.4 The Vice Chair of PACC stated that work was already being undertaken with PACC to identify parent representatives in this area.

10.5 The Assistant Director – Health SEN & Disabilities stated that a progress report would evidence program in action.

10.6 The Service Manager – Directorate Policy & Business Support stated that underneath each strategic action plan was a much more detailed amount of work focused on milestones and measures of success. Reference was made to the Developing Offend Sufficiency Program and Inclusion Action Plan which focused on further work in the city to capture the Faith and cultural needs of children in SEND.

10.7 The Head of SEN Statutory Services stated that involving young people in the strategy was key and that this was done by use of a graphic facilitation artist. Various tools were noted and it was concluded that 6 priorities were co-produced with everybody involved.

10.8 The Vice Chair of PACC reaffirmed PACC's commitment to facilitating engagement with parents. It was stated that PACC were aware of the need for broader consultation and that they would be involved.

- 10.9 Councillor Clare enquired as to when the SEND Sufficiency Plan would be produced and if this would impact the deliverability. Reference was made to the overview statistics in the City and enquiry was made as to what part of the strategy would address this. Clarification was sought as to when the Equalities Impact Assessment could be expected.
- 10.10 The Assistant Director – Health SEN & Disabilities stated that SEND sufficiency was a large undertaking. It was stated that a new system was to be created and that a PHD graduate had been secured to help create a data warehouse which incorporated large quantities of data of children with SEND.
- 10.11 The Service Manager – Directorate Policy & Business Support referred to the inclusion strategic plan and stated that the first 2 were large pieces of work, it was noted that the Education Partnership had chosen interaction with mainstream schools as their priority of the next 2 years.
- 10.12 Councillor Nield requested the CAMHS referral times. Clarification was sought as to the state of the ASC review.
- 10.13 The Assistant Director – Health SEN & Disabilities stated a request would be sent for CAMHS to provide a written response. It was further stated that the CCG and LA were to look at how to integrate the current pathway for children with ASC and ADHD with how to support families before and post pathway. It was noted that Brighton & Hove inclusion support service would be linking closely with the clinic and seaside view to ensure kids in school have help with regard to post diagnostic work.
- 10.14 Councillor Hills noted that 29% of EHC plans were given to girls and enquired if this was due to diagnosis. Further clarification was sought with regard to independent travel training.
- 10.15 The Assistant Director – Health SEN & Disabilities stated nationally, this was the picture and that a lot of research would need to be undertaken to understand this. It was stated that independent travel training was a lot harder in a post Covid world however PACC and Amaze were keen to look at this.
- 10.16 **RESOLVED –**
1. That the draft SEND strategy and the planned consultation process be noted by Committee.

## **11 ADULT AND COMMUNITY LEARNING**

### **11.1 RESOLVED –**

1. That the recommendation approved by the Housing and Policy & Resources Committee be noted by Committee.

## **12 ITEMS REFERRED FOR COUNCIL**

- 12.1 No items were referred to Full Council.

The meeting concluded at Time Not Specified

Signed

Chair

Dated this

day of



14 September 2020

Brighton & Hove City Council

Dear Mr Raw

I am submitting the following letter under Council Procedure Rule 23.3 to be included on the agenda for the Children, Young People and Skills Committee (CYPS) meeting on 14<sup>th</sup> September 2020.

The Multicultural School Book Fund is a fundraising campaign set up by local parent, Lisa Haygarth, which aims to raise £64,000 to provide 64 primary and secondary schools in Brighton and Hove with a box of books.<sup>1</sup> Lisa is working with black-owned online children's book retailer Black Star Books, as well as local independent children's bookshop the Book Nook, to help source books and resources.

The purpose of the campaign is to ensure every classroom in Brighton and Hove has a rich and diverse range of resources and books championing Black, Asian, Minority Ethnic characters, illustrators and authors.

Books and resources in most schools at the moment woefully under-represent non-white people and this needs to change. A 2018 study found that only 1% of British books feature a main character who is black or minority ethnic, despite around 30% of the children in our country being from BAME backgrounds.<sup>2</sup> BAME children need to be able to find characters and role models in books that they can identify with, while white children need to recognise and celebrate the diversity that exists in our society.

Since launching the campaign this summer, enough funds have been raised to provide books for one school, Herford Infant and Nursery School. Lisa has also been in touch with Sam Beal from the council's educational team who is contacting schools and making them aware of Lisa's campaign. Schools themselves will be encouraged to raise money to go towards the boxes too.

I'm sure we all recognise that having books sitting on a shelf in the school library alone is not a quick fix to addressing the need for more effective teaching of racial awareness and white bias within our schools. But the books will be a welcome complement to the training and other initiatives being carried out by the council that are being rolled out in our schools as part of our race strategy. This will hopefully help our children to appreciate the contribution of individuals from a diverse range of ethnic backgrounds to the society we live in and to thus view the world through a wider, more multi-cultural lens. As central Government continues to squeeze school budgets, schools themselves are unlikely to be able to find the funds to pay for such necessary resources themselves.

---

<sup>1</sup> [gf.me/u/ycmt5u](https://gf.me/u/ycmt5u)

<sup>2</sup> <https://www.theguardian.com/books/2018/jul/17/only-1-of-uk-childrens-books-feature-main-characters-of-colour>

I very much support this fantastic initiative and therefore I would like to ask the committee to consider:

- what support the council communications team can provide to encourage people and businesses to donate to this very worthwhile campaign. This may include sharing the fundraising campaign on the council website
- how the council can support businesses to get involved in pledging donations
- a joint statement from the Children, Young People and Skills Committee in support of the fundraising.

Yours sincerely,

Elaine Hills

Deputy chair, Children, Young People and Skills Committee  
Green party member for Hanover and Elm Grove



# Ofsted update 21 July 2020

## Schools inspected since last committee 2020

School	Date of Inspection	OE Grade	Previous grade
<b>Full inspections</b>			
Hertford Junior School	10 & 11/03/20	3	2

# Snapshot from July 2020

	% 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
<b>Primary</b>	88.5	87.8	89.9	11.5	16.6
<b>Secondary</b>	100	76.1	100	0	20.4
<b>Special</b>	66.7	90.4	88.5	66.7	38.3
<b>Colleges</b>	100	-	-	-	-
<b>PRUs</b>	100	84.6	100	0	18.4
<b>All Schools (not colleges)</b>	<b>89.7</b>	<b>86.2</b>	<b>93.3</b>	<b>14.7</b>	<b>19.0</b>

*National figures as at end of June 2020 Ofsted Monthly Management data*

# Overview of School Ofsted Outcomes

<b>As at end July</b>	<b>Outstanding</b>	<b>Good</b>	<b>Requires improvement</b>	<b>Inadequate</b>
Brighton & Hove: % Schools	14.7%	75%	8.8%	1.5%
Brighton & Hove: Number of schools	10	51	6	1
National : % schools	19.0%	67.2%	10.1%	3.7%

*The pupil referral units are now one establishment: The Central Hub Brighton*

## Overview of Early Years Ofsted inspections

- 98% of childcare providers on the Early Years Register in Brighton & Hove were judged good or outstanding (March 2020). This is above the figure of 96% in England.
- A high percentage of settings are judged as outstanding in Brighton & Hove, above national and local outcomes:
  - 26% (B&H), 21% (SE) and 19% (England).
- All Ofsted inspections of early years providers were suspended in March 2020 due to Covid 19

# EY Ofsted inspections since last committee

Setting	Inspection date	Latest grade for overall effectiveness	Previous grade



# Inspection of Hertford Junior School

Lynchet Close, Brighton, East Sussex BN1 7FP

---

Inspection dates: 10–11 March 2020

## **Overall effectiveness**

## **Requires improvement**

---

The quality of education

**Requires improvement**

Behaviour and attitudes

**Requires improvement**

Personal development

**Good**

Leadership and management

**Requires improvement**

Previous inspection grade

**Good**

## **What is it like to attend this school?**

Pupils are happy and feel safe. They trust adults to help them solve any problems that arise. Pupils say that bullying is rare.

The quality of education is not good enough. Pupils do not learn the knowledge and skills they need in reading, writing and mathematics. Staff are ambitious for pupils to do their best and achieve well. Leaders' work to improve the quality of the curriculum and to develop teachers' skills is beginning to have a positive impact.

The behaviour of pupils is improving. At lunchtime the wide range of activities on offer helps pupils play together calmly. However, in some lessons pupils lose focus and find it difficult to sustain concentration because they find work too hard or too easy. Training is helping staff to respond in a constructive way when pupils find managing their own behaviour difficult.

Pupils enjoy the wide range of opportunities they are offered, including extra-curricular trips and clubs. These include sporting activities and opportunities like eco club, and harmonica and French lessons. Pupils are helped and encouraged to take part in clubs that interest them.

## **What does the school do well and what does it need to do better?**

The executive headteacher has taken decisive action to strengthen the leadership of the school since its previous inspection. The school has weaknesses in the quality of education. However, these are being tackled effectively. Leaders have accurately evaluated what needs to be done to ensure that pupils learn more. Leaders know that plans to secure improvements need to be implemented quickly. In the past the support and challenge offered to leaders, by governors, was not good enough. Work with the local authority has enabled governors to improve their effectiveness.

There is an increasingly consistent approach to the teaching of mathematics across the school. Teachers think carefully about the order in which they teach new knowledge. They also check what pupils remember and know. As a result, pupils improve their mathematical understanding.

Plans to improve the teaching of reading have only just started to be implemented. The way that reading is taught is different between classes. Some teachers do not have the skills or expertise to teach reading effectively. There has been little training for staff. Pupils do not become fluent readers quickly enough.

Some curriculum plans are stronger and more established than others. In history, pupils confidently recall what they have learned. For example, Year 6 pupils explained how they looked at evidence and artefacts to 'work out what is true from what's been left behind'. However, in other subjects curriculum planning is not detailed enough to ensure that knowledge and skills are taught in a logical order.



Teachers and curriculum leaders do not routinely check what pupils have remembered. As a result, pupils have gaps in their knowledge. This means that some pupils lose focus in lessons because they find learning too difficult.

Leaders have taken steps to ensure that pupils with special educational needs and/or disabilities (SEND) receive the help they need. Pupils with SEND receive additional help or special resources. Leaders have ensured that teachers consider carefully how pupils with SEND are fully included in lessons.

Pupils have a good understanding of the importance of treating each other with respect, regardless of the differences and similarities they share. They say that it is okay to have different, or no, religious beliefs. Pupils enjoy the opportunities they get to take on more responsibility. Pupils proudly explained their involvement in the eco council, including buying and planting trees around the school site and encouraging recycling.

## **Safeguarding**

The arrangements for safeguarding are effective.

Leaders make pupils' welfare their highest priority. Staff are well trained and work closely together to make sure that vulnerable pupils and their families receive the support that they need. Leaders act quickly when help is needed and work well with external partners to keep pupils safe.

The curriculum includes opportunities for pupils to learn how to keep themselves safe. Pupils can describe steps that they take to stay safe online and this information is shared with parents and carers.

Governors have improved their oversight of the checks carried out on staff prior to them starting work at the school. These are completed and recorded accurately.

## **What does the school need to do to improve?**

### **(Information for the school and appropriate authority)**

- In the past, progress and attainment in reading, writing and mathematics has been very low. Since the last inspection, there have been significant changes to the leadership structure of the school. Leaders are now taking the right steps to address low standards. This is beginning to have a positive impact in mathematics and writing. Leaders need to ensure that there are rapid improvements to the approach used to teach reading and that staff have the skills and knowledge required so that pupils achieve well.
- Changes to middle leadership and improvements to the curriculum are very new. Some parts of the curriculum, such as mathematics and history, are carefully structured. Others are not planned well enough yet. Curriculum leaders should continue to develop and sequence subjects coherently. They should ensure that

teachers routinely check what pupils have learned and remembered so that pupils do not move on with gaps and misconceptions in their knowledge and skills.

- Governors have worked with the local authority to help secure improvements. These are beginning to have a positive impact on pupils. Governors are now clear about their roles and responsibilities and have an accurate understanding of how they need to develop their effectiveness further. Governors need to sharpen their evaluative role so that they can provide more robust challenge and support to school leaders.

## How can I feed back my views?

You can use [Ofsted Parent View](#) to give Ofsted your opinion on your child's school, or to find out what other parents and carers think. We use Ofsted Parent View information when deciding which schools to inspect, when to inspect them and as part of their inspection.

The Department for Education has further [guidance](#) on how to complain about a school.

If you are the school and you are not happy with the inspection or the report, you can [complain to Ofsted](#).

## Further information

You can search for [published performance information](#) about the school.

In the report, 'disadvantaged pupils' refers to those pupils who attract government pupil premium funding: pupils claiming free school meals at any point in the last six years and pupils in care or who left care through adoption or another formal route.

## School details

<b>Unique reference number</b>	114383
<b>Local authority</b>	Brighton and Hove
<b>Inspection number</b>	10111159
<b>Type of school</b>	Junior
<b>School category</b>	Community
<b>Age range of pupils</b>	7 to 11
<b>Gender of pupils</b>	Mixed
<b>Number of pupils on the school roll</b>	190
<b>Appropriate authority</b>	The governing body
<b>Chair of governing body</b>	Ms Jenny Perrin
<b>Headteacher</b>	Mrs Zoe McGuigan
<b>Website</b>	<a href="http://www.hertfordjun.brighton-hove.sch.uk">www.hertfordjun.brighton-hove.sch.uk</a>
<b>Date of previous inspection</b>	5 December 2018, under section 8 of the Education Act 2005

## Information about this school

- The school is in a federation with Hertford Infant and Nursery School. The executive headteacher, head of school for teaching and learning and head of school for inclusion work jointly across both schools.

## Information about this inspection

We carried out this inspection under section 5 of the Education Act 2005.

- We met with the executive headteacher and other leaders throughout the inspection. I met with a representative from the governing body and local authority.
- We carried out a wide range of activities to check how leaders ensure that pupils are safe.
- We spoke to parents before school and to staff with different roles in school to seek their views. We considered 58 responses to Ofsted's online questionnaire, Parent View. We took into account 44 responses to the pupil questionnaire and 24 responses to the staff survey.

- We spoke to pupils formally and informally throughout the inspection and observed them in classrooms and at lunchtime and breaktime.
- We did deep dives in reading, mathematics, history and computing. This involved speaking with curriculum leaders, visiting lessons, speaking to pupils, looking at pupils' work and speaking to teachers. We listened to pupils read and talked to them about their reading.

### **Inspection team**

James Freeston, lead inspector	Ofsted Inspector
Debra Anderson	Ofsted Inspector

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. It regulates and inspects childcare and children's social care, and inspects the Children and Family Court Advisory and Support Service (Cafcass), schools, colleges, initial teacher training, further education and skills, adult and community learning, and education and training in prisons and other secure establishments. It assesses council children's services, and inspects services for children looked after, safeguarding and child protection.

If you would like a copy of this document in a different format, such as large print or Braille, please telephone 0300 123 1231, or email [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk).

You may reuse this information (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit [www.nationalarchives.gov.uk/doc/open-government-licence/](http://www.nationalarchives.gov.uk/doc/open-government-licence/), write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk).

This publication is available at <http://reports.ofsted.gov.uk/>.

Interested in our work? You can subscribe to our monthly newsletter for more information and updates: <http://eepurl.com/iTrDn>.

Piccadilly Gate  
Store Street  
Manchester  
M1 2WD

T: 0300 123 1231  
Textphone: 0161 618 8524  
E: [enquiries@ofsted.gov.uk](mailto:enquiries@ofsted.gov.uk)  
W: [www.gov.uk/ofsted](http://www.gov.uk/ofsted)

© Crown copyright 2020



<b>Subject:</b>	Foundations For Our Future – the final Report from the Sussex Wide Children & Young Person’s Emotional Health & Wellbeing Service Review		
<b>Date of Meeting:</b>	<b>14<sup>th</sup> September 2020</b>		
<b>Report of:</b>	<b>Executive Director – Families, Children &amp; Learning</b>		
<b>Contact Officer:</b>	<b>Name:</b>	Lola Bankoko/Deb Austin	<b>Tel: 01273 290446</b>
	<b>Email:</b>	<b>Deb.austin@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

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

1.1 To share the findings and recommendations from the Sussex wide review.

**2. RECOMMENDATIONS:**

The committee is requested to:

- 2.1 Note the Independently Chaired Report – Foundations For Our Future - at Appendix 1
- 2.2 Note the Concordat which underpins the partnership commitment to act upon the recommendations – at Appendix 2 and;
- 2.3 Note the paper and discussion that was held at the Health & Wellbeing Board on 28<sup>th</sup> July 2020, paper given as Appendix 3 and draft minutes provided in 4.5 below.

**3. EXECUTIVE SUMMARY**

- 3.1 Foundations For Our Future (Appendix 1) is the independently authored report from the **Sussex Wide Children & Young Person’s Emotional Health & Wellbeing Service Review** which was jointly commissioned by Sussex Clinical Commissioning Groups (CCGs), the three local authorities in Sussex and Sussex Partnership NHS Foundation Trust (SPFT). The Review was independently chaired throughout its duration.. The resulting report is given as Appendix 1.
- 3.2 Foundations for Our Future was completed in the weeks prior to the emergence of the coronavirus pandemic. The effects of the pandemic on children and young people are already emerging. They are directly experiencing social distancing, high levels of isolation, imposed absence from school and some support systems, and the wider social and economic dislocation COVID-19 will cause.
- 3.3 These are of course issues of great concern, but there have also been positives across the country and in Sussex specifically. Organisations have collaborated, innovated and made changes to their ways of working that in other circumstances might have taken months or years to bring about. There are reasons to be encouraged that these positives can be maintained and built upon as we move forward into restoration and recovery of services.
- 3.4 Within this context, the recommendations in Foundations for Our Future can now

move forward to publication and implementation. It does so in a new landscape where the messages in the report about transformation and improvement are perhaps even more relevant than before the pandemic emerged.

- 3.5 The report was discussed and accepted at Brighton & Hove's Health and Wellbeing Board on the 28<sup>th</sup> July, paper provided as Appendix 3.
- 3.6 The mental health and emotional wellbeing of children and young people in Sussex, as well as supporting our workforce in this field, remains a priority for us and the partner organisations remain committed to implementing the recommendations in the report with vigour and pace.

#### **4. CONTEXT/ BACKGROUND INFORMATION**

- 4.1 Across Sussex, NHS and local authority partners had increasingly become aware that the experience of children and young people, and their families and carers, who needed emotional and wellbeing support required improvement.
- 4.2 To better understand; the obstacles to access and to treatment; what needed to improve; and what worked well in the current system, the Sussex Wide Children & Young Person's Emotional Health & Wellbeing Service Review was jointly commissioned by Sussex CCGs, the three local authorities in Sussex and Sussex Partnership NHS Foundation Trust (SPFT). The Review focused on obtaining an in depth understanding of the emotional health and wellbeing services and support on offer to children and young people, aged 0 -18, and their families in Sussex. The Review was established in January 2019 and the final report – **Foundations For Our Future** will be the published document from the review, coming at a time of unprecedented focus on children and young people's mental health both locally and nationally.
- 4.3 Full details of both the local and national context plus detailed descriptions of the review's structure and methodologies can be found in Appendix 3.
- 4.4 Appendices 1-3 were delivered at the Health and Wellbeing Board on 28<sup>th</sup> July 2020 and the draft published minutes of that discussion are given here below.

#### **Draft minutes text for item 16 Health & Wellbeing Board 28<sup>th</sup> July 2020**

**RESOLVED** – (1) That the Board receive and note the contents of the final independently Chaired report "Foundations for our Future" included at Appendix 1 to the main report;

(2) Agrees and approves the Concordat which underpins the partnership commitment to act upon the recommendations contained in Appendix 2 to the report; and

(3) Agrees in principle the recommendations set out in the report at paragraph 2.17. A further update to be provided to the Board in respect of the financial implications for Brighton & Hove City Council prior to final sign off.

#### **Minutes:**

16.1 The Board considered a joint report of the Clinical Commissioning Group and the acting Executive Director, Families, Children and Learning. It was noted that the "Foundations for our Future" report set out at Appendix 1 was an independently authored report which had been jointly commissioned by Sussex



Clinical Commissioning Groups, the three local authorities in Sussex and Sussex Partnership NHS Foundation. The Review had been independently chaired throughout its duration.

16.2 The Review had been structured to provide an in-depth and up to date picture of the services and support available to young people and had been designed as a listening and analytical exercise aimed at gathering a wide scope of information and feedback from quantitative and qualitative insights of the emotional health and wellbeing services and support on offer to young people aged 0-18 and their families in Sussex. Although not a formal public consultation the scope of the Review had been wide and it had been completed in the weeks prior to the emergence of the current pandemic. The implementation timeline for the recommendations set out in the report and those that had been developed before the pandemic had caused work to be paused. The report could now however, act as a lever for change in this new landscape, to drive transformation, including to specialist mental health services and a renewed focus on the importance of population mental health and wellbeing approaches and the key role of schools.

16.3 Steve Appleton the Independent Chair of the Review was in attendance accompanied by Georgina Clarke-Green and gave a detailed presentation detailing the work undertaken its findings and future pathways which had been identified. He stated that notwithstanding that although a historical piece of work in the context of the current pandemic and the additional mental health pressures it put on many it was important particularly as there would now be the opportunity to review, reflect on and reconsider the priority of each recommendation. The slides in their entirety had been attached as an addenda to the circulated agenda.

16.4 Councillor Moonan welcomed the report which she agreed represented a very important piece of work. Whilst recognising that this was a Sussex wide piece of work it was pleasing to note that arrangements/ structures would be put into place applicable specifically to Brighton and Hove.

16.5 Councillor Bagaeen considered that governance and accountability would be key considering that it was important in redesign of any services provided that there were clearly laid down responsibilities in the event that anything did not improve outcomes as expected. The respective roles of the local authority and the CCG needed to be clearly drawn as did who had oversight and overarching responsibility.

16.6 Councillor Nield was in agreement regarding the importance of this piece and enquired as to the measures which would be put into place when children returned to school after the disruption which they had suffered and to identify any who were struggling or particularly vulnerable and needed additional/ targeted support. The Acting Executive Deb Austin detailed the arrangements which would be in place.

16.7 In answer to questions by Councillor Bagaeen it was confirmed that the report would also be forwarded to the Children, Young People and Skills Committee for information.

16.8 **RESOLVED** – (1) That the Board receive and note the contents of the final independently Chaired report “Foundations for our Future” included at Appendix 1 to the main report;

(2) Agrees and approves the Concordat which underpins the partnership commitment to act upon the recommendations contained in Appendix 2 to the report; and

(3) Agrees in principle the recommendations set out in the report at paragraph 2.17. A further update to be provided to the Board in respect of the financial implications for Brighton & Hove City Council prior to final sign off.

## 5. **COMMUNITY ENGAGEMENT & CONSULTATION**

5.1 The full report in appendix 1 details the communication engagement and consultation activities in this review.

## 6. **CONCLUSION**

6.1 The current pathway and service model for emotional health and wellbeing for children and young people in Sussex does not appear to be effective and would benefit from radical transformation. The full recommendations from **Foundations For Our Future** provide an opportunity to do this.

## 7. **FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

7.1 The recommendations in this report have significant and far reaching implications across all health and children’s services partners across Sussex. The success of these initiatives will require partner organisations, CCGs, NHS trusts, schools and local authorities to work together to align funding and deployment of available resources. Work is already ongoing to align budget planning across the partner agencies to improve the efficient use of resources and co-ordination of service delivery. This will need to be strengthened and prioritised to enable delivery of the recommendations in this report.

It should be noted that the impact of the pandemic has made short and medium term financial planning considerably more uncertain. The full financial impact of the pandemic is not yet known, however, it is certain that there will be substantial budget pressures that will need to be addressed with the risk of an adverse impact on the available resources for service delivery and investment.

*Finance Officer Consulted:* David Ellis

*Date:* 10/08/2020

### Legal Implications:

7.2 The aim of the Review and its recommendations align with the purpose of the Health and Wellbeing Board. The recommendations relate to various services provided by the Local Authority, namely Adult Social Services, Public Health, and Families,

Children and Learning alongside its partners within the NHS and with its neighbouring local authorities. The Local Authorities services are provided as a result of statutory duties and powers.

The recommendations' impact will be to change the way these services are commissioned, accessed and delivered to improve outcomes and enable better coordination between the NHS, local authorities, third sector organisations and other stakeholders. This can be achieved within the existing legal framework. There may be a need for specific partnership agreements (section 75, NHS Act 2006) to be created or varied to facilitate the implementation of some of the recommendations and this can be considered as the timetable is revised.

*Lawyer Consulted:*

Nicole Mouton

*Date: 09/07/2020*

#### Equalities Implications:

7.3 The report given in appendix 3 provides full details of the equalities and health inequalities and impact assessment that was taken as part of the review.

#### Sustainability Implications:

7.4 Foundations For Our Future does not recommend specific service, commissioning or contracting changes and therefore does not impact on existing pathways of access, treatment and care for children and young people. In turn, this does not impact on sustainability of organisations within the Brighton & Hove system of delivery. The Review underpinning the Report was not a consultation exercise or a service change exercise. Once the 20 recommendations from the Report are endorsed by system leaders and organisations, the comprehensive implementation plan will identify where further EHAs will need to be completed.

#### Any Other Significant Implications:

7.5 Details on other implications are provided in the report given in Appendix 3.

### **SUPPORTING DOCUMENTATION**

#### **Appendices:**

Appendix 1: Foundations For Our Future – the final Report from the Sussex Wide Children & Young Person's Emotional Health & Wellbeing Service Review

Appendix 2 – The Concordat Agreement

Appendix 3 – The full report that was taken to Health & Wellbeing Board 28<sup>th</sup> July 2020



SUSSEX-WIDE REVIEW OF

**EMOTIONAL HEALTH AND  
WELLBEING SUPPORT**

*for children and young people*

**Foundations For Our Future**

**Report of the Sussex-wide review of Emotional Health  
and Wellbeing Support for Children and Young People**

**V5**

**May 2020**

Independent Chair's Foreword .....	7
Foreword from the Review Panel Members .....	9
A response to the review from the Chair of the Oversight Group .....	11
Building the Foundations: A concordat for action .....	13
Executive summary .....	16
Introduction .....	20
The context .....	21
Section One .....	25
The Review Process, Approach and Governance .....	25
Why this review has been undertaken .....	25
The scope of the review .....	25
Governance of the review .....	26
The Review Panel .....	26
The Oversight Group .....	27
Terms of Reference .....	27
The Key Lines of Enquiry .....	27
How the review has been conducted .....	28
Section Two .....	30
Population and epidemiology .....	30
West Sussex .....	30
East Sussex .....	31
Brighton & Hove .....	32
Health and Wellbeing .....	35
Section Three .....	38
Current service pattern .....	38
Section Four .....	43
Current performance and activity .....	43
Provision across Sussex .....	43
Referral rates .....	44
Acceptance rates for SPFT specialist mental health services .....	45
Conversion rates .....	45
Waiting times for SPFT specialist services .....	45
Brighton & Hove .....	47
East Sussex .....	47
West Sussex .....	47
Waiting times for other services .....	47
Activity (caseloads) .....	49

Activity (contacts).....	49
Workforce (community).....	50
Self-harm in children and young people .....	50
Suicide in children and young people .....	54
School nursing .....	57
Use of Mental Health Act assessment (MHAA) .....	57
Prevalence in schools.....	57
Special Educational Needs and Disabilities (SEND).....	58
Section Five .....	59
Finance .....	59
Brighton & Hove Local Authority financial data.....	60
East Sussex Local Authority financial data .....	61
West Sussex Local Authority financial data .....	61
Clinical Commissioning Group investment .....	62
Breakdown of key finance and performance data by CCG area .....	64
Brighton & Hove CCG .....	64
East Sussex CCGs.....	64
West Sussex CCGs.....	64
Section Six .....	65
What we heard.....	65
Access.....	66
The obstacles to access .....	66
Equity of access .....	67
What could be done to improve access?.....	68
What worked well? .....	68
Capacity .....	68
Staffing/workforce.....	69
The nature of the 'system' .....	69
Workforce .....	69
What could be done to improve capacity? .....	70
The experience of children, young people, their families and carers .....	70
The experience of poor emotional health and wellbeing.....	71
The experience of the pathway.....	71
Do children and young people experience their voice being heard? .....	72
What works well and what could be improved? .....	72
Commissioning of services and support .....	73
The commissioning structures.....	73

Strategic development.....	74
The approach to service transformation .....	74
What could be improved?.....	74
Other issues of note .....	75
Schools and colleges.....	75
Children and young people who may be at ‘multiple disadvantage’ .....	75
Organisational change, policy and their impact .....	76
Section Seven.....	77
Emerging good practice from literature review.....	77
Models of specialist services provision .....	77
Single Point of Access .....	78
Approaches to system change and collaboration .....	79
Section Eight.....	81
Our findings .....	81
Return on Investment (RoI).....	81
Access to Services .....	81
The pattern of provision .....	83
Referral criteria and waiting times.....	84
Safety of services .....	85
Workforce .....	86
Not being joined up.....	87
Commissioning of services in Sussex.....	87
Leadership.....	88
The commissioning focus .....	89
Targets and outcomes .....	90
Strategic vision .....	90
Finances and investment.....	91
The role of schools, colleges and education.....	92
Funding .....	93
Workforce and training .....	93
Increasing prevalence .....	94
Knowledge of and access to services.....	94
Those not in school or who are home schooled .....	95
Learning from the personal experiences and engagement of children, young people and the families and carers .....	96
Not drawing on the experience of children and young people who use services .....	96



Creating the opportunity to engage with children and young people .....	97
Transition to adulthood .....	98
Data gathering .....	99
Data completeness .....	99
The focus of the data being collected .....	100
Section Nine.....	101
Recommendations.....	101
1. Partnership, accountability and implementation.....	102
Why change is needed .....	102
The intended impact of the recommendations.....	102
2. Commissioning .....	103
Why change is needed .....	103
The intended impact of the recommendations.....	104
3. Investment in children and young people’s services and support .....	104
Why change is needed .....	104
The intended impact of the recommendations.....	106
4. Changing the service landscape .....	106
Why change is needed .....	106
The intended impact of the recommendations.....	107
5. Access, capacity, demand and productivity .....	108
Why change is needed .....	108
The intended impact of the recommendations.....	109
6. Co-production and engagement .....	109
Why change is needed .....	109
The intended impact of the recommendations.....	110
A road map for implementation .....	111
A concordat agreement .....	111
Developing a plan for implementation.....	111
Short term and immediate priorities .....	111
Recommendation One.....	111
Recommendation Two.....	112
Recommendation Three .....	112
Recommendation Ten .....	112
Recommendation Twelve .....	112
Recommendation Fourteen .....	113
Recommendation Sixteen .....	113
Recommendation Eighteen .....	113

Recommendation Twenty .....	113
Short to medium term priorities .....	114
Recommendation Nine .....	114
Recommendation Fifteen .....	114
Recommendation Seventeen .....	114
Medium term priorities .....	115
Recommendation Four .....	115
Recommendation Five.....	115
Recommendation Six .....	115
Recommendation Seven .....	115
Recommendation Eight .....	116
Recommendation Eleven .....	116
Recommendation Nineteen .....	116
Long term priorities .....	117
Recommendation Thirteen .....	117
Anticipated challenges.....	117
The enablers that could assist with implementation .....	119
A concordat approach.....	119
Children and Young People’s Panel .....	119
Map of services and what they have to offer .....	119
Review of contracts .....	120
Finance and planning .....	120
Conclusion .....	121
Acknowledgements from the Chair .....	122
Appendices .....	123
Appendix One .....	124
Review panel members .....	124
Appendix Two .....	126
The governance structure for the review .....	126
Membership of the Oversight Group.....	126
Appendix Three .....	128
The Terms of Reference.....	128
Appendix Four .....	129
The Key Lines of Enquiry .....	129
GLOSSARY .....	131



## Independent Chair's Foreword



Foundations For Our Future is the culmination of twelve months' work and marks the conclusion of a thorough process of review of young people's emotional health and wellbeing services that has taken place across Sussex. This review comes at a time of unprecedented focus on children and young people's mental health more broadly, at local level as well as nationally and internationally.

Leaders in the local NHS Clinical Commissioning Groups, the NHS mental health provider Trust and the three local authorities commissioned this review. Collectively, they believed that services and experiences were not as they'd want them to be for young people, their families and carers and therefore, felt that the time was right; to understand, plan for and respond to what could be improved as well as being given ambitious recommendations for action. They provided a strong mandate and were determined that this review should deliver clear findings, however challenging they might be.

In conducting this review, my Review Panel colleagues and I have sought to focus on the issues of most importance to children and young people, their families and carers. We have gathered a wealth of evidence and information, including the views of children and young people, as well as professional opinion and expertise. We have used these to inform our findings and recommendations.

I want to thank all those people who took the time to contribute to the review. Your input was invaluable. We have listened and we have learned – we hope that our report and recommendations resonate with you.

We recognise that this report cannot address all the deficits in relation to emotional health and wellbeing services. However, we believe that the report provides the opportunity for focusing on the immediate priorities as well as longer-term ambitions.

The importance of improving emotional health and wellbeing services for children and young people is undeniable, as more and more of them experience emotional distress and mental health problems. We must make every effort to ensure that children and young people experiencing these difficulties can access the support that gives them the best chance of living happier, healthier lives.

This report provides a foundation for understanding what works well and what we need to do better and the recommendations provide the Sussex Partnership NHS Foundation Trust, the Clinical Commissioning Groups, the three local authorities and the third sector with a plan of how to make improvements that will

benefit children and young people in Sussex. I urge the local partners to act swiftly on the recommendations we have made. That is my challenge to them.

A handwritten signature in black ink, appearing to read 'Steve Appleton', with a long horizontal flourish extending to the right.

**Steve Appleton**  
**Independent Chair**

**February 2020**

## Foreword from the Review Panel Members

The most senior leaders in the NHS and in local authorities locally gave us the mandate to engage with Sussex communities and talk with them about their experiences of accessing, receiving and delivering emotional health and wellbeing support to children and young people.

We travelled across Sussex and on that journey, we heard from 1,500 voices who told us about their experiences.

We met with young people leaving care, young mums worried about their own emotional health and the impact on their children: we met with school pupils and college students who told us about their challenges and asked us for ways in which they could support themselves and their friends. We also heard about the specific emotional health and wellbeing issues experienced by children with special educational needs and disabilities, including those with autism.

Across Sussex we saw positive examples of: parenting, caring and family support; resources developed by young people for schools and parents and carers; and multi-agency working in schools and colleges taking universal, preventative and targeted approaches to supporting children and young people's emotional health and wellbeing. We met with grandparents who were supporting their grandchildren because their parents had their own mental health needs. Local services opened their doors to us and talked with us about the challenges and the pressures services faced. When people said 'you really should speak with so and so', we took time to make contact and do that very thing.

We heard difficult stories: from families and children waiting for appointments, from children and young people uncertain of where to turn, from GPs frustrated by their experience of trying to help, from school and college staff stretching their resources to meet their students' needs and from front line staff and managers trying to deliver the best care possible.

We were humbled and heartened by people's willingness to meet with us and tell their stories so readily and who invested their time and energy in doing so. We have strived to ensure that this report reflects those stories loudly and clearly.

Without exception, everyone we met showed a passion, a fierce commitment and a will to improve help and support for emotional health and wellbeing for the county's children and young people and their families and carers.

We have brought those voices together through this report and enabled people to tell their own story.

Alongside this narrative from our communities, we have gathered data and reviewed all of the current local strategies and plans for children and young people's emotional health and wellbeing. We saw many examples of good

practice on our road trip and we have captured them here to help inform the narrative. This huge wealth of information has informed the report and supports the recommendations we have made.

The senior leaders challenged us to be bold in our recommendations; and we hope we have met that challenge by providing the foundations for change in this report.

## **Review Panel Members**

## A response to the review from the Chair of the Oversight Group



When the partner organisations that commissioned this review set out on the journey over a year ago, we had already recognised that we needed to improve our emotional health and wellbeing services for children and young people in Sussex.

We knew that we needed to hear the voices of children; young people and their families and carers to better understand their experience of current services and to listen to the improvements they wanted us to make, so that we could act upon them. This united desire and ambition for our population about the improvements we will achieve, sits at the heart of this review process.

This review has been far-reaching and we have listened to the voices of hundreds of children, young people, their parents and carers as well as the views of professionals working in healthcare, social care and education. I thank all of those people for taking the time to tell us about their experiences of what works well here in Sussex, what needs to improve and how we might work together to achieve these changes.

Of the many things we heard, one of the most important for me is that the needs of children, young people and their families and carers must be at the centre of emotional health and wellbeing interventions and services that are responsive and that focus on building resilience. I, along with my partners in this review, am committed to doing everything feasible and possible to nurture the potential of our children and young people, especially those most vulnerable.

As Chair of the Oversight Group, responsible for the governance of this review process, I would like to take this opportunity to acknowledge and thank both Steve Appleton as the Independent Chair of the Review and the Review Panel members for all their hard work in bringing those voices together with a range of other evidence to underpin the findings in this report.

I am pleased that the review has identified the dedicated and hard work of people working in services to support children and young peoples' emotional health and wellbeing, together with examples of good practice taking place in Sussex. That does not however detract from the more difficult messages that there is much work to be done to improve the experiences and outcomes of children, young people and their families. On that basis, the partners to this review welcome its findings and recommendations and we are committed to driving those recommendations through to implementation.



**Adam Doyle**

**Chief Executive Officer of the Clinical Commissioning Groups in Sussex  
and the Senior Responsible Officer for the Sussex Health and Care  
Partnership**

**Chair of the Oversight Group, Sussex-wide Children & Young Persons'  
Emotional Health & Wellbeing Services Review**

**Samantha Allen  
Chief Executive Officer  
Sussex Partnership NHS  
Foundation Trust**

**Karen Breen  
Deputy Chief Executive Officer and  
Chief Operating Officer  
Sussex Clinical Commissioning  
Groups**

**AnnMarie Dodds  
Director of Children's Services  
West Sussex County Council**

**Stuart Gallimore  
Director of Children's Services  
East Sussex County Council**

**Pinaki Ghoshal  
Director of Children's Services  
Brighton & Hove City Council**

## Building the Foundations: A concordat for action

As the partners that commissioned the review of children and young peoples' emotional health and wellbeing services in Sussex, we accept the challenge that the report has set out for us, both in its findings and its recommendations.

We are determined that the recommendations are translated into demonstrable actions, so that children, young people and their families reap the benefits of the work we now commit to undertake.

To ensure that all the partners play their part, we have developed this concordat for action. It means that the Clinical Commissioning Groups, Brighton & Hove City Council, East Sussex County Council, West Sussex County Council and Sussex Partnership NHS Foundation Trust are all equally committed to working together in a collaborative way to deliver the actions needed.

This is a significant statement of commitment to a common purpose that has been shared, agreed and signed by the senior leaders of each of the partnership organisations that commissioned the review.

The following statements describe that nature of that commitment:

**We accept the recommendations and will work together in partnership to implement them. In doing so, we are collectively committed to the improvement of services to support the children and young people who experience poor emotional health and wellbeing in Sussex.**

**We will develop a clear and prioritised action plan to implement the recommendations. It will contain agreed timescales for the achievement of each of the recommendations and we will work together to regularly monitor our progress and hold each other to account for delivery. We will also ensure independent review of our progress over the period of implementation.**

**As senior leaders, we will set the standard in the way we work together. We will do so honestly and transparently and we will ensure effective collaboration at all levels of our respective organisations. We will actively support those working to deliver each of the recommendations and practically assist them to overcome any obstacles to achieving them.**

**We will work closely and constructively with our communities and our other partners in Sussex in the delivery of the recommendations. In particular, we will call upon our colleagues in the voluntary and third sector to commit to work with us and support us, on this journey of improvement.**

**We will give a strong voice to children, young people and their families. We will listen to them and continue to draw upon their experiences to guide our work to ensure a co-productive approach to improvement.**

By signing this concordat, we as leaders are committing ourselves and our organisations to this work, to do it collaboratively and to improve the emotional health and wellbeing of children and young people in Sussex.

Signed:

**Samantha Allen**  
**Chief Executive Officer**  
**Sussex Partnership NHS**  
**Foundation Trust**

**Adam Doyle**  
**Chief Executive Officer of the**  
**Clinical Commissioning Groups in**  
**Sussex and the Senior**  
**Responsible Officer for the Sussex**  
**Health and Care Partnership**

**Geoff Raw**  
**Chief Executive**  
**Brighton & Hove City Council**

**Becky Shaw**  
**Chief Executive, East and West**  
**Sussex County Councils**



## Executive summary

The Sussex Clinical Commissioning Groups, Sussex Partnership NHS Foundation Trust and the three local authorities in Sussex commissioned this review because they were aware that the experience of children and young people, their families and carers who need emotional and wellbeing support requires improvement.

During the review, we heard the views of children, young people and their families. We also heard from professionals working across Sussex. We conducted a wide-ranging engagement process, including service visits, focus groups, listening events and online surveys and heard from 1,500 people. We also gathered and analysed data and information about current services, quality, performance and financial investment.

What you read in this report is what we heard about people's experiences, their expectations and their own ideas about some of the potential solutions that could bring about improvement. We have drawn upon the things we heard along with the other evidence we reviewed to inform our findings and recommendations.

We considered the following key areas:

- Access to services: how easy is it to get a service and what could we do better?
- Capacity: how long do people wait to be seen, why is this and what can we do about it?
- Safety of current services: how are children kept safe when accessing services?
- Funding and commissioning: what are the available resources locally?
- The experience of children, young people and their families: what knowledge do our communities have of services, and do they think their experiences are being heard?
- Effectiveness: do the current pathways deliver the care and support we need?
- Relationships and partnership – how well do services work together?

By scrutinising these areas, we have identified a number of key themes and findings:

- The response to the challenges and recommendations set out in this report require a whole system response. This means that the partner organisations must work together closely in a spirit of openness, constructive challenge and positive ambition to deliver the changes needed.
- Access to services can be difficult and the current pattern of provision is complex and hard to navigate, with many different providers. There is a lack

of knowledge about the wider range of emotional health and wellbeing services in Sussex and an over reliance on referral to specialist mental health services, leading to higher demand.

- The range and development of upstream services and supports, through public and population health approaches, promotion, prevention and universal services, along with early help need to be expanded further to create a more effective pathway. Opportunities for open access to help and support, need to be created as part of the development of a new model of provision.
- Referral criteria and thresholds (entry standards) for services are not well articulated and are not clear to either professionals or the public. Sometimes, services appear to work in isolation from one another and are not joined up.
- Children and young people often experience waits for assessment and the provision of services. This is the case in both statutory and third sector services. In specialist mental health services, waiting times for assessment have doubled in the last two years and although waiting times for treatment are falling, there is more to be done to improve access and response.
- In common with many other parts of the South East, Sussex faces a workforce challenge, both in recruitment and in retention, but also in the professional and skill mix.
- Distribution of current levels of investment does not take account of the levels of need across Sussex. Additionally, the level of investment made in children and young people's emotional health and wellbeing from local authorities does not have sufficient clarity. There are known reasons for this, but a clearer understanding of the level of investment made is required. Making planned investment in prevention, promotion, self-care and resilience, and schools based support as well as specialist services will, if done over time, achieve more balance and a model that is preventative and enables early intervention.
- There needs to be a better understanding of the range of services and interventions that should be available across the pathway and the levels of investment needed to be sustainable. As part of a process to achieve the change, a system wide approach is needed to review what is needed, accompanied by a rapid process of specialist services modernisation.
- We saw no direct evidence during the review to demonstrate that specialist or other services are not safe. However, the data in Sussex shows that the number of children and young people admitted to hospital due to self-harm is higher than both the region and England average. We cannot evidence whether what we have seen and heard has directly contributed to this

position, but there is a need to positively address, monitor and respond to the current trends.

- Commissioning of services is not consistent across Sussex and suffers from a lack of co-ordinated leadership, capability and capacity. Existing organisational structures mean that it has been hard to establish clear lines of responsibility. This has also hampered the connectivity between emotional health and wellbeing and the physical health needs of children and young people. There is no over-arching strategic vision for emotional health and wellbeing services or description of the need to integrate physical health and emotional health services across Sussex. There is a need for clear leadership and capability to drive transformation and integration.
- Commissioning is not outcomes led and at present, it is difficult to determine the range of delivery outcomes, both positive and negative in relation to children and young people's emotional health and wellbeing.
- Schools and colleges do have, and should continue to have, a central role in relation to children and young people's emotional health and wellbeing. However, at present, they are not uniformly equipped to do this, nor is it clear that they are sufficiently resourced. School leaders clearly see and understand the issues relating to emotional health and wellbeing. They want to respond to it, and to do so with urgency. They agree it is part of what they should do. What they need is the help, resources and support to do it in the best way possible.
- The opportunities to engage children, young people and their families and carers and draw on their experiences and views have not yet brought about change they seek. The voice of children and young people is not being heard or used as effectively as it could be. The mechanisms for engaging them in a meaningful process of listening and responding, has not yet been demonstrated or featured in co-design and co-development.

The current pathway and service model for emotional health and wellbeing in Sussex does not appear to be effective and would benefit from radical transformation. This is the case for the whole pathway, from upstream services, prevention, promotion and early help as well as in relation to specialist mental health services. The findings and recommendations of this review provide an opportunity to do this.

Our 20 recommendations pay particular attention on how best to address these findings. They focus on the following key actions:

- Radical redesign of the service model with a particular focus on creating a more effective pathway, improving access and achieving better outcomes
- Ensuring focussed investment on priorities and outcomes demonstrated across the provider pathway. Where the investment is largest, the challenge will be bigger
- Establishing more effective partnership working across Sussex both in commissioning and in the provision of services
- Hearing and responding to the voice of children and young people and ensuring improved co-production and co-design
- Ensuring that commissioning is more co-ordinated, strategic and has the capacity, capability and leadership to drive improvement
- Developing a strategic outcomes framework that enables a full and accurate understanding of the return on investment
- Simplifying the map of provision so that children, young people and their families can find help more easily and more quickly
- Making sure that levels of investment reflect local need
- Improving accuracy and availability of data
- Addressing the workforce challenge.

This review and its recommendations provide the opportunity for the partners to focus on the improvements and changes that are needed. We believe that the report lays the foundations for the future, a future in which the emotional health and wellbeing needs of children and young people in Sussex are responded to more effectively.

We would like to acknowledge the commitment of all those who took part in the review, and who are involved in delivering and improving services. The review would not have been possible without the time, expertise and knowledge of the partner organisations and their staff, children, young people and their families.



## Introduction

In conducting this review, the Review Panel has taken account of the current picture in relation to the emotional health and wellbeing of children and young people, the issue of mental health problems and the policy context that addresses the challenge of responding to the needs of those children and young people.

For the purposes of this review, we offer the following definition of what is meant by emotional health and wellbeing or good mental health. Positive mental health or good mental health is the state of wellbeing. Mental ill health is therefore the absence of emotional and or mental wellbeing. A useful definition of emotional wellbeing is offered by the Mental Health Foundation as: 'A positive sense of wellbeing enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune.'<sup>1</sup>

The World Health Organisation (WHO) describes emotional health and wellbeing as 'the state of being in which every individual realises his or her own potential, can cope with the normal stresses of life, can live, work or study productively and fruitfully, and is able to make a contribution to her or his community'<sup>2</sup>.

In the absence of a single, defined view, we believe that these two observations, when taken together, provide a useful and workable description of emotional health and wellbeing.

---

<sup>1</sup> Mental Health Foundation quoted by Imperial College Healthcare  
<http://www.imperialhealthatwork.co.uk/services/wellbeing/mental-emotional-wellbeing>

<sup>2</sup> WHO in Being Mindful of mental health Local Government Association June 2017  
[https://www.local.gov.uk/sites/default/files/documents/22.6\\_Being%20mindful%20of%20mental%20health\\_08\\_revised\\_web.pdf](https://www.local.gov.uk/sites/default/files/documents/22.6_Being%20mindful%20of%20mental%20health_08_revised_web.pdf)

## The context

In 2015, the coalition government published Future in Mind<sup>3</sup>, a report of the work of the Children and Young People's Mental Health Taskforce. Future in Mind outlines a series of aims for transforming the design and delivery of the mental health offer for children and young people in any locality. It describes a step change in how care is delivered, moving away from a system defined in terms of the services organisations provide (the tiered model) towards one built around the needs of children, young people and their families, to ensure they have easy access to the right support from the right service at the right time. It described a five-year ambition to create a system that brought together the potential of the NHS, schools, social care the third sector, the internet, parents and of course children and young people, to improve mental health, wellbeing and service provision.

As the end of that five-year period approaches, this Sussex-wide review has taken into account the work that Future in Mind has stimulated, together with more recent policy development including the Five Year Forward View for Mental Health (FYFVMH)<sup>4</sup> and the NHS Long Term Plan<sup>5</sup>. However, there remains more to do.

We know that nationally, 70% of children and young people who experience a mental health problem have not had appropriate support at an early enough age.<sup>6</sup> Reporting of emotional and wellbeing problems has become increasingly common. Between 2004 and 2017, the percentage of five to 15 year olds who reported experiencing such problems grew from 3.9% to 5.8%.<sup>7</sup>

In the UK, 5% of children aged five to 15 reported being relatively unhappy. Wellbeing has been shown to decline as children and young people get older, particularly through adolescence, with girls more likely to report a reduced feeling of wellbeing than boys do. As a group, 13-15 year olds report lower life satisfaction than those who are younger.<sup>8</sup>

Children from low-income families are four times more likely to experience mental health problems compared to children from higher-income families.<sup>9</sup> Among LGBTQ+<sup>10</sup> young people, seven out of 10 girls and six out of 10 boys describe experiencing suicidal thoughts. These children and young people are around three times as likely as others to have made a suicide attempt.<sup>11</sup>

---

<sup>3</sup> Future in Mind, Promoting, protecting and improving our children and young people's mental health and wellbeing, NHSE 2015

<sup>4</sup> Five Year Forward View for Mental Health, NHSE Taskforce, 2016

<sup>5</sup> NHSE, 2019

<sup>6</sup> Children and Young People Mental Health Foundation accessed December 2019 <https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people>

<sup>7</sup> Mental health of children and young people in England 2018

<sup>8</sup> State of the Nation 2019: Children and Young People's Wellbeing Department for Education October 2019

<sup>9</sup> Children and young people's mental health: The facts Centre for Mental Health 2018

<sup>10</sup> LGBTQ+ is used to represent those people who are lesbian, gay, bisexual, transgender, questioning and "plus," which represents other sexual identities including pansexual, asexual and omnisexual

<sup>11</sup> Children and young people's mental health: The facts Centre for Mental Health 2018

In 2017, one in eight young people aged between five and 19 in England had a mental health disorder<sup>12</sup>. The World Health Organisation (WHO) describes mental health disorders as comprising a broad range of problems, with different symptoms. However, they are generally characterised by some combination of abnormal thoughts, emotions, behaviour and relationships with others. They can include depression, anxiety disorders and psychosis.<sup>13</sup>

In pre-school children (those under the age of five), the national prevalence of mental health disorders is one in 18, with boys 50% more likely to have a disorder than girls.<sup>14</sup> Of the more than 11,000 14-year-olds surveyed in the Millennium Cohort Study in 2018, 16% reported they had self-harmed in 2017/18.<sup>15</sup> Based on these figures, it is suggested that nearly 110,000 children aged 14 may have self-harmed across the UK in the same 12-month period.<sup>16</sup> Young women in this age group were three times more likely to self-harm than young men.<sup>17</sup> An estimated 200 children a year lose their lives through completed suicide in the UK.<sup>18</sup>

It is estimated that one in ten children and young people have a diagnosable mental disorder, the equivalent of three pupils in every classroom across the country.<sup>19</sup>

In England, the demand for specialist child and adolescent mental health services (SPFT specialist services) is rising, with record levels of referrals being reported.<sup>20</sup> Demand continues to exceed supply with increasing numbers of young people on waiting lists to access SPFT specialist services and waiting times longer than previous years.<sup>21</sup>

The emotional health and wellbeing of children and young people is crucial, it is as important as their physical health. It is accepted that until recently, there has been insufficient focus on this area of children and young people's development. However, the past few years have brought a renewed and much needed focus both in terms of policy and in terms of development.

Building on previous policy, the Five Year Forward View for Mental Health (in England)<sup>22</sup> and the NHS Long Term Plan now sets out a commitment that funding for children and young people's mental health services will grow faster

---

<sup>12</sup> Mental health of children and young people in England, ONS

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

<sup>13</sup> World Health Organisation definition [https://www.who.int/mental\\_health/management/en/](https://www.who.int/mental_health/management/en/)

<sup>14</sup> Mental health of children and young people in England, 2018

<sup>15</sup> Millennium Cohort Study <https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/>

<sup>16</sup> The Good Childhood Report Children's Society, 2018

<sup>17</sup> Brooks et al 2015 in Children and young people's mental health: The facts, Centre for Mental Health, 2018

<sup>18</sup> Burton, M. Practice Nursing Vol. 30, No. 5

<sup>19</sup> Supporting mental health in schools and colleges Department for Education/NatCEN Social Research and National Children's Bureau, August 2017

<sup>20</sup> Children's mental health services: the data behind the headlines Centre for Mental Health October 2019

<sup>21</sup> CAMHS benchmarking findings NHS Benchmarking Network, October 2019

<sup>22</sup> NHSE, 2016

than both overall NHS funding and total mental health spending. This means that children and young people's mental health services will for the first time grow as a proportion of all mental health services, which will themselves also be growing faster than the NHS overall. Over the next five years, the NHS will continue to invest in expanding access to community-based mental health services to meet the needs of more children and young people.

This investment and the expansion of NHS services is to be welcomed but it should not detract from the low base from which these developments start. Even with these improvements, the increase in access to specialist mental health services only aims to ensure that nationally, at least 34% of children and young people with a diagnosable mental health condition should receive treatment from an NHS-funded community mental health service in 2019/20 and 35% by end of 2020/21<sup>23</sup>.

The developments described in the NHS Long Term Plan focus on the specialist mental health needs of children and young people. They do not comment on wider emotional health and wellbeing needs. Nor do they seek to address the ways in which support can be provided that can help to prevent the development of poor emotional health and wellbeing, either with children and young people directly, or through support provided by schools, colleges and the voluntary sector, or the supports needed by parents and carers. That blueprint for a local offer for children and young people with emotional health and wellbeing support needs, is detailed in Future in Mind and responds to the systemic challenges that any locality will face in embedding this. Furthermore, the NHS Mental Health Implementation Plan 2019/20 – 2023/24<sup>24</sup> commits us to ensuring that children and young people's mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice by 2023/24.

---

<sup>23</sup> NHS mental health dashboard <https://www.england.nhs.uk/mental-health/taskforce/imp/mh-dashboard/>

<sup>24</sup> NHSE, 2019

We know that half of all mental ill health starts by the age of 15 and 75% by the age of 18.<sup>25</sup> Effective early intervention is known to work in preventing problems occurring, or to address them directly when they do, before problems get worse. It also helps to foster a wide set of personal strengths and skills that prepare a child for adult life.<sup>26</sup> It can reduce the risk factors and increase the protective factors in a child's life. This is one example of the benefits of a broader approach that is less firmly rooted in more traditional models of support and that addresses not only mental ill health but which also focuses more on emotional health and wellbeing.

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

---

<sup>25</sup> Department of Health, Department for Children S and F. Healthy lives, brighter futures 2009 <http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/285374a.pdf> and Davies SC. Annual Report of the Chief Medical Officer 2013, Public Mental Health Priorities: Investing in the Evidence 2014.

<sup>26</sup> Early Intervention Foundation <https://www.eif.org.uk/why-it-matters/what-is-early-intervention>

## Section One

### The Review Process, Approach and Governance

#### Why this review has been undertaken

Across Sussex, NHS and local authority partners have increasingly become aware that the experience of children and young people, their families and carers who need emotional and wellbeing support requires improvement.

As is the case across the country, our local services continue to experience significant demand, for example, across the UK, there were 3,658 referrals received per 100,000 population (age 0-18) in 2018/19. This was the highest level of demand ever reported over the eight years that the NHS Benchmarking Network has collected data. Locally, Sussex Partnership NHS Foundation Trust (SPFT) received 3,359 referrals per 100,000 population in 2018/19.

Those working in health, social care, education and the third sector across Sussex work hard to try to ensure that children, young people and their families get the help they need. However, the experience of those children, young people and their families has been variable, with too many of them saying that the current system has not been working as well as it should, and has not responded to them as quickly as they would like or that they have not been offered the choices they felt they needed.

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

It is on that basis that the Sussex Clinical Commissioning Groups (CCGs), the three local authorities (East Sussex and West Sussex County Councils and Brighton & Hove City Council) and SPFT agreed that an independently chaired review should be undertaken.

#### The scope of the review

The scope of the review has been wide, and most importantly, although including specialist mental health services it has taken a broader view of the services and support available. It has not been a review of SPFT specialist services or any other services specifically, neither has it been a consultation exercise. It has been an opportunity to take a step back and consider not only what is offered currently, but also what can be offered in future and how organisations across Sussex can improve that offer through working collaboratively or by making changes to their own structures, systems or practices.

The review focused on children and young people from the age of 0-18 and those in transition to adulthood who require emotional health and wellbeing support. Other service areas such as learning disabilities, Special Educational Needs and Disabilities (SEND) and community paediatrics (physical health) were included as part of the review.

The review took into account, and learnt from local, regional and national best practice.

## **Governance of the review**

The Review Panel was independently chaired, and was supported by a project team who assisted in evidence gathering, logistics and support. The Independent Chair, on behalf of the Review Panel, reported to an Oversight Group. The Chief Executive Officer of the CCGs in Sussex and the Senior Responsible Officer for the Sussex Health and Care Partnership chaired the Oversight Group.

## **The Review Panel**

The Review Panel was composed of a diverse range of people, all of whom possessed a depth of knowledge of children and young people's experiences and perspectives, as well as issues relating to emotional health and wellbeing and children and young people's mental health.

Detailed work was undertaken to form the Review Panel. This involved a process of seeking expressions of interest, then, matching the skills and expertise of those putting themselves forward against a range of agreed criteria agreed by the Independent Chair and the project lead.

The panel composition is set out below to demonstrate the breadth of representation.

- Two commissioners, one from a CCG and one who has dual responsibility across a CCG and a local authority
- The Clinical Director for children and young people's services from SPFT
- The Director of a third sector provider organisation
- Two Public Health consultants (one left the panel in August 2019 and another joined)
- A parent/carer expert by experience
- A children and young people's representative, who also had a focus on engagement
- A local authority Equality and Participation Manager
- A local authority Assistant Director of Health and Special Educational Needs and Disability

- The Clinical Lead for the South East Clinical Network (on the panel until August 2019)
- A local authority Head of Targeted Youth Support and Youth Justice
- A General Practitioner who is also a CCG Chief of Clinical Quality and Performance
- Three head teachers from schools and academies and one assistant Principal of a sixth form college.

The full list of Review Panel members with their names and titles can be found at [Appendix One](#).

## The Oversight Group

An Oversight Group, made up of local health and care leaders who commissioned the review, supported the Review Panel, making sure, it conducted its work in a robust and inclusive way and was on track to deliver a report with clear recommendations.

More detail about the Oversight Group, its membership and role can be found at [Appendix Two](#).

## Terms of Reference

The commissioning partners in the NHS and the three local authorities set the Terms of Reference (ToR) for the review. These were subsequently discussed and agreed by the Review Panel and approved by the Oversight Group. They set out a series of questions that the Review Panel was mandated to consider as part of the review.

The full Terms of Reference can be found in [Appendix Three](#).

## The Key Lines of Enquiry

Given the scope of the review and the breadth of the Terms of Reference, Key Lines of Enquiry (KLOE) were developed with the aim of providing particular focus on specific issues that could help to address the Terms of Reference, respond to the scope of the review and assist in focusing the evidence gathering and the eventual findings.

The KLOE were agreed by the Review Panel and endorsed by the Oversight Group and included, in summary:

- Access to services: how easy is it to get a service and what could we do better?



- Capacity: how long do people wait to be seen, why is this and what can we do about it?
- Safety of current services: how are children kept safe when accessing services?
- Funding and commissioning: what are the available resources locally?
- The experience of children, young people and their families: what knowledge do our communities have of services, and do they think their experiences are being heard?
- Effectiveness – do the current pathways deliver the care and support we need?
- Relationships and partnership – how well do services work together?

The full detail of the KLOE and details of the areas examined under each heading can be found at [Appendix Four](#).

## How the review has been conducted

The review was conducted using a mixed methodology approach using both qualitative and quantitative evidence gathering. This included:

- A desk-based service mapping exercise to establish, as far as was possible, the number and type of emotional health and wellbeing services provided in Sussex and which organisations delivered those.
- A desk-based information gathering process that sought data relating to current demand, performance and quality. Financial information on budgets and spending was also sought. The Review Panel commissioned the NHS Benchmarking Network (NHSBN) to help gather and then analyse this information. NHSBN produced a report for the Review Panel, which has been used to inform our findings and recommendations. Summary data and evidence from the NHSBN report is included in this report. The full NHSBN report is available as a companion piece to this report.
- A review of published literature and grey literature (grey literature is research that is either unpublished or has been published in non-commercial form), research evidence, current national policy and local plans and strategies relating to children and young people's emotional health and wellbeing and mental health.

A key part of the review was the delivery of a wide-ranging engagement process that gathered and described the experiences of children, young people, their parents and carers. The process had six components:

- Five listening events, held across Sussex, using the Open Space model. Open Space is a technique for engaging with the community where

participants create and manage the agenda and discussion themselves. This method has the central aim of ensuring that participants decide the areas of discussion that are important to them and then come up with potential solutions. These meetings stimulated discussions with members of the public and with local professionals about their experiences of emotional health and wellbeing services and support for children and young people; what works well, where there may be gaps in the system, and where and how improvements could be made.

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

## Section Two

### Population and epidemiology

Sussex is in the South East region of England and consists of three local authorities: West Sussex, East Sussex and Brighton & Hove. At the time of writing, there are seven NHS Clinical Commissioning Groups in Sussex. The main provider of specialist mental health services for children and young people for the NHS is Sussex Partnership NHS Trust (SPFT), which covers the three local authority areas. This data profile of Sussex is in two parts, the first focussing upon population, whilst the second section looks at issues related to health and wellbeing.

The population data used within this profile has been sourced from the Fingertips Public Health profiles website (<https://fingertips.phe.org.uk/>) and is based on figures from 2018. We have looked at each of the three local authority areas individually before drawing this together to show the picture for Sussex as a whole.

The population figures here are for the resident population. The review notes that there are a number of colleges and universities in Sussex, attracting a significant student population who may temporarily reside in Sussex. Subsequent work may need to be undertaken to look at the numbers within the student population as could add to the demands upon any services within the area.

### West Sussex

In terms of population, West Sussex is the largest of the three local authority areas within Sussex with a total population (aged 0-90+) of 858,852. There are seven districts within the local authority, Adur, Arun, Chichester, Crawley, Horsham, Mid Sussex and Worthing. For the purpose of this profile, the focus is on the population of children and young people. The data sets we have used look at the age range of 0 - 19 years of age. Table One sets out the numbers of children and young people in West Sussex in five-year age cohorts and sets this against the total population to identify what percentage of the population they form.

**Table One: West Sussex population data (2018)**

Age	Males	Females	Total	% of total Population
0-4 years	24,060	22,761	46,821	5.45
5-9 years	27,052	25,120	52,172	6.07
10-14 years	25,211	23,593	48,804	5.68
15-19 years	22,535	20,984	43,519	5.06
<b>Total 0-19 years</b>	<b>98,858</b>	<b>92,458</b>	<b>191,316</b>	<b>22.27</b>

Source:

<https://fingertips.phe.org.uk/profile/healthprofiles/data#page/12/gid/3007000/pat/6/par/E12000008/atil/202/are/E10000032>

Whilst West Sussex has the highest percentage of 0-19 years in relation to its overall population at 22.27%, (when compared to East Sussex and to Brighton & Hove), this is just below the national position for England where the proportion of the population between the ages of 0-19 years of age is 23.65%.

In each of the five-year age cohorts, the percentage of the total population is slightly below the national picture. Those aged 5 - 9 years of age account for the largest proportion at 6.07% or 52,172 children and young people.

There are a total of 191,316 children and young people aged between 0-19 years of age within the West Sussex local authority area. 98,858 of those are male whilst 92,458 are female.

## East Sussex

East Sussex has five districts, Eastbourne, Hastings, Lewes, Rother and Wealden and a total population for all ages in the local authority of 554,590. Children and young people aged 0–19 years of age make up 21.19% or 117,559 of this overall population, which like West Sussex, is below that of the national picture.

As with West Sussex, East Sussex shows the largest proportion of children and young people to be found in the 5-9 years of age cohort. This accounts for 31,167 people or 5.61% of the population. Full details for East Sussex can be seen in Table Two.

**Table Two: East Sussex population data (2018)**

Age	Males	Females	Total	% of total Population
0-4 years	13,921	13,185	27,106	4.88
5-9 years	16,146	15,021	31,167	5.61
10-14 years	15,836	14,645	30,481	5.49
15-19 years	14,837	13,968	28,805	5.19
<b>Total 0-19 years</b>	<b>60,740</b>	<b>56,819</b>	<b>117,559</b>	<b>21.19</b>

Source:

<https://fingertips.phe.org.uk/profile/healthprofiles/data#page/12/gid/3007000/pat/6/par/E12000008/ati/202/are/E10000011>

## Brighton & Hove

Brighton & Hove is a unitary authority.

Table Three sets out the resident population for Brighton & Hove, which accounts for the smallest numbers compared to the other two local authority areas in Sussex. The total population within Brighton & Hove is 290,395 aged 0 - 90+ years of age. The total number of children and young people in Brighton & Hove aged 0-19 is 60,427. This equates to 20.80% of the total population.

When looking at the age cohorts individually the 15 - 19 year olds have the largest percentage of the total population at 6.11% or 17,765 people. This percentage is larger than the other two local authority areas and is also higher than the national picture for this age cohort, which stands at 5.53%. Table Three shows the full detail for Brighton & Hove.

**Table Three: Brighton & Hove population data (2018)**

Age	Males	Females	Total	% of total Population
0-4 years	7,047	6,694	13,741	4.73%
5-9 years	7,457	7,256	14,713	5.06%
10-14 years	7,314	6,894	14,208	4.89%
15-19 years	8,694	9,071	17,765	6.11%
<b>Total 0-19 years</b>	<b>30,512</b>	<b>29,915</b>	<b>60,427</b>	<b>20.80%</b>

Source:

<https://fingertips.phe.org.uk/profile/healthprofiles/data#page/12/gid/3007000/pat/6/par/E12000008/ati/202/are/E06000043>

Table Four of the population data shows the three local authorities of Sussex combined to give an overall picture. The total population in Sussex is 1,703,837. Within this overall population, females represent just over 51% of the population yet when looking at children and young people specifically males represent the larger proportion at nearly 52%.

Those aged 0-19 years of age represent 21.67% of the total population, which is slightly below the national picture. With 98,052 children and young people aged 5-9 years, this cohort is the largest percentage of the total population represented in Table 4 at 5.75%.

**Table Four: Combined Sussex population data (2018)**

Age	Males	Females	Total	% of total Population
0-4 years	45,028	42,640	87,668	5.14
5-9 years	50,655	47,397	98,052	5.75
10-14 years	48,361	45,132	93,493	5.48
15-19 years	46,066	44,023	90,089	5.28
<b>Total 0-19 years</b>	<b>190,110</b>	<b>179,192</b>	<b>369,302</b>	<b>21.67</b>

The proportion of children and young people aged 0-19 and the sub-grouping of ages varies between the three local authority areas.

The following tables (tables five to eight) set out the current and forecast in growth or shrinkage in the 0-19 population. The caveat to these forecasts is twofold. Firstly, the projections are from the 2016-based sub-national population projections compiled by the Office for National Statistics (ONS). Their base figures for 2018 vary slightly from those in the Public Health England (PHE) Fingertips data, but not significantly. Secondly, they are predictions, and as such, there may be some variance in the actual percentage change in due course. It is important to understand these population projections for future investment discussions.

**Table Five: West Sussex 0-19 population current and forecast (2018)**

	2018	2019	2020	2025	2030	% Increase to 2035
<b>0-4 years</b>	46,900	46,800	46,600	46,400	46,000	-2%
<b>5-9 years</b>	52,100	52,200	52,100	50,500	50,200	-3%
<b>10-14 years</b>	48,900	50,300	51,900	54,400	52,700	8%
<b>15-19 years</b>	43,700	43,800	44,100	50,900	53,000	21%
<b>Total 0-19 years</b>	191,600	193,100	194,700	202,200	201,900	5%
<b>0-19 years as % of total population</b>	22.2%	22.2%	22.2%	22.2%	21.5%	

**Table Six: East Sussex 0-19 population current and forecast (2018)**

	2018	2019	2020	2025	2030	% Increase to 2035
<b>0-4 years</b>	27,500	27,500	27,500	27,600	27,500	0%
<b>5-9 years</b>	31,500	31,500	31,400	30,400	30,500	-3%
<b>10-14 years</b>	30,700	31,400	32,200	33,500	32,400	5%
<b>15-19 years</b>	28,800	28,700	28,800	32,400	33,500	16%
<b>Total 0-19 years</b>	118,500	119,100	119,900	123,900	123,900	4%
<b>0-19 years as % of total population</b>	21.2%	21.1%	21.1%	21.0%	20.2%	

**Table Seven: Brighton & Hove 0-19 population current and forecast (2018)**

	2018	2019	2020	2025	2030	% Increase to 2035
<b>0-4 years</b>	14,400	14,500	14,500	14,800	15,000	4%
<b>5-9 years</b>	14,800	14,600	14,500	14,000	14,300	-3%
<b>10-14 years</b>	14,200	14,400	14,700	14,700	14,200	0%
<b>15-19 years</b>	17,300	17,200	17,200	18,800	19,300	11%
<b>Total 0-19 years</b>	60,700	60,700	60,900	62,300	62,800	3%
<b>0-19 years as % of total population</b>	20.8%	20.6%	20.6%	20.5%	20.1%	

Table Eight shows the combined position across Sussex. The same caveats apply to the combined numbers and proportions as to those for each of the three local areas on their own. Notably, the combined picture shows that the proportion of 0-4 year olds and 5-9 years olds is forecast to decline over the next 10-15 years, albeit by a very small amount.

All other age groups are predicted to grow, with the 15-19 age group showing the largest increase, 18% over the next 10-15 years. The total population of 0-19 year olds across Sussex is forecast to increase by 8% by 2035.

**Table Eight: Combined 0-19 age group forecast (2018)**

	2018	2019	2020	2025	2030	% Increase to 2035
<b>0-4 years</b>	88,800	88,800	88,600	88,800	88,500	-1%
<b>5-9 years</b>	97,800	98,300	98,000	94,900	95,000	-3%
<b>10-14 years</b>	93,800	96,100	98,800	102,600	99,300	6%
<b>15-19 years</b>	89,800	89,700	90,100	102,100	105,800	18%
<b>Total 0-19 years</b>	370,200	372,900	375,500	388,400	388,600	5%
<b>0-19 years as % of total population</b>	21.6%	21.6%	21.6%	21.5%	20.9%	

## Health and Wellbeing

This section of the profile focuses upon specific areas of health and wellbeing within children and young people of Sussex. Data in these areas is limited in its scope and depth, and therefore offers only a limited but nonetheless helpful view of key nationally determined metrics.

**Table Nine: Mental Health and Wellbeing in Sussex**

	West Sussex	East Sussex	Brighton & Hove	England
Estimated prevalence of mental health disorders in children and young people - % of the population aged 5-16 years (2015)	8.4	8.8	8.4	9.2
Estimated prevalence of emotional disorders - % of the population aged 5-16 years (2015)	3.2	3.4	3.3	3.6
Estimated prevalence of conduct disorders - % of the population aged 5-16 years (2015)	4.7	5.3	5.0	5.6
Estimated prevalence of hyperkinetic disorders - % of the population aged 5-16 years (2015)	1.3	1.4	1.3	1.5
Prevalence of potential eating disorders among young people. Estimated number aged 16-24 years of age (2013)	10,038	7,069	6,185	Not recorded
Hospital admission as a result of self-harm in those aged 10-24 years per 100,000 (2017/2018)	535.9	527.4	548.6	421.2
Hospital admission as a result of self-harm in those aged 10-14 years per 100,000 (2017/2018)	205.6	298.8	231.7	210.4
Hospital admission as a result of self-harm in those aged 15-19 years per 100,000 (2017/2018)	795.2	774.5	926.8	648.6

Source: Fingertips Public Health Profile (Public Health England) data combined and presented by Contact Consulting (Oxford) Limited

Table Nine above presents data on a range of issues in relation to mental health and emotional wellbeing. It is taken directly from the national Fingertips website.<sup>27</sup> With regard to the mental health issues in the first four lines of the table, Sussex is just below the position for England as a whole, with East Sussex having the higher levels of prevalence within Sussex.

The rate of admission for self-harm in school aged children in Brighton & Hove doubled over the last ten years. There were 253 hospital admissions for self-

<sup>27</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000008/ati/102/are/E06000043>



harm (10-17-year olds in 2010/11) per 100,000 10-24 year olds in Brighton & Hove compared to 449 in 2018/19.<sup>28</sup> Young people aged 10-24 accounted for 39% of all admissions for self-harm in West Sussex and 80% of those admitted to hospital were female.<sup>29</sup>

Specifically in Sussex, hospital admissions as a result of self-harm are at a significantly higher rate per 100,000 people than England, with the highest rates being seen in the local authority area of Brighton & Hove where approximately one in five 14-16 year olds report that they have self-harmed.<sup>30</sup>

**Table Ten: Education, Employment and Training in Sussex**

	West Sussex	East Sussex	Brighton & Hove	England
School Pupils with social, emotional and mental health needs - % of school pupils with social, emotional and mental health needs (Primary School Age - 2018)	2.22	2.36	2.50	2.19
School Pupils with social, emotional and mental health needs - % of school pupils with social, emotional and mental health needs (Secondary School Age - 2018)	2.47	2.08	3.42	2.31
School Pupils with social, emotional and mental health needs - % of school pupils with social, emotional and mental health needs (Combined School Age - 2018)	3.01	2.52	2.47	2.39
Percentage of 16-17 year olds NOT in education, employment or training (NEET) or whose activity is not known. (2017)	9.8	4.9	4.5	6.0

Source: Fingertips Public Health Profile (Public Health England) data combined and presented by Contact Consulting (Oxford) Limited

Sussex has a higher than national average percentage of school pupils with social, emotional and mental health needs in all three of its local authority areas. Public Health England (PHE) also publishes estimated prevalence of social, emotional and mental health needs in school pupils. The most recent data, from 2018, shows both the England average and the South East regional average as 2.4% of pupils reporting specific needs.

This data, split by local authority areas, shows Brighton & Hove, East Sussex and West Sussex all to be marginally above the regional and national averages.

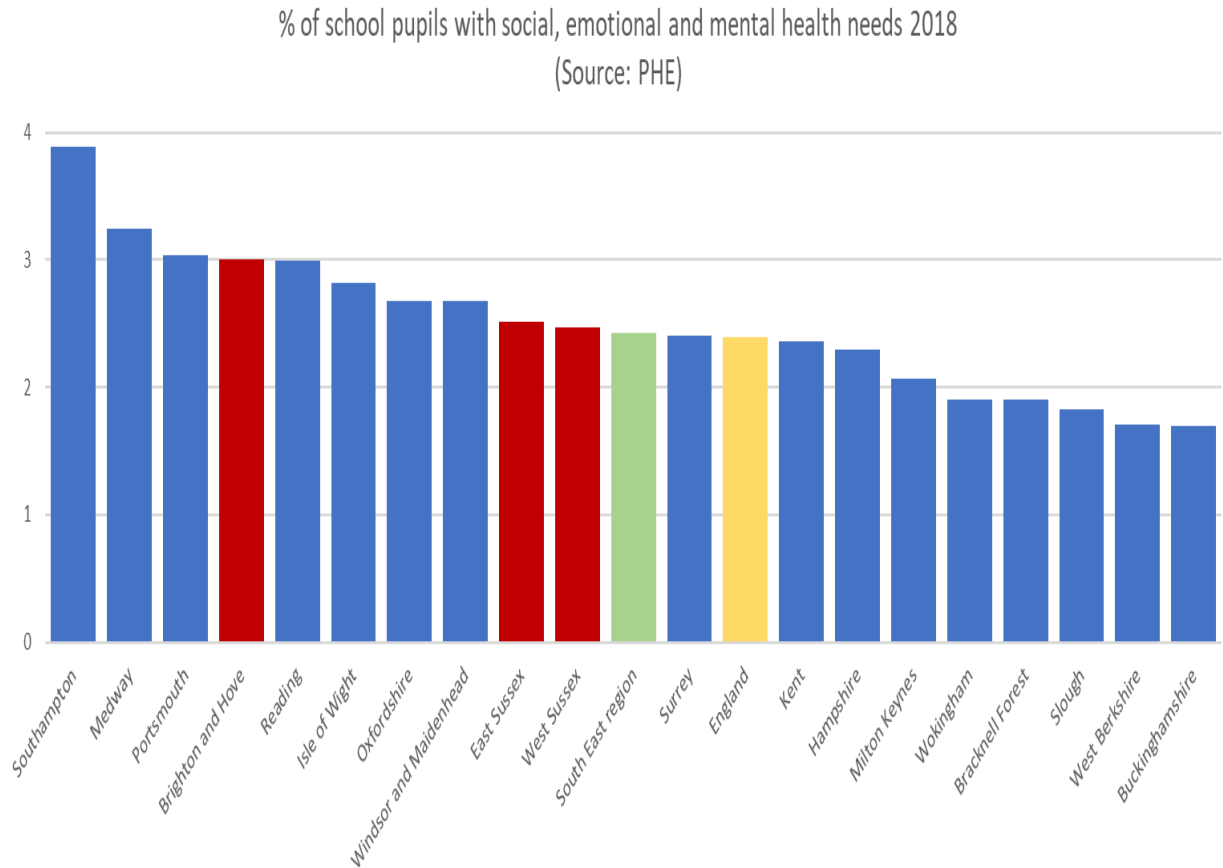
<sup>28</sup> Brighton & Hove Local Transformation Plan, October refresh 2019

<sup>29</sup> West Sussex Local Transformation Plan, October refresh, 2019

<sup>30</sup> Brighton & Hove Local Transformation Plan, October refresh 2019

Needs are highest in Brighton & Hove with East Sussex and West Sussex both reporting 2.5%.

**Graph One: Percentage of pupils with social, emotional and mental health needs**



West Sussex sees a significantly higher percentage of 16-17 year olds not in education, employment or training with a figure of 9.8%. The other two local authority areas of East Sussex and Brighton & Hove both sit well below the national average, which is 6.0%, at 4.9% and 4.5% respectively.

## Section Three

### Current service pattern

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

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

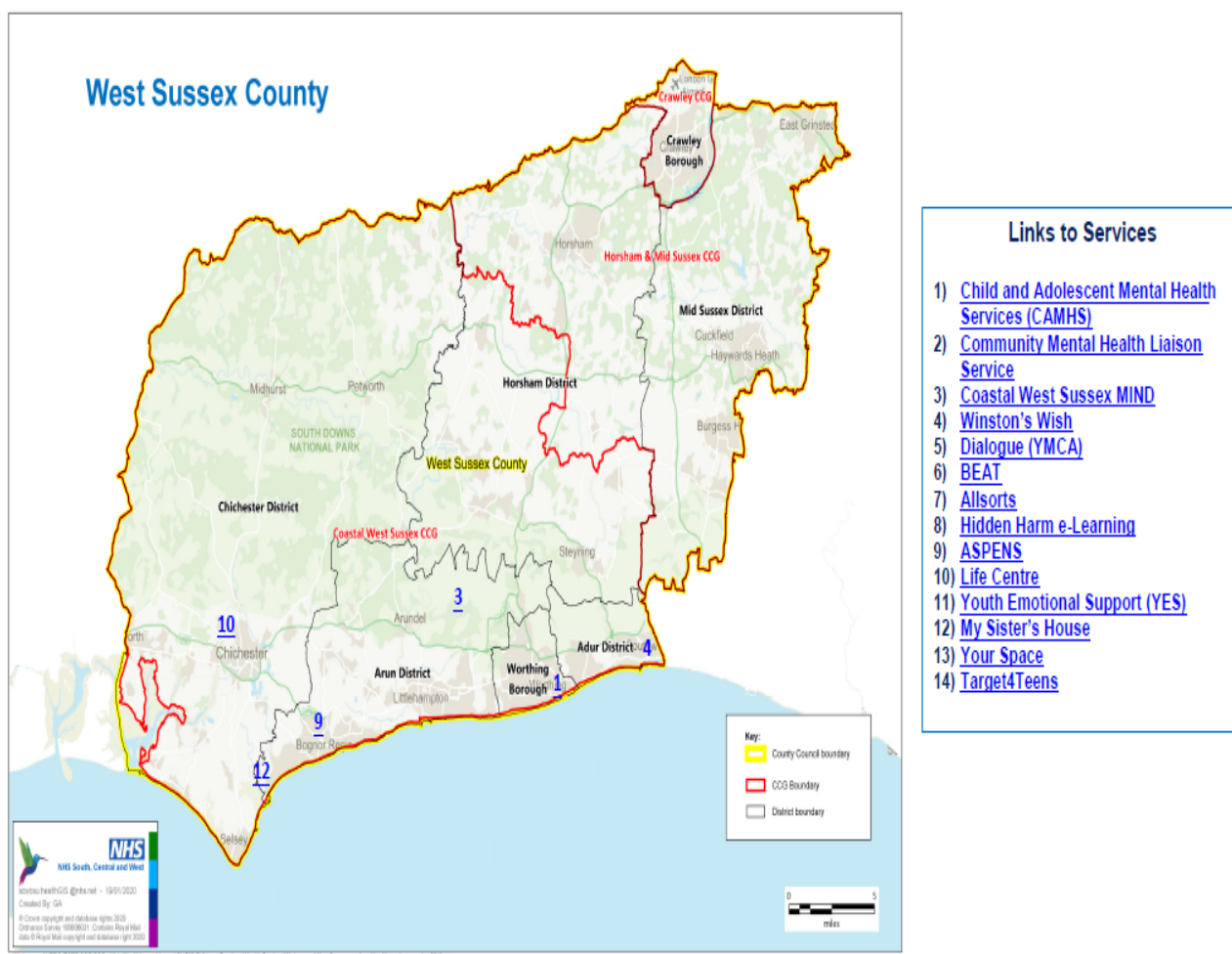
The Review Panel has mapped these services and organisations. The spread of provision, is set out here in maps detailing where those services are located.

**Map One: The Sussex landscape: CCG and Local Authority Boundaries**



In West Sussex (see Map Two), there are at least nine other providers of emotional health and wellbeing services in the CCG area not all of which are commissioned by the CCGs. This contributes to a complex pathway and sometimes confusing landscape of delivery.

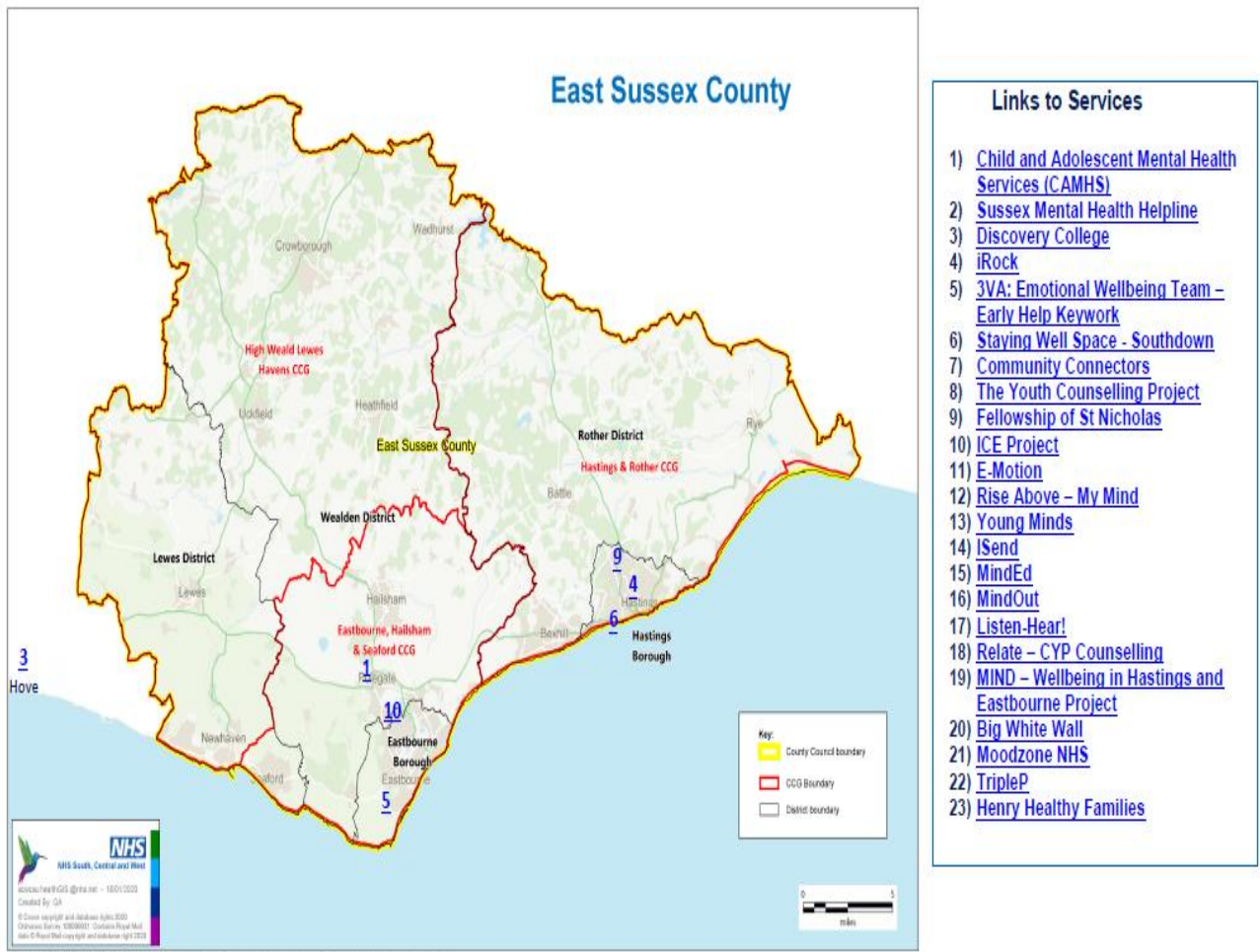
## Map Two: West Sussex map and list of services



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

In East Sussex (see Map Three), there are at least 10 other providers of emotional health and wellbeing services in the CCG area, not all of which are commissioned by the CCGs. This contributes to a complex pathway and sometimes confusing landscape of delivery.

## Map Three: East Sussex map and list of services



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

In Brighton and Hove (see Map Four), there are 11 providers delivering face-to-face interventions, not all of which are commissioned by Brighton and Hove CCG. This contributes to a complex pathway and a confusing landscape of delivery.



# Map Four: Brighton & Hove map and list of services



- Links to Services**
- 1) [Child and Adolescent Mental Health Services \(CAMHS\)](#)
  - 2) [Sussex Mental Health Helpline](#)
  - 3) [Brighton and Hove Wellbeing Service](#)
  - 4) [Schools Wellbeing Service \(Brighton and Hove Inclusion Support Service \(BHISS\)\)](#)
  - 5) [Chat Health](#)
  - 6) [Youth Advice Centre](#)
  - 7) [Young Persons Centre](#)
  - 8) [Allsorts Youth Project](#)
  - 9) [YMCA Right Here](#)
  - 10) [Amaze](#)
  - 11) [Parent and Carer Council \(PaCC\)](#)
  - 12) [Young Minds](#)
  - 13) [Safety Net](#)
  - 14) [Dialogue \(YMCA\)](#)
  - 15) [RU-OK \(Substance Misuse\)](#)

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

## Section Four

### Current performance and activity

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

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

To establish a baseline position against which to compare Sussex, national data in relation to children and young people's services was reviewed. The data provided has enabled the Review Panel to gain an overview of current performance across a range of key measures and these have informed the Review Panel's enquiries, findings and recommendations.

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

### Provision across Sussex

MHSDS data confirms 16 provider organisations within Sussex reporting data to the national data set. Provider organisations funded by the NHS are required to submit data to MHSDS. SPFT is the majority provider of specialist CYP (children and young people) MH (mental health) services to Sussex CCGs.

In addition to SPFT, several other local providers operate in Sussex, delivering targeted emotional wellbeing services. These services have the potential to increase access and choice for referrers, for children, young people and their families. Data does not flow to MHSDS from all provider organisations and creates issues in being able to provide a complete picture of data and information relating to all services in Sussex.



## Infographic One: Summary of key performance measures provided by NHSBN, 2019



### Referral rates

CAMHS is the fastest growing of all major specialties in healthcare. National data from NHSBN suggests a 97% increase in referral rates to CAMHS in the six years to 2018/19. SPFT is the single provider of commissioned specialist CAMHS in Sussex. A summary of SPFT's performance is shown in Infographic Two below.

Up until 2017/18, referral rates to SPFT specialist services had been consistently higher than national growth with numbers exceeding national averages by between 9% and 31%. In 2018/19, SPFT received 3,359 referrals per 100,000 population, a reduction compared to 3,422 referrals per 100,000 population in 2017/18. These 2018/19 referral rates were below national average levels. Referral rates in Sussex were consistently above national averages between 2014/15 and 2017/18. In 2018/19, national referral rates grew by 19% and SPFT referrals appeared close to national median average rates.

Across Sussex, 5,117 referrals were received by non-NHS providers, representing just under a third (31%) of total referral activity. 37% of referrals accepted across Sussex were within these services. We are unable to compare NHS and non-NHS activity across a number of years because of lack of information from the non-NHS sector. This is sometimes because services were not commissioned or required to provide that level of data or because those services were not commissioned three years ago.

## Acceptance rates for SPFT specialist mental health services

57% of referrals received by SPFT's specialist mental health services were accepted and brought for a face-to-face assessment. This is the lowest acceptance rate in the peer group, and below the national average position of 76%. There could be a range of reasons for this disparity including referral quality, waiting list management, diagnostic and risk threshold criteria, organisational resource and capacity management.

## Conversion rates

Conversion rate data measures the proportion of children and young people who came in for assessment and was then added to caseload for a period of treatment. The most recent conversion rate data for SPFT shows a position of 46%. The national conversion rate from assessment to treatment is 69%.

Using these figures, for every 100 children referred to SPFT, 57 will be assessed face to face, and 26 of those (46%) will then enter treatment. Although there have been recent improvements in access to treatment within SPFT, the drop off rate appears to be around three quarters from the initial point of referral. SPFT will be using resources in terms of staff time and cost, to manage these referrals for children and young people who ultimately do not enter treatment with them.

Reasons for non-conversion to caseload might include; patients who do not engage, did not attend (DNAs), failure to reach provider eligibility thresholds, signposting to alternative services, and provision of successful initial contact intervention.

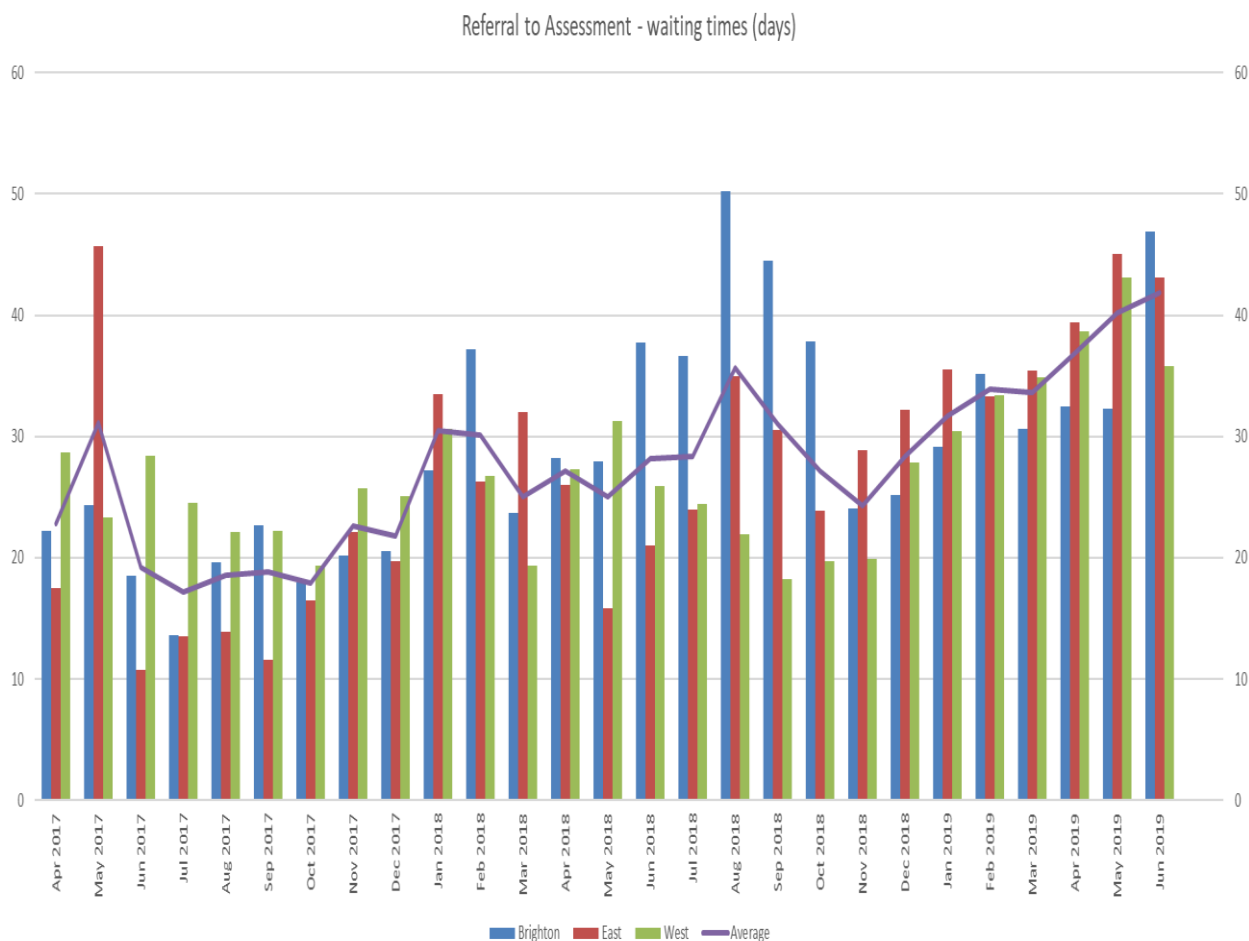
## Waiting times for SPFT specialist services

Data supplied by SPFT focused on average waiting times and these were broken down by area - Brighton, East Sussex and West Sussex. The data excludes any tier two activity and also the work of specialist teams such as those providing eating disorder services. The data provided was up to and including June 2019. The data could not be further analysed into time waited and urgency of referral. It is accepted that the mean average can be skewed by the inclusion of people waiting for the longest amount of time, however, the mean value is the one most typically used in reporting.

The specialist service operates a needs led model and will be responding to urgent and routine referrals on a daily basis. In 2018/19 the proportion of urgent referrals received by SPFT was 13% which is consistent with the national average rate. Graph Two below details the average waiting times across all three areas. This data is limited in that it does not represent the number of referrals against the average waiting times. This is a level of detail that will come from any demand, capacity and productivity work with the provider.

Waiting times are measured from initial referral to specialist mental health services to date of assessment, and are measured in days. The period reviewed for this report was April 2017 to June 2019. Although there is variation across teams on a monthly basis, the position, averaged across the three teams, demonstrates a variation of waiting times from a low of 17 days in July 2017 to 42 days by June 2019. The chart below describes this variation. The longest monthly waits reported by individual teams over this period were Brighton & Hove at 50 days (August 2018), East Sussex at 46 days (May 2017) and West Sussex at 43 days (May 2019).

**Graph Two: Waiting times referral to assessment, SPFT specialist services**



Details for each of the three areas for the same time period (April 2017 – June 2019) are given below.

## Brighton & Hove

In Brighton & Hove, the range in waiting times for first assessment ranged from 14 days to 50 days with a general upward trend evident in the data from November 2018 to June 2019, suggesting lengthening waiting times.

Subsequent waits for treatment also ranged from 14 days to 50 days with reductions in waiting times evident in recent months. As a general rule, months with longer waits for assessment were months with shorter waits for treatment, which may reflect prioritisation of the pathway or differing demand at different points in the year.

## East Sussex

In East Sussex data suggests that initially, waits from assessment to treatment represented the longest part of the pathway. However in the 12 months from July 2018 to June 2019, this has reversed, with longer waits from referral to assessment, but quicker access to treatment following assessment for those children who are added to caseload. There is a general upward trend evident in the data from November 2018 to June 2019, suggesting lengthening waiting times.

Best access for referral to assessment was in June 2017 - 11 days on average and for assessment to treatment in May 2019 - 14 days on average. Longest waits for both referral to assessment and assessment to treatment was 46 days.

## West Sussex

In West Sussex, wait from referral to assessment increased in February to June 2019 whilst wait from assessment to treatment reduced for the same period.

Longest waits were 43 days for referral to assessment in May 2019 and 46 days assessment to treatment in February 2018.

Overall, against a 12 week referral to treatment (RTT) measure, achievement was high, placing SPFT in the best performing quartile nationally.

## Waiting times for other services

Waiting list information was not available from all providers. However, the table below displays the information that was available and highlights the extent to which waiting lists were evident in these services on 31<sup>st</sup> March 2019. The Brighton & Hove Children and Young People's (CYPs) Wellbeing Service reported the longest waiting lists, as a result of the waiting lists inherited when the service was first commissioned. This service supports children and young

people in a tier two setting, i.e. those who do not meet the threshold for Sussex Partnership NHS Foundation Trust specialist services.

**Table Eleven: Waiting times for non-NHS services at 31 March 2019 (days)**

	Awaiting assessment	Awaiting treatment
Lifecentre (West Sussex)	30	Not known
MIND Be OK (Coastal West Sussex)	2	Not known
Sussex Oakleaf Be OK (West Sussex)	4	8
YES	Not known	Not known
Brighton & Hove children and young people Wellbeing Service	226	90
i-ROCK	0	0
<b>Total (non NHS)</b>	<b>262</b>	<b>98</b>

In Brighton & Hove, the Wellbeing Service is the main provider of targeted mental health services for children and young people. The waiting time for first assessment is 79.2 days; the waiting time for treatment is 85.6 days. This service demonstrates waiting times that are longer than those of statutory services. The conversion rate (referrals received that are accepted and brought to face-to-face assessment) is 45.1%, lower than that of specialist SPFT services locally and lower than the national average of 76%. This is in part due to the service inheriting a waiting list when it was commissioned and could also be because of the challenges identified by NHSE Intensive Support Team (IST), when they reviewed the service in December 2018, in terms of waiting list management and a clear diagnostic pathway.

In East Sussex, i-Rock is a partnership service delivered by SPFT and the local authority. i-Rock has no waiting time for assessment or treatment. Its conversion rate (referrals received that are accepted and brought to face-to-face assessment) is 100%.

In West Sussex, Youth Emotional Support (YES), a service commissioned by the NHS, has no data related to waiting times for assessment but for treatment the waiting time is 88 days. The conversion rate (referrals received that are accepted and brought to face-to-face assessment) is 100%. Waiting times for treatment at YES are longer than those for specialist services.

One of the specific areas the review was focussed on was the waiting times for assessments for ADHD (Attention Deficit Hyperactivity Disorder) and ASC (Autistic Spectrum Conditions). We were able to source waiting list information from SPFT i.e. the number of people waiting, but were not able to ascertain waiting times from either SPFT or from East Sussex Healthcare NHS Trust (ESHT). Sussex Community NHS Foundation Trust (SCFT) was able to provide

waiting time information. This is a worrying lack of information that is addressed by the recommendations from this review.

In relation to neurodevelopmental disorders, children and young people wait for a very long time, up to two years, for an assessment of their needs. They wait longer for an assessment of their emotional health and wellbeing than those children and young people who do not have neurodevelopmental needs and often experience a challenging journey through the system.

Providers told us that in 2019/20, they have seen an increase in the numbers of referrals of children and young people for an assessment of their neurodevelopmental needs, of up to 40% more than in 2018/19.

### **Activity (caseloads)**

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

The lower caseloads seen in SPFT's services are also demonstrated in neighbouring Hampshire and Surrey. The peer group average position is 1,787 per 100,000 population, i.e. higher than the SPFT position but below national average levels. The Sussex position may be influenced by the extent of provision commissioned outside the statutory sector.

### **Activity (contacts)**

Nationally, an average of 24,622 contacts was delivered per 100,000 population (age 0-18) in 2018/19. SPFT's average number of all contacts is 20,168 per 100,000 population, which is 18% below national averages.

A total of 89,855 CYP MH contacts were delivered across Sussex in 2018/19. SPFT's specialist services provided approximately 75% of these contacts with providers from other sectors delivering the remainder. This position is incomplete as data is not available for all providers.

Within SPFT, there is an indicative contact rate of 17 contacts per patient per year, which is above the national average of 14. This suggests the lower levels of contacts described above, are a reflection of the lower caseloads reported earlier, and that the intensity of input for a child who is on the caseload in SPFT is higher than for those on caseloads elsewhere nationally.



## Workforce (community)

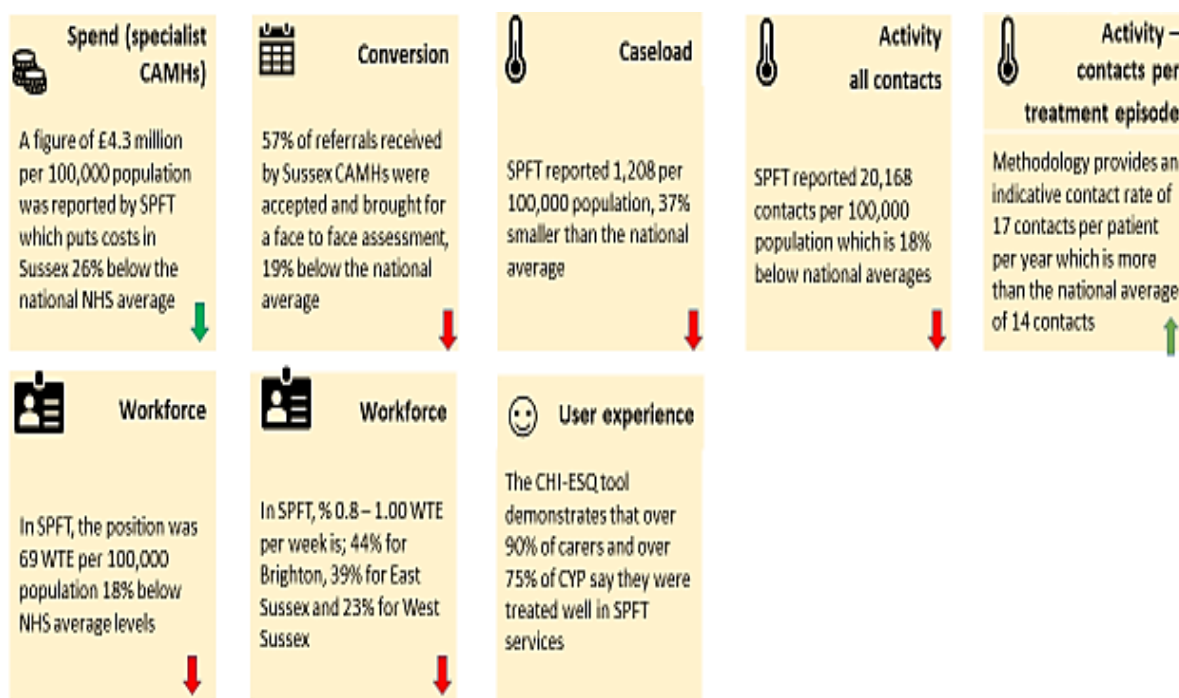
Across England, 2018/19 saw the sixth consecutive year of growth in the size of the specialist services workforce. The average position was 84 WTE (whole time equivalent) specialist community services (CAMHS) staff per 100,000 population (age 0-18).

In SPFT, the position was 69 WTE per 100,000 population (18% below NHS average levels).

Nationally, 60% of the CAMHS workforce work 0.8-1 WTE per week, but this rate is lower across the three Sussex teams, at 44% for Brighton, 39% for East Sussex and 23% for West Sussex. This suggests a more part-time workforce. This may in part be driven by a desire among the workforce, some of which migrates from London for work/life balance reasons, to work part time. Often the financial resources that are made available, sometimes on a short-term basis, can mean that only part-time staff can be recruited. This does not appear to affect the clinical interventions delivered, or their quality.

Infographic Two below summarises the SPFT position described above in relation to the national average position.

### Infographic Two: Summary of SPFT specialist services information (arrows denote position in relation to national picture)



## Self-harm in children and young people

The Public Health England Fingertips resource provides an overview of the position in relation to self-harm resulting in hospital admission and death by suicide among children and young people. We reviewed the most recent data available covering the period 2017-18.

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

**Graph Three: hospital admissions as a result of self-harm, age group 10 – 24 years, per 100,000 population (2017/18).**

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	41,218	421.2	417.1	425.3
South East region	-	-	7,394	467.6	457.0	478.4
Hampshire	-	-	1,299	591.8	559.9	625.0
Portsmouth	-	-	275	570.6	503.3	644.1
Southampton	-	-	329	555.6	494.2	622.2
Brighton and Hove	-	-	355	548.6	490.8	611.2
Bracknell Forest	-	-	110	537.3	440.8	648.4
West Sussex	-	-	685	535.9	496.3	577.9
West Berkshire	-	-	137	529.3	443.0	627.3
East Sussex	-	-	450	527.4	479.6	578.8
Reading	-	-	171	517.7	442.1	602.5
Wokingham	-	-	132	483.9	403.7	575.2
Surrey	-	-	943	467.6	438.1	498.5
Isle of Wight	-	-	96	453.3	366.9	553.9
Medway	-	-	226	442.0	386.2	503.5
Windsor and Maidenhead	-	-	102	439.0	355.6	535.7
Oxfordshire	-	-	558	435.4	400.0	473.2
Slough	-	-	109	433.5	355.5	523.4
Milton Keynes	-	-	164	386.2	328.9	450.5
Buckinghamshire	-	-	327	375.9	335.9	419.4
Kent	-	-	926	343.2	321.4	366.1

Graphs Four and Five show hospital admissions as a result of self-harm for the age ranges 10 -14 years and for 15 – 19 years.



**Graph Four: hospital admissions as a result of self-harm, age group 10 – 14 years, per 100,000 population.**

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	6,662	210.4	205.4	215.5
South East region	↑	-	1,059	200.4	188.5	212.8
Portsmouth	→	-	37	320.1	225.4	441.3
East Sussex	↑	-	89	298.8	240.0	367.7
Southampton	↑	-	35	285.4	198.8	397.0
Surrey	↑	-	189	266.8	230.1	307.7
Oxfordshire	↑	-	102	260.9	212.7	316.7
Brighton and Hove	→	-	32	231.7	158.5	327.1
Medway	→	-	39	230.6	163.9	315.2
Hampshire	↑	-	170	217.5	186.0	252.8
West Sussex	↑	-	97	205.6	166.7	250.8
Reading	→	-	18	201.6	119.4	318.6
Bracknell Forest	→	-	15	200.4	112.1	330.6
Isle of Wight	→	-	14	197.6	108.0	331.6
Windsor and Maidenhead	→	-	16	164.0	93.7	266.3
West Berkshire	→	-	16	159.9	91.3	259.6
Buckinghamshire	↑	-	52	152.2	113.6	199.5
Wokingham	→	-	15	139.0	77.7	229.2
Kent	→	-	104	112.7	92.1	136.6
Milton Keynes	→	-	13	73.8	39.2	126.2
Slough	→	-	6	55.3	20.3	120.4

In the 10 – 14 age range, self-harm admissions for both Brighton & Hove and East Sussex are higher than the region and England average. West Sussex is lower than the England average but higher than the region average. Both East

and West Sussex show an increasing trend with Brighton & Hove showing a stable position.

**Graph Five: hospital admissions as a result of self-harm, age group 15 – 19 years, per 100,000 population.**

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	20,240	648.6	639.7	657.6
South East region	↑	-	3,821	738.0	714.8	761.8
Southampton	↑	-	171	1,038.3	888.5	1,206.1
Portsmouth	↑	-	144	1,026.0	865.3	1,207.9
Hampshire	↑	-	699	927.4	859.9	998.7
Brighton and Hove	↑	-	163	926.8	790.0	1,080.5
West Berkshire	↑	-	79	840.5	665.4	1,047.5
Reading	↑	-	79	829.8	657.0	1,034.2
Wokingham	↑	-	80	823.9	653.3	1,025.4
Medway	↑	-	134	806.4	675.6	955.1
Bracknell Forest	↑	-	58	803.0	609.7	1,038.1
West Sussex	↑	-	351	795.2	714.2	882.9
East Sussex	↑	-	228	774.5	677.2	881.8
Slough	↑	-	65	760.3	586.8	969.1
Isle of Wight	→	-	53	731.9	548.2	957.4
Oxfordshire	↑	-	287	713.1	633.0	800.5
Surrey	↑	-	464	685.1	624.2	750.4
Milton Keynes	→	-	93	632.5	510.5	774.9
Windsor and Maidenhead	→	-	51	571.5	425.5	751.4
Buckinghamshire	↑	-	162	529.3	450.9	617.3
Kent	→	-	460	509.8	464.3	558.6

In the 15 – 19 age groups, all areas in Sussex are higher than the South East region and England average with an increasing trend.

## Suicide in children and young people

The Office for National Statistics (ONS) definition of suicide includes all deaths from intentional self-harm for persons aged 10 and over, and deaths where the intent was undetermined for those aged 15 and over. Graph Six shows information derived from the Public Health England Fingertips resource, which gives information for the age range 10 – 34 years.

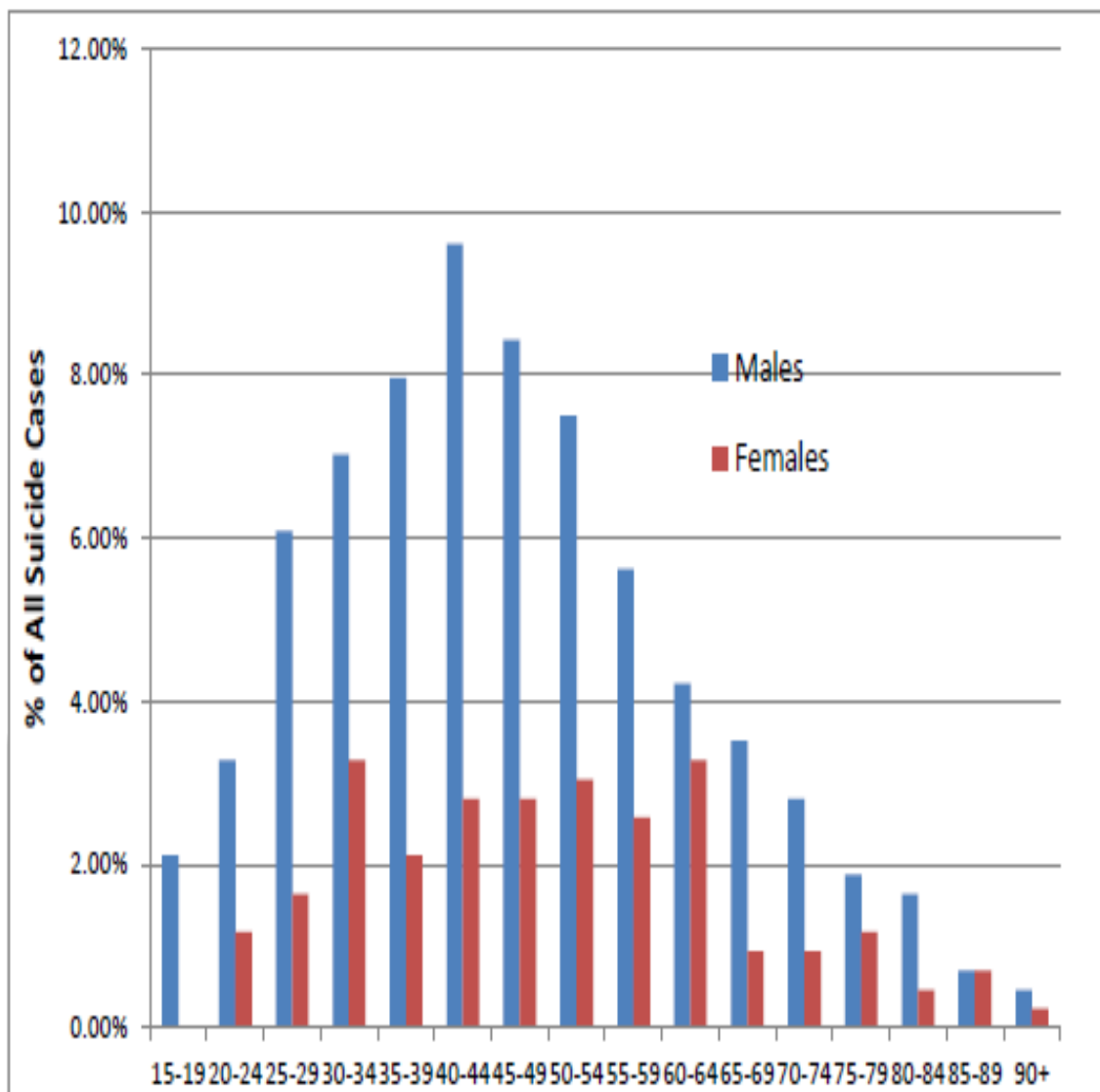
**Graph Six: Suicide crude rate 10-34 years, per 100,000 five-year average (2013 - 2017)**

Area	Recent Trend	Neighbour Rank	Count	Value		95% Lower CI	95% Upper CI
England	-	-	4,595	10.5		10.2	10.8
South East region	-	-	730	10.8*		-	-
Slough	-	-	19	14.9		8.9	23.2
Milton Keynes	-	-	30	14.3		9.6	20.4
East Sussex	-	-	47	13.2		9.7	17.6
Portsmouth	-	-	28	12.9		8.6	18.7
West Sussex	-	-	70	12.4		9.7	15.7
Brighton and Hove	-	-	33	11.8		8.1	16.6
Kent	-	-	131	11.5		9.6	13.7
Hampshire	-	-	110	11.5		9.5	13.9
Windsor and Maidenhead	-	-	11	10.1		5.1	18.2
Isle of Wight	-	-	9	10.0		4.6	18.9
Oxfordshire	-	-	55	9.8		7.4	12.7
Southampton	-	-	26	9.8		6.4	14.3
Medway	-	-	22	9.6		6.0	14.5
Surrey	-	-	73	8.7		6.8	11.0
Bracknell Forest	-	-	8	8.5		3.7	16.8
Reading	-	-	13	8.5		4.5	14.5
Buckinghamshire	-	-	29	7.8		5.2	11.2
West Berkshire	-	-	8	7.1		3.1	14.1
Wokingham	-	-	8	7.1		3.1	14.0

All areas in Sussex show rates of death by suicide that are higher than the South East region and the England average. Local Transformation Plans (LTPs) and suicide prevention strategies and plans for all areas have been reviewed and information for each area is detailed below.

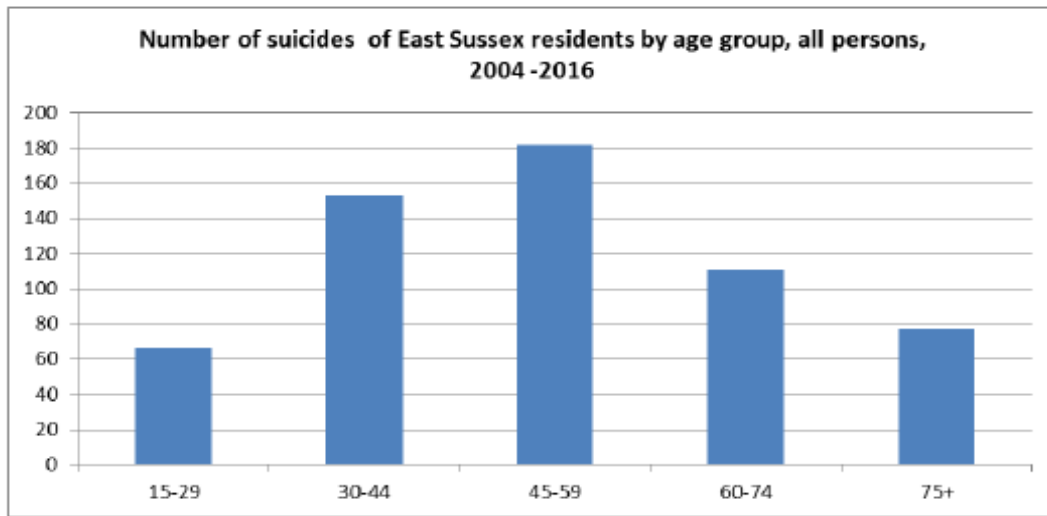
In Brighton & Hove, the LTP does not directly comment on suicide but refers the reader to, The Brighton & Hove Suicide Prevention Strategy: And Action Plan January 2019 - December 2021(December 2018) which provides the numbers set out in Graph Seven.

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



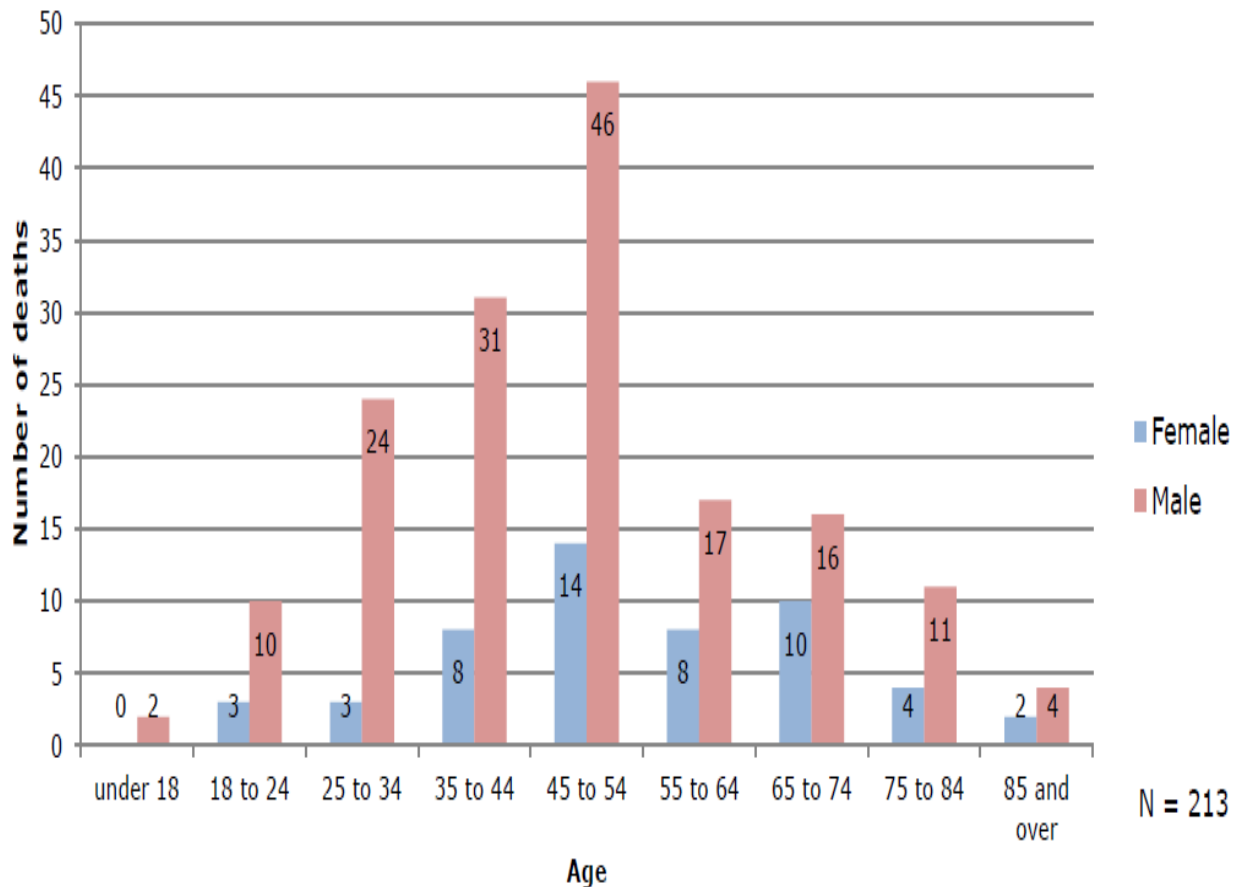
In East Sussex, the LTP has this to say about suicide, 'Suicide in under 18's is rare, although the East Sussex Child Death Overview Panel Chair has flagged an increase in recent years' and the suicide audit provides the numbers shown in Graph Eight:

**Graph Eight: East Sussex - numbers of suicides of East Sussex residents by age group 2004 – 2016**



In West Sussex, the LTP details that, during a three-year period (2013-15) there were less than five deaths recorded among under-18's and 15 deaths in under-25's (7.0% of total). Graph Nine shows the number of deaths by suicide by age and gender drawn from the West Sussex Suicide Prevention Strategy (West Sussex Suicide Prevention Strategy, 2017-2020).

**Graph Nine: West Sussex - Number of deaths by age and gender 2013-15**



In 2015-17, there were 547 deaths by suicide across the Sustainability and Transformation Partnership (STP) area giving an age-standardised<sup>31</sup> rate of 11.1 per 100,000 population compared to 9.5 for England. Therefore, this figure and those below, is for all ages.

At CCG level, suicide rates in Brighton & Hove are significantly higher than England; rates in Eastbourne, Hailsham & Seaford and Hastings and Rother are the next highest.

By district/borough/unitary authority areas the rates in Eastbourne, Brighton & Hove and Hastings and Rother are significantly higher than for England.

The ability to compare by age range and gender within age range across Sussex is limited because each area suicide audit has collected information in a slightly different way. To compare parts of Sussex with England would require comparison of the respective rates in the adolescent population in the period quoted. At a Sussex-wide level the numbers of adolescent suicides are small (even using three years of data) and can give unreliable estimates of rates. We cannot draw any direct or sound conclusions on that basis.

## School nursing

100% of referrals to school nurses were seen within 28 days, while also reporting some of the highest ratios of children to WTE school nurses nationally at over 2,500 children per WTE School Nurse.

## Use of Mental Health Act assessment (MHAA)

In 2018, across England, there was an average of 35 Mental Health Act assessments per 100,000 population (age 0-18). The figure in East Sussex was 60, suggesting greater demand for assessments for young people in this area. Data for West Sussex and Brighton & Hove was not available. There may be several reasons for these apparently high rates of Mental Health Act assessment but it was not in the scope of this review to examine those directly. The issue of data is addressed in our wider recommendations.

## Prevalence in schools

The estimated prevalence of social, emotional and mental health needs in school pupils from 2018 shows both the England average and the South East regional average as 2.4% of pupils reporting specific needs. This data, split by Council areas, shows Brighton & Hove, East Sussex and West Sussex all to be

---

<sup>31</sup> In epidemiology and demography, age adjustment, also called age standardisation, is a technique used to allow populations to be compared when the age profiles of the populations are quite different.

marginally above the regional and national averages. Needs are highest in Brighton & Hove (3%) with East Sussex and West Sussex both reporting 2.5%.

## **Special Educational Needs and Disabilities (SEND)**

In West Sussex, approximately 20,000 children and young people with SEND receive support in an early years setting, school or college, with over 4,000 of these having a Statement of Special Educational Needs or an Education, Health and Care Plan (EHCP).<sup>32</sup>In East Sussex, the proportion of children and young people with Maintained Statements and Education, Health and Care Plans has risen from 1.6% in 2011 to 2.2% in 2018.<sup>33</sup> In Brighton & Hove, in January 2018 5,432 children and young people had identified Special Educational Needs (SEN), which is 16.8% of the school population.<sup>34</sup>

---

<sup>32</sup> West Sussex SEND strategy 2016-19

<sup>33</sup> East Sussex SEND strategy 2019-21

<sup>34</sup> Brighton & Hove SEND Guide for Professionals

## Section Five

### Finance

One of the challenges for the Review Panel was to obtain a definitive picture of the amount of investment in children and young people's emotional health and wellbeing services in Sussex. Gathering this information and its analysis was intended to facilitate a clearer understanding of the financial commitments made by the CCGs and local authorities in Sussex, and the financial resources for Sussex Partnership NHS Foundation Trust. The Review Panel wanted to know:

- How much was invested on universal, targeted and specialist emotional health and mental health services as a proportion of all spend on children's and young people's services.
- How much was invested in universal, targeted and specialist emotional health and mental health services separately.

Universal services are those such as schools, health visitors and children's centres. Targeted services are those for children and families beginning to experience, or at risk of difficulties, for example school counselling, parenting programmes and support for teenage parents. Specialist services are those relating to children and young people's mental health, for example CAMHS.

In presenting this information, there are some caveats to be borne in mind and these are described with each area covered. Although the Review Panel Project Team requested financial data using a bespoke set of tables for completion, local organisations, including the local authorities were largely unable to supply the information in the format requested. This is likely to be because at source, the level of data and detail may not exist and as a result, it is hard to make reliable comparisons.

There is a lack of published national local authority data on children's services in relation to emotional health and wellbeing and benchmarking is therefore not available. However, there is some data on local authority provided children's services that is presented by the Department for Education.

Table Twelve provides an overview of local authority expenditure on children's services across the South East region and the total for England as a whole.



**Table Twelve: Local Authority Expenditure on Children's Services Net expenditure on children and young people's services by local authority 2017-18**

LA Code	Children's and young people's services £000s	Pupil / Population Count	Spend per Capita (£)
<b>ENGLAND</b>	<b>8,632,612</b>	<b>11,962,245</b>	<b>722</b>
<b>SOUTH EAST</b>	<b>1,263,139</b>	<b>1,961,422</b>	<b>644</b>
867 Bracknell Forest	20,561	28,646	718
846 Brighton and Hove	57,335	51,571	1,112
825 Buckinghamshire	74,348	124,931	595
845 East Sussex	61,887	107,320	577
850 Hampshire	153,415	284,317	540
921 Isle of Wight	21,010	25,036	839
886 Kent	187,937	337,996	556
887 Medway	64,508	64,694	997
826 Milton Keynes	41,905	69,050	607
931 Oxfordshire	82,766	144,061	575
851 Portsmouth	36,131	44,695	808
870 Reading	39,225	37,513	1,046
871 Slough	29,744	42,542	699
852 Southampton	44,972	51,114	880
936 Surrey	179,461	263,131	682
869 West Berkshire	22,485	36,093	623
938 West Sussex	109,855	174,893	628
868 Windsor and Maidenhead	18,547	34,706	534
872 Wokingham	17,047	39,113	436

Source: Department for Education, Section 251 Outturn survey 2017/18 (included in NHSBN report).

The numbers indicate that Brighton & Hove are spending more than the England average and East Sussex and West Sussex are both spending less.

## Brighton & Hove Local Authority financial data

For Brighton & Hove local authority, some information was provided for 2019/20 against the universal, targeted and specialist headings. No information was supplied which described the proportion of spend and 2020/21 provisional information was not available to be included in the return.

The total investment recorded was £6,294,000. Of this amount, just under £2.5 million was focused on those aged 0-11, £3,755,000 on those aged 12-18 and £125,000 on those in transition to adulthood aged 16-18.

In Brighton & Hove, the allocation of resource was as follows:

- £4,925,000 was invested in universal services, with just under £2 million that focussed on those aged 0-11 and just over £3 million on those aged 12-18. No investment was allocated in relation to those aged 16-18 and in transition to adulthood.

- In relation to targeted services, the total investment was £884,000. £364,000 was focused on those aged 0-11 and £520,000 of those aged 12-18. Again, there was no allocation for those aged 16-18 and in transition to adulthood.
- For specialist services focused on children and young people's mental health, those total invested was £485,000. This was split £180,000 for both those aged 0-11 and 12-18. For those in transition to adulthood aged 16-18, £125,000 was allocated.

## **East Sussex Local Authority financial data**

For East Sussex, some information was provided for 2019/20 against the universal, targeted and specialist headings. No information was supplied which described proportion of spend and 2020/21 provisional information was not available to be included.

The total investment made by East Sussex was £48,003m.

In East Sussex, the split of the resource was as follows:

- For universal services, the total investment was £722,000 with a split of £419,000 on those aged 0-11 and £303,000 on those aged 12-18. There was no allocation for those in transition to adulthood aged 16-18.
- For targeted services, the total investment was £46,055m with a split of £26,685 for those aged 0-11, and £19,370 for those aged 12-18 of which £3,839 was for those in transition to adulthood aged 16-18.
- For specialist services focused on children and young people's mental health £1,226,000 was allocated with a split of £60,000 for those aged 0-11 and £1,166,000 for those aged 12-18. No allocation was made for those in transition to adulthood aged 16-18.

## **West Sussex Local Authority financial data**

In West Sussex, there is an aligned budget between the county council and the CCGs and this is used in a combined way to create the investment profile. So, both NHS and local authority investment information is shown here. The information provided by West Sussex was not in the same format or split as for Brighton & Hove and East Sussex.

The total investment made by West Sussex was £10,226,561.

In West Sussex, the split of the resource was as follows:

- For universal services, the total investment was £1.3 million for those aged 0-11. This included £1.2 million for Healthy Child Programme nurses and £100,000 for therapeutic interventions in early help. No allocation was reported for those in transition to adulthood aged 16-18.
- For targeted services, the total investment was £589,061. No allocation was reported for those in transition to adulthood aged 16-18.
- For specialist services focused on children and young people's mental health, £8,337,500 was allocated. No allocation was reported for those in transition to adulthood aged 16-18.

## Clinical Commissioning Group investment

NHS Benchmarking Network reviewed the reported CCG baseline funding for mental health for each of the Sussex CCGs.

The average CCG devolved spend per capita – all ages - on mental health and learning disability services was £180 in 2018/19. The average across all Sussex CCGs was £163 (range £135 - £219). Therefore, the average all age investment across Sussex was 9% lower than the England national average.

Across England, CCGs spent 13.6% of their total devolved annual budgets on mental health and learning disability services – again this is all ages. In Sussex CCGs, the average was 11.9%, with a range from 9% to 19%. The data for Sussex confirms lower levels of both absolute and proportionate expenditure on mental health and learning disability services than overall England average levels. The position at CCG level is particularly pronounced with Brighton & Hove CCG the only one of the seven CCGs investing at above average levels for all age mental health services.

The position in relation to investment in specialist services (CAMHS) per child was only available for the 2016/17 financial year. This again showed variation in the amounts being spent, ranging from £45 per child (under 18) to £11 per child. The average across the Sussex CCGs was £30.

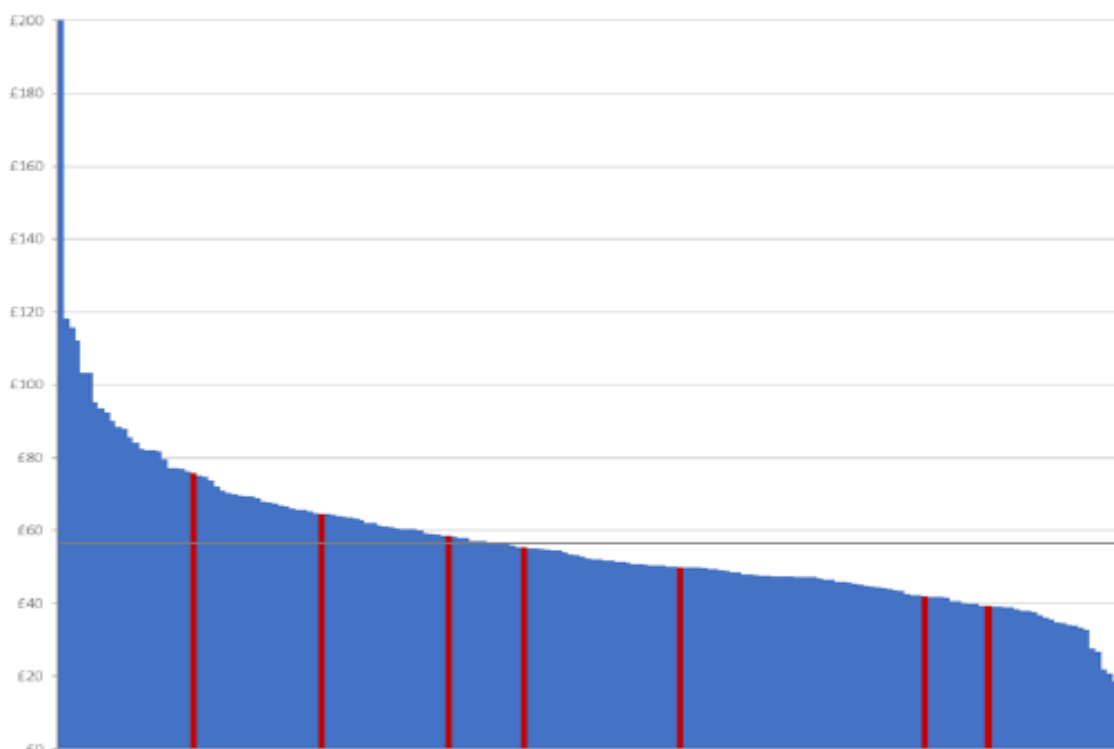
In England, average CCG spend per capita on children and young people's mental health (excluding learning disabilities and eating disorders) was £57 per capita (0-18) in 2018/19. The average across all Sussex CCGs was £55, however there was local variation ranging from £39 to £76 per capita.

Per capita spending on children and young people's mental health services by Sussex CCGs is marginally below national average levels; however, there is variation evident across the seven Sussex CCGs. Table Thirteen below details spend per CCG and Graph Ten shows the CCGs' position in relation to the national position.

**Table Thirteen: CCG investment on children and young people’s mental health services 2018/19<sup>35</sup>, excluding learning disabilities and eating disorders**

CCG	GP registered population 0-18 years	Total spend (£s) 0-18 years	Total spend per head (£s) 0-18 years
Brighton & Hove	55,278	4,184,000	75.69
Coastal West Sussex	92,942	5,425,080	58.37
Crawley	29,634	1,242,346	41.92
Eastbourne, Hailsham and Seaford	35,889	1,983,511	55.27
Hastings & Rother	34,653	1,724,714	49.77
High Weald, Lewes Havens	33,187	2,141,000	64.51
Horsham & Mid Sussex	50,257	1,974,882	39.30

**Graph Ten: CCG spend per capita 0-18 years on children and young people’s mental health services, excluding learning disabilities and eating disorders 2018/19**



<sup>35</sup> Five Year Forward View Dashboard 2018/19

## Breakdown of key finance and performance data by CCG area

### Brighton & Hove CCG

Brighton & Hove CCG spend per capita on children and young people's mental health is £76. This is £19 per capita more than the national average. The prevalence of mental health within the age group 5-16 is 8.5%. Brighton & Hove therefore has a lower prevalence level than the national average but invests more per capita.

### East Sussex CCGs

Between the three CCGs in East Sussex the spend per capita on children and young people's mental health varies from £50 in Hastings and Rother, £55 in Eastbourne, Hailsham and Seaford to £65 in High Weald Lewes Havens. The prevalence rate is broadly similar across the three CCGs, with High Weald Lewes Haven at 8%, Hastings and Rother at 9.3% and Eastbourne, Hailsham and Seaford at 9%.

High Weald Lewes Havens invests £8 more per capita than the national average despite having one of the lowest prevalence rates in Sussex. Hastings & Rother and Eastbourne, Hailsham & Seaford invest less per capita (£7 and £2 respectively) with Hastings & Rother having a higher prevalence rate.

### West Sussex CCGs

Between the three CCGs in West Sussex the spend per capita on children and young people's mental health varies between £58 in Coastal West Sussex, £42 in Crawley and £39 in Horsham & Mid Sussex. The prevalence rate varies with Coastal West Sussex at 8.5%, Crawley at 9% and Horsham and Mid Sussex at 7.8%.

Crawley invests £15 less per capita despite having national levels of prevalence. Horsham & Mid Sussex invests the least of all CCGs per capita at £18 less than the national average. It is noted that Horsham and Mid Sussex also has the lowest rates of prevalence.

## Section Six

### What we heard

The Review Panel received a significant amount of information, views and opinions during the engagement process. The process used a mixture of methods, which included five Open Space listening events, three focus groups, service visits, and attendance at a variety of local community events. This face-to-face engagement was supported by the responses to the five online surveys and individual responses that were sent in to the Review Panel.

Overall, during the four-month engagement period we heard from over 1,500 people. Of the 1,500, over 700 people responded to the online survey for children, young people, families and health and social staff and 1 in 4 local GPs responded to the specific survey created for them.

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

All of the comments, feedback and responses received through the engagement period have been analysed, synthesised and summarised to inform the report findings and recommendations. We heard and read a range of very important messages. The most consistently cited issues are set out in this section.

In these sections we have described; what people told us about their experiences of accessing services; what staff told us about delivering services locally; and the challenges faced by commissioners and managers in Sussex.

In previous sections, we have described the range of objective and quantitative data we analysed; this section focuses on experiential and qualitative information. It is important to understand that one position may not necessarily support the other, so for example, when we describe waiting times, without exception, the experience is that children and young people wait for a long time and that services describe increasing difficulty in managing waiting times. However, the data taken from the MHSDS (Mental Health Service Data Set) describes a picture of reducing waiting times and waiting times that are within local and national targets.

## Access

Access to services was a consistent and strong theme throughout the review and it featured the most prominently in responses from all those with whom the review engaged. We heard of a number of examples where parents had paid for private support due to these challenges of access to local services.

They told us that:

**It is not always easy to access services in Sussex because there is a confusing landscape, people are not sure what services can offer, and people don't know where to find help and criteria is unclear or inconsistent.**

There is always a wait to access services and sometimes the waiting time can last many months. The view of many is that waiting times are an issue that is defined by resources and growing demand. A consistent message from those who responded was that if resources are not likely to increase, then it is important to focus on how services can become more efficient with the resources they have.

It is not easy to contact services, particularly specialist services, by phone or email and there are many occasions when there is no response to enquiries. We were told that getting a phone response is especially problematic.

Some GPs reported feeling reluctant to refer to specialist services due to long waiting times. We also heard that there are GPs who do not know how to refer to specialist services or other services.

We heard that particular groups of children and young people appear to be more affected by accessibility issues. This was especially the case for those who have an ASC (Autism Spectrum Condition). We heard that these services are not currently adequate and that there was a lack of post-diagnostic support in Sussex, which impacts on the accessibility of support. We found that there is a waiting time for access to neuro-developmental assessment services but we did not find evidence that children with neuro-developmental needs wait longer for an assessment of their emotional health or mental health from targeted or specialist mental health services. It is important to understand where children and young people are waiting and what they are waiting for.

### The obstacles to access

Although many people who engaged with the review felt that waiting lists and waiting times were in and of themselves an obstacle to access, they also cited a number of other factors.

For example, knowledge of the services available is not widespread and this applies not only to children, young people and their families, but also to professionals. There was a perception among some that certain services were easier to access than others, but that the directory or map of services is not clear, not current or up to date or widely publicised.

Although there was some recognition that there are a variety of different services on offer, we heard that people observed a clear gap in services for young people who are presenting with what they experience as significant mental health difficulties but who do not appear to meet the threshold for specialist services. The reported experience of many young people was that they end up being re-referred to services multiple times for ongoing support, even though these services are not commissioned to provide that support. We heard that families are informed of long wait times, but not then offered any support in the interim.

It was reported that children and young people living in rural areas experience particular difficulty accessing services as a result of where they live. These difficulties include; inflexibility of services in location and opening times, lack of transport with some children and young people having to rely on family members to escort them and isolation of some communities. For example, the visit to the armed service personnel on Thorney Island demonstrated their isolation from services and support.

A lack of resources was regularly reported as being a significant obstacle to improving access, with many of those who engaged with the review sympathetic to the financial challenges that services face, but less sympathetic to resources not being prioritised for children and young people.

Parents in particular expressed difficulty in accessing emotional health and wellbeing support for their children and felt this needed to be addressed, and in addition more up to date information about what is available was important to them in being able to seek the right help and support.

## Equity of access

Those who took part in the engagement process reported that there was a sense of inequity of provision across Sussex. This issue was especially marked in relation to neuro-developmental services and access to them, but also related to other forms of service and support. There was a perception that children and young people who had neuro-developmental issues waited longer for emotional health and wellbeing interventions and support. The section above on access describes what we found in relation to this.

Where services are located, was reported as being difficult for some children and young people and this was seen as particularly problematic where community



services are limited by their location. This can often be the case for those children and young people living on a geographical border between particular parts of Sussex. This was described as being of concern as where you live should not determine the level of service you receive or the access to it.

People told us that they were concerned about populations and groups who might be hidden from view e.g. those young people who were school refusers, those who were educated at home or who were absent from school.

Some parents and families told us that they felt they had to resort to paying privately for care and support in order to receive a service more quickly than local services could provide.

## **What could be done to improve access?**

Those who took part in the engagement process offered their ideas about what could be done to improve access. The responses covered a range of options and included:

- Bringing referrals together in one place
- Reducing waiting times
- Asking young people what they want
- Collaborating - professionals should work together more and share information between them
- Improving communication between services, particularly specialist services and referrers
- Promoting and publicising - more up to date and widely available information about what is available and where is needed
- Providing interim support while waiting for more specialist services
- Delivering practical support and advice for parents and carers
- Supporting teachers and schools to deliver a range of responses.

## **What worked well?**

Many people told us that once they were receiving services that they were very pleased and that they experienced teams and individuals as being highly competent, experienced and qualified.

## **Capacity**

The capacity or amount of time and resource, of services to respond to the level of demand for their help was a concern for many people who took part in the engagement process.

## Staffing/workforce

Those who took part in the engagement process told us that a lack of staff was, in their view, a significant contributory factor in not being able to support as many children and young people as were asking for help. Some reported that it appeared that staff working in local services were overworked and very stretched.

There was a perception that demand was high and that this was contributing to the high workload that some of those responded had observed or experienced. This experience does not match with the reduction in referrals to specialist services for example. Staff in emotional health and mental health services described being overwhelmed by the amount of referrals and numbers of people they had on caseload.

We heard the view that reductions in funding can mean cuts to workforce, and more pressure on the existing workforce to work twice as hard. We also heard about reductions in non-specialist services, some of which are local authority commissioned, for example youth services, Sure Start and others.

## The nature of the 'system'

We heard that there was concern about meeting organisational performance objectives and the sense that this can sometimes get in the way of doing what is right for young people and families. It was put to us that systems are often set up to benefit organisations rather than families.

It was reported to us that the way in which services are structured is felt to be too rigid and that there is no middle ground – a sense that it is specialist services e.g. CAMHS or nothing. The importance of having a robust pathway that reserves specialist services for the most complex/high risk cases utilising other community and third sector services was stressed to us. Some of those we spoke to held concerns about the level of expertise in non-specialist services because the perception is that the most highly qualified staff work in the specialist services. This might, in part, help us to understand why families believe that only specialist services can offer the necessary support for their children and young people.

## Workforce

As has been identified earlier in this report, the issue of ensuring sufficient numbers of skilled staff to deliver services is central to delivering effective help. This was highlighted through the engagement process and some of the following issues were raised:

- Workforce is not just about nurses or health care staff. It is also about those working in the third sector and local authorities
- Consideration of the knowledge and skills of the workforce in other agencies such as housing, education and leisure is needed so they can be more aware of the needs of children and young people
- Ensuring that services that can provide early help and engage in prevention and promotion activity are adequately staffed
- Need to get the balance right in the workforce across Sussex
- Importance of planning strategically for recruitment and retention
- Importance of the delivery of and impact of training across organisations and sharing knowledge.

The overriding message we heard in relation to capacity was that it was, at very least, perceived to be insufficient to keep pace with current and future demand. While much of this concern was focused on specialist services, it also applied to people's experience of third sector organisations and general practice, which also experiences capacity issues. It also relates to the reduction of other forms of community based youth and young people's services that have been reported to us.

### **What could be done to improve capacity?**

Those who took part in the engagement process offered their ideas about what could be done to improve capacity. The responses covered a range of options and included:

- More funding to expand and improve services
- Looking at how to prevent children and young people needing help in the first place
- Needing to support children and young people earlier to stop problems happening
- Commissioning services jointly
- Commissioning a pathway rather than services.

### **The experience of children, young people, their families and carers**

Understanding the experiences of children, young people and those who care for them provides valuable insights into how to improve those experiences, what works well and consequently what services should do more of.

As might be expected there were a variety of experiences, ranging from the very positive to those that fell below the standard that might be expected. These experiences were not simply confined to the use of services, but to the broader

issue of the awareness of and experience of poor emotional health and wellbeing.

## **The experience of poor emotional health and wellbeing**

We heard that for many children and young people it is still hard to acknowledge and accept that they are experiencing difficulties. Even when they do, it remains challenging for them to talk about them, both with parents and carers as well as professionals.

Some children and young people expressed a preference to raise concerns about their emotional health and wellbeing with teachers or friends, rather than with health professionals, at least in the first instance. Although there is much written about the reduction of stigma, we heard that for some children and young people, it remains hard to be open about their difficulties because they are concerned about the thoughts and views of their peers and others.

## **The experience of the pathway**

The current pathways and services were often reported to us as being confusing. There was a particular focus on the wish to seek support from specialist services and that this was experienced as a predominant and a preferred option, despite the range of other services available, although the view of many was that these also require development. We heard that there is particular confusion about what help is available for children and young people and that many parents and carers want to know who can help them decide what activity or service is best for their child.

We were told that parents are sometimes left to cope alone, trying to support their child's emotional wellbeing, but often such issues are new to them, and result in them also becoming stressed and anxious. This stress is amplified when they are left to seek help, navigating a world of services where very few people have the right information to give them or where they are challenged in being able to find that help easily for themselves.

Some told us that they needed to feel more trust in the information that is given to them about other services or support, and to have more confidence in them if they are not being referred to specialist services. For example, we were told that people might feel they want or need specialist services for their child or young person but are referred to other services such as i-Rock instead and do not really understand what it is and why it is a more relevant service for them.

Some of those who engaged with the review reported that services were not flexible enough, including their hours of operation, where the services were delivered and by which organisations. There was a sense that communication between organisations impacted on the experience of those accessing them. We

heard about inconsistency of support and that sometimes the person working with a child or young person changed. This affected the relationships they were attempting to build and meant that sometimes they had to tell their story too many times. The services were described to us as disjointed and that information is not shared well between professionals and organisations.

When services were received the response of many of those we heard from was positive, but the delays in access had a detrimental effect on the overall experience. There was a desire for more to be done in relation to looked after children, who it was reported, often experience complex difficulties that cannot be addressed through time-limited support.

We heard that some people think there is a particular problem with support for those aged 16-18. They identified this group as being underserved and felt this was a gap, with more support being needed for those in transition to adulthood, particularly when that young person may not be referred on to adult services for continued support. This is also relevant to other transition points e.g. moving from primary to secondary school settings and from school to college.

Many of those we heard from reported receiving helpful support from schools and teachers.

## **Do children and young people experience their voice being heard?**

Decisions about the way in which services are developed and delivered, what services a child or young person should or could access are best made in close collaboration with that child, young person and their parents and carers.

We heard that this does happen and that more voices are being heard but that it was not the day-to-day, business as usual experience of many people. For some children and young people their view was that their voice is only heard if they have the self-confidence to share their views and opinions and that more needs to be done to encourage everyone to express their views.

## **What works well and what could be improved?**

Those who took part in the engagement process offered their ideas about what had worked well for them and what could be done to improve their experiences. The responses covered a range of options and included:

- Some said that nothing works well, this included parent and carers, children and professionals. This was at odds with some of the experiential data seen in the NHSBN reporting, but nonetheless, the proportion of those who felt nothing was helpful was significant

- This was countered by those who told us that their experiences had been much more positive, particularly once they had been able to access a service
- Waiting times, lack of communication, resources and ease of access were key issues for improvement
- The provision of peer support, earlier help, more support in schools and a focus on helping children and young people to support themselves were suggested as areas for development
- Opportunities for children and young people to have more say in their care and to be able to make choices about it, were cited as an important area for improvement.

## Commissioning of services and support

Throughout the review, the issue of how services and support are commissioned has been identified as a consistent theme. The engagement process provided additional insights to this, though mostly from professionals rather than from children, young people, their families and carers. The following issues were ones that were consistently raised by those we heard from:

### The commissioning structures

We heard that and observed that there are multiple commissioners across Sussex, which is not unique. These include NHS and local authority commissioners and commissioners from Public Health. The inherited legacy of the current number of CCGs has led to particular challenges, and this should be addressed by the planned and ongoing organisation changes. However, the historical impact for Sussex is that commissioners have often procured and contracted services with different service criteria and this has led to a mixed pattern of provision across Sussex. People were often not sure if the pathway worked well, if different services communicated with one another and whether computer and data systems were shared.

The limitations of geography, the boundaries between CCGs and local authorities were cited as factors in what some described as a lack of a joined up approach. We heard about good examples of commissioning and of opportunities for the CCGs and the local authorities to work together, but there was concern from some we spoke to that this was sometimes focused on specific projects or initiatives rather than on broader collaboration and development, at strategic level.

It was reported to us that the multiplicity of commissioners could make it harder to know where decisions were being made and by whom, and that the impact of those decisions on other parts of Sussex might not always be well understood, given the focus on particular localities.

We heard that for some, the experience in Sussex could be one of protective organisational behaviours, and a reluctance to think and act beyond that. This applies across the whole range of organisations. We observed a willingness to act across boundaries but also recognised that the boundaries themselves, for example thresholds and service criteria can become an impediment.

## **Strategic development**

We often heard that the level of investment available impacts the development and performance of services. Local stakeholders appear to have accepted this as a factor that had to be worked around. We were also told that investment was not necessarily aligned with priority or need.

It was reported that longer term planning was impacted upon by the sporadic availability of targeted funding for specific purposes. This means that when such funding becomes available, a service is commissioned, but is often short term, and thus might not be sustained.

## **The approach to service transformation**

We heard from a number of stakeholders that they wanted service transformation to be based around the needs of the child, with those needs at the centre of the thinking about transformation, rather than the needs of the organisation, with clearly defined pathways, reduced reliance on thresholds and where impact can be measured by outcomes. Where services are proven to have an impact, the need to roll these out on a larger scale was identified. It was also reported to us that more needed to be done to focus on evidence-based pathways.

We were told that commissioning needed to focus more on enabling easier and more open access, creating a set of services and supports that can improve prevention, earlier intervention and that focused less on specialist services. Prevention was seen as two things – firstly, preventing the onset of mental health issues or emotional distress, and secondly, preventing the escalation from mild or moderate difficulties to a more complex set of issues.

## **What could be improved?**

Those who took part in the engagement process offered their ideas about what could be improved. The responses covered a range of options and included:

- Align commissioning arrangements across Sussex services for children and young people
- Address the barriers that commissioning arrangements can create e.g. only commissioning for under 18 years or 11-18 years or not family services



- Move towards pathway commissioning rather than service commissioning
- Ask young people what the issues are.

## Other issues of note

Throughout the course of the review, a number of key issues have arisen.

## Schools and colleges

Every engagement event or survey highlighted the role and expectations of schools and colleges. Many, many responses highlighted how important schools were both in identifying those children and young people in difficulty, and supporting them through it. People clearly felt that more support and resource could and should be offered by schools and colleges. The issues they focused on included:

- A whole school approach to emotional health and wellbeing
- Upskilling staff in schools and colleges to aid awareness of emotional health and wellbeing difficulties experienced by their pupils, to build confidence in staff groups. It was felt that it was necessary to facilitate time, space and resource, in schools to support emotional health and wellbeing
- Ensuring that mental health support for children and young people can be provided in the school and college environment and developing stronger links between schools and local services
- Increasing the number of school nurses that can conduct work in relation to emotional health and wellbeing
- Being effective in identifying and meeting the needs of children and young people who are home educated or are 'school refusers' so that they have the same access to help and support.

## Children and young people who may be at 'multiple disadvantage'

Identifying and supporting children and young people who face 'multiple disadvantage' was highlighted through the engagement process. We heard that particular attention should be paid to meeting the needs of children and young people who may be affected by one or more of the following issues:

- Familial or individual homelessness
- Those living in households that are in financial hardship
- Those living in households where domestic abuse or violence is experienced
- Those children and young people in and leaving the care system, who can experience particular challenges as they transition from that environment
- Children with dual diagnosis e.g. learning disabilities or substance misuse and emotional health.



## Organisational change, policy and their impact

In common with many other health and social care systems, Sussex continues to experience organisational change and challenge. Throughout the engagement process and the broader work of the Review Panel, we heard concerns about the potential impact that such change and challenge could have. The following issues were highlighted to us:

- What will be the impact of the recent reports about Children's Services in West Sussex?
- National policy is seen as top down and not necessarily reflective of the particular needs, not only of Sussex as a whole but the specific localities within it. There needs to be a balance in the approach.
- More effective partnership working between all organisations is needed but there is concern that this could be impacted by, among other things, resources and organisational change. Leadership and co-ordination is needed to give greater focus to children's emotional health and wellbeing through shared priorities and increased collaboration.
- Given the resource pressures on Public Health, locally and nationally, how can a more preventative approach be secured and sustained?

## Section Seven

### Emerging good practice from literature review

As part of the process the Review Panel sought to identify examples of good practice in Sussex and in other parts of the UK and internationally. Some of those examples were identified through contact with local services, while others emerged from a review of literature (both published and grey), research and evidence. The literature review was conducted by Public Health in East Sussex on behalf of the Review Panel.

The Review Panel posed two questions for the researchers to consider:

1. Is there any evidence about the optimal allocation of resources and skill mix in a system i.e. the amount allocated to each tier of service provision?
2. What does a good collaborative system look like? (This might include governance / oversight / reporting structures / measures used)

The researchers found no relevant studies in the UK (published up to September 2019) that fully answer the above questions. However, there are three promising approaches undergoing academic evaluation. These are Solar, Oxford and The THRIVE Framework.

There are also a number frameworks, which could be usefully employed to assess system readiness for any proposed changes to the way in which the emotional health, wellbeing and mental health needs of children and young people are met in Sussex. Some also offer guidance for establishing effective collaboration between the key stakeholders.

### Models of specialist services provision

In Solihull, **Solar** offers an integrated model with a different approach to providing specialist mental health services to children and young people. It aims to create a comprehensive system designed around the needs of children and young people. It has been set up as a service not about thresholds or tiers but about timely access to appropriate support in line with children and young people's needs. It operates an open door, single referral point and by its integrated nature enables a co-ordinated approach to intervention across its service pathway.

In Oxford, the **Oxford Health NHS Foundation Trust** has been conducting a retrospective observational study of CAMHS transformations across its delivery sites in Oxfordshire, Buckinghamshire, and Swindon, Wiltshire, Bath and North-East Somerset.

The CAMHS services provided by Oxford Health share common transformation goals, for example the improvement of accessibility and early intervention. They are all working towards a THRIVE model and have some similar core components of transformation, variously:

- A Single Point of Access (SPoA) for referrals;
- A School In Reach Service;
- Changes to pathways for treating young people who need a more intense or targeted approach;
- Community InReach, where CAMHS work more closely with third-sector partner organisations.

The **THRIVE framework** for CAMHS has been developed by the Anna Freud Centre for Children and Families at the **Tavistock and Portman NHS Foundation Trust**. It represents a shift away from the traditional tiered structure of CAMHS, instead focusing on the needs of children, young people and their families. There are 10 THRIVE sites and 10 non-THRIVE sites in England involved in a National Institute for Health Research programme.

The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health support for children, young people and families. It aims to talk about mental health and mental health support in a common language that everyone understands. The Framework is needs led; meaning that children, young people and families alongside professionals through shared decision making, define mental health needs. Needs are not based on severity, diagnosis, or health care pathways.

The THRIVE Framework brings together all local-area agencies working with children, young people and families into a 'one house' approach to mental health need, using a common language. All children, young people and families who are in need of mental health support are seen as getting one of four types of help at any one time: Advice, Help, More Help and Risk Support. Importantly, it also prioritises maintaining young people's wellbeing through community-based prevention and promotion strategies for those who do not currently need professional support. In the Framework, these young people are thought of as 'Thriving'.

## Single Point of Access

A feature of systems that are transforming their approach, including those in Solihull, Oxford and via the THRIVE framework is the use of a Single Point of Access (SPoA).

Brighton & Hove operates a SPoA. Referrals are received by a central triage hub staffed with clinicians from the partners within the Community Wellbeing Service (including Here, YMCA Brighton & Hove, SPFT specialist services, and GP's).

Parents, carers, children and young people, as well as professionals working with them, can refer directly to the team.

The East Sussex model<sup>36</sup> offers a triage system for SPFT specialist services and East Sussex County Council Children's Services and a single point of advice. Benefits of the improved service include:

- One referral to the SPoA (Single Point of **Advice**), instead of multiple referrals to specialist services
- Reduced duplication
- Fewer 'touchpoints' for young people, families and referrers
- More timely and easier access to the 'right service'
- Simplified referral route.

## Approaches to system change and collaboration

Working together through effective collaboration is a well-recognised element of an effective system. This is especially true in relation to the design, commissioning and delivery of emotional health, wellbeing and mental health services for children and young people. A range of organisations and professionals are needed to provide the variety of supports and interventions needed. This 'cross-sectorial' working has come to be seen as central to addressing both the determinants of poor emotional health and wellbeing and the responses required to tackle their effects.

The environmental conditions required to deliver transformational and sustainable change may differ from place to place but there are some things that are consistent. In their report, *'Are We Listening? A review of children and young people's mental health services'*<sup>37</sup> the Care Quality Commission (CQC) provided a number of recommendations specific to children and young people's mental health that focused on systems and local environments. In this context, the environment could include a wide range of people and organisations spanning statutory services, third sector services, children, families, communities and businesses.

Among the recommendations was the need for:

- Sustainability and Transformation Partnerships (STP) and Integrated Care Systems (ICS) to collaborate beyond the boundaries of health and social care to oversee joined-up improvement with education, police, probation and the third sector.

---

<sup>36</sup> <https://www.eastsussex.gov.uk/childrenandfamilies/professional-resources/spoa/>

<sup>37</sup> Care Quality Commission, 2018

- Local systems to be given greater power and responsibility to plan, publish and deliver a shared 'local offer' that sets out how each part of the system will make their individual contribution and ensures the system delivers for children and young people.
- Commissioners and providers across education, local authorities and the NHS to facilitate cross-sector improvement in the quality and availability of data, information and intelligence.
- Commissioners, providers and staff to draw on evidence and good practice to drive local improvement.

Work by the Community Interest Company (CIC) Collaborate, in conjunction with the Lankelly Chase Foundation<sup>38</sup> has focused on the infrastructure needed for system change. Working with local authorities and the NHS, including in Coventry, Essex and Oldham, they have identified nine building blocks for collaborative local systems. These are the components that are needed to move from a 'siloed' way of working to a model that embraces a place-based approach and creates the conditions for collaborative practice. The nine building blocks they suggest should be in place are:

- Place-based strategies and plans
- Good governance
- Focus on outcomes and accountability
- Collaborative commissioning and investment
- Culture change and people development
- A focus on delivery
- Use of good quality data
- Making best use of both digital and physical collaboration
- Effective communication and engagement in the system.

---

<sup>38</sup> Building collaborative places. Randle, A. & Anderson, H. Collaborate/Lankelly Chase 2017

## Section Eight

### Our findings

The Review Panel has considered and analysed a wide range of evidence and information. Drawing on this has enabled the identification of a series of key findings in relation to children and young people's emotional health and wellbeing in Sussex.

We have set out our findings under a series of headings that, where possible, align with the Key Lines of Enquiry, though there are some that are broader than those specific areas.

### Return on Investment (RoI)

One of the questions we have been asked is what is the return on investment in the current pathway of care? In simple terms, can we demonstrate that outcomes for children and young people are improved by their contact with those services that are provided in Sussex? Understanding this, is underdeveloped in the current systems: some services can demonstrate outcomes, albeit it for very small numbers, while others either have not been commissioned to do so or cannot provide that information at this time.

Where we do collect, analyse and evaluate outcomes, these largely have a clinical base or a focus on improvements in emotional health and wellbeing rather than a holistic view of the child or young person's wellbeing. Strategically, there would need to be a shared suite of outcomes and priorities in order for services to be commissioned to provide this. Only by doing this, will it be possible to reliably establish the return on investment.

### Access to Services

Our overarching finding is that for many children and young people, it is not easy to access the range of services. Too many children, young people, their families and carers report that their direct experience is one of frustration, delay and helplessness. The pressures on services mean that there can be waits for assessment and receipt of service. This is an issue across all services in the Sussex system.

In some cases, these challenges of access relate to an inability to find out about the services and support that are available in a particular area. It can also be a matter of logistics – simply getting to a service, particularly if a child or young person lives in a rural area can be problematic. This is exacerbated where there is a reliance on public transport, or if a child or young person has parents who work full time and find it hard to get time off work to take them to appointments.

For many children and young people the issue of access to services and support centres on waiting, both for an assessment of their needs, but following that assessment, a further wait for the service to be delivered. Although in Sussex, specialist services is within the national target of 12 weeks, waiting times for assessment have risen from 19 days in July 2017, to 42 days in June 2019, more than doubling in that two-year period.

Acceptance rates into specialist services (by this we mean that the number of people referred and accepted for assessment) in Sussex remain below the national average. For every 100 children referred, only 57 are accepted for assessment.

For those children and young people who then go on to receive treatment, it is encouraging to see that the waiting time has reduced, from 31 days in April 2017 to 18 days in June 2019. We understand that this trend has continued during the period of the review.

Much time is spent by specialist services in sign-posting people to other options, or indeed, no other options, rather than engaging them in the service itself. There are many reasons for this, referrals that are not appropriate or those that do not meet the service criteria, for example. However, this is experienced as a feeling of lack of confidence in those services, among professionals as well as children, young people and their families and carers. This is particularly felt when the service has not fully communicated with them.

There is a prevailing culture among referring professionals and families that accessing specialist services is the only appropriate local offer and that these services should always intervene, help and support children and young people experiencing the wide range of emotional health, wellbeing and mental health difficulties.

There is a perception that specialist services only can offer interventions that will be of benefit. In fact, for many children and young people, specialist services may not be appropriate, given that there are a number of targeted services commissioned in all local areas that can respond to mild to moderate mental health issues and emotional health and wellbeing presentations.

The over reliance on the use of specialist services as a first response is one of the factors that could be contributing to higher levels of demand for access to those specialist services. Although those levels have plateaued in the past year, the demand remains significant. At the same time, many of the other services are also experiencing high levels of demand. This suggests that even though they may not be as widely known about, they are being fully utilised.

This highlights the importance of ensuring that across Sussex there is sufficient provision of early help, support and preventative services that can meet the needs of children and young people. Shifting the balance to a more upstream approach could have a positive impact on the demand for specialist services and broaden the options available to referrers, children and their families.

In turn, this suggests that they also have challenges in relation to the capacity and ability to respond swiftly.

We have found that there are a number of factors that are contributing to this position. These are set out below:

### The pattern of provision

- The service landscape in Sussex is complex. Although there is one main provider of specialist mental health services, a network of other providers and services are commissioned to offer support and services to children and young people who may need help and support with their emotional health and wellbeing. From drop-in centres where children and young people can access help and support without a GP referral, to groups and networks run by the third sector offering a wide range of advice and support, this multiplicity of provision is welcome and has the advantage of providing wider choice for referrers and service users. However, it is evident that many professionals, children, young people, and their families are not aware of many of these other services and find it difficult to navigate a complex pathway of care and support. There is also a lack of confidence in these services being able to deliver the help and support to children and young people that families think they need. Organisational websites do not promote or offer an easy way of finding the appropriate service.
- The mix of provision means that navigating a path to the right services can be challenging. This is borne out by the experience of people who report feeling passed from pillar to post. This is compounded by a broader lack of knowledge about those services. The result of this is that too often, these services are not accessed and professionals then pursue a reliance on specialist mental health services. A move to more open access to services and support that is not reliant on professional referral in the first instance, could be beneficial.
- Many services in Sussex are located in the urban centres of population. Those children, young people and their families who live in more rural parts of Sussex experience greater difficulty in getting access to services to support them. This is often exacerbated by poor public transport links, or lengthy journeys to service locations. Those living in the rural parts of Sussex therefore experience particular disadvantages in accessing services.



- The variations in access are in part a consequence of an inconsistent approach to the commissioning of services across Sussex. The need for a pan-Sussex approach to specialist service delivery is needed to address that inconsistency. It must pay attention to the particular needs of specific populations and locations. It is this question that needs a partnership response, to ensure that the right pathway and service models are developed and the right balance between pan-Sussex provision and a place-based focus is achieved. This needs to be supported by an expansion of upstream options for support that can ensure a range of alternative options for children and young people, which in turn can free up capacity in specialist services.
- Statutory and third sector services remain rooted in a traditional model of operation. There is little flexibility in relation to the hours that services are available, with some working a 9-5 working week, with little access outside of working hours or at weekends. There are also examples of services that are open for only half a day at a time. Where services such as i-Rock have a much more flexible approach and operate an open door policy, this is seen as much more accessible and helpful.

Access to the right services at the right time is critical. Children and young people should not have to wait for extended periods to get the help they need. Neither should they have to become so unwell that only specialist mental health services are appropriate.

There are different types of services and support that can intervene earlier, as well as opportunities for improved self-care. The review has found that these opportunities are not being grasped often enough, that there is an overreliance on referral to specialist services, and that the provision, knowledge of, and access to other forms of services remains underdeveloped.

## Referral criteria and waiting times

- The current thresholds and criteria are perceived to be a barrier to access. For both referring professionals and the public they are not well understood and militate against enabling access for too many children and young people. What services do or do not provide is unclear to too many people.
- Waiting times for both assessment and treatment in specialist mental health services have been a key feature of the review. There appears to be a disparity between the data reviewed, and the experience of children, young people and their families. The data indicates waiting times to access services provided by SPFT are shorter than for peer statutory providers and yet the overriding perception of people trying to access services is one of waiting for an unacceptable amount of time.

- Numbers on the waiting list at 31<sup>st</sup> March 2019 held an NHS wide average of 450 patients per 100,000 population (age 0-18) awaiting a first appointment with specialist services. For SPFT, this figure was 209 per 100,000 population, putting the Trust in the best performing quartile nationally.<sup>39</sup> The rationale for why SPFT has lower waiting list numbers could be due to accepting fewer children and young people into the service than national averages.
- This picture was not replicated in what people told us. They described experiencing long waits for both assessment and the service itself. However, the data indicates that waiting times for treatment following assessment have reduced. However, waiting times for assessment have more than doubled. The consistent message to the Review Panel was that waiting times for assessment are lengthy and in some cases even deter professionals, often General Practitioners, from making referrals. This latter issue is of particular concern.
- From interviews and survey responses it is clear that the confidence in specialist services, particularly among general practitioners, is low and work is needed to address that. Their experience and that of the public is that the response to referrals by SPFT is not swift enough, can be inconsistent regarding decision making and the service is not flexible in its approach i.e. that acceptance criteria are too rigidly applied and that sign-posting to other services is not always proactive enough.
- The adoption of a Single Point of Access (SPOA) model has proved to have some success in Brighton & Hove. We have observed that the SPOA model has brought benefits for referrers as well as children and young people and their families. It is an example of good practice, being a joined up approach that is having a positive impact on the experience of those who utilise it.
- We also heard positive experiences of i-Rock youth and wellbeing service, which offers open access without the need for a referral from a doctor.

## Safety of services

We were concerned that the data we reviewed suggests that children and young people in Sussex may be at higher risk of hospitalisation through self-harm and that rates of death by suicide are higher than those living in other parts of the South East and the rest of England.

---

<sup>39</sup> NHSBN report 2019

- Whether what we have seen and heard has directly contributed to this position is not clear, therefore, we cannot draw any reliable conclusions about the safety of services but we can say that we saw no direct evidence during the review that would demonstrate that specialist or other services are not safe.
- However, there is a clear need to positively address, monitor and respond to the current trends and the recommendations we have made seek to positively mitigate any continuing upward trend.

## Workforce

- We found that there is a dedicated, hardworking and skilled workforce within specialist services and indeed in other services. They are working in an environment of high demand and a need to respond swiftly. They share frustrations about the challenges they face in the provision of responsive and effective services.
- In 2018/19, the CAMHS workforce in England grew for the sixth consecutive year. The ambitions set out in the Five Year Forward View included a continuing drive to recruit and retain more people to work in CAMHS. All providers continue to experience recruitment and retention challenges. In many cases, these challenges are related to a range of factors that can include pay levels, local costs of living (including house price affordability), transportation, as well as career progression prospects. Sussex is not unique in experiencing these pressures.
- In the past year the average workforce position nationally in community CAMHS was 84 Whole Time Equivalent (WTE) staff for 100,000 population (0-18). The current 69 WTE per 100,000 population in SPFT's specialist community services is 18% below the national average, with a workforce made up of more part-time workers than national comparators.<sup>40</sup> There are several reasons for this workforce pattern. Often the financial resources that are made available, sometimes on a short-term basis, can mean that only part time staff can be recruited. It may also be driven in part by a desire among the workforce, some of which migrates from London for work/life balance reasons, to work part time. From what we observed, this does not appear to affect the clinical interventions delivered, or their quality.
- The profile of the workforce in SPFT's specialist services differs significantly across the three local areas. For example, in East Sussex nursing is the predominant profession, making up 37% of the workforce, whereas in West Sussex nursing comprises less than 10% of the workforce. There is an almost direct inversion of these proportions when looking at psychology provision in East and West Sussex. Overall, the SPFT skill mix is stronger than the

---

<sup>40</sup> NHSBN report

national average with fewer unqualified staff. However, staffing levels are lower than the national average when assessed on a per capita benchmark position. The question is whether this position has arisen directly as a result of identified local need or whether this represents an inequity of provision across Sussex? Sickness absence rates average 4% nationally across the NHS, with the peer group also reporting a 4% average. The SPFT specialist service is towards the lower end of this distribution. Staff turnover rates in specialist community services average 16% annually across the NHS and 20% across the peer group. SPFT reports a position of 17%. These two metrics suggest no immediate workforce issues for SPFT's specialist services.

- Strategically, the challenge in Sussex is how to recruit and maintain a sufficiently skilled and appropriately mixed professional workforce that is best placed to meet the needs of children and young people. This is not just a challenge for the NHS but one more broadly for Sussex commissioning and other provider partners including those in the third sector to get to grips with.

### **Not being joined up**

- There are services that operate in a state of isolation from one another and the connectivity between them is often lacking. In the third sector, this was especially the case, where there were examples of organisations working in the same town, with similar services being offered to similar cohorts, where they were unaware of each other's existence. Within the statutory sector there are also instances of this.
- The join up or progression between different services across all sectors is sometimes lacking. This has the effect of an incoherent pathway of support. It should begin with prevention, support with building resilience and self-care, early intervention and specialist services for those with the highest levels of need. At present, the map of that pathway is punctuated by a lack of clear signage, bumps in the road and numerous diversions.

### **Commissioning of services in Sussex**

The commissioning landscape in Sussex is changing, with a move to merge the current CCGs from seven into three, creating a new more streamlined system that should reduce duplication and provide renewed focus. These forthcoming changes will provide opportunities for improvements to be made.

Our overarching finding is that the current commissioning structures for children and young people's services in Sussex have been too inconsistent and not strategic enough. Variability of provision across the county remains a feature, with examples of CCGs commissioning their own pathways. This needs to be addressed but cannot be done solely through by the existing Local

Transformation Plans (LTPs)<sup>41</sup>, which by their very nature are focused on a specific geography. The opportunity to examine what elements of commissioning and service delivery could be done at a pan-Sussex level need to be explored. This would have a direct impact on the services that are commissioned, developed and reviewed.

The connectivity between the CCGs and the local authorities in relation to commissioning is not as strong as it could be. Although there are examples of joint working, these are not consistent across Sussex.

Given that Sussex has one provider of specialist services and there is variability in relation to access, performance, outcomes and experience as well as investment across the pathway, a single, overarching, longer term commissioning and strategic plan for children and young people's emotional health and wellbeing services and support is needed. The LTPs are rightly focused on individual localities, but the opportunity to take a Sussex-wide view in relation to commissioning has so far not been grasped.

In terms of specialist provision for example, across Sussex there is an opportunity to eliminate the current inequity of service through the adoption of a pan-Sussex commissioning approach, which would result in better value for money, demonstrable return on investment, efficiency and demand and capacity management.

We have found that there are a number of factors that are contributing to this position:

## Leadership

- Although the statutory duty for children and young people rests with local authorities, there remain challenges in relation to leadership. These have most recently been reflected in inspection reports and concerns. It is not only these statutory duties and the leadership of them, but also the role and function of public health, which also lies within local authorities. It is critical that local authorities play their leadership role, working closely with colleagues in the NHS and third sector to ensure the right range of services and support for children and young people.
- More broadly, there has been a lack of capability and co-ordination in relation to commissioning of children and young people's emotional health, wellbeing and mental health across Sussex. The inherited legacy of the existing structures has led to commissioning that is fragmented and that

---

<sup>41</sup>LTPs set out how local services will invest resources to improve children and young people's mental health across a whole system

takes place in a set of local silos. This has resulted in a lack of focus at a sufficiently senior level to oversee and co-ordinate commissioning for children and young people's emotional health and wellbeing and mental health.

- The oversight of, and connectivity between children's physical health and their emotional health and wellbeing is not clear. The Five Year Forward View for Mental Health<sup>42</sup> made clear the need for parity of esteem between physical and mental health. This is not yet a reality.
- If the public statements about the need to prioritise the needs of children and young people are to ring true, they need to be supported by senior leadership that can not only bring commissioning together across Sussex, but can engage with SPFT, the third sector, education and Children's Services in the local authorities to bring about a more co-ordinated approach at a pan-Sussex level, but also give focus to the needs of specific places.
- Commissioners' ability to work together is being hampered not only by an overall lack of single leadership, but also by a mix of roles, responsibilities and posts. Fundamental rethinking about the way in which commissioners operate and the capacity and capability that is needed to achieve the aspirations of children, young people and their families will be necessary.
- The inconsistency and variation observed in commissioning is mirrored in the delivery of services and requires a similar level of senior leadership vision and capability to address that variation. At present, there is not a sufficiently strong connection between providers and joint working between them, particularly between the statutory services and the third sector is not as effective as it could be. The ability of all providers to work together in meaningful partnership is critical to building a network of services that form a clearer, more easily navigable pathway for children, young people and their families.

## The commissioning focus

- The focus in commissioning has historically tended to be on mental health rather than emotional health and wellbeing. There is evidence that current Local Transformation Plans have attempted to take a broader view in relation to emotional health and wellbeing but there is more to be done.
- There must be a wider field of vision that includes the determinants of poor emotional health and wellbeing and further exploration of the role of prevention, and public health approaches. In this context, we refer to prevention as those approaches to stop emotional health, wellbeing and

---

<sup>42</sup> Five Year Forward View for Mental Health Farmer, P et al 2016

mental health problems before they emerge and preventing escalation to more serious mental illness as well as work that supports people with and without mental health problems to stay well.<sup>43</sup>

## Targets and outcomes

- Commissioning has tended to be driven by a need to respond to national targets and policy imperatives. Whilst this is recognised as being necessary and part of the current 'system' of delivery and accountability it fails to take a broader stance in relation to the outcomes being achieved.
- The key test for children and young people, their families and carers, other than actually getting support or a service, is most likely more about the outcome of the service(s) they receive and the impact they have had. Put simply, has the service or support they received resulted in a positive outcome for them and if not, why not? This test could equally be applied to providers and their performance to gain an understanding of what return on investment is possible or achievable.
- While there is a need to respond to nationally set targets and policy imperatives, there now needs to be a shift in approach from being input and output driven to being more focused on outcomes aligned to local priorities.

## Strategic vision

- The Review Panel observes that current local arrangements in each of the three local authority areas have provided a demarcated and uneven structure, and the complexities of this, combined with the current CCG structures are clear. These arrangements and NHS England NHS Improvement (NHSE&I) national imperatives have necessitated the development of three separate Local Transformation Plans. These plans have some similarities but have contributed further to the sense of a fragmented approach across Sussex. The plans are not consistent in terms of the approach they offer. We should expect that local plans share a similar methodology and strategic approach to meeting the needs of their population. This would enable clarity of vision, provision and outcomes.
- Commissioners have not set out a clear or unified strategic vision in relation to children and young people's emotional health and wellbeing. Too often, the process has been characterised by short-termism. Services have been developed and plans put in place in response to specific, usually small amounts of targeted, non-recurring funding being made available either locally or nationally, rather than to local need. This has meant that the resource has been the driver for setting up services or developing particular

---

<sup>43</sup> Mental Health Foundation definition of prevention accessed December 2019



plans, rather than a coherent strategic vision or a response to identified needs. In part, this has contributed to a complex provider landscape that has already been identified as an issue in our findings.

- Conversely, the dominant investment feature in the children and young people's commissioning landscape remains the significant resource that flows to SPFT and has done for a number of years.
- This is not an issue that is unique to Sussex; the challenge here for local leaders is to have the ambition to be radically transformative on a whole system basis. There is a pressing need for a more long-term strategic vision that is developed, agreed and shared by all local partners and then implemented jointly.

As a Review Panel, our finding is that there is an urgent need for explicit senior leadership, streamlined structures, improved capacity and capability and improved co-ordination. A single commissioning plan and strategy would begin to address the current deficits in relation to variability by enabling a clear focus across Sussex. It would, of course be necessary for any plan to address the particular place-based issues of specific local areas, but the need for a single Sussex-wide plan, with a stronger focus on outcomes is clear.

## Finances and investment

Gathering a clear picture about the levels of investment and spending on children's emotional health and wellbeing has proved a more challenging task than should have been expected.

Our overarching finding is that in relation to CCG investment in children and young people's mental health services, whilst the sums being provided are broadly in line with the national average, at £55 per capita across Sussex versus £57 per capita average nationally for mental health and learning disability, variations in investment in CCGs are not aligned to need and prevalence.

- Local authority investment in emotional health and wellbeing is harder to establish. There are known reasons for this, but a clearer understanding of investment levels is required. Current systems do not neatly or easily allow local authorities to identify such spending. This means that the review cannot draw reliable conclusions about levels of investment or where they are targeted, both in terms of services and in terms of localities.
- The investment figures stated highlight the disparities between the individual CCGs. The levels of investment are not currently distributed in a way that takes account of the levels of need across Sussex. Areas of high need are actually spending *less* than those with lower need. Access to, and



improvement of services will not be resolved by further investment alone. It will require a structural change with a coherent pathway to achieve success.

- The Review Panel has received a ‘patchwork quilt’ of financial information very little of which can be compared, contrasted or relied upon. The direct and targeted investment in broader, emotional health and wellbeing services and support is almost impossible to establish, this is especially the case in relation to local authority investment and expenditure. This would suggest a need to re-base the current investment profile to better take account of levels of need and to better distribute the resources where they will have the greatest impact.
- In the main, investment remains focused on reactive, treatment-focused services. The balance between investing in those services and investing in prevention, promotion, self-care and resilience, schools based support (even allowing for the Mental Health Support Team pilot) does not appear proportionate. Achieving this balance should be the responsibility of both the NHS and local authorities.
- There needs to be a better balance between investing in the specialist services and investing in prevention, promotion, self-care and resilience, and schools based support in order to create a more effective pathway.

Establishing the current levels of investment and expenditure is not straightforward. As a Review Panel, we believe that this is a consequence of counting different things against different areas of investment and work is needed to gain a clear and agreed interpretation of the numbers.

## **The role of schools, colleges and education**

In the 2017 government Green Paper ‘Transforming children and young people’s mental health provision’<sup>44</sup> priority was given to ensuring schools and colleges are adequately supported to build whole school environments and to develop approaches within which pupils can achieve their full potential.

Children and young people spend a great deal of time at school and in college. As such, the relationships they build with their friends and fellow students, as well as with teachers and school support staff play a central role in their emotional health and wellbeing, as well as their educational development and attainment.

There are particular challenges for schools and colleges as educational institutions working in a highly regulated and achievement based environment.

---

<sup>44</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664855/Transforming\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_provision.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf)

They are increasingly being asked to expand their roles beyond what might be termed more traditional pastoral care to playing a greater role in ensuring the emotional health and wellbeing of their students, and being able to identify and respond to signs of emotional or mental distress. Ensuring that they are equipped to do this, and know how to access the necessary support services quickly is key.

Our overarching finding is that schools and colleges do have, and should continue to have, a central role in relation to children and young people's emotional health and wellbeing. However, at present, they are not uniformly equipped to do this, nor is it clear that they are sufficiently resourced.

From what we heard and observed, school leaders clearly see and understand the issues relating to emotional health and wellbeing, indeed they observe them first hand every day. They want to respond and to do so with urgency. They agree it is part of what they should do. What they need is the help, resources and support to do it in the best way possible.

We have found that there are a number of factors that are contributing to this position:

## **Funding**

- The level of resource allocated to emotional health and wellbeing in schools is variable. Even within the small sample that responded in the review the variance was significant with some spending 0.01% and others up to 20%. To place it in context, a message we heard consistently is that on average, over 80% of resource is spent on classroom staff and for the majority of schools in Sussex; there is no dedicated budget for emotional health and wellbeing.
- School budgets as well as those of colleges are under significant pressure. Head teachers, like their colleagues in the NHS and local authorities have difficult and complex decisions to make on an almost daily basis in relation to the prioritisation of resources.

## **Workforce and training**

- Schools and colleges employ a mix of staff to support children and young people's emotional health and wellbeing. Some utilise external counsellors, others have learning mentors, early help leads and welfare co-ordinators. The use of Mental Health First Aid features in the approach of many schools and colleges.

- There does not appear to be any co-ordinated programme of training for school staff, either teachers or support staff in relation to emotional health and wellbeing. There are examples of individual schools taking their own initiative, for example in East Sussex where the Youth Cabinet developed their own Top Ten Tips for Teachers and the commissioning of mental health first aid training across Brighton & Hove, both of which have proved helpful. However, a gap remains in the knowledge base and this is acknowledged by those who have contributed to the review.

## Increasing prevalence

Nationally, 90% of school leaders have reported an increase in the number of students experiencing anxiety or stress over the last five years.<sup>45</sup> Emotional health, wellbeing and mental health issues are starting earlier and earlier in schools and the number presenting is rising. Half of all lifetime cases of diagnosable mental health problems begin before the age of 14.<sup>46</sup>

- The numbers of children and young people with Special Educational Needs and Disability (SEND) appears to be increasing nationally. In the period January 2017 to January 2018, it increased nationally to 1,276,215 representing 14.6% of pupils. The picture in Sussex is more mixed, but there remains a significant proportion of pupils with SEND living in the county. Brighton & Hove for example has over 6,000 children with SEND<sup>47</sup> and in West Sussex, it is reported there are around 20,000 children and young people with SEND receiving support in an early years setting, school or college.<sup>48</sup>

## Knowledge of and access to services

- The Review Panel has heard from head teachers that they find the map of provision to be complex and that many schools and colleges do not have the knowledge, capacity or resources to seek and build relationships with providers that could assist them in the longer term.
- There is a reliance on referral to specialist services, school nurses and local GPs and schools experience the same challenges that parents and carers have reported in relation to accessibility. There is a sense that for many schools, such referrals feel like the only option available to them to seek support for their pupils and students.
- The piloting of Mental Health Support Teams (MHST) in parts of Sussex is welcomed and will improve access to specialist support. This is particularly

---

<sup>45</sup> Wise up to wellbeing in Schools, Young Minds

<sup>46</sup> *ibid*

<sup>47</sup> Summary of local strategies prepared for the Review Panel

<sup>48</sup> West Sussex SEND strategy 2016-19

the case in Brighton & Hove where, if MHST was increased by one more team, they would achieve 80% coverage. However, the majority of schools in Sussex are not part of the pilot and will not benefit until further roll out of these teams take place.

- At present all referrals to school nursing across Sussex are seen within 28 days but the area has some of the highest ratios of children to WTE staff in the country, at over 2,500 children per WTE school nurse.<sup>49</sup> This clearly places significant demands on those staff. School nursing can have a key role in identifying emotional health and wellbeing issues in pupils and supporting the children and young people affected by them but their capacity to do this as effectively as possible is impacted by these capacity challenges.

### Those not in school or who are home schooled

- Children and young people who are not in education do not have access to the support that those who do attend are able to access, however limited that support might be. They are at a disadvantage and are in essence, a hidden group whose needs are not well understood or responded to.
- The number of children who are home schooled (Electively Home Educated) is rising across Sussex. Information contained in the Local Transformation Plans indicates that in Brighton & Hove there were 247 EHE children. In East Sussex the figure is 903.<sup>50</sup> In West Sussex the number of EHE children was believed to be 917 in 2018.<sup>51</sup> Although representing a proportionately small number, again they are a largely hidden group of children whose needs are not well known.<sup>52</sup>

The Review Panel has found that schools and colleges clearly see the need for good emotional health and wellbeing among their pupils and students and the need for improved parental and family support. Our educational services representatives told us of the additional challenge of responding to the mental health and emotional wellbeing needs of parents as well as their children. There are frustrations with accessing services and teaching staff are feeling increasingly under pressure to respond within the school setting. The hidden costs in the school system are growing and are not sustainable.

The need to collaborate across education, health and children's services is critical to ensuring a joined up approach that enables schools and colleges to be equipped to identify and appropriately respond to the emotional health, wellbeing and mental health needs of their pupils and students, as well as supporting

---

<sup>49</sup> NHSBN report 2019

<sup>50</sup> Local Transformation Plans

<sup>51</sup> BBC Freedom of Information Act request findings April 2018

<sup>52</sup> *ibid*

parents and carers. In addition, the needs of children who are not in education or who are home schooled remain largely hidden from view.

Directors of Children's Services can and should take an active role in working with schools, academies and colleges to ensure that resources and plans are in place to support the emotional health and wellbeing of pupils and students. Head teachers and principals need to work together closely, perhaps through a senior leader's forum to create joint approaches to address the needs of their students and pupils.

## **Learning from the personal experiences and engagement of children, young people and the families and carers**

The development of services and the monitoring of their quality, as well as strategic planning will always be enhanced and improved by engaging with those who use those services. Even when those messages are hard to hear, we need to actively listen and respond to them. These messages should form a central part of the contribution to current and future thinking about improvement.

The Review Panel has found that the experience of children, young people and their families of local services is not always positive and in too many cases, the personal testimony we have heard highlights some significant concerns about the way in which services have responded, or more often not responded. In many cases, these concerns are directed towards specialist services, but they are not confined to that area alone.

We did not observe that the opportunities to engage children, young people and their families and carers and draw on their experiences and views have brought about change. This has led to a lack of confidence in local provision, which, even if it were only perception, should cause concern not only for the NHS but also for other agencies including the local authorities and third sector organisations in Sussex.

There are two central factors that contribute to this position:

### **Not drawing on the experience of children and young people who use services**

- The picture in relation to the direct experience of the children and young people who use services is mixed. Overall, the evidence suggests high levels of satisfaction with statutory and third sector services once they are accessed. This is encouraging but only provides a snapshot of those who actually received a service and should be treated with caution given that these responses relate to relatively small numbers. We are also struck by the dichotomy contained in the survey responses, which suggested that between

40-80% of respondents said that nothing they were offered was helpful. This means that it is hard to establish a clearer overall view.

- The voice of children and young people is not being heard or used as effectively as it could be. This is not to say that they have not been listened to, there are many examples of that happening. However, the extent to which their experiences, both good and bad have influenced the way in which services adapt and improve their operation and practice is not clear.
- The mechanisms for engaging children, young people, their parents and carers in a meaningful process of listening and responding has not yet been demonstrated or featured in co-design and co-development. It is not embedded or evidenced in day-to-day practice.

## Creating the opportunity to engage with children and young people

- Although there are opportunities, forums and participation programmes across Sussex, children and young people appear to be more peripheral to local processes that relate to planning, strategy and commissioning development than would be hoped. They do not appear to be present in the process of monitoring and evaluation of improvement and their influence is not as strong as it could be.
- There are some good examples of engagement and co-production in Sussex. These include youth forums, in particular Youth Cabinets, the development of the Top Ten Tips for Teachers and guide for parents, as well as numerous surveys seeking views. There should be more opportunities to engage in a sustained and regular way on matters relating to emotional health and wellbeing in type, scope and regularity.
- New ways need to be found to ensure that the voices of children and young people are heard. This will mean going to where they are, rather than where professionals are. Informal as well as formal mechanisms will be needed. Organisations such as Amaze, Allsorts and Healthwatch can all play a part in this. There needs to be movement to a position whereby organisations and services treat children and young people with due regard as being experts in their own experience, so far these appear to be lacking. Models and approaches such as Citizens Panels and Open Space events can be particularly useful mechanisms to achieve this. If they were to be adopted, the partner organisations could facilitate truly meaningful input to local planning, service development and improvement.

The two key issues the local partners must consider are: how best to use the experience of children and young people and how best to create the

circumstances, environment and opportunity for them to contribute in a meaningful way that ensures their voice is not only heard, but acted upon.

## Transition to adulthood

Services that meet the needs of young adults, and provide safe and smooth transitions between children's and adult services still appear to be in the minority. The challenges faced by young people moving from adolescence into adulthood have been well documented for almost two decades. The extra challenges of negotiating service transitions at the same time have received similar attention.

This report also recognises the wider transitions that impact on children and young people – from primary to secondary school and from secondary school to college, which might also involve moving from home to campus. It is essential that we have responses and support in place to make those transitions easier for children and young people.

What should, for all young people, be a time of increasing independence and opportunity can, for young people with emotional health and wellbeing needs or mental health problems, signal a period of uncertainty and even deterioration in their mental health. This issue is not unique to Sussex but remains an issue of concern for many young people and their families and carers.

The use of CQUIN (Commissioning for Quality and Innovation) has provided a helpful lever in incentivising local organisations to achieve better outcomes in relation to transition. The CQUIN approach is one where NHS funded organisations can earn 1.25% extra income over and above the contracted amount as an incentive to improve the quality of care. The current CQUIN plan ends in March 2020.<sup>53</sup>

The issue of poor transition can be seen in the following challenges:

- Many transitions are still unplanned and result in acute, unanticipated and crisis presentations.<sup>54</sup> Barriers to transition are not restricted to age boundaries. There can be differences between children's and adult services in relation to thresholds regarding acceptance criteria, professional differences and service structures or configurations that affect the transition process.
- Joint working across the two sectors is not facilitated and it does not enable a sharing of ideas and solutions. As a result, separate service development has taken place that has not properly addressed the issues relating to transition.

---

<sup>53</sup> West Sussex LTP refresh October 2019

<sup>54</sup> Planning mental health services for young adults – improving transition Appleton, S. Pugh, K. NMH DU/NCSS 2010



## Data gathering

The Review Panel sought to gather a variety of information and data as part of the review process. The majority of quantitative data requested related to performance and activity, quality and finance. Much of this was derived from the Mental Health Services Data Set (MHSDS), which was independently analysed by the NHS Benchmarking Network.

The MHSDS submissions are compiled through a national process and are made available for analysis via NHS Digital. The process of gathering and analysing the quantitative data has not been straightforward and have meant that a number of caveats have had to be applied to both the data itself and its interpretation.

There are two central factors that contribute to this position: data completeness and the focus of the data being collected.

## Data completeness

- A significant amount of data was supplied by SPFT and it forms the core of the information used by the NHS Benchmarking Network in relation to community-based care. It is valuable and has provided particular insights into a range of issues. However, it does not represent the totality of the provision across Sussex and so it can only form part of what is a larger and more complex picture. It should not be seen in isolation.
- The development of a complete analytic position for Sussex children and young people's emotional wellbeing services is compromised due to the gaps in the data already described. The review of MHSDS revealed several providers who do not submit data to the MHSDS system, even though as NHS funded services they are required to do so. This creates an incomplete position in interpreting pan-Sussex activity levels.<sup>55</sup>
- A large number of additional providers make submissions to MHSDS but not all providers routinely submit required datasets to MHSDS. The need to submit MHSDS data is mandated by NHS Digital but compliance rates for non-NHS providers in particular are variable with this issue being evident within Sussex. This needs to be addressed as a whole system issue, with all organisations supplying and sharing data so that it can more effectively inform service planning.
- Providers are beginning to collect, analyse and provide information. They are demonstrating a desire to do more but their ability to do so is sometimes limited by what they are commissioned to do and report on.

---

<sup>55</sup> NHSBN report 2019



- Efforts have been made to access supplementary content from CCGs and Local Authorities, but this process has only been partially successful with gaps in data being evident.

## The focus of the data being collected

- As is the case across many services and systems, the collection of data is largely focused on outputs. Outputs are a quantitative summary of an activity. They only show that an activity has taken place, not the impact of that activity.<sup>56</sup>
- There are examples of organisations seeking to measure and report outcomes, however, current measures do not focus sufficiently on them. Outcomes are the change that occurs as a result of an activity. At present, it is difficult to determine the range of outcomes, both positive and negative in relation to children and young people's emotional health and wellbeing.

The partners will need to take account of the data gathered and what it shows. They will also need to recognise the caveats that have been described and in that context, consider how best to make the data that is captured more robust, representative and useful.

They will need to take account of the apparent dichotomy between the quantitative data and the qualitative feedback, where the wider experience of children, young people and their families does not bear out the quantitative data. For example, the data shows good performance in relation to waiting times against national targets, but the experience of children, young people and their families is not as positive. Similarly, some of the data indicates higher levels of satisfaction with services than the responses received as part of the review. In relation to the collection of data on self-harm and suicide among children and young people, there is a need to target the monitoring of these specific indicators to evaluate the impact of existing reduction and prevention plans.

The partners will need to consider more fully the outcomes that should be achieved and focus more closely on this aspect of the information they capture and use to inform local decision-making. They must work together to address the gaps in data completeness as a whole system, so that they can better understand them, as well as utilising the data they do have more effectively.

---

<sup>56</sup> Outputs, outcomes and indicators New Economics Foundation Presentation

## Section Nine

### Recommendations

These recommendations have drawn on the wealth of information and evidence, both qualitative and quantitative, provided to the Review Panel. They have been developed in response to the key themes and findings that have emerged. They are also rooted in the principles contained in *Future in Mind*,<sup>57</sup> which provides the building blocks for promoting, protecting and improving children and young people's emotional health and wellbeing.

In making the recommendations, the Review Panel has focused on the things that it believes will have the most positive impact and benefit. There are a number of enabling factors that will assist in the delivery of the recommendations and these are described here.

The recommendations have been designed to provide the foundations for changes that will not only improve the structures and systems that should underpin both the commissioning and delivery of services, but, most importantly, lead to improvements in the experience of children and young people in Sussex.

Some of the recommendations are deliberately bold. This was the challenge set for the Review Panel by the health and social care leaders that commissioned this review. The recommendations invite the leaders of the partner organisations to share the ambition for change that will prioritise children and young people's emotional health and wellbeing and make Sussex a beacon of good practice.

---

<sup>57</sup> *Future in Mind* Department of Health/Department for Education 2015

## 1. Partnership, accountability and implementation

### Why change is needed

The partnerships in relation to children and young people's emotional health and wellbeing across Sussex have not always been as strong or effective as they could be and this has hindered joint working and improvement. Although current Local Transformation Boards are in place, the Review Panel believes that a new approach will be needed to ensure that change is embedded across organisations and that improvement is seen to be sustainable.

The Review Panel makes the following recommendations to address this:

- 1. The Oversight Group should become a body that takes responsibility for the implementation of the recommendations. Children and young people, parents and carers, third sector organisations and education services representatives should be part of this group. It should hold local organisations to account for implementation and take a role in enabling progress and unblocking any barriers to delivery. It should link to existing forums and governance groups to ensure a co-ordinated approach to delivery and communication. A new chair should be appointed before the inaugural meeting to take this forward.**
- 2. A concordat agreement should be developed and agreed. It should 'seal in' the commitment of all partners to work together on implementation of the review recommendations and should produce a quarterly update on the implementation of these recommendations and an annual statement of progress. All leaders of the partners who commissioned the review and published with the report should sign it. It is incumbent on the partner organisations and their leaders to work collaboratively to deliver the recommendations together to bring about the change that is needed.**

### The intended impact of the recommendations

The impact of this approach should be to bring partners together in an agreed, collective and collaborative process that will facilitate more effective joint working, ensure the recommendations of the review are fully owned and implemented and that accountability and responsibility for that is both strengthened and demonstrated to the public.

## 2. Commissioning

### Why change is needed

The review has found that there is a lack of clear commissioning leadership that closes the gap between children and young people's services, emotional health and wellbeing and mental health delivery, resulting in fragmented and confusing pathways of care.

This has also led to the disparities in investment and service development. This is not a sustainable position for Sussex and it serves children, young people and their families poorly. We propose that aspirations need to be refreshed and revitalised and commissioning structures should be amended and adequately resourced to deliver these ambitions.

The Review Panel makes the following recommendations to address this:

- 3. The NHS and local authorities should jointly create a post of Programme Director for Children and Young People's Emotional Health and Wellbeing with dedicated resource for change. This post should take a pan-Sussex responsibility for the improvement of emotional health, wellbeing and specialist mental health services and the implementation of the recommendations in this report, providing clear leadership and accountability.**

**A job description and person specification should be developed and where possible, the post should be recruited and in place as soon as is practical. During this time, continuity of leadership should be secured through a suitable candidate. The dedicated resource for change should also be identified, secured and deployed in line with the timeframe for the Director post, to support the ambitious implementation time-scales. The Director post should be fixed term for a minimum of two years, to see through transformational change.**

- 4. A co-ordinated commissioning structure should be established for children and young people's emotional health, wellbeing and mental health across Sussex. As part of establishing that structure, consideration should be given to the capacity and capability that exists within current commissioning teams. It should also consider how to achieve better integration of physical and emotional health. The new structure should comprise commissioners from the NHS, local authority children's leads and education to create a holistic approach that is cross-sectorial in nature. The underpinning approach should be one that ensures the commissioning of a range of services and supports needed across Sussex, in line with Future in Mind, as well as giving focus to localities where specific needs dictate that local**

variation in service is needed. A shadow form structure should be in place where possible ahead of formal establishment.

5. **Specialist mental health services for children and young people should be commissioned on a pan-Sussex basis to provide improved consistency in terms of service expectations. This arrangement must consider and develop a clear understanding about how best to achieve the right balance between clinical consistency across Sussex and the flexibility to meet local, population needs, for example in rural and urban areas.**
6. **There should be one strategic plan for children and young people's emotional health and wellbeing and mental health in Sussex. It should set a single strategic vision for Sussex, which is underpinned by a place-based approach to meeting local need. In so doing, it must set the overall strategic direction and provide a clear and demonstrable focus on addressing the diversity of need in specific localities through its strategic intentions.**
7. **Commissioning must focus on outcomes. There should be a Sussex-wide outcomes framework that is strengths based and resilience led with clear and auditable measures of quality and effectiveness across services, both pan-Sussex and at locality level.**

### **The intended impact of the recommendations**

The proposed changes to commissioning are intended to have a positive impact on the consistency of approach and lead to a more strategic way of commissioning, taking account of the need for some local, place-based variation. They will provide a clear demonstration of the priority the partners place on improving both the services and experiences of children and young people across Sussex by providing a specific commissioning focus and will pave the way for an integrated approach to physical and emotional services for children and young people.

## **3. Investment in children and young people's services and support**

### **Why change is needed**

Health investment in children and young people's mental health services across the Sussex CCGs is broadly in line with the national average. However, there are disparities in the way in which that financial resource is distributed, with areas of high need and prevalence actually investing less than those with lower need. It is

also not clear that sufficient financial resource is being focused on services that sit earlier in the pathway.

The picture in relation to local authority funding is not as clear. This can be attributed to the fact that current systems do not neatly or easily allow the local authorities to identify spend on emotional health and wellbeing. This means that drawing reliable conclusions from the review about levels of investment or where they are targeted, both in terms of services and localities is not possible. Work is needed by the local authorities to better understand and clarify the position in relation to investment so that they can play their important role within the partnership in shaping the range of services that need to be commissioned and provided, as well as influencing the outcomes that they and the partners want to see delivered.

The need to invest upstream in public health and prevention or early intervention resources is critical to building a more effective pathway of support and intervention.

The Review Panel makes the following recommendations to address this:

- 8. The CCGs financial investment in children and young people's mental health services should be re-based to ensure that the level of spending is commensurate with the level of need and that the national investment targets are met. The local authority partners must work with the CCGs to ensure a fuller and jointly understood picture of current investment and identify areas for similar re-basing and rebalancing.**

**This must include consideration of the opportunities to recast the investment in specialist services and ensuring appropriate investment from commissioners into early help, prevention and other non-specialist support services. This should be accompanied by a commitment to the transformation of specialist services to ensure a more effective system wide pathway. To aid that process, SPFT should lead a rapid process of modernisation of their specialist services to improve pathways, access and outcomes. Given the scale of transformation across partner organisations, it is recommended that a transformation programme is initiated on inception of this work.**

- 9. The CCG and local authority partners should work together to determine and provide clarity about how much is invested and where, particularly the amount of investment in wellbeing support and commit to improving levels of financial resource being directed into public health, prevention, early intervention and promotion delivery.**

## The intended impact of the recommendations

Re-organisation and re-basing of health and social care investment will ensure that financial resources are appropriately allocated according to levels of prevalence and need. This will have the effect of improving equity of investment across Sussex, while ensuring those areas with highest need have the right level of investment to meet that need. By utilising those prevention and third sector targeted services more effectively, the commissioned pathway will be better placed to intervene and potentially prevent the need for referral to specialist services, allowing those services to focus on those with the highest needs.

Considering the balance of investment, and particularly the return on that investment, is critical in achieving the best outcomes, ensuring that financial resources are appropriately directed and that they are driving improvements.

## 4. Changing the service landscape

### Why change is needed

The current service picture in Sussex is complex, complicated and hard to navigate. Although the specialist mental health provider NHS Trust is a central and important player, there are a myriad of other services and forms of support across Sussex. They do and should play a key role but are often under-utilised; sometimes because they are not known about. Schools and colleges report that they struggle to respond to the rising rate of need being presented to them, and in common with other professionals, families and children and young people, are confused about how, when and where to access help and support. It is unacceptable that children, young people and their families are waiting for treatment and interventions and experience limited options of support while they do so.

Too often, the specialist mental health care services are seen as the only option available when this is far from the case. The effect of this is to exacerbate waiting times, generate numerous inappropriate referrals and children and young people and their families and carers being left disillusioned and without support. This is unacceptable and unnecessary, and requires a step change in the model currently in place.

The Review Panel makes the following recommendations to address this:

- 10. The current landscape of provision requires further review by commissioners. The focus of this should be an examination of the number of providers and what they provide. It should have the aim of ensuring the right range of services and supports within a sustainable system and that are more easily navigable for children, young people**

**and their families. This should include the need to ensure a fuller understanding of the range of services that need to be commissioned to build the right pathway that includes universal services, prevention and early help as well as specialist services.**

- 11. The Single Point of Access (SPOA) model should be swiftly developed and implemented across Sussex. The development of the model should draw on the current local experience as well as looking at models of good practice. It should provide improved and open access to universal services as well as targeted input, with minimum waiting times. It should be open to children and young people to refer themselves, as well as to their families, schools and colleges and general practitioners.**
- 12. As part of the recommended specialist services transformation and modernisation process, the partners, led by SPFT should review and re-describe current thresholds and criteria for access to their services for children and young people. This should be done through a process of co-production between the partners to determine the most appropriate model so that it forms part of the overall pathway, which should include earlier help and support provided by non-specialist services.**
- 13. To better support schools and colleges, the current piloting of Mental Health Support Teams in Sussex should be accelerated and expanded so that 20-25% of all schools and colleges have access to mental health professionals in line with the Green Paper.**

## **The intended impact of the recommendations**

The experience of children and young people, their families and many professionals, including those working in general practice needs to improve. Through these recommendations it is anticipated that a number of positive impacts will be delivered.

Reductions in waiting times, easier and more rapid access to advice help and support without the need to demonstrate a particular degree of illness to get that help will improve the current reported experience greatly. So called 'inappropriate referrals' will be reduced and people will get the right help at the right time. It will enable local services to be more responsive and provide greater clarity about what they do and do not do.

They will better support schools and colleges who are not only key partners, but as professionals, have the most regular and sustained contact with children and young people.



A greater focus on prevention and public health approaches, with easier access to advice, information and service details will enable children and young people, their families and carers to take informed and positive steps to improve self-care, resilience and to know where to get the help they need.

## 5. Access, capacity, demand and productivity

### Why change is needed

Access to appropriate services is critical to ensuring that children and young people and their families and carers get the right help and support, in the right place at the right time. The review has found that too often this does not happen. In addition, the capacity of some services to respond remains problematic evidenced by waiting times and conversion rates. National models such as the THRIVE Framework developed by the Anna Freud Centre or the System Dynamic Modelling Tool for Children and Young People's Mental Health Services<sup>58</sup> could help with this.

There is a need to better understand the part that workforce pressures play as well as issues of efficiency and productivity within services and whether these hinder their ability to respond.

The Review Panel makes the following recommendations to address this:

- 14. All commissioned services will be expected to deliver a demand, capacity and productivity review.**
- 15. The organisations in Sussex should ensure service levels and capacity that are matched to local need. The changes required are likely to take some time to achieve. In the interim, the organisations must put in place the necessary pathways and interventions to support those children and young people who are waiting.**
- 16. There should be a programme of awareness and education directed to statutory referrers that clearly describes the agreed pathway model and about when and to where to refer. This will include embedding the importance of, and confidence in, the full range of commissioned services.**
- 17. To improve accessibility, and given the geography of Sussex, services must operate more flexibly. This includes working beyond traditional 9-5 working hours and school hours and should include evenings and weekends. In addition, services must be offered from a**

---

<sup>58</sup> <https://cypmh.scwcsu.nhs.uk/>

**broader range of locations and where appropriate, in locations that are not necessarily based in statutory sector buildings. Exploration of on-line consultation, advice giving and support as well as the use of other digital options should be explored. This could include advice from specialist services to general practitioners and social prescribers.**

- 18. A Sussex-wide audit and review of the targeted and specialist workforce should be undertaken. From this, plans should be developed to ensure that the number and mix of professionals working in services is appropriate. This audit should take account of any current or recent work conducted as part of the Local Transformation Plan process.**

## **The intended impact of the recommendations**

Children and young people should not have to wait for extended periods to get the help and support they need. The impact of these recommendations, coupled with those made earlier in relation to service models, should be to reduce those waiting times, and ensure that if they do have to wait, they do not do so without some form of support.

By making services more flexible, both in terms of operating hours, locations and online solutions, it is expected that more children and young people will be able to access those services in a timely and appropriate way.

## **6. Co-production and engagement**

### **Why change is needed**

Children and young people have also told us loudly and clearly that they want the opportunity to co-design local services.

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) states that children and young people have the human right to have opinions and for these opinions to matter. It says that the opinions of children and young people should be considered when people make decisions about things that involve them.

The chances to use children and young people's experiences in considering how to improve local services have been missed. Children and young people have not had enough say or influence in how services are designed to address their needs. This must change. The Review Panel makes the following recommendations:

- 19. Children and young people should have a greater say in how resources are spent. An agreed proportion of the available financial resources should be delegated to children and young people to prioritise for their own communities and neighbourhoods. Commissioners and providers must also be able to demonstrate that children and young people have co-designed services and pathways.**
- 20. A Children and Young People’s Panel should be created. It should be composed of children and young people, their families and carers. It must attract dedicated resource to support its operation. The panel should be independently facilitated and run. It should provide an opportunity for children and young people to contribute to, and participate in the development of local services, strategies and plans. Recruitment to the panel should have as wide a representation from across Sussex as possible.**

### **The intended impact of the recommendations**

The impact of these developments will be a demonstrable commitment to hearing and responding to the voice of children and young people. It would bring their opinions and views to the fore and enable them to contribute in a meaningful way to decisions being made about local services and involve them in ensuring that their views are heard and acted upon. It would also enable the partners in Sussex to demonstrate that they abide by Article 12 of the UNCRC.

## A road map for implementation

The implementation of the recommendations contained in the report will require not only a commitment to partnership, but also the initiation of a programme approach, with clear leadership, planning and a support structure to take them forward. To ensure and maintain momentum it will be critical to have the revised Oversight Group, with a chair, the Programme Director and concordat in place by April 2020.

### A concordat agreement

The review panel is aware of the risk faced by many similar reviews that worthy recommendations fail to be translated into actions, so no one actually benefits. We believe that a different approach can be taken. The concordat that has been published with this report, and to which the partners have signed up, provides a basis to ensure a sustained, collective commitment from the partner organisations to act on the recommendations.

It could helpfully be supported by an underpinning set of working principles.

### Developing a plan for implementation

To aid the development of the planning process, we have set out the recommendations (by number only) and identified those that can be categorized as short, medium and longer term, so that work can be initiated and programmed in a co-ordinated way.

These are indicative and aspirational timeframes and further work will need to be undertaken as part of the programme, to define, develop and identify the required resources, as part of an overall programme management approach for the implementation process.

### Short term and immediate priorities

#### Recommendation One

The identification of members of the reconstituted Oversight Group, both organisationally and the individuals from those organisations, should be completed by the end of March 2020.

The first meeting of the reconstituted Oversight Group should take place by the end of April 2020. The appointment of the chair of this group should be concluded by the end of March 2020. In advance of the first meeting, work will be needed to provide role descriptions for the members of the group and its Terms

of Reference as well as putting in place the necessary governance arrangements, both internal and external.

## **Recommendation Two**

The concordat agreement has been signed and included in this report. Should any further underpinning principles to support the partners in working together be needed, these should be developed and in place by the end of March 2020. The new chair should approve any principles and in addition confirm the membership of the Oversight Group and its Terms of Reference prior to the first meeting.

## **Recommendation Three**

The role of Programme Director should be recruited to as soon as possible. In the meantime, interim arrangements should be confirmed no later than the end of February 2020.

By the end of March 2020, the necessary funding for the role should be in place and a role description and person specification should be agreed. This should include management and responsibility lines.

By March 2020 the fixed term role should be advertised and an appointment made as soon as is practical, ideally by the end of that month.

## **Recommendation Ten**

By the end of April 2020, the parameters for the review of all commissioned services should be agreed, for example which services and delivery areas.

By the end of July 2020 a rapid review, led by commissioners should be completed, of promotion and publicity describing the local offer. This should include how to access the services offered, for example through websites, and ensuring information is up to date and accurate.

## **Recommendation Twelve**

By the end of December 2020 a reviewed, co-produced and co-designed thresholds and criteria should be in place.

By July 2020 the development of co-production parameters and agreement of stakeholders and participants in this process should be agreed.

By August 2020 a programme of delivery should be agreed and work then undertaken, to deliver the reviewed thresholds and criteria by the end of December 2020.

## **Recommendation Fourteen**

By March 2021 an agreed capacity and demand plan should be in place.

By June 2020 the parameters for this work should be agreed and the resources needed to deliver the review must be agreed by July 2020, including the commissioning of any additional expertise that may be required.

Between August and December 2020 the review work should be undertaken and a plan agreed with the Oversight Group by January 2021.

## **Recommendation Sixteen**

By June 2020 a central communication plan should be developed.

By July 2020 commissioners should provide updated information on local service offers and a communication and promotion plan should have been developed and agreed. It should be included in available system literature at this point.

## **Recommendation Eighteen**

By December 2020 a workforce strategy plan should have been developed.

Between March and July 2020 existing workforce plans should be reviewed and the expectations of qualifications, skill mix and expertise for targeted and specialist workforce should be agreed and included in the plan.

## **Recommendation Twenty**

By October 2020 a functional Children and Young People's panel should be in place.

By July 2020 the resources needed to support this should be identified and agreed.

By September 2020 the way in which the panel will be supported should be agreed, including any lines of escalation and its position in reporting and governance structures. By this time, agreement should also be reached about the organisation that will lead recruitment to the panel. This should include consideration of the commissioning of specialist expertise to support this process.

By the end of September 2020 the independent facilitation for the panel should have been commissioned and be place.

## Short to medium term priorities

### Recommendation Nine

By the end of October 2020 a clear and targeted investment plan should be in place.

By July 2020 the parameters for this should be agreed and the appropriate and agreed proportions against universal, targeted and specialist provision should be identified and agreed.

By September 2020 this should be signed-off by the partners through the Oversight Group.

In the more medium term this work may be revisited in 2021 to take account of any additional priorities or changes arising from the proposed strategic plan.

### Recommendation Fifteen

By March 2021 a capacity and demand plan should be agreed and in place.

By December 2020 waiting time interventions in each commissioned service should be in place.

The capacity plan should be agreed by the Oversight Group by January 2021 and the delivery expectations on the service provider(s) agreed by March 2021.

If any additional investment is required to address waiting times across the service provider landscape, this should be identified by December 2020.

### Recommendation Seventeen

By January 2021 the delivery of an extended local service offer should be achieved.

By September 2020 service providers should develop a delivery plan in partnership with commissioners, co-produced with children and young people so that the greater access and flexibility required by the recommendation is informed by and responds to their needs.

## Medium term priorities

### Recommendation Four

By the end of 2020/21 a shadow form structure for commissioning should be established.

Between April and September 2020 the Programme Director should lead the review of current capacity and capability and present recommendations to the Oversight Group no later than October 2020.

Between December 2020 and March 2021 the change management processes required should be completed.

The process will need to take account of any current or planned organisational restructures within the partner agencies and take account of any existing or required formal partnership arrangements, including those covered by Section 75.

### Recommendation Five

By the end of March 2020/21 pan-Sussex commissioning and contracting arrangements should be in place.

By the end of July 2020 the structural responsibilities, for example, the length of current contract and current investment should be identified.

By August 2020 any barriers to the proposed new arrangements must be identified and included in contractual discussions for 2021/22.

By November 2021 service specifications, performance reporting parameters and other essential contractual requirements must have been reviewed and re-drafted.

### Recommendation Six

By the end of March 2020 a strategic plan should have been developed and agreed.

This will require the identification of any barriers to system wide planning, and the necessary governance steps needed to agree such a plan.

### Recommendation Seven

By the end of January 2021 an outcomes framework should be developed and agreed for implementation from the start of April 2021.



This timing will enable the proposed Children and Young People's panel to input to the process.

It will need to take account of organisational and system priorities and be informed by them. Agreement will be needed by the partners and stakeholders and ensure that service specifications and performance reports can deliver on the expectations in the framework.

## **Recommendation Eight**

By the end of October 2021 an investment plan must be developed and agreed.

By July 2021 the parameters for re-basing of investment must be agreed by all the partners. This should include consideration of whether the task should encompass emotional health and wellbeing services or include all mental health services.

By July 2021 the supporting information needed should be compiled and should include prevalence and needs data, demographics and anticipated population growth and should draw on Public Health expertise to support this work.

By the end of January 2021 the work to develop a change management programme for specialist services should be presented to the Oversight Group for approval.

## **Recommendation Eleven**

By April 2021 Single Point of Access (SPOA) models should be in place across Sussex.

This will require review of current arrangements, identifying the good practice that exists and could be adopted and the agreement of an appropriate SPOA model.

A change management process should be put in place to deliver the change.

## **Recommendation Nineteen**

By the end of March 2021 a resource plan that identifies investment, who will manage the resource and how it will be accessed and managed should be in place. The following milestones are indicated;

- By September 2020 the amount of resource should be identified
- By December 2020 the deliverable for that resource should be agreed

- By March 2021 the management of the resource should be commissioned through an appropriate process.

## Long term priorities

### Recommendation Thirteen

By March 2023 the achievement of mental health support team provision in schools should be completed.

A programme to support delivery through existing operational and investment planning will need to be developed.

### Anticipated challenges

As with all plans for implementation there are challenges associated with the delivery and the proposed timescales, we have described these to inform the discussions that will take place to agree the plan.

**Recommendation Four** – This is considered challenging. It is anticipated that single commissioning arrangements changes can be achieved more easily whilst joint commissioning arrangements will require more time and attention. If joint commissioning arrangements are held within a Section 75 agreement this will necessitate legal input for all parties.

**Recommendation Five** – Any recommendation that impacts on the commissioning and contracting of services will need a generous lead in period. Contract discussions with providers will usually commence in October or November depending on NHSE's position on last sign off date. In order to deliver this recommendation, it is proposed that there is a significant period of preparation, a duration of at least 12 months.

It is noted that this recommendation will be impacted by any senior decisions on the future organisational design of mental health commissioning in Sussex in the future.

**Recommendation Eight** - This recommendation includes a request that the specialist service modernises its operation. This is a large-scale change management process that will take time to; identify, plan, gain agreement for and deliver. The actions described thus far below focus on planning rather than delivery. It is proposed that this should be discussed further to understand and gain agreement about the scope of modernisation which will inform timescale delivery.

**Recommendation Nine** – This is considered challenging because the important part of this recommendation is the commitment to **improve** levels of investment. Given that investment plans for 2020/2021 will already be committed by April 2020 and are already well into the planning phase, it is anticipated that partners will need time to; identify, apportion and approve any improvement levels in funding.

**Recommendations Fourteen and Fifteen** – Both recommendations are dependent on delivering Recommendations 5 and 10.

**Recommendation Seventeen** – This recommendation is considered challenging because providers will need to cost any new models and gain agreement for investment in the new model.

This set of indicative timescales, initial prioritisation and anticipated challenges is offered as a means of assisting the partners to begin to plan the implementation process. It will be for them to agree the prioritisation and some amendments may be needed to take account of other demands, parallel work and potential slippage.

The prioritisation and timescales should be kept under regular review and it is suggested that formal independent review of progress should be undertaken at the six, 12 and 18-month points in the delivery process.

## The enablers that could assist with implementation

The Review Panel recognises that the recommendations will require significant work to implement and that there will be structural challenges to overcome in doing so. However, there are some enabling factors that will be of assistance in not only implementing the recommendations, but also in addressing some of the other themes and findings from the review. Many are implicit within the recommendations; others are distinct but are linked. The following are the enablers the Review Panel believes could be most helpful:

### A concordat approach

The review panel is aware of the risk faced by many similar reviews that worthy recommendations fail to be translated into actions, so no one actually benefits. We believe that a different approach can be taken. We have recommended and put in place the use of a concordat approach to action planning and implementation.

### Children and Young People's Panel

The creation of a Children and Young People's Panel, based on a Citizen's Panel model, will provide the opportunity for the voice of children and young people to be heard and acted upon. It will enable the partners to make decisions that are based on the views and opinions of the people they most affect. By using this method of engagement, the partners can then establish ways in which the Panel members can further contribute to monitoring and review of service developments and responses to the review. It will need to play a role in advising on how further engagement and targeted and effective communication about services and support can be relayed to children and young people. The current system of Youth Councils would also provide a helpful forum for testing ideas, gathering views and opinions.

### Map of services and what they have to offer

The review has found that there is lack of up to date and accurate information available to children, young people and their families about the range of services available to support them. This is equally true for some professionals, particularly General Practitioners, who too often default to referring to specialist mental health services.

In Sussex, it should be *'business as usual'* that accurate and up to date information about local services is available easily. All NHS and local authority websites should be up to date, and refreshed at least every six months. Information about services should routinely be shared with general practitioners to the same timescale. It should also be made in a range of other settings,

including schools, colleges, libraries, youth clubs etc. If this is the case, it will help to publicise and inform children and young people, their families and carers and other professionals about the range of services and supports that are available.

## **Review of contracts**

The review has identified gaps in data in relation to standards, quality and performance as well as in relation to financial investment. This has a direct impact on the effectiveness of local planning, review and improvement. The current data sets collected by local organisations should be identified and reviewed. Attention should be paid to current known gaps and plans put in place to address them. In particular, there should be a focus on quality of service and the experience of those who use the services. This will better inform commissioning and monitoring of services and supports and provide a platform for more informed decisions and strategic development.

Current contracts with providers should be reviewed with particular attention paid to outcomes achieved, effective use of resources and the achievement of standards and quality measures. This process should provide assurance, and where it does not, the re-tendering of contracts should be considered.

If data about service performance and quality is routinely shared between organisations this will place transparency at the heart of the way in which the partners work together. Third sector organisations should routinely contribute to local data sets. All NHS funded services should flow data to MHSDS (Mental Health Services Data Set) and where this is not happening, this must be rectified by end of April 2020.

## **Finance and planning**

For financial planning, the partners to the concordat must have an open book approach and identify investment to meet any statutory duty as well as what proportion of that will be used to meet emotional health and wellbeing needs. Where possible, this should be benchmarked. This level of transparency is essential to understanding how much is spent on ensuring the emotional health and wellbeing of our children and young people.

In developing a set of outcome measures, Sussex should identify a suitable comparator area against which it can benchmark its performance. By doing this it can provide the partners with a means by which to compare and contrast their position and be a lever for continued improvement.

## Conclusion

This review has been thorough and rigorous. It has adopted an approach that has sought engagement from a range of stakeholders and used the evidence from those conversations, the review of data and information, policy and research to shape the findings and recommendations.

We believe that this report provides an opportunity for the local partners to undertake changes and deliver improvements that will ensure there is a firmer foundation for the future for children and young people who experience emotional health and wellbeing difficulties in Sussex.

## Acknowledgements from the Chair

A number of people contributed significantly to the review process and without them it would not have been possible to have conducted it so thoroughly, not least the Review Panel members, but also the members of the Oversight Group. Four people in particular deserve recognition:

My particular thanks go to Kim Grosvenor. Her leadership of the programme ensured that we kept on track, and upheld the aspirations and vision of the review. Her attendance at the engagement events, input to the development of this report, as well as her regular guidance and advice throughout the process was especially valuable and much appreciated.

My thanks also go to Sue Miller. Her work in gathering and analysing much of the data has been particularly helpful. Sue also visited several services and attended engagement events across the whole of Sussex as well as providing assistance with the development of this report.

My thanks to Sarah Lofts and Ruth Edmondson who supported the engagement process with diligence and were instrumental in helping to gather information on services, contacts and arranging meetings.

**Steve Appleton**  
**Independent Chair**





## Appendix One

### Review panel members

Steve Appleton	Contact Consulting - Independent Chair
Helen Arnold-Jenkins	Parent/carer Expert by Experience
Rachel Brett	Director of Children and Young People YMCA
Gill Brooks	Lead Commissioning Manager Children's Mental Health and Wellbeing, Brighton & Hove CCG
Ben Brown	Consultant in Public Health, East Sussex County Council ( <i>on Panel from August 2019</i> )
Georgina Clarke-Green	Assistant Director Health SEN and Disability, Brighton & Hove City Council
Alison Cousens	Assistant Principal (Student Services) Brighton & Hove Sixth Form College ( <i>on Panel from July 2019</i> )
Atiya Gourlay	Equality and Participation Manager Children's Services, East Sussex County Council
Amy Herring	Children and Young People's Representative Kent and Sussex / NHS England Youth Forum
Brian Hughes	Head of Targeted Youth Support and Youth Justice, East Sussex County Council
Abigail Kilgariff	Headteacher High Cliff Academy, Newhaven ( <i>on Panel from July 2019</i> )
Alison Nuttall	Head of Commissioning All Age Services West Sussex County Council and CCGs
Dr Sarah Richards	Chief of Clinical Quality and Performance, High Weald Lewes Havens CCG
Jim Roberts	Headteacher Hove Park School ( <i>on Panel from July 2019</i> )
Helen Russell	Lead Clinical Quality & Patient Safety Manager Brighton & Hove Clinical Commissioning Group ( <i>on Panel from August 2019</i> )

Victoria Spencer Hughes	Consultant in Public Health, East Sussex County Council ( <i>on Panel until August 2019</i> )
Frank Stanford	Headteacher, SABDEN Academy ( <i>on Panel from July 2019</i> )
Dr Alison Wallis	Clinical Director Children and Young People's Services, Sussex Partnership NHS Foundation Trust
Dr Ann York	Clinical Lead – NHS South East Clinical Network ( <i>on Panel until August 2019</i> )

A project team whose role was to assist the Independent Chair and the panel in conducting the review supported the review panel.

Kim Grosvenor	Deputy Director – Primary and Community Care Sussex CCGs. Project Lead for the review
Sue Miller	Special Programmes Manager
Sarah Lofts	Senior Programme Delivery Officer
Ruth Edmondson	Senior Programme Delivery Officer ( <i>from July 2019 until November 2019</i> )

## Appendix Two

### The governance structure for the review

To ensure that the review was undertaken in a rigorous and fair way, it was important to establish clear oversight of the Review Panel and to ensure that it conducted its work in accordance with the Terms of Reference and in line with the stakeholder agreed, Key Lines of Enquiry. The Review Panel was accountable to local organisations through the Oversight Group.

An Oversight Group was established, chaired by Chief Executive of the Sussex Clinical Commissioning Groups. The role of the Oversight Group was:

- To establish the membership of the Review Panel drawn from local stakeholders
- To ensure that the Review was fair and rigorous
- To ensure that the Terms of Reference were applied consistently
- To receive regular updates from the Independent Chair of the Review Panel on progress
- To suggest additional key lines of enquiry where necessary
- To be a forum for the Review Panel to test emerging themes, key messages
- To ensure oversight of the review is conducted by an appropriate and representative group of key local stakeholders.

### Membership of the Oversight Group

Adam Doyle	CEO of the CCGs in Sussex and the Senior Responsible Officer for the Sussex Health and Care Partnership. Chair of the Oversight Group
Samantha Allen	Chief Executive, Sussex Partnership NHS Foundation Trust
Karen Breen	Deputy Chief Executive and Chief Operating Officer, Sussex Clinical Commissioning Group
Andrew Fraser	Interim Director of Children and Family Services, West Sussex County Council ( <i>until mid-May 2019</i> )
Pinaki Ghoshal	Executive Director, Families, Children and Learning Brighton & Hove City Council
Stuart Gallimore	Director of Children's Services, East Sussex County Council
Wendy Carberry	Executive Director of Primary Care, Central Sussex & East Surrey Commissioning Alliance ( <i>until August 2019</i> )

John Readman      Interim Director of Children and Family Services, West  
Sussex County Council (*from mid-May 2019 until January  
2020*)

AnnMarie Dodds      Interim Director of Children and Family Services, West  
Sussex County Council (*from January 2020*)

Steve Appleton, Independent Chair and Kim Grosvenor, Project Lead attended  
Oversight Group meetings.

## Appendix Three

### The Terms of Reference

- How effectively are children and young people and families engaged?
- How effective is the pathway in terms of equality of access, reach of service provision, integration, knowledge of services within the system, quality of referrals and responses to referrers, families and young people?
- What is the quality and timeliness of services delivered to children and young people?
- How well do stakeholders understand current contractual arrangements, thresholds, services and monitoring data?
- What evidence is there of outcomes from interventions?
- Review of the Children and Young Person's Journey
- The story of children/young people as developed through case file audits and talking to children/young people and families
- Experiences of all who are part of the system as referrers, sign-posters, practitioners, commissioners
- Developing core points for future contracting.
- Setting the Sussex service provision in the context of regional and national delivery
- Identification of key quality and outcome criteria with a robust reporting framework to allow robust assurance for statutory commissioning organisations i.e. Clinical Commissioning Groups, Local Authorities, NHS England/Improvement
- Issues for future mental health strategy and commissioning of CYPMHs in Sussex going forward i.e. how much should we be investing and where? How do we ensure best value for money in meeting the needs of children across Sussex?

## **Appendix Four**

### **The Key Lines of Enquiry**

Having considered the Terms of Reference for the review, it was agreed to distil these into a concise set of Key Lines of Enquiry (KLOE). This enables the Review Panel to remain focused and to consider a series of questions that informed the final report and its recommendations.

#### **1. Access to services**

- How easy is it to access services?
- What obstacles exist and why?
- Is there equality of access across Sussex? If not, why?
- How responsive are local services?
- What could be done to improve access?

#### **2. Capacity**

- What is the level and type of provision of services for children and young people?
- Is current capacity sufficient? If not what needs to change?

#### **3. Safety of current services**

- How are children and young people kept safe within and without services in Sussex?
- Effectiveness of local safeguarding processes?

#### **4. Funding and Commissioning**

- How and by whom are services commissioned?
- What are the available financial resources?
- How do these compare to other similar areas?
- What are the local strategies, how have they been implemented?
- Should there be an overarching plan for Sussex?

#### **5. The experience of children, young people and their families**

- What is the experience of children, young people and their families?
- How do they experience the pathway?
- What knowledge do they have of local services?
- How do they think their voice is being heard (if it is)?
- What do they think works well?
- What do they think needs to change or improve?

## **6. Effectiveness**

- How effective are local services for children and young people?
- Do the current pathways deliver?
- What are the quality and outcome measures?
- Do these help to inform service development and improvement?
- Do they need to change?

## **7. Relationships and partnership**

- How well do services work together?
- How do the LAs, NHS and third sector collaborate?
- How can these relationships and partnerships be strengthened?

## GLOSSARY

### **CAMHS – Child and Adolescent Mental Health Services**

CAMHS are the NHS services that assesses and treats young people with emotional, behavioural or mental health difficulties. CAMHS support covers issues such as depression, problems with food, self-harm, abuse, violence or anger, bipolar, schizophrenia and anxiety.

### **CCGs - Clinical Commissioning Groups**

CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

### **An upstream approach**

Upstream services, interventions and strategies focus on improving the supports that allow people to achieve their full emotional health and wellbeing potential. An upstream approach requires the whole system to consider the wider social, economic and environmental origins of emotional health and wellbeing problems, not just the symptoms or the end effect.

Such an approach can be used to address not only the policies and strategies in a cross-sectorial way that will improve the conditions that affect emotional health and wellbeing, but also the provision of specific services to address their impact on it for children and young people. Typically these focus on prevention, self-care and promotion.

### **Tier 1 - universal services**

These include general practitioners, primary care services, health visitors, schools and early year's provision.

### **Tier 2 - targeted services**

These services include mental health professionals working singularly rather than as part of a multi-disciplinary team (such as CAMHS professionals based in schools or paediatric psychologists in acute care settings).

### **Tier 3 – specialist services (CAMHS)**

These are multi-disciplinary teams of child and adolescent mental health professionals providing a range of interventions. Access to the specialist team is often via referral from a GP, but referrals may also be accepted from schools and other agencies, and in some cases self-referral. Specialist CAMHS can include teams with specific remits to provide for particular groups of children and young people

### **Tier 4 - highly specialist services**

These include day and inpatient services, some highly specialist outpatient services, and increasingly services such as crisis/ home treatment services, which provide an alternative to admission. Such services are often provided on a



regional basis. Each of these services will have been commissioned on a national basis to date.

### **Transition**

This is a time of change from one place/service to another. In terms of mental health, this may mean the transfer of clinical care from child to adult mental health services. It is also possible that a young person may no longer need the support of the CAMHS team, so they will be discharged and will continue to receive support from others, but is not referred on to adult mental health services.

For those young people who do continue to have severe mental health problems that require a transition to adult mental health services, this transition from one service to another should be a smooth process that offers uninterrupted continuity of care.

There are other transitions that impact on children and young people e.g. the move from primary to secondary school and from secondary school to college, which might also involve moving from home to campus.



## Building the Foundations: A concordat for action

As the partners that commissioned the review of children and young peoples' emotional health and wellbeing services in Sussex, we accept the challenge that the report has set out for us, both in its findings and its recommendations.

We are determined that the recommendations are translated into demonstrable actions, so that children, young people and their families reap the benefits of the work we now commit to undertake.

To ensure that all the partners play their part, we have developed this concordat for action. It means that the Clinical Commissioning Groups, Brighton & Hove City Council, East Sussex County Council, West Sussex County Council and Sussex Partnership NHS Foundation Trust are all equally committed to working together in a collaborative way to deliver the actions needed.

This is a significant statement of commitment to a common purpose that has been shared, agreed and signed by the senior leaders of each of the partnership organisations which commissioned the review.

The following statements describe that nature of that commitment:

**We accept the recommendations and will work together in partnership to implement them. In doing so we are collectively committed to the improvement of services to support the children and young people who experience poor emotional health and wellbeing in Sussex.**

**We will develop a clear and prioritised action plan to implement the recommendations. It will contain agreed timescales for the achievement of each of the recommendations and we will work together to regularly monitor our progress and hold each other to account for delivery. We will also ensure independent review of our progress over the period of implementation.**

**As senior leaders, we will set the standard in the way we work together. We will do so honestly and transparently and we will ensure effective collaboration at all levels of our respective organisations. We will actively support those working to deliver each of the recommendations and practically assist them to overcome any obstacles to achieving them.**

**We will work closely and constructively with our communities and our other partners in Sussex in the delivery of the recommendations. In particular, we will call upon our colleagues in the voluntary and third sector to commit to work with us and support us, on this journey of improvement.**

**We will give a strong voice to children, young people and their families. We will listen to them and continue to draw upon their experiences to guide our work to ensure a co-productive approach to improvement.**

By signing this concordat, we as leaders are committing ourselves and our organisations to this work, to do it collaboratively and to improve the emotional health and wellbeing of children and young people in Sussex.

Signed:

Adam Doyle  
Chief Executive Officer  
Sussex Clinical Commissioning  
Groups and Senior Responsible  
Officer for the Sussex Health and  
Care Partnership

Samantha Allen  
Chief Executive Officer  
Sussex Partnership NHS Foundation  
Trust

Lucy Butler  
Executive Director for Children,  
Young People and Learning.  
West Sussex County Council

Stuart Gallimore  
Director of Children's Services  
East Sussex County Council

Deb Austin  
Interim Executive Director - Families  
Children & Learning  
Brighton & Hove City Council  
Groups

Karen Breen  
Deputy Chief Executive Officer and  
Chief Operating Officer  
Sussex Clinical Commissioning



*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.*

Title: Foundations  
For Our Future –  
the final Report  
from the Sussex  
Wide Children &  
Young Person's  
Emotional Health  
& Wellbeing  
Service Review

Date of Meeting: 28 July 2020

Report of: Clinical  
Commissioning  
Group/ Executive  
Director Families,  
Children and  
Learning

Contact: Lola  
Bankoko/Deb  
Austin

Tel: 01273

Email:

Wards Affected:  
ALL

**FOR GENERAL RELEASE**

### **Executive Summary**

Foundations For Our Future (Appendix 1) is the independently authored report from the **Sussex Wide Children & Young Person's Emotional Health & Wellbeing Service Review** which was jointly commissioned by Sussex Clinical



Commissioning Groups (CCGs), the three local authorities in Sussex and Sussex Partnership NHS Foundation Trust (SPFT). The Review was independently chaired throughout its duration.

The Review was structured to provide an in-depth and up-to-date picture of the services and support available to children and young people and was a listening and analytical exercise aimed at gathering a wide scope of information and feedback, from quantitative data to qualitative insights, of the emotional health and wellbeing services and support on offer to children and young people, aged 0 -18, and their families in Sussex.

The Review was not a formal public consultation, the communications approach developed was designed to support and promote targeted and meaningful stakeholder engagement work. The scope of the Review was wide, taking a broader view of the services and support available and provided an opportunity to step back and consider not only what is offered currently but also, what might be offered in future and how organisations across Sussex can improve that offer, through working collaboratively or by making changes to their own structures, systems or practices.

This Report affects children, young people and their families and carers in Brighton & Hove.

Foundations for Our Future was completed in the weeks prior to the emergence of the coronavirus pandemic.

The effects of the pandemic on children and young people are already emerging. They are directly experiencing social distancing, high levels of isolation, imposed absence from school and some support systems, and the wider social and economic dislocation COVID-19 will cause. A survey conducted by Young Minds<sup>1</sup> in the early weeks of lockdown found that many children and young people reported increased anxiety, problems with sleep, panic attacks or more frequent urges to self-harm among those who already self-harmed. The Children's Commissioner for England has suggested that the harm to children's future prospects is likely to be particularly felt by the poorest and youngest. There have also been reports of falling referrals to specialist mental health services during the lockdown.

These are of course issues of great concern, but there have also been positives across the country and in Sussex specifically. Organisations have collaborated, innovated and made changes to their ways of working that in other circumstances might have taken months or years to bring about. There are reasons to be encouraged that these positives can be maintained and built upon as we move forward into restoration and recovery of services.

Within this context, the recommendations in Foundations for Our Future can now move forward to publication and implementation. It does so in a new landscape

---

<sup>1</sup> [https://youngminds.org.uk/media/3708/coronavirus-report\\_march2020.pdf](https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf)

where the messages in the report about transformation and improvement are perhaps even more relevant than before the pandemic emerged.

The implementation timeline for the recommendations in the report are those that developed before the pandemic caused work to be paused. That timeline will now be reviewed and adjusted to reflect the new context in which they need to be delivered. There will also be a re-consideration of the priority of each recommendation and where possible, particular aspects of work may be accelerated. The implementation will take place alongside the broader restoration and recovery process, and will feed into that work.

The report can now act as a lever for change in this new landscape, driving transformation, including to specialist mental health services, and a renewed focus on the importance of population mental health and wellbeing approaches and the key role of schools. Doing this will not only respond to the issues raised in the report, but will contribute to the wider response to the impact of COVID-19.

The mental health and emotional wellbeing of children and young people in Sussex, as well as supporting our workforce in this field, remains a priority for us and the partner organisations remain committed to implementing the recommendations in the report with vigour and pace.

### **Glossary of Terms**

All terms are described or explained within the body of this report. Within Foundations For Our Future there is an additional glossary of terms included in the appendices.

## **1. Decisions, recommendations and any options**

**1.1** The final Report is appended and the Board is requested to:

- a) Note the Independently Chaired Report – Foundations For Our Future - at Appendix 1**
- b) Agree the Concordat which underpins the partnership commitment to act upon the recommendations – at Appendix 2 and;**
- c) Agree in principle the recommendations described in the Report and included here at section 2.17 below. A further update to be provided to the Board in respect of the financial implications for Brighton & Hove City Council prior to final sign off .**

## **2. Relevant information**

**2.1** Across Sussex, NHS and local authority partners had increasingly become aware that the experience of children and young people, and their families and carers, who needed emotional and wellbeing support required improvement.

**2.2** To better understand; the obstacles to access and to treatment; what needed to improve; and what worked well in the current system, the Sussex Wide Children & Young Person's Emotional Health & Wellbeing Service Review was jointly commissioned by Sussex CCGs, the three local authorities in Sussex and Sussex

Partnership NHS Foundation Trust (SPFT). The Review focused on obtaining an in depth understanding of the emotional health and wellbeing services and support on offer to children and young people, aged 0 -18, and their families in Sussex. The Review was established in January 2019 and the final report – **Foundations For Our Future** will be the published document from the review, coming at a time of unprecedented focus on children and young people’s mental health both locally and nationally.

**2.3** The partners to the Review, requested that it should result in ambitious recommendations for action.

**2.4** The Review was conducted to provide an in-depth and up-to-date picture of the services and support available to children and young people and was a listening and analytical exercise aimed at gathering a wide scope of information and feedback, from quantitative data to qualitative insights. The Review was not a formal public consultation and the communications approach developed was designed to support and promote targeted and meaningful stakeholder engagement work, making every effort to be as inclusive and wide-reaching as possible within the timescales and available resources. The scope of the Review was wide, taking a broader view of the services and support available and offered an opportunity to step back and consider not only what is provided currently but also, what might be offered in future and how organisations across Sussex can improve that offer, through working collaboratively or by making changes to their own structures, systems or practices.

**2.5 Oversight** - A complete list of those local senior leaders providing oversight can be found in the full Report at Appendix 2. The Oversight Group (OSG) was chaired by Adam Doyle, Chief Executive Officer of the Clinical Commissioning Groups in Sussex and the Senior Responsible Officer for the Sussex Health and Care Partnership.

**2.6 Review Panel** - The OSG was supported by an independently chaired Review Panel (RP) and a review team. The RP included; clinical leaders (both local and regional), commissioners, experts by experience, engagement representatives, the voluntary sector, schools and colleges representatives, Special Educational Needs and Disabilities (SEND) leaders, quality & safety leads and Public Health, all of whom possessed a depth of knowledge of children and young people’s experiences and perspectives, as well as issues relating to emotional health and wellbeing and children and young people’s mental health. Steve Appleton<sup>2</sup> was commissioned as the independent chair of the RP and is the author of the final report. The RP was accountable to local organisations through the OSG.

**2.7 Terms of Reference** - The Review process was governed by a Terms of Reference (ToR). The full details are providing in appendix 1 but in summary included engagement levels of service users, effectiveness of pathways, quality and timeliness of services, evidence of outcomes and a range of areas to inform future commissioning.

---

<sup>2</sup> <http://www.contactconsulting.co.uk/>



**2.8 Key Lines of Enquiry (KLOE)** - The ToR were defined into a concise set of KLOE which enabled the RP to focus and consider a series of questions that informed the final report and its recommendations. The KLOE can be summarised under the following headings;

- **Access to services:** how easy is it to get a service and what could we do better?
- **Capacity:** how long do people wait to be seen, why is this and what can we do about it?
- **Safety of current services:** how are children kept safe when accessing services?
- **Funding and commissioning:** what are the available resources locally?
- **The experience of children, young people and their families:** what knowledge do our communities have of services and do they think their experiences are being heard?
- **Effectiveness:** do the current pathways deliver the care and support we need?
- **Relationships and partnership:** how well do services work together?

**2.9** Over the duration of the Review, more than 40 engagement events were attended and just under 1500 individual voices were heard through online surveys, open space events, visits to services and focus groups. Over 700 people responded to the five online surveys alone, with one in four Sussex GPs responding to their specific survey. This feedback contributed to the findings of the Report and the themes and recommendations that inform implementation.

**2.10** The Oversight Group developed a Concordat Agreement as the partnership framework to act upon the recommendations and to implement change across the health and social care system.

## **2.11 National and local context**

**2.11.1** In 2015, the coalition government published Future in Mind<sup>3</sup>, a report of the work of the Children and Young People's Mental Health Taskforce. This outlined the transformation of design and delivery of the mental health offer for children and young people in any locality, describing a step change in how care is delivered, moving away from a system defined in terms of the services organisations provide (the tiered model) towards one built around the needs of children, young people and their families. It described a five-year ambition to create a system that brings together the potential of the NHS, schools, social care the third sector, the internet, parents and children and young people, to improve mental health, wellbeing and service provision.

**2.11.2** Locally, the Review drew on all strategies and plans related to children and young people's emotional health and wellbeing in developing the KLOE and enabling a better understanding of the challenges and context. These local plans included; Local Transformation Plans (LTP), SEND (Special Educational Needs and Disabilities) strategies, Suicide Prevention Plans, Early Years Plans and local joint needs assessments.

---

<sup>3</sup> Future in Mind, Promoting, protecting and improving our children and young people's mental health and wellbeing, NHSE 2015, <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

**2.12 Prevalence and need** - Nationally, 70% of children and young people who experience a mental health problem haven't had appropriate support at an early enough age<sup>4</sup> and reporting of emotional and wellbeing problems has become increasingly common. The numbers of those reporting such problems is rising.

Wellbeing has been shown to decline as children and young people get older, particularly through adolescence, with girls more likely to report a reduced feeling of wellbeing than boys do. As a group, 13-15 year olds report lower life satisfaction than those who are younger.<sup>5</sup>

Children from low-income families are four times more likely to experience mental health problems compared to those from higher-income families.<sup>6</sup> Among LGBTQ+<sup>7</sup> young people, seven out of 10 girls and six out of 10 boys describe experiencing suicidal thoughts. These children and young people are around three times as likely as others to have made a suicide attempt.<sup>8</sup>

In pre-school children (those under the age of five), the national prevalence of mental health disorders is one in 18, with boys 50% more likely to have a disorder than girls.<sup>9</sup> Of the more than 11,000 14-year-olds surveyed in the Millennium Cohort Study in 2018, 16% reported they had self-harmed in 2017/18.<sup>10</sup> Based on these figures, it is suggested that nearly 110,000 children aged 14 may have self-harmed across the UK in the same 12-month period.<sup>11</sup> Young women in this age group were three times more likely to self-harm than young men.<sup>12</sup> An estimated 200 children a year lose their lives through completed suicide in the UK.<sup>13</sup>

It is estimated that one in ten children and young people have a diagnosable mental disorder, the equivalent of three pupils in every classroom across the country.<sup>14</sup>

In England, the demand for specialist child and adolescent mental health services is rising, with record levels of referrals being reported.<sup>15</sup>

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

<sup>5</sup> State of the Nation 2019: Children and Young People's Wellbeing Department for Education October 2019 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/838022/State\\_of\\_the\\_Nation\\_2019\\_young\\_people\\_children\\_wellbeing.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/838022/State_of_the_Nation_2019_young_people_children_wellbeing.pdf)

<sup>6</sup> Children and young people's mental health: The facts Centre for Mental Health 2018 [https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth\\_ChildrenYoungPeople\\_Factsheet.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_ChildrenYoungPeople_Factsheet.pdf)

<sup>7</sup> LGBTQ+ is used to represent those people who are lesbian, gay, bisexual, transgender, questioning and "plus," which represents other sexual identities including pansexual, asexual and omnisexual

<sup>8</sup> Children and young people's mental health: The facts Centre for Mental Health 2018 [https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth\\_ChildrenYoungPeople\\_Factsheet.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_ChildrenYoungPeople_Factsheet.pdf)

<sup>9</sup> Mental health of children and young people in England, 2018 <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

<sup>10</sup> Millennium Cohort Study <https://cls.ucl.ac.uk/cls-studies/millennium-cohort-study/>

<sup>11</sup> The Good Childhood Report Children's Society, 2018 <https://www.childrensociety.org.uk/good-childhood-report>

<sup>12</sup> Brooks et al 2015 in Children and young people's mental health: The facts, Centre for Mental Health, 2018 [https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth\\_ChildrenYoungPeople\\_Factsheet.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/CentreforMentalHealth_ChildrenYoungPeople_Factsheet.pdf)

<sup>13</sup> Burton, M. Practice Nursing Vol. 30, No. 5 <https://www.magonlinelibrary.com/doi/pdf/10.12968/pnur.2019.30.5.218>

<sup>14</sup> Supporting mental health in schools and colleges Department for Education/NatCEN Social Research and National Children's Bureau, August 2017

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/634725/Supporting\\_Mental\\_Health\\_synthesis\\_report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/634725/Supporting_Mental_Health_synthesis_report.pdf)

<sup>15</sup> Children's mental health services: the data behind the headlines Centre for Mental Health October 2019 <https://www.centreformentalhealth.org.uk/blog/childrens-data>

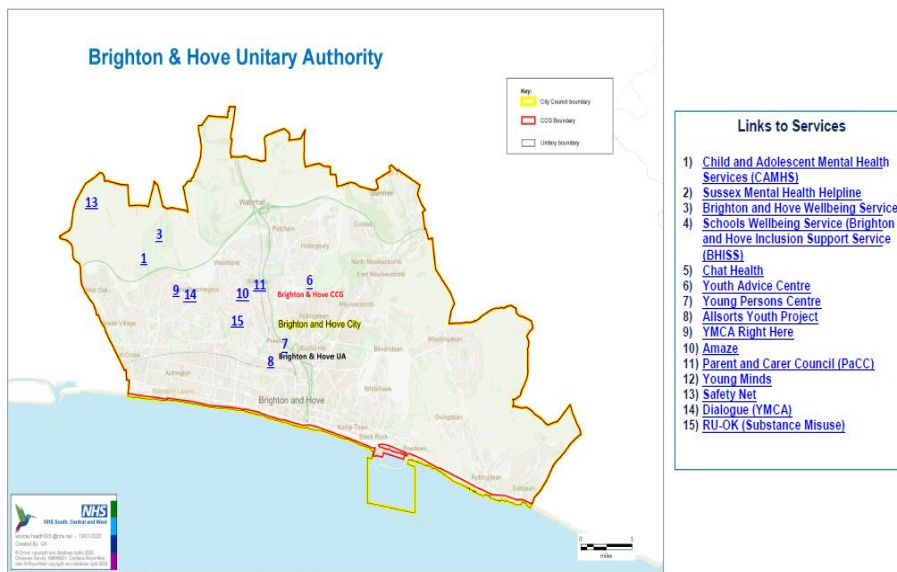
## 2.13 Sussex - key messages from the Review

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

**2.14 Review methodology** - The review was conducted using a mixed methodology approach using both qualitative and quantitative evidence gathering. The Review Panel received a significant amount of information, views and opinions during the quantitative and qualitative data gathering phase. The report in appendix 1 provides detail on the quantitative and qualitative data gathering that was included.

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

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



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

**2.16 Key findings** - The Review Panel has considered and analysed a wide range of evidence and information. Drawing on this has enabled the identification of a series of key findings in relation to children and young people’s emotional health and wellbeing in Sussex. Key findings are described in greater detail in **Foundations for Our Future** and are provided here from the Executive Summary of that document.

The following key findings have been translated into recommendations which are described in section 2.17.1 below.

- (i) Access to services is difficult and the current pattern of provision is complex and hard to navigate. There is a lack of knowledge about the range of emotional health and wellbeing services in Sussex and an over reliance on referral to specialist mental health services.
- (ii) Referral criteria and thresholds (entry standards) for services are not well articulated and are not clear to either professionals or the public. Sometimes, services appear to work in isolation from one another and are not joined up.
- (iii) Children and young people often experience lengthy waits for assessment and the provision of services. This is the case in both statutory and third sector services. There are minimal support options for children, young people and their families while they are waiting. There is a national target for the numbers of young people who need services who are accessing services; this is 34% for 2019/20 and (at least) 35% for 2020/21. Some areas in Sussex are achieving that access rate while others are not. We should also be concerned about the 65% who do not form part of this target.
- (iv) Sussex faces a workforce challenge, both in recruitment and in retention but also in the professional and skill mix. In specialist services, there is a high proportion of part-time workers, which can have an impact on consistency of contact and continuity of care.
- (v) In specialist provision, we have a picture of lower levels of acceptance of referrals, lower levels of conversion from assessment to treatment, and longer waits

for assessment. The smaller waiting list numbers may be indicative of the factors outlined above.

**(vi)** A rapid process of SPFT specialist services modernisation to improve pathways, access and outcomes is required.

**(vii)** We saw no direct evidence during the review that would demonstrate that specialist or other services are not safe. However, the data in Sussex shows that the number of children and young people admitted to hospital due to self-harm is higher than both the region and England average. We cannot evidence whether what we have seen and heard has directly contributed to this position, but there is a need to positively address, monitor and respond to the current trends.

**(viii)** Commissioning of services is not consistent across Sussex and suffers from a lack of co-ordinated leadership, capability and capacity. Existing organisational structures mean that it has been hard to establish clear lines of responsibility. This has also hampered the connectivity between emotional health and wellbeing and the physical health needs of children and young people. There is no over-arching strategic vision for emotional health and wellbeing services or description of the need to integrate physical health and emotional health services across Sussex. There is a need for clear leadership and capability to drive transformation and integration.

**(ix)** Commissioning is not outcomes led and at present, it is difficult to determine the range of delivery outcomes, both positive and negative in relation to children and young people's emotional health and wellbeing.

**(x)** Distribution of current levels of investment does not take account of the levels of need across Sussex. There is a lack of clarity in relation to current reporting about expenditure and gaining understanding and being explicit about the level of investment remains a challenge. Investment is largely focused on reactive, treatment-focused specialist services. The balance between investing in those services and investing in prevention, promotion, self-care and resilience, and schools based support does not appear proportionate.

**(xi)** Schools and colleges do have, and should continue to have, a central role in relation to children and young people's emotional health and wellbeing. However, at present, they are not uniformly equipped to do this, nor is it clear that they are sufficiently resourced. School leaders clearly see and understand the issues relating to emotional health and wellbeing. They want to respond to it, and to do so with urgency. They agree it is part of what they should do. What they need is the help, resources and support to do it in the best way possible.

**(xii)** The opportunities to engage children, young people and their families and carers and draw on their experiences and views have not yet brought about change they seek. The voice of children and young people is not being heard or used as effectively as it could be. The mechanisms for engaging them in a meaningful process of listening and responding, has not yet been demonstrated or featured in co-design and co-development.

**2.17 Summary and recommendations** - The current pathway and service model for emotional health and wellbeing for children and young people in Sussex does not appear to be effective and would benefit from radical transformation. The full recommendations from **Foundations For Our Future** provide an opportunity to do this. Recommendations have been aligned to all local Health and Wellbeing Strategies and supports the overall purpose of local strategies by;



- Identifying shared priorities and outcomes for improving health and wellbeing
- Supporting effective partnership working that delivers health improvements for all
- Setting out a way to support and drive the innovation required

**In particular;**

**a)** Recommendations 1) to 9) which focus on commissioning, strategic planning, investment and comprehensive delivery of services align to the principles 1 – 6 and 7 which guide the delivery of the Strategy; partnership and collaboration, health is everyone’s business, health and work, prevention and empowerment, reducing health inequalities, the right care in the right place at the right time and keeping people safe.

**b)** Recommendations 10) to 18) are aligned to the goals of ‘Risks to good emotional health and wellbeing will be addressed’ and ‘High quality and joined up services will consider the whole family and ...services will intervene early to prevent problems escalating’ as part of Starting Well. These recommendations also connect to ‘Mental health and wellbeing will be improved and easier access to responsive mental health services will be provided’ as part of Living Well (although Living Well is primarily aimed at adults of working age, this will apply to young adults as well).

**c)** Recommendations 19) and 20) are aligned to principle 7 which focuses on engagement and involvement. These recommendations support the principle that local people of all ages will be active partners in the design, development and delivery of health and care services and are supported to manage their health.

**2.17.1 The recommendations in full**

1. The Oversight Group should become a body that takes responsibility for the implementation of the recommendations. Children and young people, parents and carers, third sector organisations and education services representatives should be part of this group. It should hold local organisations to account for implementation and take a role in enabling progress and unblocking any barriers to delivery. It should link to existing forums and governance groups to ensure a co-ordinated approach to delivery and communication. A new chair should be appointed before the inaugural meeting to take this forward.

2. A concordat has been developed and agreed. It should ‘seal in’ the commitment of all partners to work together on implementation of the review recommendations and should produce a quarterly update on the implementation of these recommendations and an annual statement of progress. All leaders of the partners who commissioned the review and published with the report should sign it. It is incumbent on the partner organisations and their leaders to work collaboratively to deliver the recommendations together to bring about the change that is needed.

3. The NHS and local authorities should jointly create a post of Programme Director for Children and Young People’s Emotional Health and Wellbeing with dedicated resource for change. This post should take a pan-Sussex responsibility for the improvement of emotional health, wellbeing and specialist mental health services and the implementation of the recommendations in this report, providing clear leadership and accountability.

A job description and person specification should be developed and where possible, the post should be recruited and in place as soon as is practical. During this time, continuity of leadership should be secured through a suitable candidate. The dedicated resource for change should also be identified, secured and deployed in line with the timeframe for the Director post, to support the ambitious implementation time-scales. The Director post should be fixed term for a minimum of two years, to see through transformational change.

4. A co-ordinated commissioning structure should be established for children and young people's emotional health, wellbeing and mental health across Sussex. As part of establishing that structure, consideration should be given to the capacity and capability that exists within current commissioning teams. It should also consider how to achieve better integration of physical and emotional health. The new structure should comprise commissioners from the NHS, local authority children's leads and education to create a holistic approach that is cross-sectorial in nature. The underpinning approach should be one that ensures the commissioning of a range of services and supports needed across Sussex, in line with Future in Mind, as well as giving focus to localities where specific needs dictate that local variation in service is needed. A shadow form structure should be in place where possible ahead of formal establishment.

5. Specialist mental health services for children and young people should be commissioned on a pan-Sussex basis to provide improved consistency in terms of service expectations. This arrangement must consider and develop a clear understanding about how best to achieve the right balance between clinical consistency across Sussex and the flexibility to meet local, population needs, for example in rural and urban areas.

6. There should be one strategic plan for children and young people's emotional health and wellbeing and mental health in Sussex. It should set a single strategic vision for Sussex, which is underpinned by a place-based approach to meeting local need. In so doing, it must set the overall strategic direction and provide a clear and demonstrable focus on addressing the diversity of need in specific localities through its strategic intentions.

7. Commissioning must focus on outcomes. There should be a Sussex-wide outcomes framework that is strengths based and resilience led with clear and auditable measures of quality and effectiveness across services, both pan-Sussex and at locality level.

8. The CCGs financial investment in children and young people's mental health services should be re-based to ensure that the level of spending is commensurate with the level of need and that the national investment targets are met. The local authority partners must work with the CCGs to ensure a fuller and jointly understood picture of current investment and identify areas for similar re-basing and rebalancing.

This must include consideration of the opportunities to recast the investment in specialist services and ensuring appropriate investment from commissioners into early help, prevention and other non-specialist support services. This should be

accompanied by a commitment to the transformation of specialist services to ensure a more effective system wide pathway. To aid that process, SPFT should lead a rapid process of modernisation of their specialist services to improve pathways, access and outcomes. Given the scale of transformation across partner organisations, it is recommended that a transformation programme is initiated on inception of this work.

9. The CCG and local authority partners should work together to determine and provide clarity about how much is invested and where, particularly the amount of investment in wellbeing support and commit to improving levels of financial resource being directed into public health, prevention, early intervention and promotion delivery.

10. The current landscape of provision requires further review by commissioners. The focus of this should be an examination of the number of providers and what they provide. It should have the aim of ensuring the right range of services and supports within a sustainable system and that are more easily navigable for children, young people and their families. This should include the need to ensure a fuller understanding of the range of services that need to be commissioned to build the right pathway that includes universal services, prevention and early help as well as specialist services.

11. The Single Point of Access (SPOA) model should be swiftly developed and implemented across Sussex. The development of the model should draw on the current local experience as well as looking at models of good practice. It should provide improved and open access to universal services as well as targeted input, with minimum waiting times. It should be open to children and young people to refer themselves, as well as to their families, schools and colleges and general practitioners.

12. As part of the recommended specialist services transformation and modernisation process, the partners, led by SPFT should review and re-describe current thresholds and criteria for access to their services for children and young people. This should be done through a process of co-production between the partners to determine the most appropriate model and that it forms part the overall pathway, which should include earlier help and support provided by non-specialist services.

13. To better support schools and colleges, the current piloting of Mental Health Support Teams in Sussex should be accelerated and expanded so that 20-25% of all schools and colleges have access to mental health professionals in line with the Green Paper.

14. All commissioned services will be expected to deliver a demand, capacity and productivity review.

15. The organisations in Sussex should ensure service levels and capacity that are matched to local need. The changes required are likely to take some time to achieve. In the interim, the organisations must put in place the necessary pathways and interventions to support those children and young people who are waiting.



16. There should be a programme of awareness and education directed to statutory referrers that clearly describes the agreed pathway model and about when and to where to refer. This will include embedding the importance of, and confidence in, the full range of commissioned services.

17. To improve accessibility, and given the geography of Sussex, services must operate more flexibly. This includes working beyond traditional 9-5 working hours and school hours and should include evenings and weekends. In addition, services must be offered from a broader range of locations and where appropriate, in locations that are not necessarily based in statutory sector buildings. Exploration of on-line consultation, advice giving and support as well as the use of other digital options should be explored. This could include advice from specialist services to general practitioners and social prescribers.

18. A Sussex-wide audit and review of the targeted and specialist workforce should be undertaken. From this, plans should be developed to ensure that the number and mix of professionals working in services is appropriate. This audit should take account of any current or recent work conducted as part of the Local Transformation Plan process.

19. Children and young people should have a greater say in how resources are spent. An agreed proportion of the available financial resources should be delegated to children and young people to prioritise for their own communities and neighbourhoods. Commissioners and providers must also be able to demonstrate that children and young people have co-designed services and pathways.

20. A Children and Young People's Panel should be created. It should be composed of children and young people, their families and carers. It must attract dedicated resource to support its operation. The panel should be independently facilitated and run. It should provide an opportunity for children and young people to contribute to, and participate in the development of local services, strategies and plans. Recruitment to the panel should have as wide a representation from across Sussex as possible.

### **3. Important considerations and implications**

Legal:

- 3.1 The aim of the Review and its recommendations align with the purpose of the Health and Wellbeing Board. The recommendations relate to various services provided by the Local Authority, namely Adult Social Services, Public Health, and Families, Children and Learning alongside its partners within the NHS and with its neighbouring local authorities. The Local Authorities services are provided as a result of statutory duties and powers.
- 3.2 The recommendations' impact will be to change the way these services are commissioned, accessed and delivered to improve outcomes and enable better coordination between the NHS, local authorities, third sector organisations and other stakeholders. This can be achieved within the existing legal framework. There may be a need for specific partnership

agreements (section 75, NHS Act 2006) to be created or varied to facilitate the implementation of some of the recommendations and this can be considered as the timetable is revised.

Lawyer consulted: Nicole Mouton

Date: 9/7/2020

Finance:

- 3.3 The recommendations in this report have significant and far reaching implications across all health and children's services partners across Sussex. The success of these initiatives will require partner organisations, CCGs, NHS trusts, schools and local authorities to work together to align funding and deployment of available resources. Work is already ongoing to align budget planning across the partner agencies to improve the efficient use of resources and co-ordination of service delivery. This will need to be strengthened and prioritised to enable delivery of the recommendations in this report.
- 3.4 It should be noted that the impact of the pandemic has made short and medium term financial planning considerably more uncertain. The full financial impact of the pandemic is not yet known, however, it seems certain that there will be substantial budget pressures that will need to be addressed with the risk of adverse impact on the available resources for service delivery and investment.

Finance Officer consulted: David Ellis

Date: 08/07/2020

Equalities:

- 3.5 As part of the process of the Review, an EHIA was completed.
- The review, which was initiated in Spring 2019, was an information gathering process which will result in a number of formal recommendations for senior commissioning and strategic partners to consider and implement. The review was not a service change process and neither was it a consultation exercise. While pathways, access and waiting times were reviewed, this was not a formal review of current service process or policy or organisational strategy. As part of the evidence process, all local system strategies and CYP Local Transformation Plans (LTPs) were reviewed.
- 3.6 The programme will move to an implementation phase once senior leaders have agreed the Review recommendations. It is anticipated that a further

EHIA will be undertaken once, recommendations which might change process, are agreed.

Health inequalities noted so far are; flexibility of approach e.g. length of therapy episodes; being discharged if DNA (did not attend); having to restart treatment if a LAC (Looked After Child) is placed from one area of Sussex into another. The recommendations from the Review will respond to these inequalities with proposals for change. Through the process of the review a number of inequalities have been identified namely the approach.

As part of any recommendations around a co-production response we would seek further representation from these groups to address any gaps

3.7 The following areas were noted;

**BAME groups** – the low response from BAME groups is a recognised gap and is identified as a concern. The Review will highlight this lack of engagement with BAME groups – both CYP and with parents and families – and recommendations focussed on co-production and further engagement will respond to this gap.

**Gender re-assignment** - Given the lack of formal data and the significant qualitative evidence obtained through the engagement process of experience of the pathway, the specific impact of the findings of the review on trans CYP will be considered as part of the review recommendations.

**Sexual orientation** - Recommendations will reflect that CYP in these groups felt that organisations e.g. Allsorts were helpful in supporting them and helping them to access services. This will be included in recommendations for implementation.

**Disability** - The Review and engagement process has had a particular focus on children and young people who have Special Educational Needs and Disabilities (SEND). As part of the process: specific engagement events were held with CYP and their parents from B&H, East and West Sussex: feedback from groups and organisations representing CYP submitted evidence e.g. Amaze<sup>[1]</sup>: and waiting times and waiting lists for access were scrutinised. In addition, many responses to the online surveys were from parents and carers of children in the SEND community, and other parents utilised the Freepost leaflet and direct email account. The Review has gathered a wide and representative view of children and young people and their parents and carers from the SEND community.

Sustainability:

---

<sup>[1]</sup> <https://amazesussex.org.uk/>

3.8 Foundations For Our Future does not recommend specific service, commissioning or contracting changes and therefore does not impact on existing pathways of access, treatment and care for children and young people. In turn, this does not impact on sustainability of organisations within the Brighton & Hove system of delivery. The Review underpinning the Report was not a consultation exercise or a service change exercise. Once the 20 recommendations from the Report are endorsed by system leaders and organisations, the comprehensive implementation plan will identify where further EHIA's will need to be completed.

Public Health and other implications:

3.9 The Review Panel has included Public Health representation throughout the programme and the report has used a population health approach in its findings

3.10 There is the potential for both local and national media interest in this Report, its key findings and recommendations, once it is released into the public domain. This potential is increased because of the findings in relation to; performance, investment and access to services. Clinical Commissioning Groups (CCGs) have identified a communication lead who has drafted a communication plan which can be adopted across systems to ensure continuity of message and approach.

3.11 At no point during the review, was information received to suggest that a service or practice was unsafe. However, data does show that parts of Sussex are outliers, compared to the national average for self-harm and A&E attendance. For this reason and in the context of the extent of recommendations for change, it may be feasible that stakeholders (including the media), draws a direct conclusion to children and young people being at increased risk of harm in Sussex. This risk will be mitigated by a partnership communications plan with consistent messaging which will accompany the report's publication.

3.12 An Equality and Health Inequality Impact Assessment (EHIA) was completed as part of the Review and has identified areas of focus as part of the implementation plan to deliver the 20 recommendations in **Foundations For Our Future**.

3.13 **Foundations For Our Future** makes recommendations for service delivery changes. Current service providers in the City have been involved in the Review as; part of the Review Panel, membership of the Oversight Group or as a stakeholder with interest so have been engaged in discussions to date. Any future discussion focussed on contractual changes related to delivery, investment or pathways will be part of formal processes with commissioning organisations.

## **Supporting documents and information**

- Appendix 1: Foundations For Our Future – the final Report from the Sussex Wide Children & Young Person's Emotional Health & Wellbeing Service Review
- Appendix 2 – The Concordat Agreement



<b>Subject:</b>	<b>School Admission Arrangements 2022-23</b>		
<b>Date of Meeting:</b>	<b>14 September 2020</b>		
<b>Report of:</b>	<b>Interim Executive Director for Families, Children &amp; Learning</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Richard Barker,</b>	<b>Tel: 01273 290732</b>
	<b>Email:</b>	<b>richard.barker@brighton-hove.gov.uk,</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

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

- 1.1 This report details the proposed school admission arrangements for the city's schools, for which the Council is the admission authority, for the academic year 2022-23.
- 1.2 When changes are proposed to admission arrangements, all admission authorities must consult on those arrangements that will apply. Where the admission arrangements have not changed from the previous year there is no requirement to consult, subject to the requirement that admission authorities must consult on their admission arrangements at least once every 7 years, even if there have been no changes during that period.
- 1.3 The committee are asked to approve a consultation based on the proposals being suggested and will then receive a further report in January 2021 seeking their determination of those arrangements.
- 1.4 Local Authorities must also set out schemes for co-ordinated admissions, including key dates in the admission process, and also the arrangements for consultation with own admission authority schools in the city and with other local authorities. They also establish the area (the "relevant area") within which the admission consultation should take place.

**2. RECOMMENDATIONS:**

- 2.1 The committee agree to make no changes to the council's admission arrangements or school catchment areas (where applicable).
- 2.2 That the Committee agree to consult upon a change to the Published Admission Number (PAN) of Balfour Primary School from 120 to 90 pupils.
- 2.3 That the Committee agree to consult upon a change to the PAN of Benfield Primary School from 60 to 30 pupils.
- 2.4 That the Committee agree to consult upon a change to the PAN of Brunswick Primary School from 120 to 90 pupils.

- 2.5 That the Committee agree to consult upon a change to the PAN of Downs Infant School from 120 to 90 pupils.
- 2.6 That the Committee agree to consult upon a change to the PAN of Goldstone Primary School from 90 to 60 pupils.
- 2.7 That the Committee agree to consult upon a change to the PAN of Moulsecoomb Primary School from 60 to 30 pupils.
- 2.8 That the Committee agree to consult upon a change to the PAN of Stanford Infant School from 90 to 60 pupils
- 2.9 That the Committee agree to consult upon a change to the PAN of West Blatchington Primary School from 60 to 30 pupils.
- 2.10 That the Committee agree to consult upon a change to the PAN of Hove Park School and Sixth Form from 300 to 180 pupils.
- 2.11 That the Committee agree to make no changes to the “relevant area”.

### **3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 In the [School Admissions Code](#) it states who must be consulted in relation to school admission arrangements. This includes parents of children between the ages of two and eighteen; other persons in the relevant area who in the opinion of the admission authority have an interest in the proposed admissions; all other admission authorities within the relevant area and any adjoining neighbouring local authorities where the admission authority is the local authority.
- 3.2 The consultation takes place approximately 18 months in advance of the school year in which pupils will be admitted under the proposed arrangements. The relevant papers for the 2022-23 admission year for the City of Brighton & Hove are attached as appendices to this report.
- 3.3 Local Authorities must also set out schemes for co-ordinated admissions, including key dates in the admission process, and also the arrangements for consultation with own admission authority schools in the city and with other local authorities. They also establish the area (the “relevant area”) within which the admission consultation should take place.
- 3.4 The consultation process must have been concluded by 31 January 2021, with a minimum of 6 weeks consultation time. The Council must have reached its decisions and confirmed its admission arrangements for 2022-23 by 28 February 2021 in order to conform to the requirements of the School Admissions Code.
- 3.5 It is proposed to start the consultation on 5<sup>th</sup> October and for it to run for 9 weeks concluding on 27<sup>th</sup> November 2020.



## Admission Priority

- 3.6 There are no proposed changes to the council's admission priorities or catchment areas.
- 3.7 The Schools Adjudicator has highlighted in a recent [determination](#) that detail present in the admissions booklet should be included in the council's determined admission arrangements and published on the council's website by 15 March 2021.
- 3.8 The council's admission arrangements provided in appendices 2-6 provide more detail this year in order to comply with all requirements of the admission code.

## Published Admission Number

- 3.9 Since 2017 the council has reduced the amount of surplus school places by 240 across 7 schools as detailed in the table below.

Previously agreed reductions in PAN through consultation process	PAN changed		September of admission year
	From	to	
Brackenbury Primary School	60	30	2017
Coombe Road Primary School	60	30	2019
Moulsecoomb Primary School	90	60	2019
West Hove Infant School - Connaught Road	120	90	2019
Westdene Primary School	90	60	2020
Hangleton Primary School	90	60	2021
Mile Oak Primary School	90	60	2021
West Hove Infant School - Connaught Road	90	60	2021

- 3.10 Starting school places for September 2019 at the City's infant and primary schools were allocated on 16 April 2019. At that time there were 2560 places offered and 380 places unfilled.
- 3.11 In July 2019 a request to the school's adjudicator was agreed for a temporary reduction in PAN by 30 places for the following schools: West Blatchington Primary, Hangleton Primary and West Hove Infant – Connaught Road and Mile Oak Primary School. These were all agreed for September 2019 with the support of the schools for a one year arrangement only.
- 3.12 Starting school places for September 2020 at the City's infant and primary schools were allocated on 16 April 2020. At that time there were 2517 places offered and 393 places unfilled.
- 3.13 A further request has been made this year to the school's adjudicator for a reduction in PAN by 30 places for Hangleton Primary, West Hove Infant – Connaught Road and Mile Oak Primary School for September 2020.

Temporary reduction in PAN	PAN changed		year of change
	From	to	
West Blatchington Primary School	60	30	2019
Hangleton Primary School	90	60	2019
	90	60	2020
Mile Oak Primary School	90	60	2019
	90	60	2020
West Hove Infant School - Connaught Road	120	90	2019
	90	60	2020

- 3.14 A reduction of PAN for Hangleton Primary School, West Hove Infant School – Connaught Road and Mile Oak Primary School was consulted upon last year and each school will reduce permanently by 30 pupils each from September 2021.
- 3.15 In September 2022 the Council is projecting that there will be 2293 applications leaving 527 places unfilled should no further reduction of places take place.
- 3.16 In September 2023 pupil numbers are projected to be 2191 leaving 629 places unfilled.
- 3.17 It has been a long-standing convention that local authorities should plan to have between 5-10% surplus capacity to allow it to take account of parental preference and fluctuations in pupil numbers. The surplus capacity for September 2022 is currently 19% (527/2820) and will rise to 22% (629/2820) in September 2023.
- 3.18 To maintain the recommended surplus capacity approximately 300 school places (227/2820= 8%) would need to be removed for September 2022.
- 3.19 Having too many surplus places can lead to schools having financial difficulties when, for example, they have a PAN of 60 pupils but only admit 36 starting school places. Under infant class size regulations a school must have a maximum of 30 pupils taught by one teacher and so the school would be required to fund two class teachers with an average class size of 18 pupils. School funding is predominantly based upon pupil numbers and there will be fewer financial pressures if the school had larger class sizes.
- 3.20 If the number of surplus places in the city is not addressed some schools could face significant financial issues that will impact on their ability to sustain their school improvement journey. Where schools do not take appropriate action to adjust their expenditure in line with changes in revenue, they risk incurring a deficit budget which has an implication for the council's own budget.
- 3.21 In preparation of these proposals, informal discussions have taken place with headteachers and chair of governors where a possible reduction in PAN seemed plausible, with the intention of reaching consensus about consulting upon a planned reduction in PAN from September 2022.
- 3.22 Community schools have the right to object to the Schools Adjudicator if the PAN set for them is lower than they would wish. There is a strong presumption in

favour of an increase to the PAN to which the Schools Adjudicator must have regard when considering any such objection.

- 3.23 The city is divided into 8 planning areas for school place planning. Consideration has been given to each planning area to identify suitable schools where the PAN could be reduced.
- 3.24 Pupil numbers are forecast across each planning area using information from GP registration data to give an indication of the number of pupils, school places required and expected numbers of surplus places. These have been included in Appendix A
- 3.25 School allocation information from previous years has been reviewed in Appendix B.
- 3.26 An analysis of where pupils live, and which schools draw pupils from large geographical areas has also been undertaken. Future pupil movement between planning areas is identified using data showing where pupils currently live and where they attend school. These have been included in Appendix C
- 3.27 In developing these proposals consideration has been given to the potential impact of a school reducing by a form of entry as a result of schools largely being funded according to pupil numbers. However, whilst there remain concerns about how a one form entry primary school can be sustained it is not possible to avoid recommending changes that potentially create three more one form entry schools and sufficiently reduce the number of surplus places in the city.
- 3.28 Current and past pupil numbers indicate the potential future need for a school to operate small classes due to class size legislation. There are predominantly in areas where fewer children live and where children are drawn from a large geographical area.
- 3.29 Consideration has been given to the impact on the environment of any proposals to reduce the PAN of primary schools in the city. The aspiration is to ensure that the city can support sustainable routes to school that mean it will not be necessary for children to travel by car to school. These proposals seek to ensure that there remain enough school places within a reasonable distance for families to be offered.
- 3.30 It is understood that some families may need to travel further to attend a school with a religious designation. It is also recognised that the aim to minimise damaging car journeys to schools may require a limitation on the ability for parents to have a preference for a particular school fulfilled.
- 3.31 It is recognised that each school will have built up a community of current, past and future families which will be affected should proposals to reduce the school's PAN be determined.
- 3.32 The recommendation to include these schools is not a reflection on the leadership or performance of the school. In a city with a strong education offer it is likely that proposals will have to impact on well run, successful schools. This issue requires a city-wide approach and a school's popularity or performance

cannot be the overriding factor to where places remain and surplus places removed.

- 3.33 Should all these proposals take effect the number of surplus places in the city will be 287 in September 2022 and 389 in September 2023. This will be 11% and 15% surplus capacity in 2022 and 2023 respectively, still outside the recognised levels. The School Admission Code and the role of the Schools Adjudicator does not provide full autonomy to the council, as the admission authority, to address the issue of surplus places. Nor is it possible to align an approach which fully supports both parental preference and a sustainable family of schools.
- 3.34 The council has remained in dialogue with both the Diocese of Chichester and Diocese of Arundel & Brighton in relation to the projection of surplus places. As the admission authority for 15 primary schools in the city both Dioceses have a role to play but it is recognised that 11 of those schools are already one form entry primary schools.
- 3.35 Consideration should be given to the impact of these proposals on the nursery classes at Goldstone, Moulsecomb and West Blatchington schools. Each school nursery class has 52 part time places. All three and four-year-old children are entitled to a part time place (15 hours a week) and children of working parents a full time place (30 hours a week).
- 3.36 The School Admissions Code prevents admission arrangements giving children who attend the nursery priority over other children to a place at the school. However, there can be a strong link between the two provisions and therefore the council needs to be mindful of the impact on the nursery classes and the proposed PAN. In the case of Moulsecomb and West Blatchington there will be more nursery places available than reception places. This may discourage some parents from choosing the nursery class and could impact on the future viability of the class.

School	Nursery places	Proposed PAN
Goldstone Primary School	52 part-time	60
Moulsecomb Primary School	52 part-time	30
West Blatchington Primary School	52 part-time	30

- 3.37 The council has put forward recommendations for changes at 8 primary schools potentially reducing the number of surplus places by 240. To determine which schools are to be consulted upon the council has considered the number of children living in the school's planning area. The popularity of the school based upon the number of first preferences and the distances of which parents are drawn to the school.
- 3.38 The council is looking to a range of schools to play a part in reducing the surplus of school places. Where it is feasible, proposals include large schools where there are projected to be fewer children in future years (in the council defined planning area for that school). The council has not proposed changes to schools which were oversubscribed with first preferences for September 2020 except where the planning areas would sustain the reduction in places.

- 3.39 The Equality Impact Assessment (Appendix D) highlights that consultation must be carefully designed to ensure a full range of residents can contribute and respond to the proposals. It stresses the importance of ensuring that there are some surplus places in each planning area so there are local school places available for any late applicants. It also identifies the need to consider the impact of any change in PAN may have on a school, in relation to the composition of pupil cohorts and their families, to promote a comprehensive education offer.
- 3.40 By seeking to only reduce the PAN of some schools in the city, it will ensure that the physical accommodation is available when the city receives an upturn in pupil numbers without a new capital programme being required.
- 3.41 All schools expressed concerns about the proposal of having their PAN reduced.

### **Hove Park School**

- 3.42 In 2020 the council sought a variation of the PAN at Hove Park School and Sixth Form to reduce it from 300 to 180. Since then Kings School has confirmed the increase of their PAN to 165 with effect from September 2021. It is proposed that Hove Park's PAN is reduced to 180 to provide increased stability for the school moving forwards both in terms of finances and being able to deliver a broad, balanced and creative curriculum that meets the needs of all our students, across the two sites.

## **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 The Council could propose to make a change to its current admission arrangements through the consultation process however, the arrangements are lawful and well-established. The Schools Adjudicator only identified an issue with the process of determination and not with the arrangements detailed.
- 4.2 The Council could seek to make no change to the PAN of any primary school. Whilst this may ensure the council can meet a high level of parental preferences it will provide more uncertainty for schools in their planning and could place more schools at risk of financial difficulty.
- 4.3 The Council could propose to change the PAN of other primary or infant schools. Under the School Admission Code this must be undertaken following a consultation with the governing body. Consideration must be given to the emphasis of the School Admission Code and the considerations of the Schools Adjudicator before determining if more schools should have a change in their PAN.
- 4.4 All admission authorities must consult where they propose a decrease to the PAN. Community schools have the right to object to the Schools Adjudicator if the PAN set for them is lower than they would wish. There is a strong presumption in favour of an increase to the PAN to which the Schools Adjudicator must have regard when considering any such objection.

## **5. COMMUNITY ENGAGEMENT & CONSULTATION**

- 5.1 The Council scrutinised the Voluntary Aided (VA) Schools and Free Schools' proposed admission arrangements for 2020/21. VA schools are required to consult their religious authority (in this case the Diocesan Authority) before consulting others. The Council will review the final document published by the Governing Bodies before deciding whether it should comment or act further.
- 5.2 The Council has previously requested that Headteachers and Chairs of Governors inform it if a future reduction in PAN was a proposal that they would wish to undertake. No schools have indicated a willingness to undertake such a reduction.
- 5.3 If recommended, it is proposed to start the consultation on the reduction of PAN at Benfield Primary School, West Blatchington Primary School, Goldstone Primary School, Brunswick Primary School, Stanford Infant School, Moulsecomb Primary School, Downs Infant School, Balfour Primary School and Hove Park School on Monday 5 October and for it to be concluded on Friday 27 November.

## **6. CONCLUSION**

- 6.1 It is proposed that a consultation is undertaken to consider the reduction of Published Admission Number for: Benfield Primary School, West Blatchington Primary School, Goldstone Primary School, Brunswick Primary School, Stanford Infant School, Moulsecomb Primary School, Downs Infant School and Balfour Primary School by 30 places each. It is also proposed to consult on a reduction in PAN of Hove Park School of 120 places. This will support a reduction in the amount of surplus primary school places available in the city and a future surplus of secondary school places, allowing schools to plan more effectively.
- 6.2 It is proposed to make no further changes to admission arrangements and to undertake a public consultation with the results and final recommendations coming back to this committee in January 2021.
- 6.3 The council must act to ensure there is not excessive levels of surplus school places in the city. It also holds the financial risk if community schools move into a deficit budget position. However, it only has responsibility as the admission authority to community schools within the city and must have due regard to the emphasis placed on the Schools Adjudicator and the requirements of the School Admissions Code when considering the options available to it. There is a strong presumption that schools which receive a high number of parental preferences and can accommodate a higher number of pupils should be able to admit more children than the PAN set for it.
- 6.4 Should all the proposed reductions in PAN be determined after public consultation the council will still have 287 surplus places in September 2022 and 389 surplus places in September 2023, representing 11% and 15% respectively.
- 6.5 It is possible that after the admission arrangements for September 2022 are determined a variation to these arrangements can be made seeking to adjust the PANs and reducing more surplus places. Any future decision will be able to take

account of patterns of parental preference for September 2021, changes of strategic direction by schools in the city and the results of future financial planning.

## **7. FINANCIAL & OTHER IMPLICATIONS:**

### Financial Implications:

The main driver of a school's budget is pupil numbers. Any reduction in pupil numbers will result in a reduction in budget. The schools impacted by the proposed reduction in PAN will need to plan their budgets over the period of the change in PAN to reflect the expected reduction in pupils and budget. Any redundancy costs will need to be met from schools' budgets.

*Finance Officer Consulted: Louise Hoten*

*Date: 23/07/20*

### Legal Implications:

Section 88C of the School Standards and Framework Act 1998 and the School Admissions (Admissions Arrangements and Co-ordination of Admission Arrangements) Regulations 2012 require admission authorities to determine their admission arrangements annually. Arrangements must be determined 18 months in advance of the academic year to which they apply.

Where changes such as a decrease in the PAN are proposed the admission authority must first publicly consult on those proposed arrangements. The School Admissions Code 2014 states that consultation must be for a minimum of six weeks and must take place between 1 October and 31 January of the school year before those arrangements are to apply. The admission arrangements must be determined by 28 February in the determination year. The arrangements for the admission year 2022/23 must therefore be determined by 28 February 2021.

Community schools have the right to object to the Schools Adjudicator if the PAN set for them is lower than they would wish. The School Admissions Code provides that there is a strong presumption in favour of an increase to the PAN to which the Schools Adjudicator must have regard when considering such an objection. For this determination year any objections to the arrangements must be referred to the Adjudicator by 15 May 2021.

The 1998 Act also requires local authorities to establish a relevant area in which admission authorities must consult regarding their admission arrangements. The Education (Relevant Areas for Consultation on Admission Arrangements) Regulations 1999 require local authorities to consult on these proposals every two years.

*Lawyer Consulted:*

*Serena Kynaston*

*Date: 01/09/20*

### Equalities Implications:

- 7.1 An Equality Impact Assessment has been carried out on the proposals being recommended to the committee. The assessment can be found at Appendix D and the results have been incorporated into the content of the report.
- 7.2 It is worth noting that the admission process is 'blind', by virtue of applications being considered in line with the published admission arrangements that do not take account of a person's protected characteristics.
- 7.3 However, the availability of school places across the city could have an impact on certain groups by virtue of their proximity to certain schools and the availability of places should families make a late application.
- 7.4 The consultation process needs to take account of young parents who may be less likely to respond to the consultation, issues of accessibility and comprehension of the consultation process and the materials made available as well as ensuring that the decision-making process after the consultation is based on the content not just quantity of replies.
- 7.5 When determining admission arrangements, the council needs to ensure that there are sufficient school places available within a reasonable distance for families who may contain members who have special educational needs, disabilities, speak English as an additional language and of various races/ethnicities This will ensure that if families apply after the deadline date they will not be significantly disadvantaged and face the prospect of a lengthy journey to school.
- 7.6 It is recognised that to foster strong community cohesion school's intake should seek to reflect the city's diversity.

### Sustainability Implications:

- 7.7 Wherever possible the council aims to reduce the number of journeys to school undertaken by car. A reduction in the availability of school places across the city could risk a rise in the number of journeys undertaken by car.
- 7.8 Schools are expected to have a School Travel Plan to:
  - reduce the number of vehicles on the journey to school
  - improve safety on the journey to school
  - encourage more active and sustainable travel choices
- 7.9 Any change in PAN is expected to require the school's travel plan to be re-written to take account of the change.



- 7.10 In relation to Hove Park School many secondary aged pupils will either use public transport or make their own way to school. As a school that often has surplus places on allocation students from further away in the city are often allocated a place there. This will reduce should the school's PAN be reduced.
- 7.11 Many primary schools are clustered in areas which means that a reduction in places will not mean a significant increase in journeys to other schools. The consultation period will be an opportunity to explore what the potential impacts of these proposed changes will be and the report to committee in January can be expected to detail these in more detail alongside recommendations for changes to be implemented.

Any Other Significant Implications:

- 7.12 See Appendix 1

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. Significant Implications
  2. Published Admission Numbers for Primary and Secondary schools.
  3. Admission arrangements and priorities for community primary and secondary schools
  4. Coordinated scheme of admissions – primary.
  5. Coordinated scheme of admissions – secondary.
  6. Coordinated scheme of admissions – in year arrangements
- A. Pupil Forecast Sheet
  - B. Summary table
  - C. Planning Area Analysis
  - D. Equality Impact Assessment

2.

### **Documents in Members' Rooms**

None

### **Background Documents**

None



Crime & Disorder Implications:

- 1.1 None.

Risk and Opportunity Management Implications:

- 1.2 Any change to school attendance patterns and pupil numbers will impact directly on resource allocation both revenue and capital, and on the Council's ability to meet parental expectations on school places. Pupil data and broader population data is used to identify the numbers of school places required and where they should be located. This feeds into the capital programme so that resources are allocated where they will have the most beneficial effect.

Public Health Implications:

- 1.3 None.

Corporate / Citywide Implications:

- 1.5 School organisation matters help to address the corporate priorities for a growing and learning city and a stronger city. By seeking to ensure through the provision of a local school place that the council addresses the causes of poverty and its impact on our communities and ensures that schools continue to improve, and all children do well.
- 1.6 The allocation of school places affects all families in all parts of the city and can influence where people choose to live. Failure to obtain the desired choice of school can create a strong sense of grievance. The process of expressing a preference and if disappointed, entering an appeal can create intense anxiety for many families in the city. Admission arrangements together with school place planning are framed in such a way as to be mindful of supporting the needs of communities.



Date of Birth / school year	School yr in Sept 20	Grand Total all planning areas from 2018 data	pupils likely to want a school place based on 90% of GP reg data	Permanent places in Year R in 2020	Permanent places in Year R in 2021	Surplus places or shortfall of places
<b>All planning Areas</b>						
places in each school year from Sept 2020				2,910	2,820	
01 September 09 to 31 August 10	6	3,214	2,893			
01 September 10 to 31 August 11	5	3,112	2,801			
01 September 11 to 31 August 12	4	3,095	2,786			
01 September 12 to 31 August 13	3	2,979	2,681			
01 September 13 to 31 August 14	2	2,971	2,674			
01 September 14 to 31 August 15	1	2,847	2,562			
01 September 15 to 31 August 16	R	2,846	2,561	2,910		349
01 September 16 to 31 August 17	2021	2,764	2,488	2,910	2,820	332
01 September 17 to 31 August 18	2022	2,548	2,293	2,910	2,820	527
01 September 18 to 31 August 19	2023	2,434	2,191	2,910	2,820	629

Date of Birth / school year	School year in Sept 2020	Portslade	Central Hove	West Blatchington and North Hangleton	Central City	Patcham	City East	The Deans	City North	TOTAL
<b>All planning Areas</b>										
places in each school year from Sept 2020		330	720	150	630	150	450	270	210	2910
places in each school year from Sept 2021		300	690	120	630	150	450	270	210	2820
01 September 09 to 31 August 10	6	253	863	113	577	176	442	256	213	
01 September 10 to 31 August 11	5	243	787	92	577	176	473	246	208	
01 September 11 to 31 August 12	4	266	769	107	570	168	466	239	201	2786
01 September 12 to 31 August 13	3	227	747	99	520	204	482	214	187	2681
01 September 13 to 31 August 14	2	259	779	106	520	151	438	216	204	2674
01 September 14 to 31 August 15	1	248	696	100	534	159	415	216	194	2562
01 September 15 to 31 August 16	R	227	697	95	500	163	446	209	225	2561
01 September 16 to 31 August 17	2021	226	710	74	481	144	431	228	194	2488
01 September 17 to 31 August 18	2022	216	627	88	468	140	419	162	172	2293
01 September 18 to 31 August 19	2023	235	605	70	437	110	396	176	162	2191

Date of Birth / school year	School year in Sept 2020	BN41 1	BN41 2	TOTALS	pupils likely to want a school place based on 90% of GP reg data	Surplus places or shortfall of places
<b>1 Portslade</b>						
places in each school year from Sept 2020		120	210	330		
places in each school year from Sept 2021		120	180	300		
01 September 09 to 31 August 10	6	90	191	281	253	
01 September 10 to 31 August 11	5	82	188	270	243	
01 September 11 to 31 August 12	4	97	198	295	266	
01 September 12 to 31 August 13	3	70	182	252	227	
01 September 13 to 31 August 14	2	76	212	288	259	
01 September 14 to 31 August 15	1	84	192	276	248	
01 September 15 to 31 August 16	R	66	186	252	227	103
01 September 16 to 31 August 17	2021	66	185	251	226	74
01 September 17 to 31 August 18	2022	76	164	240	216	84
01 September 18 to 31 August 19	2023	73	188	261	235	65

Date of Birth / school year	School year in Sept 2020	BN3 1	BN3 2	BN3 3	BN3 4	BN3 5	BN3 6	BN3 7	TOTALS	pupils likely to want a school place based on 90% of GP reg data	Surplus places or shortfall of places
<b>2 Central Hove</b>											
places in each school year from Sept 2020		120		180		120	150	150	720		
places in each school year from Sept 2021		120		150		120	150	150	690		
01 September 09 to 31 August 10	6	99	59	131	113	177	182	198	959	863	-143
01 September 10 to 31 August 11	5	94	47	122	104	192	149	166	874	787	-67
01 September 11 to 31 August 12	4	89	49	133	111	177	142	153	854	769	-49
01 September 12 to 31 August 13	3	92	54	131	99	157	137	160	830	747	-27
01 September 13 to 31 August 14	2	89	65	162	83	171	146	149	865	779	-59
01 September 14 to 31 August 15	1	91	35	149	78	156	127	137	773	696	24
01 September 15 to 31 August 16	R	102	44	131	71	167	130	129	774	697	23
01 September 16 to 31 August 17	2021	91	54	174	84	146	98	142	789	710	-20
01 September 17 to 31 August 18	2022	90	49	142	73	134	106	103	697	627	63
01 September 18 to 31 August 19	2023	77	60	147	72	149	89	78	672	605	85

Date of Birth / school year	School year in Sept 2020	BN3 8	TOTALS	pupils likely to want a school place based on 90% of GP reg data	Surplus places or shortfall of places
<b>3 West Blatchington and North Hangleton</b>					
places in each school year from Sept 2020		150	150		
places in each school year from Sept 2021		120	120		
01 September 09 to 31 August 10	6	125	125	113	38
01 September 10 to 31 August 11	5	102	102	92	58
01 September 11 to 31 August 12	4	119	119	107	43
01 September 12 to 31 August 13	3	110	110	99	51
01 September 13 to 31 August 14	2	118	118	106	44
01 September 14 to 31 August 15	1	111	111	100	50
01 September 15 to 31 August 16	R	105	105	95	56
01 September 16 to 31 August 17	2021	82	82	74	46
01 September 17 to 31 August 18	2022	98	98	88	32
01 September 18 to 31 August 19	2023	78	78	70	50

Date of Birth / school year	School year in Sept 2020	BN1 2	BN1 3	BN1 5	BN1 1	BN1 4	BN1 6	BN1 7	TOTALS	pupils likely to want a school place based on 90% of GP reg data	Surplus places or shortfall of places
<b>4 Central City</b>											
places in each school year from Sept 2020		60	150	30	30	270	90	630			
01 September 09 to 31 August 10	6	24	58	136	6	63	239	115	641	577	33
01 September 10 to 31 August 11	5	22	69	153	7	57	207	126	641	577	33
01 September 11 to 31 August 12	4	33	80	127	8	59	220	106	633	570	60
01 September 12 to 31 August 13	3	27	76	139	7	45	199	85	578	520	110
01 September 13 to 31 August 14	2	40	67	123	<=5	55	196	97	578	520	110
01 September 14 to 31 August 15	1	27	85	128	6	58	198	91	593	534	96
01 September 15 to 31 August 16	R	25	100	98	14	61	168	90	556	500	130
01 September 16 to 31 August 17	2021	30	78	99	22	72	146	87	534	481	149
01 September 17 to 31 August 18	2022	27	91	100	9	44	152	97	520	468	162
01 September 18 to 31 August 19	2023	30	89	69	16	68	149	64	485	437	194

Date of Birth / school year	School year in Sept 2020	BN1 8	TOTALS	pupils likely to want a school place based on 90% of GP reg data	Surplus places or shortfall of places
<b>5 Patcham</b>		Patcham Infant Patcham Junior Carden Primary			
places in each school year from Sept 2020		<b>150</b>	<b>150</b>		
			0		
			0		
01 September 09 to 31 August 10	6	196	196	176	-26
01 September 10 to 31 August 11	5	195	195	176	-26
01 September 11 to 31 August 12	4	187	187	168	-18
01 September 12 to 31 August 13	3	227	227	204	-24
01 September 13 to 31 August 14	2	168	168	151	-17
01 September 14 to 31 August 15	1	177	177	159	-18
01 September 15 to 31 August 16	R	181	181	163	-18
01 September 16 to 31 August 17	2021	160	160	144	-16
01 September 17 to 31 August 18	2022	156	156	140	-16
01 September 18 to 31 August 19	2023	122	122	110	-12

Date of Birth / school year	School year in Sept 2020	BN2 0	BN2 1	BN2 2	BN2 3	BN2 5	BN2 9	TOTALS	pupils likely to want a school place based on 90% of GP reg data	Surplus places or shortfall of places
<b>6 City East</b>		Queens Park Pri St John the Baptist Primary			Elm Grove Primary Fairlight Primary St Martins Primary	St Marks Primary City Academy Whitehawk	Carlton Hill Primary St Lukes Primary			
places in each school year from Sept 2020		<b>90</b>			<b>150</b>	<b>90</b>	<b>120</b>	<b>450</b>		
01 September 09 to 31 August 10	6	58	53	<=5	96	144	140	491	442	8
01 September 10 to 31 August 11	5	66	68	<=5	94	164	134	526	473	-23
01 September 11 to 31 August 12	4	57	65	<=5	97	161	138	518	466	-16
01 September 12 to 31 August 13	3	63	67	<=5	86	159	161	536	482	-32
01 September 13 to 31 August 14	2	61	46	<=5	93	149	138	487	438	-12
01 September 14 to 31 August 15	1	51	54	<=5	79	147	130	461	415	-35
01 September 15 to 31 August 16	R	54	66	<=5	108	126	142	496	446	-4
01 September 16 to 31 August 17	2021	60	55	<=5	101	127	136	479	431	-19
01 September 17 to 31 August 18	2022	56	54	<=5	86	132	138	466	419	-31
01 September 18 to 31 August 19	2023	51	68	<=5	98	92	131	440	396	-54

Date of Birth / school year	School year in Sept 2020	BN2 6	BN2 7	BN2 8	TOTALS	pupils likely to want a school place based on 90% of GP reg data	Surplus places or shortfall of places
<b>7 The Deans</b>		Rudyard Kipling Pn Woodingdean Prim	Our Lady of Lourdes Pri St Margarets Pri	Saltdean Primary			
places in each school year from Sept 2020		<b>120</b>	<b>60</b>	<b>90</b>	<b>270</b>		
01 September 09 to 31 August 10	6	133	43	108	284	256	14
01 September 10 to 31 August 11	5	134	39	100	273	246	24
01 September 11 to 31 August 12	4	109	37	120	266	239	31
01 September 12 to 31 August 13	3	109	37	92	238	214	56
01 September 13 to 31 August 14	2	121	25	94	240	216	54
01 September 14 to 31 August 15	1	115	28	97	240	216	54
01 September 15 to 31 August 16	R	113	35	84	232	209	61
01 September 16 to 31 August 17	2021	134	37	82	253	228	42
01 September 17 to 31 August 18	2022	95	20	65	180	162	108
01 September 18 to 31 August 19	2023	101	27	68	196	176	94

Date of Birth / school year	School year in Sept 2020	BN1 9	BN2 4	TOTALS	pupils likely to want a school place based on 90% of GP reg data	Surplus places or shortfall of places
<b>8 City North</b>		Coldean Primary	Bevendean Primary Coombe Rd Primary Moulsecoomb Prim			
places in each school year from Sept 2020		<b>60</b>	<b>150</b>	<b>210</b>		
01 September 09 to 31 August 10	6	63	174	237	213	-3
01 September 10 to 31 August 11	5	77	154	231	208	2
01 September 11 to 31 August 12	4	66	157	223	201	9
01 September 12 to 31 August 13	3	61	147	208	187	23
01 September 13 to 31 August 14	2	66	161	227	204	6
01 September 14 to 31 August 15	1	54	162	216	194	16
01 September 15 to 31 August 16	R	58	192	250	225	-15
01 September 16 to 31 August 17	2021	58	158	216	194	16
01 September 17 to 31 August 18	2022	58	133	191	172	38
01 September 18 to 31 August 19	2023	40	140	180	162	48

Appendix B

School	PAN	number of entry	Number classes in school (before fall)	number of KS1 pupils on roll (January 2020 census)			2020 allocation exercise						2019 allocation exercise						Stability		
				Reception	Year 1	Year 2	number of on-time 1st preferences applications	number of late 1st preferences applications	furthest distance (range) 30	number of pupils allocated living between 2-3km from school	number of pupils allocated living further than 3km from school	number of on-time 1st preferences applications	number of late 1st preferences applications	furthest distance (range) 30	number of pupils allocated living between 2-3km from school	number of pupils allocated living further than 3km from school	pupil mobility (percentage of pupils movements in 2018-19 academic year)	% pupils attending from outside planning area (Leverage KS1 from Jan 20 census)	2017	2018	2019
Barlow Primary School	120	4	28	105	95	120	89	2	All pupils offered	20	6	48	4	All pupils offered	6	2	17%	10%	87	87	88
Barfield Primary School	60	2	14	51	74	38	36	0	All pupils offered	0	3	42	1	All pupils offered	1	0	20%	40%	69	73	76
Barnsley Primary School	120	4	28	116	111	111	117	6	1163 metres	1	2	120	10	1163 metres	4	1	30%	20%	91	81	84
Charnock Primary School	120	4	32	120	120	118	112	8	105 metres	4	5	142	5	105 metres	3	4	3%	23%	86	86	91
Clifford Primary School	60	3	11	47	65	40	48	1	1188 metres	0	0	48	0	1188 metres	0	1	1%	10%	86	81	84
Manby Primary School	60	2	14	33	33	28	22	2	All pupils offered	0	1	31	0	All pupils offered	1	4	44%	13%	82	81	83
Stanfield Infant School	60	3	9	49	49	46	38	2	All pupils offered	2	2	42	0	All pupils offered	0	0	14%	24%	91	96	93
West Buxton Primary School	60	2	14	30	33	30	34	5	All pupils offered	0	1	23	4	All pupils offered	1	2	30%	27%	78	80	76





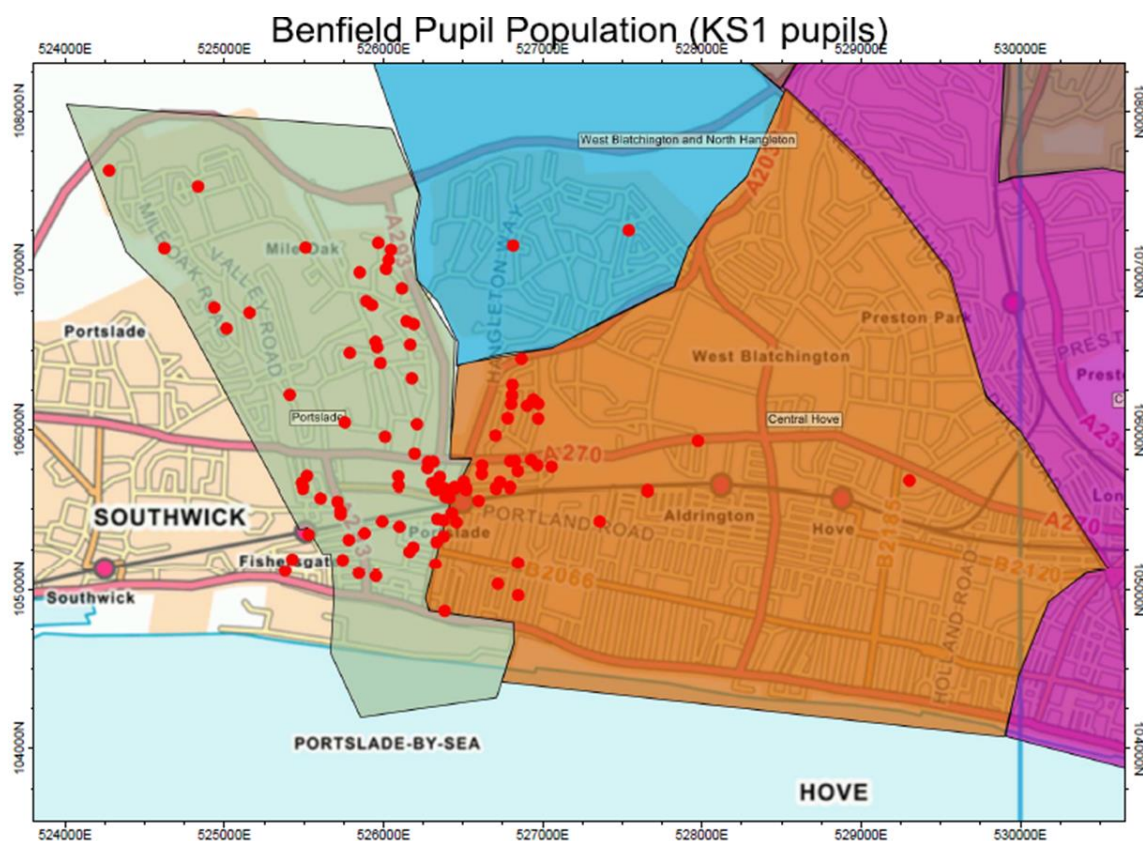
## Planning Area Analysis

### 1) Portslade Planning Area

School(s) under consideration:

- Benfield

KS1 Pupil Distribution



Pupil 'draw' from other planning areas

<b>Pupils living outside the planning area attending schools within the area</b>	<b>R</b>	<b>1</b>	<b>2</b>	<b>Total</b>	<b>% of total</b>
<b>Benfield Primary School</b>	15	17	23	55	27
Brackenbury Primary School	7	2	5	14	7
Mile Oak Primary School	3	5	6	14	7
Peter Gladwin Primary School	2	0	5	7	3
St Mary's Catholic Primary School	12	10	14	36	18
St Nicolas' CofE Primary School	3	15	11	29	14
St Peter's Community Primary School	22	12	14	48	24
<b>Total</b>	<b>64</b>	<b>61</b>	<b>78</b>	<b>203</b>	

### Pupils attending schools in other planning areas

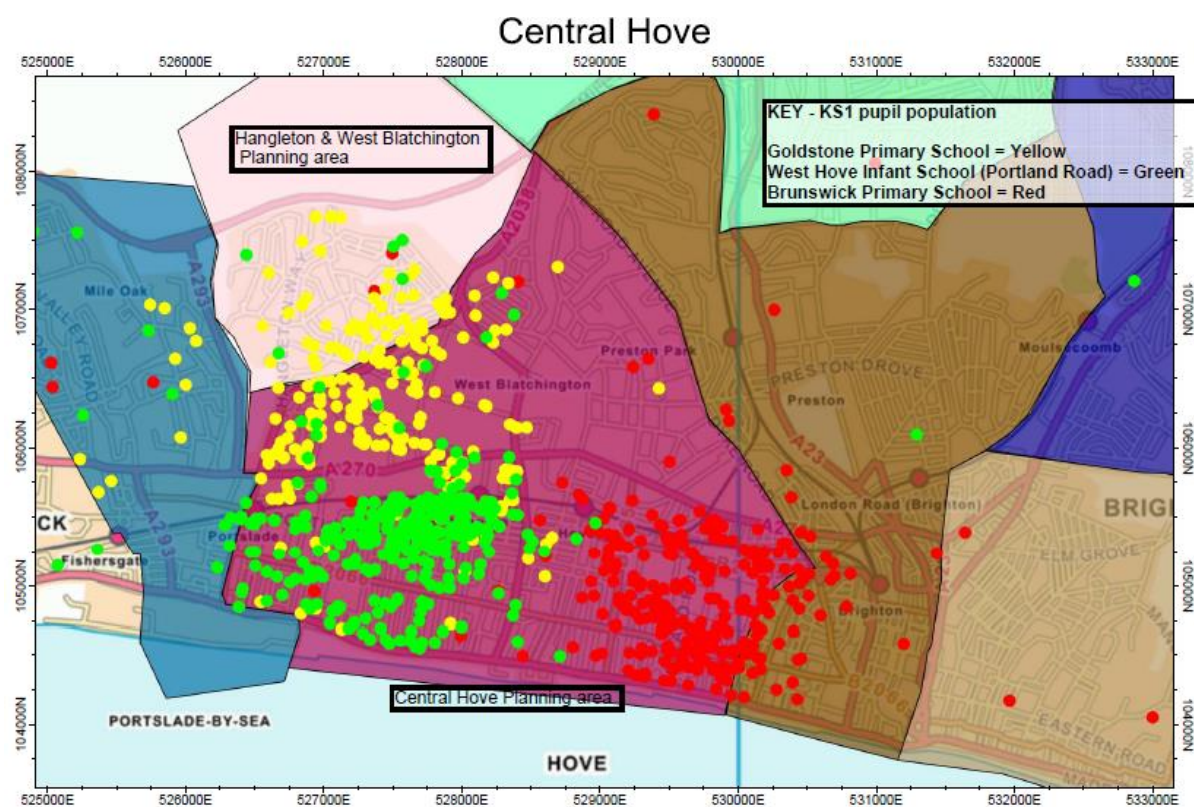
data from January 2020 school census	Year Group			Total	% of total
<b>Pupils living in planning area and attending schools outside planning area</b>	R	1	2		
Aldrington CofE Primary School	3	4	4	11	8
Bilingual Primary School - Brighton & Hove	8	4	14	26	18
<b>Brunswick Primary School</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>2</b>
City Academy Whitehawk		1		1	1
Coldean Primary School		1		1	1
Cottesmore St Mary's Catholic Primary School	2	6	5	13	9
<b>Downs Infant School</b>			<b>1</b>	<b>1</b>	<b>1</b>
Goldstone Primary School	5	2	6	13	9
<b>Hangleton Primary School</b>	<b>8</b>	<b>17</b>	<b>8</b>	<b>33</b>	<b>23</b>
Hill Park School	4	6	2	12	8
Middle Street Primary School	1			1	1
St Andrew's CofE (Aided) Primary School	1	3	1	5	3
St Bernadette's Catholic Primary School	1			1	1
St Mary Magdalen Catholic Primary School			1	1	1
<b>Stanford Infant School</b>		<b>1</b>		<b>1</b>	<b>1</b>
<b>West Blatchington Primary and Nursery School</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>3</b>
West Hove Infant School	9	4	3	16	11
<b>Total</b>	<b>45</b>	<b>50</b>	<b>48</b>	<b>143</b>	

## 2) Central Hove Planning Area

School(s) under consideration:

- Brunswick
- Goldstone

KS1 Pupil Distribution



Pupil 'draw' from other planning areas

<b>Pupils living outside the planning area attending schools within the area</b>	<b>R</b>	<b>1</b>	<b>2</b>	<b>Total</b>	<b>Total</b>
Aldrington CofE Primary School	14	11	18	43	11
Bilingual Primary School - Brighton & Hove	28	22	38	88	23
<b>Brunswick Primary School</b>	<b>23</b>	<b>24</b>	<b>21</b>	<b>68</b>	<b>18</b>
Cottesmore St Mary's Catholic Primary School	20	19	24	63	16
<b>Goldstone Primary School</b>	<b>20</b>	<b>25</b>	<b>25</b>	<b>70</b>	<b>18</b>
St Andrew's CofE (Aided) Primary School	4	7	6	17	4
West Hove Infant School	18	10	10	38	10
<b>Grand Total</b>	<b>127</b>	<b>118</b>	<b>142</b>	<b>387</b>	

## Pupils attending schools in other planning areas

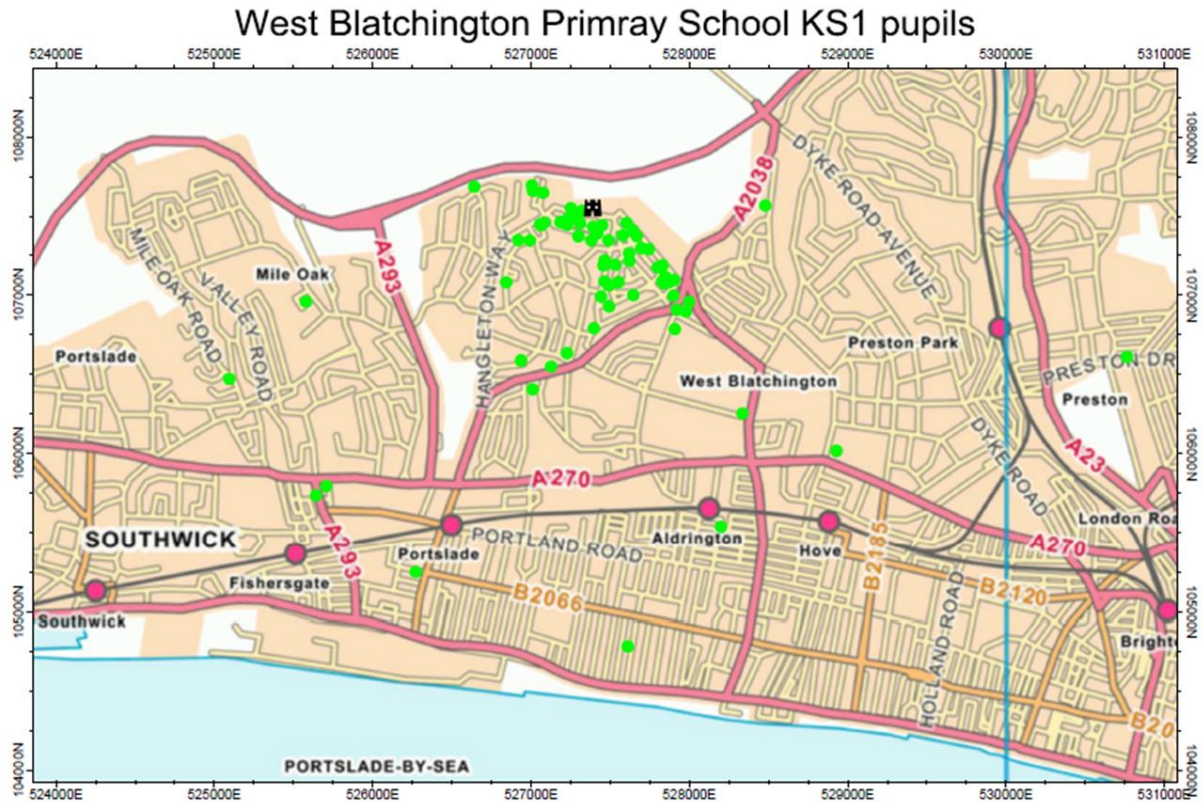
data from January 2020 school census	Year Group			Total	% of total
<b>Pupils living in planning area and attending schools outside planning area</b>	<b>R</b>	<b>1</b>	<b>2</b>		
Balfour Primary School		1		1	0
Benfield Primary School	12	13	20	45	16
Brackenbury Primary School	4		2	6	2
Carden Nursery and Primary School	1	1	1	3	1
Coldean Primary School			1	1	0
Downs Infant School		2		2	1
Fairlight Primary School	3	1		4	1
Hangleton Primary School	7	15	17	39	14
Hill Park School	5	2	1	8	3
Middle Street Primary School	3	2	3	8	3
Mile Oak Primary School		1		1	0
Moulsecoomb Primary School	1			1	0
Our Lady of Lourdes RC School		2		2	1
Peter Gladwin Primary School			1	1	0
St Bartholomew's CofE Primary School	1			1	0
St Bernadette's Catholic Primary School		2		2	1
St John the Baptist Catholic Primary School	1		1	2	1
St Mark's CofE Primary School		2		2	1
St Martin's CofE Primary School		1		1	0
St Mary Magdalen Catholic Primary School	5	5	8	18	6
St Mary's Catholic Primary School	10	2	9	21	7
St Nicolas' CofE Primary School	1	4	7	12	4
St Paul's CofE Primary School and Nursery	2	4	2	8	3
St Peter's Community Primary School	4	5	3	12	4
Stanford Infant School	22	21	15	58	20
West Blatchington Primary and Nursery School	4	2	5	11	4
Westdene Primary School	6	7	3	16	6
Woodingdean Primary School		1		1	0
<b>Grand Total</b>	<b>92</b>	<b>96</b>	<b>99</b>	<b>287</b>	

### 3) West Blatchington and North Hangleton

School(s) under consideration:

- West Blatchington

KS1 Pupil Distribution



Pupil 'draw' from other planning areas

Pupils living outside the planning area attending schools within the area	R	1	2	Total	% of total
Hangleton Primary School	16	38	24	78	76
West Blatchington Primary and Nursery School	7	8	10	25	24
<b>Total</b>	<b>23</b>	<b>46</b>	<b>34</b>	<b>103</b>	



Pupils attending schools in other planning areas

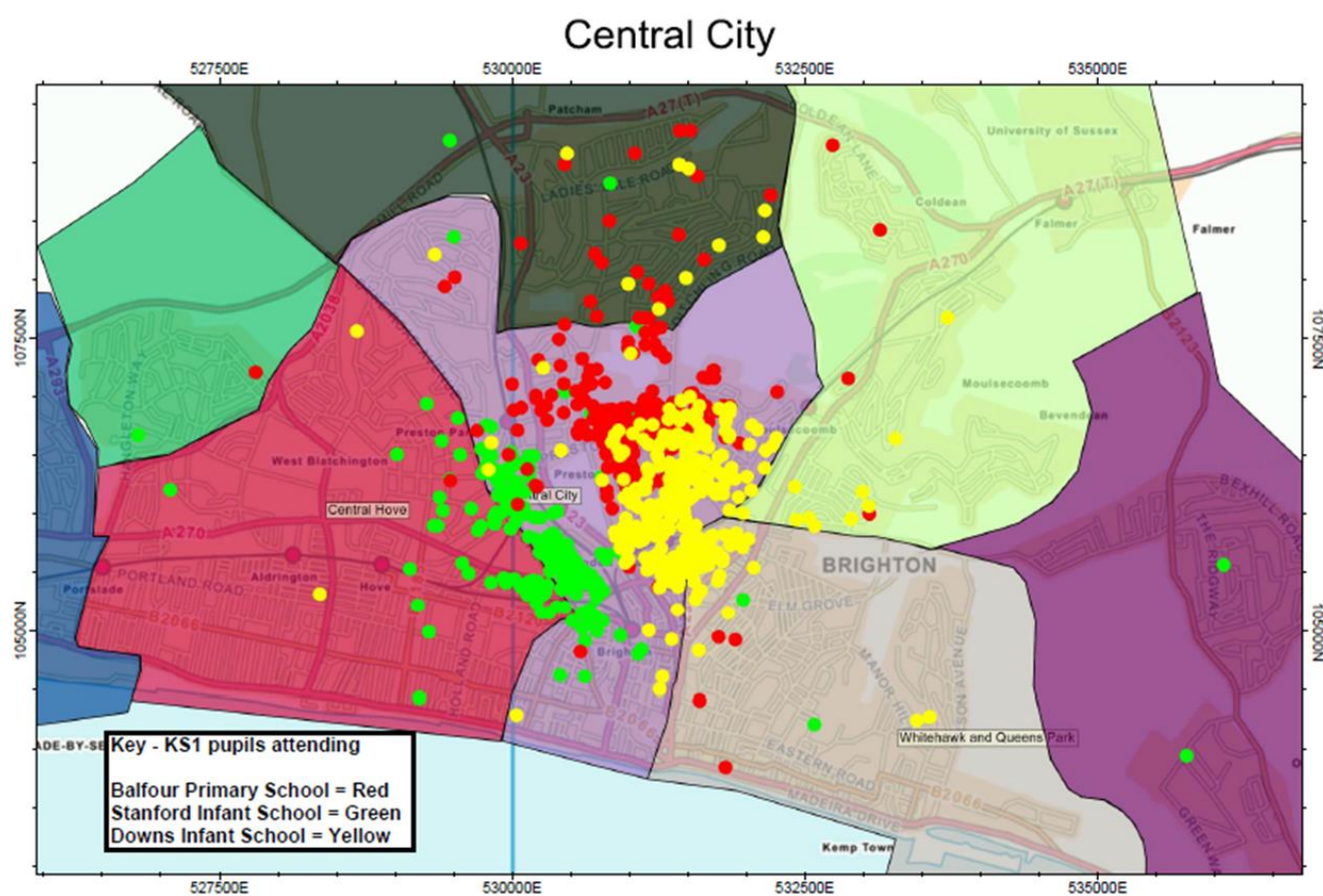
data from January 2020 school census	Year Group				
<b>Pupils living in planning area and attending schools outside planning area</b>	<b>R</b>	<b>1</b>	<b>2</b>	<b>Total</b>	<b>% of total</b>
Aldrington CofE Primary School	10	8	13	31	20
Balfour Primary School		1		1	1
Benfield Primary School		1	1	2	1
Bevendean Primary School	1			1	1
Bilingual Primary School - Brighton & Hove	4	4	1	9	6
Brackenbury Primary School	1	1	1	3	2
Brunswick Primary School		2		2	1
Carlton Hill Primary School	1		1	2	1
Cottesmore St Mary's Catholic Primary School	4	3	2	9	6
Goldstone Primary School	14	23	18	55	35
Hill Park School		2	2	4	3
Mile Oak Primary School			1	1	1
Peter Gladwin Primary School	2			2	1
St Andrew's CofE (Aided) Primary School	2	2	1	5	3
St Joseph's Catholic Primary School		1	1	2	1
St Mark's CofE Primary School		1		1	1
St Martin's CofE Primary School		1		1	1
St Mary Magdalen Catholic Primary School		1		1	1
St Mary's Catholic Primary School	1			1	1
St Nicolas' CofE Primary School	1	1	1	3	2
St Paul's CofE Primary School and Nursery	1	1	1	3	2
St Peter's Community Primary School	1	1	2	4	3
Stanford Infant School			1	1	1
West Hove Infant School	2	5	1	8	5
Westdene Primary School		2	1	3	2
<b>Grand Total</b>	<b>45</b>	<b>61</b>	<b>49</b>	<b>155</b>	

#### 4) Central City

School(s) under consideration:

- Stanford Infants
- Downs Infants
- Balfour Primary

KS1 Pupil Distribution



Pupil 'draw' from other planning areas

Pupils living outside the planning area attending schools within the area	R	1	2	Total	% of total
Balfour Primary School	10	11	12	33	7
Downs Infant School	26	21	29	76	16
Hertford Infant and Nursery School	13	4	9	26	6
Middle Street Primary School	13	9	10	32	7
St Bartholomew's CofE Primary School	10	3	9	22	5
St Bernadette's Catholic Primary School	9	9	14	32	7
St Joseph's Catholic Primary School	8	6	11	25	5
St Mary Magdalen Catholic Primary School	9	15	16	40	9
St Paul's CofE Primary School and Nursery	6	10	9	25	5
Stanford Infant School	21	25	17	63	14
Westdene Primary School	27	27	33	87	19
<b>Grand Total</b>	<b>152</b>	<b>140</b>	<b>169</b>	<b>461</b>	

Pupils attending schools in other planning areas

data from January 2020 school census	Year Group			Total	
<b>Pupils living in planning area and attending schools outside planning area</b>	<b>R</b>	<b>1</b>	<b>2</b>		<b>% of total</b>
Bevendean Primary School	2	2	3	7	2
Bilingual Primary School - Brighton & Hove	5	7	6	18	4
<b>Brunswick Primary School</b>	<b>17</b>	<b>18</b>	<b>18</b>	<b>53</b>	<b>12</b>
Carden Nursery and Primary School	1	1	2	4	1
Carlton Hill Primary School	1	3	1	5	1
Coombe Road Primary School		1	1	2	0
Cottesmore St Mary's Catholic Primary School	6	9	11	26	6
Downs View Special School	1	4		5	1
Elm Grove Primary School	3	1	3	7	2
Fairlight Primary School	3	4	5	12	3
Hangleton Primary School	1	1		2	0
Hill Park School	1	1		2	0
Middle Street Primary School	15	17	19	51	12
<b>Moulsecoomb Primary School</b>			<b>1</b>	<b>1</b>	<b>0</b>
Our Lady of Lourdes RC School			1	1	0
Patcham Infant School	4	1	1	6	1
Queen's Park Primary School	1	1	2	4	1
Rudyard Kipling Primary School & Nursery			1	1	0
St Andrew's CofE (Aided) Primary School			2	2	0
St Luke's Primary School	1		1	2	0
St Martin's CofE Primary School	1	2	1	4	1
<b>Stanford Infant School</b>	<b>68</b>	<b>64</b>	<b>69</b>	<b>201</b>	<b>47</b>
<b>West Blatchington Primary and Nursery School</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>
West Hove Infant School	2	4	2	8	2
<b>Grand Total</b>	<b>133</b>	<b>142</b>	<b>152</b>	<b>427</b>	

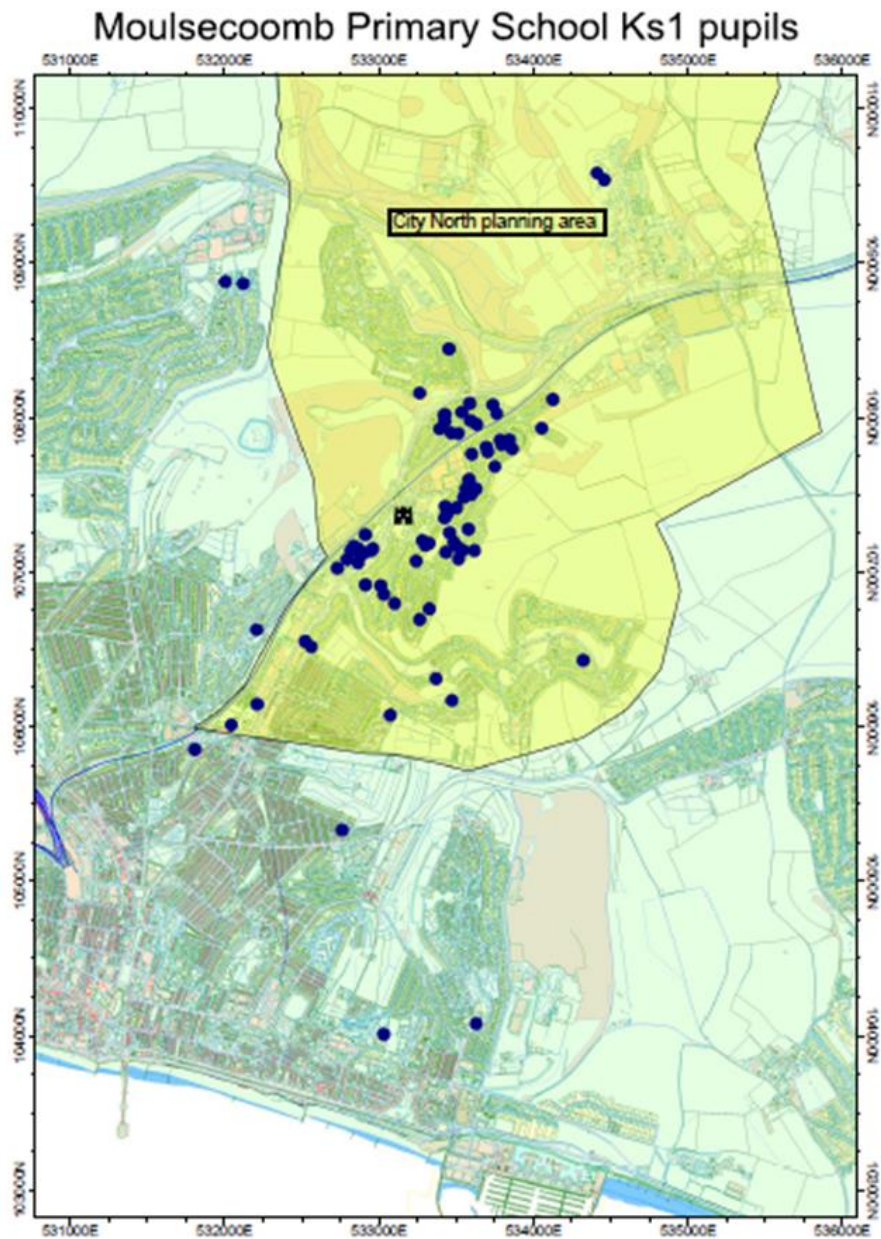


## 5) City North

School(s) under consideration:

- Moulsecoomb

KS1 Pupil Distribution



Pupil 'draw' from other planning areas

<b>Pupils living outside the planning area attending schools within the area</b>	<b>R</b>	<b>1</b>	<b>2</b>	<b>Total</b>	<b>% of total</b>
Bevendean Primary School	6	8	8	22	35
Coldean Primary School	4	8	3	15	24
Coombe Road Primary School	5	5	3	13	21
<b>Moulsecoomb Primary School</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>12</b>	<b>19</b>
<b>Grand Total</b>	<b>19</b>	<b>26</b>	<b>17</b>	<b>62</b>	

Pupils attending schools in other planning areas

data from January 2020 school census	Year Group			Total	
<b>Pupils living in planning area and attending schools outside planning area</b>	<b>R</b>	<b>1</b>	<b>2</b>		<b>% of total</b>
Balfour Primary School		3	1	4	2
Benfield Primary School	1			1	1
Bilingual Primary School - Brighton & Hove		1	4	5	3
Brunswick Primary School	1			1	1
Carden Nursery and Primary School	1	2	5	8	4
City Academy Whitehawk		1	1	2	1
Cottesmore St Mary's Catholic Primary School			2	2	1
Downs Infant School	3	4	4	11	6
Downs View Special School		3	1	4	2
Elm Grove Primary School		2	2	4	2
Fairlight Primary School	14	16	16	46	23
Hangleton Primary School	1			1	1
Hertford Infant and Nursery School	6	2	4	12	6
Hill Park School		1		1	1
Middle Street Primary School		1	1	2	1
Mile Oak Primary School			1	1	1
Patcham Infant School	3		1	4	2
Queen's Park Primary School		1	1	2	1
Rudyard Kipling Primary School & Nursery	1			1	1
St Andrew's CofE (Aided) Primary School		2	1	3	2
St Bartholomew's CofE Primary School	1			1	1
St Bernadette's Catholic Primary School	1			1	1
St John the Baptist Catholic Primary School		1	1	2	1
St Joseph's Catholic Primary School	4	4	3	11	6
St Luke's Primary School	1		1	2	1
St Margaret's CofE Primary School, Rottingdean	1			1	1
St Martin's CofE Primary School	12	16	15	43	22
St Mary Magdalen Catholic Primary School		1	3	4	2
St Paul's CofE Primary School and Nursery	1	1	1	3	2
Stanford Infant School		1		1	1
West Blatchington Primary and Nursery School			1	1	1
West Hove Infant School	2			2	1
Westdene Primary School		2	2	4	2
Woodingdean Primary School	1	1	3	5	3

## Equality Impact and Outcome Assessment (EIA) Template - 2019

**EIAs make services better for everyone and support value for money by getting services right first time.**

EIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then action plan to get the best outcomes for staff and service-users<sup>1</sup>. They analyse how all our work as a council might impact differently on different groups<sup>2</sup>. They help us make good decisions and evidence how we have reached these decisions<sup>3</sup>.

See end notes for full guidance. Either hover the mouse over the end note link (eg: Age<sup>13</sup>) or use the hyperlinks ('Ctrl' key and left click).

**For further support or advice please contact:**

- **BHCC: Communities, Equality and Third Sector Team on ext 2301**
- **CCG: Engagement and Equalities team (Jane Lodge/Debbie Ludlam)**

### 1. Equality Impact and Outcomes Assessment (EIA) Template

First, consider whether you need to complete an EIA, or if there is another way to evidence assessment of impacts, or that an EIA is not needed<sup>4</sup>.

<b>Title of EIA<sup>5</sup></b>	Consultation on Council's Admission Arrangements 2022/23	<b>ID No.<sup>6</sup></b>	
<b>Team/Department<sup>7</sup></b>	Families, Children & Learning – Education & Skills		
<b>Focus of EIA<sup>8</sup></b>	<p>Any proposed changes to the council's admission arrangements which includes reducing a school's Published Admission Number (PAN) is required to be consulted upon for a minimum of 6 weeks between October and 31<sup>st</sup> January approximately 18 months in advance of taking effect. Admission arrangements and each school's PAN for September 2022 will be consulted upon in October/November 2020 with the results of this consultation being presented to the Children Young People &amp; Skills Committee in January 2021.</p> <p>The aim of the consultation process is to seek the views of adjoining neighbouring local authorities, schools' governing bodies, parents of children between the age of 2 and 18 and any other people who are interested in the admission arrangements.</p>		

Significant changes proposed in the consultation are to reduce the number of surplus school places in the city by approximately 300 which would bring the percentage of spare capacity closer to or within the recommended range by the Department for Education of between 5 – 10%.

Pupil numbers in the city have been falling and are forecast to continue to fall over the next few years. Too many spare school places in the city will result in some schools not getting enough pupils attending. As schools are mostly funded on pupil numbers if schools don't have enough pupils attending, they may not be able to operate in a financially efficient way and risk entering a budget deficit. Ultimately a school, or schools, could be required to close. The law prohibits infant school classes larger than 30 pupils and if schools are required to operate small classes, they may not be able to afford to employ the required number of teachers.

The council's main aim with these proposals is to reduce the risk of a school or schools being required to close and an increase in schools with a budget deficit. Whilst ensuring that the council maintains the physical accommodation to help it cater with any future rise in pupil numbers.

In drawing up proposals the council considered the inclusion of 3 and 4 form entry schools for a reduction in PAN as larger schools can reduce their published admission number without a significant effect on their budget. It is worth noting though that a 4-form entry infant school has a total of 12 classes and a 4 form entry primary school has 28 classes.

Reducing these schools alone would not achieve the required number of school places nor would it be likely to be ultimately permissible when the appeal process for governing bodies was considered. Therefore, additional schools have been identified in areas where fewer children currently live and where children are drawn from a large geographical area. Anecdotally one form entry primary schools are at greater risk of having difficulty managing financially. However, there is a benefit to capping the pupil numbers to have one full class and one teacher in each year group rather than having the potential need to run two small classes if the number of pupils allocated is above 30 and then be required to employ two teachers.

This Equalities Impact Assessment is looking both at the consultation process to ensure that it is conducted fairly and has engaged with the public appropriately as well as considering the potential impact of the proposals themselves, if they are agreed.

### 3. Review of information, equality analysis and potential actions

<b>Groups to assess</b>	<b>What do you know<sup>9</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>10</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>11</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>12</sup>?</b> All potential actions to: <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul>
<b>Age<sup>13</sup></b>	<p>Parents of children between the age of 2-18 need to be consulted.</p> <p>Changes will affect parents of children born between 1/09/2017 and 31/08/2018 who are due to start school in September 2022.</p> <p>There are projected to be 2548 children in this age bracket, and it is estimated 2293 will require a mainstream school place.</p> <p>When applying for a first school place 98% did so online for 2020 and 96% did so online for 2019.</p>	<p>Consultation last year received 82 responses in total of which 4 tended to disagree and 66 strongly disagreed with proposed changes of PAN. 12 responded in agreement with the proposal and none were unsure.</p> <p>No responses were received from people below the age of 30.</p> <p>Other response rates: 28% aged between 30-39 of which 86% of these disagreed with the proposal; 30% aged between 40-49 of which 90% disagreed with the proposal, 11% aged between 50-60 of which 56% disagreed with the proposal. 30% didn't answer this question.</p>	<p>Younger parents seem not to have responded to previous consultation exercise.</p> <p>Respondents aged between 30 and 49 accounted for about 60% of the responses and were on the whole not in favour of any change in PAN. Older respondents are less likely to disagree with the proposals although the majority still disagreed with the proposed change.</p> <p>Younger parents are increasingly using the online system to apply for school places.</p>	<p>Additional engagement with childcare providers and nurseries in the city to engage younger parents and parents of younger children.</p> <p>Liaise with support services such as Parenting Team, Family Coaches and Youth Employment Service to encourage participation from young parents.</p> <p>Greater use of social medial platforms and online promotion to reach younger parents in conjunction with traditional methods of promotion.</p> <p>Consideration of timing of any public consultation events so parents with young families can attend.</p>

<p><b>Groups to assess</b></p>	<p><b>What do you know<sup>9</sup>?</b> Summary of data about your service-users and/or staff</p>	<p><b>What do people tell you<sup>10</sup>?</b> Summary of service-user and/or staff feedback</p>	<p><b>What does this mean<sup>11</sup>?</b> Impacts identified from data and feedback (actual and potential)</p>	<p><b>What can you do<sup>12</sup>?</b> All potential actions to:  <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul> </p>
<p><b>Disability<sup>14</sup></b></p>	<p>Children with Special Educational Needs and Disabilities (SEND) who have an Education, Health &amp; Care Plan would be placed in school under the SEND code of Practice by the SEN team and normal admission arrangements and PANs would not apply.</p>	<p>Consultation last year, 2% of online respondents identified as having a disability. 65% did not consider themselves to have a disability and 33% did not provide a response.</p> <p>There were no requests for consultation documentation in alternative formats and all responses were submitted online.</p>	<p>Parents of children with a disability may be more interested in SEND processes than mainstream school admission arrangements.</p> <p>Parents with a disability could find it harder to respond through the online consultation portal.</p> <p>Parents with children who have a disability may not be able to attend a consultation event in person.</p> <p>Parents with disable children or have a disability themselves may not be able to travel a distance to take their child to a school place.</p>	<p>Consultation documentation should be available in other accessible formats and this should be advertised more widely.</p> <p>Parents who are unable to attend a public meeting will be able to access information online or over the telephone. It may be that consultation events are held online and can be viewed after the event. Nurseries will be encouraged to identify families who need additional support to access the information materials. The council will also liaise with PaCC and Amaze and any adult/parent disability groups.</p> <p>There needs to be sufficient places within a reasonable distance of families including those families who have</p>

<b>Groups to assess</b>	<b>What do you know<sup>9</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>10</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>11</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>12</sup>?</b> All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
				someone with a disability living with them.
<b>Gender reassignment<sup>15</sup></b>	n/a			
<b>Pregnancy and maternity<sup>16</sup></b>		Parents who are pregnant or on maternity leave may find it difficult to get older children to school.	There needs to be sufficient places within a reasonable distance of families including those families who have someone with a disability living with them.	Consideration needs to be given to ensuring that there are enough school places within a reasonable distance from families where there is a pregnant adult or an adult on maternity leave.
<b>Race/ethnicity<sup>17</sup></b> Including migrants, refugees and asylum seekers	The percentage of ethnic minority families with children attending schools across all planning areas varies from 33% in West Blatchington & North Hangleton planning area and Central Hove planning area down to 21% in the Portslade planning area. These percentages are relatively similar across	Only 2 out of the 82 respondents to last year's consultation on admission arrangements identified as other than white British. 26 respondents did not answer this question or did not want to specify their ethnicity.	In some allocation years a higher percentage of pupils from ethnic minorities apply late or are directed to a school that was not a preference, however the percentage of ethnic minority pupils who received a place at their first preference school is generally comparable with the percentage of ethnic minority families in	Important to ensure that there are some surplus places in each planning area so there are local school places available for any late applicants.  Other methods of engagement with ethnic minority communities considered in order to increase responses to the consultation, including the use of the

<p><b>Groups to assess</b></p>	<p><b>What do you know<sup>9</sup>?</b> Summary of data about your service-users and/or staff</p>	<p><b>What do people tell you<sup>10</sup>?</b> Summary of service-user and/or staff feedback</p>	<p><b>What does this mean<sup>11</sup>?</b> Impacts identified from data and feedback (actual and potential)</p>	<p><b>What can you do<sup>12</sup>?</b> All potential actions to:  <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul> </p>
	<p>the primary year groups however, in both West Blatchington &amp; North Hangleton area and Portslade planning area the data available for pre-school pupils indicates an increased percentage for this cohort.</p> <p>There is no comprehensive data available for the cohort due to start school in September 2022.</p> <p>In 2019 allocation year 20% of all applications were from ethnic minority families and there is no ethnicity information for a further 27% of applicants. 30% of late applications were submitted by ethnic minority families and for a further 30% there is no ethnicity information. 21% of ethnic minority families received their first preference school.</p>		<p>each of the 2018 and 2019 cohorts.</p> <p>The previous consultation process either did not sufficiently engage with ethnic minority families or those who did provide a response were unwilling to divulge their ethnicity.</p>	<p>EMAS service to reach out to communities to communicate the proposals in the consultation and the potential impact on their community.</p> <p>Consultation materials to be made available in different languages as required.</p>



<b>Groups to assess</b>	<b>What do you know<sup>9</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>10</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>11</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>12</sup>?</b> All potential actions to: <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul>
	In 2018 allocation year 26% of all applications were from ethnic minority families and there is no ethnicity information for a further 9% of applicants. 41% of late applications submitted were from ethnic minority families and for a further 13% there is no ethnicity information. 26% of ethnic minority families received their first preference school.			
<b>Religion or belief<sup>18</sup></b>	There are only Church of England and Catholic faith schools within the city. These schools can prioritise children of the faith above other children. A number of these schools do prioritise children of other faiths above children of no faith. None of the faith schools are proposing a reduction in PAN for September 2022.	There is little information on this. Some parents will seek a secular education for their child whilst others will want their children taught in line with their religious belief.	All schools identified for a reduction in PAN are community schools and this could potentially have a disproportionate impact on pupils with no faith.	Faith schools in the city are responsible for their own admission arrangements and the council cannot consult on changes to their PAN.  The council will need to ensure that there are sufficient secular school places available for all residents who require one within a reasonable distance.  Consultation events will

<b>Groups to assess</b>	<b>What do you know<sup>9</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>10</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>11</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>12</sup>?</b> All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	24% of first preference applications for September 2020 were for church aided schools and 76% expressed a first preference for secular schools.			take place in secular buildings wherever possible.
<b>Sex/Gender<sup>19</sup></b>	There are no single sex, maintained schools in the city. Admission arrangements do not take into consideration the gender of the child.	58% of responses to last years consultation were submitted by females and 11% by males. 30% did not answer or preferred not to say.		
<b>Sexual orientation<sup>20</sup></b>	n/a			
<b>Marriage and civil partnership<sup>21</sup></b>	n/a			
<b>Community Cohesion<sup>22</sup></b>	Reducing the PAN at popular oversubscribed schools would potentially reduce the distance from which the school is available due to home to school distance being the deciding tie break.  The list of schools	House prices surrounding popular schools can be inflated, due to increased demand on accommodation close to popular schools.  Parents from some socio-economic groups are better able to lobby and	Can have an implication on the pupils offered a place at these schools as families who cannot afford to move close to oversubscribed schools are unable to obtain a place there.  Responses to this	Consideration of admission arrangements and tie break to remove advantage to families who are in the financial position to move close to popular schools in order to increase chance of obtaining a place.

<b>Groups to assess</b>	<b>What do you know<sup>9</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>10</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>11</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>12</sup>?</b> All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	identified are central to various different communities in the city. Some are situated in communities with a higher level of deprivation than others. 2015 indices of multiple deprivation identify LSOAs in West Blatchington & North Hangleton and City East planning areas as some of the most deprived in the city and LSOAs in central city as least deprived.	to instigate a cohesive community response to the proposals that may disproportionately influence the decision making about which schools will have their PAN reduced.  Some communities may not be adequately represented in public meetings or in the responses to the consultation.	consultation need to be considered based on the content not just quantity of replies as some areas in the city due to the nature of the community will provide significantly more replies and in a variety of ways.	Encourage communities in all areas of the city to engage in the consultation process and provide alternative methods for them to respond.  Take consideration of the impact of any change in PAN may have on a school in relation to the composition of pupil cohorts and their families to promote a comprehensive education offer.
<b>Families with English as additional language</b>	The percentage of pupils with English as a second language varies across the planning areas from 21% of the primary school cohort in West Blatchington & North Hangleton to 10% in Portslade planning areas.	There is little information on this. However we are aware of the level of consultation responses of those who are identified as other than white British. It is also considered likely that families with English as an additional language may struggle to understand the detail and implication of the proposed changes to the	Families with pupils who have English as an additional language are proportionally more likely to apply late which significantly reduces their change of being offered a place at an oversubscribed school.  The higher number of families with English as an additional language applying late could be	Important to ensure that there are still surplus places in each planning area so late applicants and pupils moving mid-year can be offered a place at a local school.  Greater emphasis needs to be made in future to reach these families and make them aware of the school admissions applications process. If

<b>Groups to assess</b>	<b>What do you know<sup>9</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>10</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>11</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>12</sup>?</b> All potential actions to: <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul>
		admission arrangements in the city.	<p>contributed to a number of factors such as these families moving into the city outside the cut off dates for the main admission rounds. This could be due to these families are not being aware of when to apply for school places as they are less likely to understand the promotional information distributed for parents.</p> <p>Families may not comprehend the implication of the proposals or which year they take effect and be able to relate this to their own circumstances.</p>	<p>this group are unaware of the school admissions timescale it is also likely that they would less aware of the consultation process. Additional steps should be taken to engage these families with this consultation.</p> <p>Advice and support shall need to be sought from the EMAS team and others with links to various communities where there are a number of families with English as an additional language.</p>
<b>Cumulative impact<sup>23</sup></b>				
<b>Assessment of overall impacts and any further recommendations<sup>24</sup></b>				

<b>Groups to assess</b>	<b>What do you know<sup>9</sup>?</b> Summary of data about your service-users and/or staff	<b>What do people tell you<sup>10</sup>?</b> Summary of service-user and/or staff feedback	<b>What does this mean<sup>11</sup>?</b> Impacts identified from data and feedback (actual and potential)	<b>What can you do<sup>12</sup>?</b> All potential actions to: <ul style="list-style-type: none"> <li>• advance equality of opportunity,</li> <li>• eliminate discrimination, and</li> <li>• foster good relations</li> </ul>
<p>Reducing the number of surplus school places is necessary to safeguard the whole family of schools in the city and to protect schools from financial difficulties as pupil numbers reduce. Without a reduction in school places there is the real possibility that some schools become unable to operate due to low pupil numbers and are forced to close.</p> <p>In order to avoid schools closing and to ensure that there are sufficient school places in future when pupil numbers again increase, reducing the PAN for a number of schools is necessary for the benefit of all schools in the city. Reducing the number of places at oversubscribed schools will inevitably mean that some pupils who want to attend these schools will be refused a place. A higher percentage of late applications are for children from ethnic minorities and children with English as an additional language although the numbers are small. Late applications for oversubscribed schools are less likely to be offered a place.</p> <p>To minimise the impact on these families of applying late more needs to be done to reach these families when reminding parents to apply for their child's school place.</p> <p>The consultation process must be as accessible as possible for all residents to respond to. Whilst the implications of Covid-19 on public consultation events is currently unclear, there is a need to ensure that materials are available and accessible to all. That events are held at times and in locations which allow interested residents to participate and the process of receiving responses is also available to all.</p>				

241

**4. List detailed data and/or community feedback that informed your EIA**

<b>Title</b> (of data, research or engagement)	<b>Date</b>	<b>Gaps in data</b>	<b>Actions to fill these gaps: who else do you need to engage with?</b> (add these to the Action Plan below, with a timeframe)

## 5. Prioritised Action Plan<sup>25</sup>

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.				

**EIA sign-off:** (for the EIA to be final an email must sent from the relevant people agreeing it or this section must be signed)

**Staff member completing Equality Impact Assessment:**

**Date:**

**Directorate Management Team rep or Head of Service/Commissioning:**

**Date:**

**CCG or BHCC Equality lead:**

**Date:**

## Guidance end-notes

---

<sup>1</sup> The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EIA in itself does not meet the requirements of the equality duty. All the requirements above must be fulfilled or the EIA (and any decision based on it) may be open to challenge. Properly used, an EIA can be a tool to help us comply with our equality duty and as a record that to demonstrate that we have done so.

### <sup>2</sup> Our duties in the Equality Act 2010

As a public sector organisation, we have a legal duty (under the Equality Act 2010) to show that we have identified and considered the impact and potential impact of our activities on all people in relation to their ‘protected characteristics’ (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership).

This applies to policies, services (including commissioned services), and our employees. The level of detail of this consideration will depend on what you are assessing, who it might affect, those groups’ vulnerability, and how serious any potential impacts might be. We use this EIA template to complete this process and evidence our consideration.

**The following are the duties in the Act. You must give ‘due regard’ (pay conscious attention) to the need to:**

- **avoid, reduce or minimise negative impact** (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- **advance equality of opportunity.** This means the need to:
  - Remove or minimise disadvantages suffered by people due to their protected characteristics
  - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
  - Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low
  - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **foster good relations between people who share a protected characteristic and those who do not.** This means:
  - Tackle prejudice
  - Promote understanding



---

<sup>3</sup> EIAs are always proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The numbers of people affected
- The size of the likely impact
- The vulnerability of the people affected within the context

The greater the impacts, the more thorough and demanding the process required by the Act will be.

<sup>4</sup> **When to complete an EIA:**

- When planning or developing a new service, policy or strategy
- When reviewing an existing service, policy or strategy
- When ending or substantially changing a service, policy or strategy
- When there is an important change in the service, policy or strategy, or in the city (eg: a change in population), or at a national level (eg: a change of legislation)

Assessment of equality impact can be evidenced as part of the process of reviewing or needs assessment or strategy development or consultation or planning. It does not have to be on this template, but must be documented. Wherever possible, build the EIA into your usual planning/review processes.

**Do you need to complete an EIA? Consider:**

- Is the policy, decision or service likely to be relevant to a specific group or groups (eg: older people)?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people (potentially) affected?

If there are potential impacts on people but you decide not to complete an EIA it is usually sensible to document why.

<sup>5</sup> **Title of EIA:** This should clearly explain what service / policy / strategy / change you are assessing

<sup>6</sup> **ID no:** The unique reference for this EIA. If in doubt contact your CCG or BHCC equality lead (see page 1)

<sup>7</sup> **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

<sup>8</sup> **Focus of EIA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EIA)'

---

This section should explain what you are assessing:

- What are the main aims or purpose of the policy, practice, service or function?
- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the policy, practice, service or function, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? Eg: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the policy, practice, service or function tell you?
- What is the reason for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

<sup>9</sup> **Data:** Make sure you have enough data to inform your EIA.

- What data relevant to the impact on specific groups of the policy/decision/service is available?<sup>9</sup>
- What further evidence is needed and how can you get it? (Eg: further research or engagement with the affected groups).
- What do you already know about needs, access and outcomes? Focus on each of the groups identified above in turn. Eg: who uses the service? Who doesn't and why? Are there differences in outcomes? Why?
- Have there been any important demographic changes or trends locally? What might they mean for the service or function?
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any groups?
- Do any equality objectives already exist? What is current performance like against them?
- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?
- Use local sources of data (eg: JSNA: <http://www.bhconnected.org.uk/content/needs-assessments> and Community Insight: <http://brighton-hove.communityinsight.org/#> ) and national ones where they are relevant.

<sup>10</sup> **Engagement:** You must engage appropriately with those likely to be affected to fulfil the equality duty.

- What do people tell you about the services?
- Are there patterns or differences in what people from different groups tell you?
- What information or data will you need from communities?
- How should people be consulted? Consider:
  - (a) consult when proposals are still at a formative stage;
  - (b) explain what is proposed and why, to allow intelligent consideration and response;
  - (c) allow enough time for consultation;
  - (d) make sure what people tell you is properly considered in the final decision.
- Try to consult in ways that ensure all perspectives can be considered.
- Identify any gaps in who has been consulted and identify ways to address this.

---

<sup>11</sup> Your EIA must get to grips fully and properly with actual and potential impacts.

- The equality duty does not stop decisions or changes, but means we must conscientiously and deliberately confront the anticipated impacts on people.
- Be realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific so decision-makers have a concrete sense of potential effects. Instead of "the policy is likely to disadvantage older women", say how many or what percentage are likely to be affected, how, and to what extent.
- Questions to ask when assessing impacts depend on the context. Examples:
  - Are one or more groups affected differently and/or disadvantaged? How, and to what extent?
  - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
  - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
  - If there is negative differential impact, how can you minimise that while taking into account your overall aims
  - Do the effects amount to unlawful discrimination? If so the plan must be modified.
  - Does the proposal advance equality of opportunity and/or foster good relations? If not, could it?

<sup>12</sup> Consider all three aims of the Act: removing barriers, and also identifying positive actions we can take.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to improve the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EIA which has attempted to airbrush the facts is an EIA that is vulnerable to challenge.

<sup>13</sup> **Age:** People of all ages

<sup>14</sup> **Disability:** A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis.

<sup>15</sup> **Gender Reassignment:** A transgender person is someone who proposes to, starts or has completed a process to change their gender. A person does not need to be under medical supervision to be protected

<sup>16</sup> **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

---

<sup>17</sup> **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers. Refugees and migrants means people whose intention is to stay in the UK for at least twelve months (excluding visitors, short term students or tourists). This definition includes asylum seekers; voluntary and involuntary migrants; people who are undocumented; and the children of migrants, even if they were born in the UK.

<sup>18</sup> **Religion and Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.

<sup>19</sup> **Sex/Gender:** Both men and women are covered under the Act.

<sup>20</sup> **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

<sup>21</sup> **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

<sup>22</sup> **Community Cohesion:** What must happen in all communities to enable different groups of people to get on well together.

<sup>23</sup> **Cumulative Impact:** This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else

<sup>24</sup> **Assessment of overall impacts and any further recommendations**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Explain what positive impacts will result from the actions and how you can make the most of these.
- Countervailing considerations: These may include the reasons behind the formulation of the policy, the benefits it is expected to deliver, budget reductions, the need to avert a graver crisis by introducing a policy now and not later, and so on. The weight of these factors in favour of implementing the policy must then be measured against the weight of any evidence as to the potential negative equality impacts of the policy.
- Are there any further recommendations? Is further engagement needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?

<sup>25</sup> **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.

<b>Primary Admissions Numbers 2022/23</b>	<b>Planned Admission No. 2022-23</b>
<b>Name of School</b>	
<b>Aldrington CE Primary</b>	<b>60</b>
<b>Balfour Primary</b>	<b>90</b>
<b>Benfield Primary</b>	<b>30</b>
<b>Bevendean Primary</b>	<b>60</b>
<b>Bilingual Primary</b>	<b>90</b>
<b>Brunswick Primary</b>	<b>90</b>
<b>Brackenbury Primary</b>	<b>30</b>
<b>Carden Primary</b>	<b>60</b>
<b>Carlton Hill Primary</b>	<b>30</b>
<b>City Academy Whitehawk</b>	<b>60</b>
<b>Coldean Primary</b>	<b>60</b>
<b>Coombe Road Primary</b>	<b>30</b>
<b>Cottesmore St Marys Catholic</b>	<b>60</b>
<b>Downs Infant</b>	<b>90</b>
<b>Downs Junior</b>	<b>128</b>
<b>Elm Grove Primary</b>	<b>60</b>
<b>Fairlight Primary</b>	<b>60</b>
<b>Goldstone Primary</b>	<b>60</b>
<b>Hangleton Primary</b>	<b>60</b>
<b>Hertford Infant</b>	<b>60</b>
<b>Hertford Junior</b>	<b>60</b>
<b>Hove Junior School (Holland Road)</b>	<b>90</b>
<b>Hove Junior School (Portland Road)</b>	<b>128</b>
<b>Middle Street Primary</b>	<b>30</b>
<b>Mile Oak Primary</b>	<b>60</b>
<b>Moulsecoomb Primary</b>	<b>30</b>
<b>Our Lady of Lourdes</b>	<b>30</b>
<b>Patcham Infant</b>	<b>90</b>
<b>Patcham Junior</b>	<b>96</b>
<b>Peter Gladwin Primary</b>	<b>30</b>
<b>Queens Park Primary</b>	<b>60</b>
<b>Rudyard Kipling Primary</b>	<b>60</b>
<b>Saltdean Primary</b>	<b>90</b>
<b>St Andrew's CE Primary</b>	<b>90</b>
<b>St Bartholomew CE Primary</b>	<b>30</b>
<b>St Bernadette's Catholic Primary</b>	<b>30</b>
<b>St John The Baptist Catholic Primary</b>	<b>30</b>
<b>St Joseph's Catholic Primary</b>	<b>30</b>
<b>St Lukes Primary</b>	<b>90</b>
<b>St Margaret's CE Primary</b>	<b>30</b>
<b>St Mark's CE Primary</b>	<b>30</b>
<b>St Martin's CE Primary</b>	<b>30</b>
<b>St Mary Magdalen Catholic Primary</b>	<b>30</b>
<b>St Mary's Catholic Primary</b>	<b>30</b>
<b>St Nicolas CE Primary</b>	<b>60</b>
<b>St Paul's CE Primary</b>	<b>30</b>

<b>St Peter's Community Primary</b>	<b>30</b>
<b>Stanford Infant</b>	<b>60</b>
<b>Stanford Junior</b>	<b>96</b>
<b>West Blatchington Primary</b>	<b>30</b>
<b>West Hove Infant (Portland Road)</b>	<b>120</b>
<b>West Hove Infant (Connaught Road)</b>	<b>60</b>
<b>Westdene Primary</b>	<b>60</b>
<b>Woodingdean Primary</b>	<b>60</b>
<b>Secondary Admission Numbers 2022-23</b>	
<b>Name of school</b>	<b>Planned admission no. 2022-23</b>
<b>Brighton Aldridge Community Academy</b>	<b>180</b>
<b>Blatchington Mill</b>	<b>330</b>
<b>Cardinal Newman Catholic</b>	<b>360</b>
<b>Dorothy Stringer</b>	<b>330</b>
<b>Hove Park</b>	<b>180</b>
<b>King's</b>	<b>165</b>
<b>Longhill High</b>	<b>270</b>
<b>Patcham High</b>	<b>225</b>
<b>Portslade Aldridge Community Academy</b>	<b>240</b>
<b>Varndean</b>	<b>300</b>

## **BRIGHTON & HOVE CITY COUNCIL**

### **Scheme for co-ordinated admissions In Year allocations – Admissions Year 2021/22**

#### **Introduction**

The requirement for In-Year co-ordination was abolished by the School Admissions Code 2012, however there is still a requirement for the Local Authority to retain a monitoring role in in-year allocation of school places. In view of this it is proposed to continue to retain in-year co-ordination between maintained schools in Brighton & Hove. The co-ordination referred to in this document will be offered to schools free of charge. However, it may be possible for own admission authority schools to purchase additional services should they wish to do so.

This scheme for in-year admissions will come into force from 1 September 2021.

#### **Procedure**

1. Parents may name up to three preferences on the Brighton & Hove application and all preferences expressed by parents will be treated equally. This means that each preference will be measured against the published oversubscription criteria only, without reference to the order stated by the parent. Only one school place will be offered, and this will be the highest possible preference expressed by the parent that can be agreed.
2. Where it is not possible to offer any of the named preferences, the applicant will be advised to remain at their current school if possible, or an alternative school place within Brighton & Hove will be offered. This will normally be the nearest school appropriate to the child's age and educational needs with a place available.
3. In order for parents to make a valid application for a maintained school place in Brighton & Hove, parents must complete a common application form provided by Brighton & Hove City Council. The Brighton & Hove application form is available online through the Brighton & Hove City Council website or as a download from the Brighton & Hove City Council website. The form is also available in hard copy for parents without internet access.
4. Schools where the governing body is the admission authority may require additional information in order to apply their oversubscription criteria and in the case of church voluntary aided schools will provide a supplementary information form to the parent. Where the parent fails to complete the supplementary form, the governing body will rank the application according to the information given on the application form only. Where the parent completes the supplementary form but fails to complete the application form, this will not constitute a valid application.
5. Completed supplementary information forms will be returned to the individual schools, and not the School Admissions Team.

## **Preferences for own admission authority schools.**

1. Where the parent names an own admission authority school in Brighton & Hove (ie a Voluntary Aided school, a Free school or an Academy), the child's details, (i.e. name, address, date of birth and any supporting documents) will be sent to the governing body. They will rank the preferences according to their published admission criteria and confirm with the City Council, no later than **five school days** after receipt of the form, whether it would be possible to offer a place. Should any other schools become Academies before or during the 2021/22 academic year, this paragraph will also apply to them.

2 Any applications submitted by parents/carers to schools in error must be forwarded to the City Council admissions team.

3 Brighton & Hove admissions authority acting for BACA, PACA and City Academy Whitehawk will rank admissions priorities as these Academies are at the present time retaining the same arrangements as other Brighton & Hove Community Schools.

## **Notifying parents of the outcome of their applications.**

1. The City Council will notify parents of the outcome of their applications. This is regardless of whether the City Council is the admission authority. This will be done by email or letter as appropriate, and will advise parents to contact the allocated school to arrange a mutually convenient start date.

2. Parents are expected to confirm acceptance of the offer of a school within fourteen days after the date of the offer.

## **Postdated Applications and changes of address**

1. Parents who apply for a school place for a date which is more than half a school term in the future will be sent a holding letter explaining that their application will not be processed until the half term before the date the place is required. Their application will be considered along with any others which are outstanding at that point.

2. Parents who are moving into, or within, Brighton & Hove, may apply at any time during the moving process. However, their application will not be processed until the City Council has received proof of the new address (e.g. evidence of exchange of contracts or a copy of a signed tenancy agreement). This allows the Council to apply the appropriate priority for admission based on the new address.

## **Appeals**

1. Parents will be informed of their statutory right of appeal when they receive the outcome of their applications. Parents can appeal for any preference expressed but not allocated, even if it was a lower preference than the one offered.

2. Appeal forms for Brighton & Hove schools will not automatically be sent with the notification letter, but are available on the council's website and hard copies are available on request.



## Waiting lists

1. Waiting lists for all Brighton & Hove community schools will be held by the City Council, but schools where the governing body is the admission authority will maintain their own waiting lists and advise on the ranking of these lists in accordance with their published oversubscription criteria.
2. Following an application, if it is not possible to offer a place at a school of preference parents can request that their child's name is added to that school's waiting list (primary) or re-allocation pool (secondary). This applies regardless of the preference order.
3. All community school waiting lists or re-allocation pools will be cleared at the end of each term. Any parents wanting their child to remain on a waiting list or reallocation pool will need to contact the admission authority to request this on a termly basis.
3. There is no requirement to maintain waiting lists after the 31<sup>st</sup> December of the year of entry (ie Reception, year 3 or year 7). This being so, Brighton & Hove City Council will close re-allocation pools for **secondary** schools in year 11. Other admission authorities may continue to maintain waiting lists for this year group.



## BRIGHTON & HOVE CITY COUNCIL

### **Scheme for co-ordinated admissions to infant, primary and junior schools – Admissions Year 2022/23 (Admissions to Reception or year 3 of Junior School in September 2022)**

#### **Introduction**

The main purpose of the co-ordinated scheme is to ensure that every parent of a child living in Brighton & Hove who has completed a school preference form receives one offer of an infant, primary or junior school place. This will be on a set date following the conclusion of the normal admission round for pupils seeking admission to school. The scheme is designed to foster clear communications on school admissions between the City Council, community schools, Academies (for the purposes of this document Free Schools are included as Academies), and voluntary aided schools which act as their own admission authority, and neighbouring Local Authorities (LAs) and admission authorities. It fulfils the requirements of the School Admissions (Admission Arrangements and Co-ordination of Admission Arrangements (England)) Regulations 2014 and more detailed arrangements set out in the School Admissions Code 2014.

The scheme does not affect the rights of voluntary aided schools and Academies to set their own admission priorities, and consider applications on the basis of those priorities. It is intended to set out a process and time scale for the exchange of pupil information between the parties to the scheme, resulting in the offer of a single school place. This should represent a preference listed by the parent /carer following the application of the admission priorities by the Local Authority (LA) or by own admission authority schools. Where it is not possible to allocate a place at any of the preferred schools for a child living in Brighton & Hove, a place will be offered at the nearest school to their home address within the city boundaries with a place available. This will not preclude parents from seeking an alternative place elsewhere if they are unhappy with the offer, nor will it prevent them from lodging an appeal with the admission authority for their preferred school.

All residents of Brighton & Hove should apply using the City Council's common application form (online or paper) even if they are seeking a place at a maintained school in the area of another Council.

The time scales set out in the scheme will be broadly in line with the time scales used by neighbouring LAs. **Please be aware that governing bodies for VA schools and Academies will need to meet between 21 February 2022 and 08 March 2022 when the ranking order needs to be returned to the Local Authority.**

#### **Key dates**

- |                                         |                  |
|-----------------------------------------|------------------|
| • Online application facility available | 1 September 2021 |
| • Distribution of admission booklets    | on request       |
| • Closing date for applications         | 15 January 2022  |

- Preference data exchanged with Voluntary aided schools and other LAs. 21 February 2022
- Voluntary Aided schools provide Council with provisional ranking order of all applicants. 08 March 2022
- Data exchanged with VA schools and neighbouring authorities 08 March 2022
- Consider qualifying late applications. 08 March 2022
- Finalise allocations and provide schools with offer details. 08 April 2022
- Decisions emailed to parents/carers, Letters posted to parents who applied on paper. 19 April 2022
- Deadline for acceptance of places and appeals to be heard in the main round. 23 May 2022

### **Process and detailed time scale – infant, junior and primary schools**

1. The school admissions booklet published by the City Council will be distributed on request to parents/carers applying for infant or primary school places. A publicity campaign will be launched in September 2021 encouraging parents to apply online. Leaflets and posters will be sent to schools, other council services, early years settings, the press and other media to remind parents of those pupils requiring a school place to apply.
2. Parents/carers will be invited to list 3 preferences for a school place ranked in order of priority. These may be at a City Community School, an academy, a free School or a voluntary aided school, or any maintained school outside the City of Brighton & Hove. Those residents in the City must use the Brighton & Hove school admission preference form to indicate their preferred schools, either the paper or online form. No other form of application will be valid. The LA allocates places on the basis of equal preferences, and each preference listed will be prioritised on the basis of the published admission priorities for community and own admission authority schools. If it is possible to offer more than one place on the basis of those priorities, the one ranked higher on the preference form will be offered.
3. Parents and carers are strongly advised to apply online through the facility available on the Brighton & Hove City Council website. This will provide them with a response which confirms their preference listing and acts as proof of application. Alternatively the paper form should be completed and returned to their local infant/primary school or to the Admissions Team at Hove Town Hall, Hove **by 15 January 2022.**
4. Where as part of its admission priorities a voluntary aided school requires additional supporting information, such as a Supplementary Information form, or proof of denominational commitment, that form or proof should be completed and returned by the same closing date. This is to ensure that target dates for the exchange of pupil information and the notification date for parents/carers can be met. Provided the LA preference form has been completed and returned, that additional information may be given direct to

the school, or handed in with the preference form. Parents/carers will be advised through the admissions booklet for Brighton & Hove, and through school published information, of any such additional information requirements for voluntary aided schools. Parents/carers with queries about voluntary aided school admission requirements should contact the school for further information.

5. If using an application form rather than online application parents and carers are strongly advised to send their form via a preferred school. Parents who post the form should understand that proof of posting is not proof of receipt, and they will not have confirmation in the same way as those applying online or returning the form to a school. All maintained infant and primary schools in the city will return preference forms to the LA in as they are received, with the final batch as soon as possible after the closing date. Schools should maintain a record of the date on which each form was received, and if required will provide proof of receipt to the parent/carer. This ensures that on time applications and late applications are clearly recorded as such. It also provides assurance for parents should the school or the LA subsequently mislay the form.

6. **No later than 15 February 2022**

- ❖ LA will identify the numbers of preferences (first, second and third) received for each school.
- ❖ Voluntary aided schools, free schools and academies will be provided with details of parental preferences where their school is given as a preference. They will apply oversubscription criteria to prioritise all preferences. Where pupils have an Education, Health & Care Plan (naming the school) and must be offered a place this will be indicated. These pupils must be given a place at the school in accordance with the SEN and Admissions Code. This applies to all maintained schools, including voluntary aided.
- ❖ West and East Sussex and other LA's as necessary will be forwarded the details of preferences expressed for their schools by Brighton & Hove parents/carers (first, second and third). Where the pupil has an Education, Health & Care Plan this will be indicated.
- ❖ West and East Sussex will be asked to provide a list of pupils living in those areas who have expressed a preference for a Brighton & Hove school (first, second or subsequent).

7. **No later than 8 March 2022**

- ❖ Voluntary aided schools, free schools and academies will provide the LA with a list showing children in priority order for places at the school. The list will show which oversubscription criterion was applied to each child, and relevant information to apply any necessary tie-break. The school will advise the LA of such additional information as is necessary to inform parents of the reason for its decision when allocation letters and emails are sent on 19 April 2022.
- ❖ Other LAs will provide Brighton & Hove LA with a list of which Brighton & Hove pupils could be offered places in their schools. They will advise

Brighton & Hove of the reason where a preference cannot be met for inclusion in the allocation letters on 19 April 2022.

- ❖ Brighton & Hove will apply its admission priorities to all preferences received for community schools, and where the children are resident in other LAs, will inform that LA.

#### **8. No later than 8 April 2022**

- ❖ Brighton & Hove will establish whether more than one offer could be made on the basis of the application of its own admission priorities and those of voluntary aided schools, free schools, academies and other LAs. It will determine in each case which is the highest parental ranking.
- ❖ Final lists of school allocations will be prepared.
- ❖ Emails to parents/carers will be prepared.
- ❖ Consideration will be given to qualifying late applications received before 8 March 2022.
- ❖ Discussions will take place with other admission authorities as necessary to resolve any remaining unallocated applications.
- ❖ Neighbouring LAs will be sent final details of children living in their area offered a place at a Brighton & Hove school, and for whom they will need to send allocation letters.

#### **9. 19 April 2022**

Online applicants will receive their decisions by e-mail. Letters will be sent only to parents/carers who do not have an email address. The LA email or letter to parents will contain the following:

- ❖ If they have not been allocated a school of preference, the reason why not.
- ❖ How places at the preferred schools were allocated.
- ❖ Where it is an own admission authority school, the fact that the offer is made on behalf of the governing body of the school.
- ❖ Where it is a school maintained by another LA, the fact that the offer is made on behalf of that LA.
- ❖ The right of appeal to an independent panel, and how to arrange an appeal for a community school or a voluntary aided school.
- ❖ Details about waiting lists for preferences that could not be met.

#### **10. 23 May 2022**

Parents and carers should accept offers of places by this date in order to allow schools and the LA ample planning time for the new intake. This does not affect their right to appeal if the place they are accepting is not their highest preference. Parents should have also exercised their right to appeal by this date if they want to be assured of having their appeal heard in the main round of appeals.

#### **11. Proof of address**

The LA may require parents/carers to provide proof of address if they are applying for a community school place. Own admission authority schools may also request proof of address from their applicants.

## Appendix A – Changes of address and late applications

### New arrivals in the city

Parents/carers moving into the City in the course of the admission process who are making an application on the basis of their new address must provide evidence of either a tenancy agreement of six months or more or an exchange of contracts if they are purchasing a property. Applicants should submit their application by the closing date if possible, especially if their move took place before the closing date, forwarding proof of the move at the earliest opportunity. If they provide the form and the evidence of the move by 8 March 2022 their application will be included in the main admission round.

### Late applications received before the allocation date

- I. With the exception of families moving into the area and cases as described at V below, applications received after the closing date will not be considered by the LA until allocations have been made for those received before the closing date. Any received for an own admission authority school will be forwarded to the school. The school will decide whether or not there is a good reason to include these late applications in the main admission round, but will only consider them if they are received before **8 March 2022**.
- II. Any preference forms received for community schools in respect of children in care will be included in the main admission round as valid preference at any time up to **8 April 2022**. Where such applications are received after that date, the LA will, if attendance at that school is seen as a necessity for the welfare of the child, seek to offer places at the school ranked highest on the preference form. If, however, it is acceptable to offer a place at a lower ranked school without going over numbers, the LA will discuss that possibility with the social worker for the child. Applications to voluntary aided schools, free schools and academies received on behalf of children in public care will be considered in line with the published admission policy for each school and the requirements of the School Admission Code.
- III. Applications received after the closing date but before the 8 March 2022 will be sent a letter or email allocating a school place on 19 April 2022 or as soon as possible after that date if the volume of late applications is high. Applications received after this date will be sent an allocation letter or email as soon as possible after 19 April 2022.
- IV. Applications received after the closing date will be sent a letter allocating a school place as soon as possible after the main notification date of **19 April 2022**.
- V. Parents/carers living in the City who change any preference as a result of a change of address, and who return the new application by **8 March 2022** will have that change considered in the main round of allocations. They will have to provide evidence of their new address and will not have their changed application accepted without that evidence.
- VI. Other late applications where there is a good reason for this will be considered in the main round of allocations if received by **8 March**

**2022** where independent evidence is given by a third party (usually a professional source such as a doctor or social worker) to support the reason for the delay.

### **Applications received after the allocation date**

1. Where an application is received after the allocation date, from a parent/carer living in the City, they must use a Brighton & Hove preference form. If the preference(s) is for a community school, the LA will allocate a place if the school remains under subscribed. If the school(s) is fully subscribed, a place will be allocated at the nearest school to the home address that has a vacancy. Brighton & Hove will seek to make a decision as soon as possible after receiving the form. Where a preference is given for an own admission authority school or a school in a neighbouring LA, the form will be passed to that admission authority for a decision. They will be asked to reach a decision within fourteen days of receiving the form. Brighton & Hove will endeavour to send a decision to the parent /carer either as soon as possible once it has reached a decision, or has been informed of a decision by the other admission authority.
  
11. If a change of preference or preference order is received following the decision letter on **19 April 2022** and the home address has not changed, that changed preference will not be considered until July **2022**. This allows reasonable time for the consideration of late first applications and the operation of the waiting list where places have been offered and refused.
  
111. All applications received after the beginning of the autumn term 2022 will be regarded as outside this admission round. Nonetheless, the LA will act as the point of contact for all preferences from parents/carers living in the City. The LA will liaise with own admission authority schools over applications for admission to those schools, and will inform parents of their admission decisions, if necessary allocating an alternative school place. The LA online or paper preference form should be used in all cases. The same arrangements will apply to applications for admission to schools for year groups other than the normal Reception year. (See also co-ordinated scheme for in-year applications.) This ensures that the LA has a full record of pupil admissions, and supports both the schools and the LA in their responsibilities for pupil tracking and safety.

### **Waiting List**

- I. Brighton & Hove will operate a waiting list system for its community schools. (Own admission authority schools make their own waiting list arrangements). The waiting list ranking will be based on the LA admission criteria. Rankings within each priority will be determined by home to school distance. All children will be automatically placed on the waiting list for the community school for which they have expressed a first preference, although parents will be given the option of also



asking to go on the waiting list for a different preferred school when places are allocated on **19 April 2022**. Places will be offered to children from the waiting list as soon as a place becomes available at an over subscribed school and the admission criteria have been applied. The waiting list will operate until the 31<sup>st</sup> December.

- II. Parents/carers wishing to keep their child's name on the list for longer than the 31<sup>st</sup> December they must inform the LA. They must renew the waiting list place each term thereafter.

### **School Admission Appeals**

- I. Parents/carers wishing to appeal against the LA's decision not to offer a place at a preferred school should do so by **23 May 2022** if they want to be assured of having their appeal heard in the main appeal round.
- II. The LA will not arrange an appeal or ask a voluntary aided school to arrange an appeal for a school that was not included on the original application. It will only arrange an appeal for a school which was listed as a preference, as it will not have given a decision to the parent/carer for schools not included on the form. If a parent/carer wishes to receive a decision for a school not included in their original application, and thus acquire a right of appeal, they must complete a further application. However, unless there is a good reason for a change of preference this new form will not be considered until July **2022**.
- III. Parents/carers will receive 10 school days notice of the date of the appeal hearing, and will receive copies of any documentation relating to the appeal 7 days in advance of the hearing.
- IV. Appeals for on-time applications must be heard within 40 school days of the closing date for appeals to be lodged. The volume of appeals to be heard and the availability of the appeal panel members, who are volunteers, will have a direct affect on the timing of the appeal hearings.
- V. Appeals for late applications and school transfers outside the normal admission round will be arranged as soon as practicable after the decision to refuse a preference has been conveyed to the pupil and the parent/carer, and in any case within 30 school days.



## **BRIGHTON & HOVE CITY COUNCIL**

### **Scheme for co-ordinated admissions to secondary schools – Admissions Year 2022/23 (Admissions to year 7 in September 2022)**

#### **Introduction**

The main purpose of the co-ordinated scheme is to ensure that every parent of a child living in Brighton & Hove who has completed a school preference form receives one offer of a secondary school place at the conclusion of the normal admission round for pupils transferring from primary to secondary school. The scheme is designed to foster clear communications on school admissions between the City Council, community schools, Academies (for the purposes of this document Free Schools are included as Academies), Cardinal Newman School, which as a voluntary aided secondary school acts as its own admission authority, and neighbouring Local Authorities (LAs) and admission authorities. It fulfils the requirements of the School Admissions (Admission Arrangements and Co ordination of Admission Arrangements (England)) Regulations 2014 and more detailed arrangements set out in the School Admissions Code 2014.

The scheme does not affect the rights of the different admission authorities mentioned to set their own admission priorities, and consider applications on the basis of those priorities. It is intended to set out a process and time scale for the exchange of pupil information between the parties to the scheme, resulting in the offer of a single school place. This should represent a preference listed by the parent/carer that it is possible to meet following the application of the admission priorities by this LA or by other admission authorities. Where it is not possible to allocate a place at any of the preferred schools for a child living in Brighton & Hove, a place will be offered at the nearest school to their home address within the city boundaries with a place available. This will not preclude parents from seeking an alternative place elsewhere if they are unhappy with the offer, nor will it prevent them from lodging an appeal with the admission authority for their preferred school.

All residents of Brighton & Hove should apply using the City Council's common application form (online or paper) even if they are seeking a place at a maintained school in the area of another Council.

The time scales set out in the scheme work towards the prescribed date (1<sup>st</sup> March or the first working day following 1<sup>st</sup> March where it falls at a weekend) on which secondary school place decisions must be notified to parents/carers. It will also be broadly in line with the time scales used by neighbouring LAs.

#### **Key dates**

- Online application facility available 1 September 2021
- Distribution of admission leaflets by 12 September 2021
- Distribution of admission booklets on demand
- Closing date for applications 31 October 2021
- Preference data exchanged with Cardinal

- |                                                                                                            |                                |
|------------------------------------------------------------------------------------------------------------|--------------------------------|
| Newman School, King's School and neighbouring LAs                                                          | 20-27 November 2021            |
| • Cardinal Newman & King's School provide LA with provisional ranking order of applicants.                 | 17 December 2021               |
| • Consider qualifying late applications.                                                                   | 22 January 2022                |
| • Finalise allocations and exchange offer details with Cardinal Newman, King's school and neighbouring LAs | Between 31 January- 7 Feb 2022 |
| • Notification e-mails sent to parents, decisions posted to applicants using paper forms                   | 1 March 2022                   |
| • Deadline date for acceptance of places and appeals to be heard in the main round.                        | 1 April 2022                   |

### Process and detailed time scale

1. The school admissions leaflet published by the City Council will be distributed to parents via primary and junior schools at the beginning of September 2021.
2. Parents/carers will be invited to list 3 preferences for a school place ranked in order of priority. These may be at a City Community School, an Academy, a Free School or a voluntary aided secondary school, or any maintained school outside the City of Brighton & Hove. Those residents in the City must use the Brighton & Hove school admission preference form to indicate their preferred schools, either the paper or online form. No other form of application will be valid. The LA allocates places on the basis of equal preference, and each preference listed will be prioritised in accordance with the published admission priorities for community and own admission authority secondary schools in the City. If it is possible to offer more than one place on the basis of those priorities, the one ranked higher on the application will be offered.
3. Parents and carers are strongly advised to apply online through the facility available on the Brighton & Hove City Council website. This will provide them with a response which confirms their preference listing and acts as proof of application. Alternatively the paper form should be completed and returned to the child's primary or junior school in the City, or to the Admissions Team at Hove Town Hall **by 31 October 2021**. Applicants for Cardinal Newman and/or King's School will need to return their supporting information directly to the school as well as submitting an online application or paper form to the Council. If supporting information is returned to the Local Authority, the documents will be shared with the school.
4. Where as part of its admission priorities a voluntary aided school, free school or academy within the City or beyond requires additional supporting information, such as a Supplementary Information form, or proof of denominational commitment, that form or proof should be completed and returned by the same closing date. This is to ensure that target dates for the exchange of pupil information between authorities and the notification date for parents/carers can be met. Provided the LA common application

form has been completed and returned, that additional information may be given direct to the school, or handed in with the preference form. Parents/carers will be advised through the admissions booklet of Brighton & Hove or neighbouring LAs, or through school published parent information, of any such additional information requirements for own admission authority schools.

5. If using an application form rather than online application parents and carers whose children attend maintained primary schools in the City are strongly advised to return the form via the school. Parents who prefer to post the form should understand that proof of posting is not proof of receipt, and they will not have confirmation of receipt in the same way as those applying online or returning the form to their child's school. All maintained junior and primary schools in the city will return secondary preference forms they receive to the LA as they are received, with the final batch as soon as possible after the closing date. Schools should maintain a list to record the date on which each form was received, the school preferences, and if required will provide proof of receipt to the parent/carer. This ensures that on time applications and late applications are clearly recorded as such. It also provides assurance for parents should the school or the LA subsequently mislay the form.

**No later than 27 November 2021.**

- ❖ LA will identify the number of preferences (first, second or third) received for each school.
- ❖ Cardinal Newman School and King's School will be provided with details of any parental preference where it gives the school as a preference (first, second or third) received by the LA. It will apply its oversubscription criteria to prioritise all preferences. Where pupils have an Education Health & Care Plan naming the school and must be offered a place this will be indicated. (These pupils must be given a place at the school in accordance with the SEN and Admissions Codes of Practice.)
- ❖ West and East Sussex and other LA's as necessary will be forwarded the details of preferences expressed for their schools by Brighton & Hove parents/carers (first, second and third). Where the pupil has an Education, Health & Care Plan this will be indicated.
- ❖ West and East Sussex will be asked to provide a list of pupils living in those areas who have expressed a preference for a Brighton & Hove school (first, second or subsequent).

**No later than 17 December 2021**

- ❖ Cardinal Newman School and King's School will provide the LA with a list showing children in priority order for places at the school. The list will show which admission criterion was applied to each child. The school will advise the LA of such additional information as is necessary to inform parents of the reason for its decision when allocation letters and emails are sent on 1 March 2022.

- ❖ Brighton & Hove will apply its admission priorities to all preferences received for community schools, and where the children are resident in other LAs, will inform that LA.

### **Between 31 January and 7 February 2022**

- ❖ Brighton & Hove will establish whether more than one offer could be made on the basis of the application of its own admission priorities and those of voluntary aided schools, free schools/Academies and other LAs. It will determine in each case which is the highest parental ranking.
- ❖ Final lists of school allocations will be prepared.
- ❖ Emails and letters to parents/carers will be prepared.
- ❖ Consideration will be given to late applications received before 22 January, as set out in Appendix A below.
- ❖ Neighbouring LAs will be sent final details of children living in their area offered a place at a Brighton & Hove school, and for whom they will need to send allocation letters.

### **1 March 2022**

Online applicants will receive their decisions by e-mail. Letters will be sent only to parents/carers who do not have an email address. The LA email or letter to parents will contain the following:

- ❖ If they have not been allocated a school of preference, the reason why not.
- ❖ How places at all Brighton & Hove schools were allocated.
- ❖ Where it is an own admission authority school, the fact that the offer is made on behalf of the governing body of the school.
- ❖ Where it is a school maintained by another LA, the fact that the offer is made on behalf of that LA.
- ❖ The right of appeal to an independent panel, and how to arrange an appeal for a community school, a voluntary aided school, and in the case of schools in other LA's, who to contact.
- ❖ Details about waiting lists and reallocation pools for preferences that could not be met.

### **1 April 2022**

Parents and carers should accept offers of places by this date in order to allow schools and the LA ample planning time for the new intake. This does not affect their right to appeal if the place they are accepting is not their highest preference. Parents should also have exercised their right to appeal by this date if they want to be assured of having their appeal heard in the main round of appeals.

### **Proof of address**

The LA may require parents/carers to provide proof of address if they apply for a place at a community school. Own admission authority schools may also request proof of address from their applicants.

## Appendix A – Changes of address and late applications

### New arrivals in the city

Parents/carers moving into the City in the course of the admission process who are making an application on the basis of their new address must provide evidence of either a tenancy agreement of six months or more or an exchange of contracts if they are purchasing a property. Applicants should return their preference form by the closing date if possible, especially if their move took place before the closing date, forwarding proof of the move at the earliest opportunity. If they provide the form and the evidence of the move by 22 January 2022 their application will be included in the main admissions round.

### Late applications received before the 22 January 2022.

- I. With the exception of families moving into the area and cases as described at V below, forms received after the closing date will not be considered by the LA until school allocations have been made for those received by the closing date. Any received for Cardinal Newman School and/or King's School will be forwarded to the school, which will decide whether or not to include the application in the main admission round.
- II. Any preference forms for community schools received in respect of children in care will be included in the main admission round as valid first preferences at any time up to the allocation date on **8 February 2022**. Where such applications are received after that date, the LA will, if attendance at that school is seen as a necessity for the welfare of the child, seek to offer places at the school of first preference, if necessary negotiating with that school to admit beyond the published admission number in order to do so. If, however, it is acceptable to offer a place at a lower ranked school without going over numbers, the LA will discuss that possibility with the social worker for the child. Applications for Cardinal Newman School, King's School or schools in other LA areas for children in care will be considered in line with the admission arrangements for those schools and the requirements of the Admissions Code.
- III. Applications received after the closing date but before the 22 January 2022 will be sent a letter or email allocating a school place on 1 March 2022 or as soon as possible after that date if the volume of late applications is high. Applications received after this date will be sent an allocation letter or email as soon as possible after 1 March 2022.
- IV. Parents/carers living in the City who change a preference as a result of a change of address within the city, and who return the new form and evidence of the address change will have that change considered in the main round of allocations if it is received by **22 January 2022**. They will have to provide evidence of the address change. Those applications received after that date will be considered as late applications.
- V. Other late applications where there is good reason for the delay will be considered in the main round of allocations if received by **22 January 2022** where independent evidence is given by a third party (usually a

professional source such a doctor or social worker) to support the reason for the delay.

**Late applications received after the 22 January 2022.**

- I. Where an application is received after the allocation date, from a parent/carer living in the City, they must use the Brighton & Hove online application service or paper preference form. If the preference(s) is for a community school, the LA will allocate a place if the school remains under subscribed. If the school(s) is fully subscribed, a place will be allocated at the nearest school to the home address that has a vacancy. Brighton & Hove will seek to make a decision as soon as possible after receiving the application. Where a preference is given for a free school, an Academy, Cardinal Newman School or a school in a neighbouring LA, the form will be passed to that admission authority for a decision. They will be asked to reach a decision within fourteen days of receiving the form. Brighton & Hove will endeavour to send a decision to the parent /carer as soon as possible once it has either reached a decision, or been informed of a decision by the other admission authority.
- II. If a change of preference or preference order is received following the decision letter on 1 March 2022 and the home address has not changed (and there has been no other relevant change of circumstances), that changed preference will not be considered until July 2022. This allows reasonable time for the consideration of late first applications and the operation of the reallocation pool where places have been offered and refused.
- III. All applications received after the beginning of the autumn term will be regarded as outside the admission round. Nonetheless, Brighton & Hove will act as the point of contact for all preferences for parents/carers living in the City, and will liaise with Cardinal Newman School, King's School, Brighton Aldridge Community Academy (BACA), Portslade Aldridge Community Academy (PACA) and other LAs over applications for admission to schools other than Brighton & Hove Community Schools. The Brighton & Hove online or paper form should be used in all cases by City residents and returned to the Brighton & Hove Admissions Team. The same arrangements will apply to applications for admission to schools for year groups other than the normal admission group in Year 7. Where the LA, Cardinal Newman School, King's School, BACA, PACA or another admission authority is not able to offer a place in accordance with a parental preference, the LA will offer a place at the nearest school to the home address of the applicant with a vacancy in the appropriate year group. This may be an Academy or a church VA school. Admissions to Years 12 and 13 in those schools that make such provision will be regarded as transfer admissions rather than admission at a normal point of entry. (The majority of such pupils will have attended the school from Year 7, or transferred to the school in Key Stage 3 or 4.) Should any other schools adopt Academy status, this paragraph will also apply to them.



### **Re-allocation Pool**

- I. Brighton & Hove will operate a re-allocation pool system for its community schools, BACA and PACA. (Cardinal Newman School and King's School will operate their own waiting list/reallocation arrangements.) The ranking within this system will be based on the Brighton & Hove admission criteria. All children will be automatically placed in the re-allocation pool for all un-met first preferences for community schools. Parents/carers will be asked to indicate if they also wish to be placed in the re-allocation pool for a different preferred school when the allocation emails and letters are sent on 1 March 2022. Places will be offered to children from the pool as soon as a place becomes available at an over subscribed school and the admission priorities have been applied. This LA will notify other LAs as appropriate if it offers a place from the pool at a Brighton & Hove school to a pupil living outside the City. The pool will operate until the 31<sup>st</sup> December.
- II. Other admission authorities will operate a re-allocation or waiting list system. If they are able to place a child resident in Brighton & Hove in one of their schools they are asked to notify this LA at the earliest opportunity.
- III. Parents/carers wishing to keep their child's name in the reallocation pool beyond the 31<sup>st</sup> December must inform the LA. They must renew the position on the reallocation pool each term thereafter.

### **School Admission Appeals**

- I. Parents/carers wishing to appeal against the LA's or a voluntary aided school's decision not to offer a place at a preferred school should do so in writing or using the online appeal facility by 1 April 2022 if they want to be assured of having their appeal heard in the main appeal round.
- II. The LA will not arrange an appeal, or ask an own admission authority school to arrange an appeal for a school that was not included on the original application. It will only arrange an appeal for a school that was listed as a preference, as it will not have given a decision to the parent/carer for schools not included on the form. If a parent/carer wishes to receive a decision for a school not included in their original preference, and thus acquire a right of appeal, they must complete a further application. However, unless there is a change of address or other change of circumstances leading to the change of preference this new form will not be considered until July 2022.
- III. Parents/carers will receive 10 school days notice of the date of the appeal hearing, and will receive copies of any documentation relating to the appeal 7 days in advance of the hearing.
- IV. Whilst the City Council, other LAs and the Governing Bodies of Academies and voluntary aided schools will make every effort to hear appeals within 40 school days of the deadline for submitting appeals, as suggested in the Appeals Code, they cannot guarantee this time scale. The volume of appeals to be heard and the availability of the appeal panel members, who are volunteers, will have a direct affect on the timing of the appeal hearings.

- V. Appeals for late applications and school transfers outside the normal admission round will be arranged as soon as practicable after the decision to refuse a preference has been conveyed to the parent/carer or if appropriate to the student, and in any case within 30 school days of the appeal being lodged.
- VI. Appeals will be heard for refusals to places in Years 12 and 13 on the basis that they are school transfers.

## **Admission Arrangements for Brighton & Hove Schools 2022/23**

### **Admission Arrangements for Secondary Schools**

The Council uses a catchment area system with random allocation being used as the tie breaker in each admission priority in the event of oversubscription. These arrangements are also used by Brighton Aldridge Community Academy (BACA) and Portslade Aldridge Community Academy (PACA). Cardinal Newman Catholic School and King's School have their own admission priorities (please visit [www.brighton-hove.gov.uk/schooladmissions](http://www.brighton-hove.gov.uk/schooladmissions) for details).

If a school is oversubscribed, after the admission of pupils with an Education, Health and Care Plan where the school is named in the Plan, priority for admission will be given to those children who meet the oversubscription criteria set out below.

The oversubscription priorities are applied in the context of an equal preference system as required by the School Admissions Code. They are:

1. Children in the care of a local authority (looked after children), and children who were looked after in England or elsewhere but ceased to be so because they were adopted (or became subject to a residence order or special guardianship order).
2. Compelling medical or other exceptional reasons\* for attending the school.
3. A sibling link\*\* applied for those living within the designated catchment area only.
4. Those pupils living in the designated catchment area for the school(s).
5. Other children.

Within all these priorities, the tie break is random allocation.

The current catchment areas are set out in the attached catchment area map. It also includes information about which post codes are in each of the catchment areas.

### **Admissions Arrangements for Community Infant, Junior and Primary Schools**

Parents must make a separate application for any transfer from nursery to primary school and from infant to junior school. If a school is oversubscribed, after the admission of pupils with an Education, Health and Care Plan where the school is named in the Plan, priority for admission will be given to those children who meet the oversubscription criteria set out below.

The oversubscription priorities are applied in the context of an equal preference system as required by the Admissions Code. They are:

1. Children in the care of a local authority (looked after children), and children who were looked after in England or elsewhere but ceased to be so because they were adopted (or became subject to a residence order or special guardianship order).
2. Compelling medical or other exceptional reasons\* for attending the school.
3. Sibling\*\* link.
4. For junior schools only: children attending a linked infant school\*\*\*.
5. Other Children.

Within all these priorities, the tie break is home to school distance which will be measured by the shortest route from the child's home to the nearest of the school's gates. This will be measured by specialist computer software based on Ordnance Survey data. It measures using the road network supplied by Ordnance Survey and some other public rights of way which are paved and lit. Routes across public parks or open spaces will not be accepted. When using roads for measurement purposes the computer measures along the middle of the road. It measures from the address point in the property to the nearest point on the road network and from there to the nearest of the school's gates to the child's home. No other measurement systems will be used for school admissions decisions. Where the home addresses of two or more pupils are an equal distance from the school (eg. two children living in the same block of flats) and only one place remains available at the school in question, the place will be allocated randomly by computer to one of these pupils.

### **Late applications –**

If an application is returned after the closing date without good reason it will be considered after all the on-time preferences have been dealt with and school places allocated to them. If there is a good reason for the application being late, such as a recent house move to Brighton & Hove, it will be considered as on-time if it is received by 20 January (Secondary) or 8 March (Infant, Primary & Junior) and is accompanied by independent supporting evidence demonstrating why the form is late, e.g. solicitor's letter confirming exchange of contracts or a recently signed tenancy agreement.

Applications submitted after the closing date listing revised preferences will only be considered from July onwards **unless** there has been a house move. This is to ensure that parents and carers who do this do not gain an unfair advantage over others by having the opportunity to list more than three preferences.

**Home Address** - The school admissions team will allocate school places using the address at which a child lives on the closing date for applications 31 October (Secondary) or 15 January (Infant, Primary & Junior) although late changes of address will be considered if proof of address is received by 20 January (Secondary) or 8 March (Infant, Primary & Junior). Only one address can be used for admission purposes even if the pupil spends equal time at two households. If it is unclear what is the pupil's main address this will be taken as the address where the child is registered with a doctor.

**Deferred admission** - Children start school in the school year during which they have their fifth birthday. Children are allowed to start full-time in September or can defer admission or attend part-time until they reach compulsory school age. Children become compulsory school age in the term after their fifth birthday. Children whose fifth birthday falls between 1 September and 31 December may defer or attend part time until January. Children whose fifth birthday falls between 1 January and 31 March can defer admission or attend part time until the start of the summer term. Children whose fifth birthday is between 1 April and 31 August don't become compulsory school age until the following September however they can also defer admission or attend part time until the start of the summer term. Where a place is deferred it will not be given to another child provided the place is taken up by the beginning of the school term following the child's fifth birthday and within the school year that the offer was made.

Parents can request for a 'summer born' child to start school **outside of their normal age group**, and be admitted to reception rather than Year 1 as detailed below.

### **Admission outside a normal age group -**

Parents who are applying for their child to have a decelerated entry to school, i.e. to start later than other children in their chronological age group, should initially apply for a school place in accordance with the deadlines that apply for their child's chronological age.

Parents who are applying for their child to have an accelerated entry to school, i.e. to start earlier than other children in their chronological age group, must initially apply for a school place at the same time that other families are applying for that cohort.

Applications should be accompanied with the additional form to request that the child is educated out of year group. Reasons for the request and any evidence to support the case should be included with the form. Evidence could include: information about the child's personal, social, emotional development and academic development; If relevant, medical history and views of a medical professional; whether the child has previously been educated out of year group and whether the child was born prematurely.

The admission authority, will consider each case on its merits taking into account the child's best interests and either agree or refuse the request on that basis. Where the council is the admission authority, the views of the headteacher of each school will be sought before a decision is taken. Late requests will be considered up until 8 March (Infant, Primary and Junior) or 22 January (Secondary) if there is good reason why the request could not be made by the closing date for applications. Requests made after this date will not be considered. Parents will be made aware of the outcome of the request for admission out of year group before national offer day and reasons for the decision will be shared with them.

### **Waiting lists –**

The council holds waiting lists for community schools, BACA, PACA and Bilingual primary school. Pupils who have not been offered one of these schools as their first preference will have their name added to the waiting list for this school. Parents can request that their child's name is also added to the waiting list for their second and/or third preference school by contacting the school admissions team. Waiting lists are held until 31<sup>st</sup> December at which point pupils' names will be removed from the list. Parents can keep their child's name on the waiting list for the following term by contacting the admissions team in the last week of each term to request this. Pupils are added to waiting lists according to the oversubscription priorities listed above and consequently a pupils name can move down the list as well as up. Waiting lists for secondary schools are called reallocation pools. Each time the council is able to offer a place, or places at a school with a reallocation pool, the list is re-randomised and the place allocated to the child at the top of the list.

Late applicants will also be added to waiting lists as soon as possible after they apply. Late changes of preference (revised applications) will be added to the waiting list for the new preference as soon as possible from July onwards. The pupil's name will be removed from the waiting list for the previous preferences.

### **Notes:**

**\*Exceptional Circumstances** - This priority applies to pupils with a specific need that can only be met by one school rather than any other. This could include medical or social

reasons that make it essential for the child to attend a particular school. Independent supporting information must be provided from a professional, for example a doctor, consultant, social worker or other professionals working with the family which makes a compelling case as to why the child's needs can only be met at the preferred school and no other. A medical condition or diagnosis in itself will not automatically result in priority being given. Advice may be sought from the consultant community paediatrician or other relevant professionals where necessary to determine whether or not the evidence provided is sufficiently compelling to qualify under this category.

**\*\*Sibling link** - For the purposes of the school admissions process, children are siblings if they share the same main address and live as part of the same household. A sibling link will apply if the sibling will be attending the school in September 2022. Where separate junior and infant schools are linked (see linked Infant/Junior school below), the sibling link will apply across both linked schools the sibling may be at either school and may be older or younger. If two children, of whom one is due to start junior school and the other infant school in the same September, the junior school child's allocation will be done first and a sibling link will count for the infant child. A sibling link is only taken into account if children live at the same main address and the sibling has already been allocated a place at the school. Twins or multiple births do not qualify for the sibling link unless one child has already been offered a place. Where a sibling attends a nursery class on the same school site, or a sixth form it will not be counted as a link for admissions purposes.

**\*\*\*Linked infant/Junior Schools** - Children who are attending or have been offered a place at an infant school in the list below will have priority for places at the linked junior school providing the allocation took place by 8 March in the admission year.

Downs Infant - Downs Junior  
Hertford Infant - Hertford Junior  
Patcham Infant - Patcham Junior  
Stanford Infant - Stanford Junior  
West Hove Infant Portland Road – Hove Junior Portland Road  
West Hove Infant Connaught Road - Hove Junior Holland Road

There is no link between West Hove Infant Connaught Road and Hove Junior Portland Road, or between West Hove Infant Portland Road and Hove Junior Holland Road.

<b>Subject:</b>	<b>Schools Funding 2020/21</b>		
<b>Date of Meeting:</b>	<b>14<sup>th</sup> September 2020</b>		
<b>Report of:</b>	<b>Executive Director Families, Children and Learning</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Louise Hoten / Steve Williams</b>	<b>Tel: 293440 / 293437</b>
	<b>Email:</b>	<a href="mailto:louise.hoten@brighton-hove.gov.uk">louise.hoten@brighton-hove.gov.uk</a> <a href="mailto:steve.williams@brighton-hove.gov.uk">steve.williams@brighton-hove.gov.uk</a>	
<b>Ward(s) affected:</b>	<b>All</b>		

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

- 1.1 The purpose of the report is to brief the Children, Young People and Skills Committee on Schools Funding in 2020/21.

**2. RECOMMENDATIONS:**

- 2.1 To note the funding streams utilised to fund schools.
- 2.2 To note the latest position relating to school balances as at the end of the 2019/20 financial year and licensed deficits agreed for the 2020/21 financial year.
- 2.3 To note the additional government financial support to schools for Covid-19.
- 2.4 To note the anticipated future school funding arrangements for 2021/22 and 2022/23.

**3. CONTEXT/ BACKGROUND INFORMATION:****3.1 Core School Funding**

The majority of schools funding comes from the Dedicated Schools Grant (DSG). This is a ring-fenced grant paid to local authorities (LAs) by the Department for Education (DfE) in support of the Schools Budget. Under the DfE funding arrangements, the DSG is split into four notional blocks:

- Schools Block;
- Central Services Schools Block (CSSB);
- High Needs Block (HNB);
- Early Years Block (EYB).

The 2020/21 Schools Block has been calculated using pupil numbers from the October 2019 school census. The Early Years block has continued to be funded

on January censuses. The High Needs block covers funding for education provision for high needs pupils and students from birth to 25.

3.2 There are notable increases to the Schools and High Needs funding blocks in 2020/21. The amount of funding being delegated directly to mainstream schools within the Schools Block has increased by £5.7m in comparison to 2019/20. This is due to two factors:

- National increase in Schools Block DSG allocation (c. £5.3m)
- Net increase in pupil numbers (c. £0.4m). The number of pupils in mainstream primary schools and academies reduced from 18,606 in October 2018 to 18,388 in October 2019. However, the number of pupils in mainstream secondary schools and academies increased from 11,473 in October 2018 to 11,718 in October 2019. Overall, this equates to a net increase in pupil numbers of 27 between the 2 years.

3.3 The Government has also uplifted funding levels for the high needs block. This equates to an increase of c. £2.65m in 2020/21 for Brighton and Hove. The breakdown of the four blocks, the exceptions and the funding delegated to schools is shown in the table below.

	<b>Schools Block</b>	<b>Central Services Schools Block</b>	<b>High Needs Block</b>	<b>Early Years Block</b>	<b>Total 2020/21</b>
	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>	<b>£k</b>
*Exception One	1,265	0	0	0	1,265
Growth Fund	397	0	0	0	397
Central Services Schools Block	0	1,296	0	0	1,296
Funding available in HNB & EYB	0	0	27,976	15,686	43,662
*Post de-delegation funding to schools	139,488	0	0	0	139,488
<b>Total Blocks</b>	<b>141,150</b>	<b>1,296</b>	<b>27,976</b>	<b>15,686</b>	<b>186,108</b>
Adjustments:					
*Academy and Free Schools Recoupment	(15,477)	0	0	0	(15,477)
<b>Total Split of DSG 2020/21</b>	<b>125,673</b>	<b>1,296</b>	<b>27,976</b>	<b>15,686</b>	<b>170,631</b>

- Exception 1 relates to funding de-delegated from schools following approval of the Schools Forum. It includes services such as insurance and schools' contingency.
- Post de-delegation funding to schools is equivalent to the total sum of money allocated to mainstream schools and academies through the LA's funding formula
- Academy and free schools recoupment is the block of funding that is deducted from the LA's DSG allocation. This funding is allocated directly to academies and free schools by the DfE.

3.4 While it remains the Government's intention that a mainstream school's budget should be set on the basis of a single national formula, local authorities continue to determine final funding allocations for schools in 2020/21. In Brighton and Hove schools funding is distributed using the formula agreed by Schools Forum which contains ten factors. A breakdown of these are provided in appendix 1.



- 3.5 This arrangement allows for local priorities to be reflected within the funding formula. In this context Brighton and Hove assigns a greater weighting to the deprivation and lump sum factors when compared with the proposed national funding formula and statistical neighbours. This approach provides a higher level of funding to schools with the most disadvantaged pupils and small schools.
- 3.6 For 2020/21, one key change in the funding formula is the introduction of a new mandatory factor to ensure that overall minimum funding per pupil (MFPP) levels (excluding premises factors) are set at £3,750 for primary schools and £5,000 for secondary schools. The introduction of this factor means that the schools who have historically received the lowest levels of funding on a per-pupil basis will receive an additional allocation within their budget share to boost their funding levels to the minimum thresholds. This will particularly apply to schools that receive relatively low amounts of funding through the deprivation and low attainment formula factors.
- 3.7 Pupil Premium

In addition to funding delegated through the funding formula schools receive funding for pupil premium. This totals £8.83m (exc. academies and free schools) and is made up of three components.

Pupil premium (social deprivation element) is allocated on the basis of ever-6 free school pupils. This means any pupil on roll at January 2020, who has been eligible for free school meals at any time in the preceding 6 years, will be included in the calculation for this funding. The unit value for a primary age pupil is £1,345 and £955 for a secondary age pupil. The ever-6 free school meals element of funding (estimated at £7.198m) is paid to the Local Authority by DfE and is then passed on to schools.

Pupil Premium Plus (estimated at £0.933m) is allocated directly to schools for adopted children and those with special guardianship orders.

The element for looked after children is allocated via the Virtual School and is estimated at £0.699m (£2,345 per pupil). Pupil premium for adopted children, those with special guardianship orders and those with residence orders is passed directly on to schools. This is estimated at £0.929m (£2,345 per pupil).

### 3.8 Other Grant Funding

Schools are able to draw down other forms of funding from various government grants. These include the following:

<b>Specific Grants</b>	<b>Estimated Funding £k</b>
Teachers' Pension Grant	7,385
School Sixth Form Funding	3,383
Universal Infant Free School Meals (administered by LA)	2,009
Teachers Pay Grant	1,780
Devolved Formula Capital	665
Primary Sports Grant	1,003
<b>Total</b>	<b>16,225</b>

### 3.9 High Needs Funding

Within mainstream school budgets the first £6k of additional support funding for high needs pupils is met by schools from their delegated formula budgets. Funding above this level will be determined by the commissioning LA and paid in the form of a top-up from the high needs block as an additional allocation. This has been an area that has seen significant growth in recent years. It is estimated that for 2020/21 the top-up funding payable to mainstream schools will be £2.9m.

### 3.10 School Balances and Licensed Deficits

The level of school balances as at 31/03/20 was £4.347m, an increase of £0.122m from £4.225m as at 31/03/19. The £4.347m balance is split across phases:

<b>School Balances</b>				
<b>Phase</b>	<b>2019/20 £k</b>	<b>Percentage of budget 2019/20</b>	<b>2018/19 £k</b>	<b>Percentage of budget 2018/19</b>
Nursery	40	5.06%	64	8.25%
Primary	3,395	4.49%	3,812	5.15%
Secondary	784	1.51%	(11)	(0.02%)
Special and Alternative Provision (AP)	128	1.19%	360	4.24%
<b>Total</b>	<b>4,347</b>	<b>3.12%</b>	<b>4,225</b>	<b>3.14%</b>

3.11 There are a total of 10 schools (out of 63) with deficit balances, a decrease from 11 as at the end of 2018/19. The split of deficit balances across phases is 8 Primary and 2 Secondary. School budget plans for 2020/21 have incorporated these deficits and the Finance Team has worked closely with schools to identify those who are likely to require licensed deficits in the current financial year under the terms in the Scheme for Financing Schools. For 2020/21 there are 8 schools that will require licensed deficits. Licensed deficits operate where schools are unable to balance their budgets in one financial year but can demonstrate a balanced budget over a longer period – typically between 3 and 5 years.

3.12 The breakdown of school balances for the primary phase show a significant variation when analysed the size of schools and appears to show that 1 Form Entry primary schools appear to be in a far more challenging position than larger schools. In total, primary schools have net surplus balances of £3.395m and the breakdown across the various forms of entry is in the table below:

<b>School Size</b>	<b>Number of schools</b>	<b>Size of School Balances £k</b>	<b>Average School Balance £k</b>	<b>Level of Balances as a Percentage of Budget</b>
1 Form Entry	17	251	15	1.7%
2 Form Entry	16	1,274	80	5.3%
3 Form Entry	11	1,042	95	4.9%
4 Form Entry	4	410	103	4.3%
7 Form Entry	2	418	209	7.3%
<b>Total</b>	<b>50</b>	<b>3,395</b>	<b>68</b>	<b>4.5%</b>

The average balance for a 1 FE primary school is £15k whereas the average for all other forms of entry are significantly higher. Furthermore, this can also be summarised through an analysis of the number of schools that fall into different categories:

<b>School Size</b>	<b>Number of schools</b>	<b>Number of schools overspent 2019/20</b>	<b>Number of schools underspent 2019/20</b>	<b>Number of schools requiring licensed deficit 2020/21</b>
1 Form Entry	17	4	13	4
2 Form Entry	16	4	12	3
3 Form Entry	11	0	11	0
4 Form Entry	4	0	4	0
7 Form Entry	2	0	2	0
<b>Total</b>	<b>50</b>	<b>8</b>	<b>42</b>	<b>7</b>

3.13 The chart below provides a summary of the overall position relating to all school balances and licensed deficits between 2014/15 and 2019/20. It shows school balances recovering from a very low level in 2016/17 and the number of schools requiring licensed deficits reducing in the most recent years.



3.14 Additional government support to schools for Covid-19

The government has announced a £1bn support package to support pupils who may have fallen behind due to lost teaching time as a result of coronavirus (COVID-19). This package includes:

- £650 million for schools over the 2020 to 2021 academic year to help head teachers to provide extra support to children who have fallen behind while out of school. Details of how this funding will be distributed are still to be announced however it is anticipated that this will equate to c. 3m for schools in Brighton and Hove
- £350 million for catch-up tutoring aimed specifically at the most disadvantaged children

The £1 billion package is on top of the £14.4 billion three-year funding settlement announced last year, recognising the additional work schools will need to do to help students to catch up.

The government also published guidance for schools to be able to directly submit claims where additional costs have been incurred in the following areas:

- Increased premises related costs
- Support for free school meals
- Additional cleaning costs

Schools are only able to claim within prescribed conditions and there are financial limits to the amount of claims linked to the size of school.

### 3.15 Future Schools Funding 2021/22 and 2022/23

On 3 September 2019, the Spending Review announced the government's commitment to increase the schools budget over each of the 3 financial years from 2020/21. To fulfil this commitment, the Spending Round exceptionally set budgets for schools until 2022/23. Within this was a commitment for the national schools budget to rise by £2.6 billion in 2020/21, £4.8 billion in 2021/22 and £7.1 billion in 2022/23, compared to 2019/20 funding levels. These increases equate to approximately a 4% increase in funding per annum.

In addition, the government has announced further increases to the high needs block for 2021/22. For Brighton and Hove this is estimated to be £2.8m which represents an increase of approximately 10% from 2020/21.

These funding announcements offer significantly improved settlements for schools and the LA in terms of DSG funding. Prior to the 2020/21 financial year the increases in 2018/19 and 2019/20 had been approximately 1% per annum.

## 4 COMMUNITY ENGAGEMENT AND CONSULTATION

- 4.1 No specific consultation has been undertaken in relation to this report but the Schools Forum (comprised of school and academy head teacher and governor representatives) is consulted and engaged in determining local funding arrangements for schools.

## 5. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 5.1 The financial implications are included within the body of this report.

Finance Officer Consulted: Louise Hoten

Date: 21/07/20

### Legal Implications:

There are no legal implications arising from this report

Lawyer Consulted Serena Kynaston

Date: 20/07/2020

### Equalities Implications:

### Sustainability Implications:

5.4 There are no direct sustainability issues arising from this report.

### Crime & Disorder Implications:

5.5 There are no direct crime and disorder issues arising from this report.

## **6. REASONS FOR REPORT RECOMMENDATIONS**

6.1 To note the arrangements for funding schools in 2020/21 and the additional resources being allocated to schools over the 3-year funding period to 2022/23.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

1. School Funding Formula Factors 2020/21

### **Documents in Members' Rooms**

None

### **Background Documents**



## Schools Block – School Funding Formula Factors 2020/21

£139.488m is the post de-delegated funding to mainstream schools and academies. This is allocated through the Local Authority's funding formula as follows:

<b>Formula Factor</b>	<b>£k</b>
Basic Entitlement (age weighted pupil units)	104,764
Deprivation	13,232
Low Attainment	9,036
English as an Additional Language	1,278
Lump Sum	8,060
Mobility	100
Premises (including rates, split sites)	3,508
Minimum Funding Per Pupil	741
Exceptional Circumstances	34
<b>Total (pre de-delegation)</b>	<b>140,753</b>
De-delegation – Exception 1	(1,265)
<b>Total Schools Block Allocation to Mainstream Schools</b>	<b>139,488</b>

The basis for making each of these allocations is as follows:

### a) Basic Entitlement

This is the basic funding per pupil – often referred to as age weighted pupil units. In 2020/21 the unit rates of funding are set at £2,907 for each primary age pupil and £4,370 for each secondary age pupil. The pupil count is taken as at the October 2019 school census.

### b) Deprivation

This allocation is based on a combination of free school meals, ever-6 free school meals and the income deprivation affecting children index (IDACI). The 2020/21 financial year is the second year the LA is using this basket of indicators and is being applied in a way that demonstrates a gradual, stepped approach towards the proposed national funding formula.

### c) Looked After Children

This factor is no longer operational as funding is now provided by the DfE through the Pupil Premium allocation.

### d) Low Attainment

For primary schools, this allocation is determined by the number of pupils in Years 1-6 who did not achieve a good level of development based on progress from the Early Years Foundation Stage Profile score. For secondary schools, the allocation is based on the number of pupils below the expected standard in reading or maths tests or writing teacher assessment for years 7-10. For pupils in year 11 the allocation is based on pupils not attaining Level 3 in either English or Maths at KS2.

e) English as an Additional Language

Schools are allocated funding based on the language code entered against pupils on the October 2019 census and where they have been in the school system for less than 3 years.

f) Mobility

This is a factor, introduced in 2016/17, allocating £100k across schools who have a mobile population (where pupils whose first entry was not on an October census and where the school total exceeds a threshold of more than 6%).

g) Lump sum

Each mainstream school is allocated a lump sum of £130k regardless of its size.

h) Premises

Brighton & Hove has adopted factors for split sites, rates and PFI to recognise the additional costs incurred by schools in these areas.

i) Minimum Funding Per Pupil

This relates to the introduction of the new mandatory factor to ensure that minimum funding per pupil (MFPP) levels (excluding premises factors) are set at £3,750 for primary schools and £5,000 for secondary schools.

The introduction of this factor means that the schools who have historically received the lowest levels of funding on a per-pupil basis will receive an additional allocation within their budget share to boost their funding levels to the minimum thresholds. This will particularly apply to schools that receive relatively low amounts of funding through the deprivation and low attainment formula factors

i) Other exceptional circumstances

Other allocation for specific circumstances – this relates to a mandatory rent for one school.



<b>Subject:</b>	<b>Review of Youth Services</b>		
<b>Date of Meeting:</b>	<b>14<sup>th</sup> September 2020</b>		
<b>Report of:</b>	<b>Executive Director for Families, Children &amp; Learning</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Deborah Corbridge</b>	<b>Tel: 01273 292953</b>
	<b>Email:</b>	<b>deborah.corbridge@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The purpose of this report is to provide information on the Youth Review, including the impact on the process due to Covid-19, the findings and recommendations which include options to develop a central youth hub.

**2. RECOMMENDATIONS**

- 2.1 That the Committee note the findings and recommendations of the Youth Review
- 2.2 That the Committee agrees to young people (via Youth Wise) developing an action plan that will further the involvement of them in decision making processes and this to be brought back to Committee in November
- 2.3 That the Committee agrees that the findings and recommendations of the Youth Review will inform the Youth Service Grants recommissioning process and the proposed framework for this is brought to Committee in November
- 2.4 That the Committee agrees Brighton Youth Centre (BYC) to be recognised as a key youth provider in the city and for the Council to decide how to support with its refurbishment or rebuild
- 2.5 That the Committee agrees that neighbourhood provision should remain and not be impacted on if any future investment towards a central youth hub is agreed

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 The Brighton and Hove City Council 2020 to 2023 Corporate Plan outlines its commitment to deliver high quality youth services, stating we will:
- Identify Council owned premises suitable for partners to offer youth services.
  - Maintain services for refugees and LGBTU young people and ensure that sexual health services and mental health support are delivered at youth centres across the city.

- Protect funding and review youth services across the city to improve coordination, establish a central youth hub and deliver services directly where possible.
  - Give young people a stronger voice in future services.
- 3.2 It was agreed at the Children and Young People's Committee on 13<sup>th</sup> January that a review of current youth services in the city would be undertaken and that the findings of this review to be presented back to Committee to be discussed and a proposal agreed.
- 3.3 The scope of the review included:
- Capturing views of current youth services from a wide range of young people and stakeholders
  - The extent of partnership working and coordination between youth providers and other organisations
  - The future viability of youth buildings owned by the Council and community organisations
  - Access to services by young people who are Council house tenants, living in disadvantaged areas and from protected groups
  - Services provided by the organisations in receipt of Council Youth Grants
  - Giving consideration to developing a central Youth Hub in the city, including working in partnership with Onside and Brighton Youth Centre to develop the their site as a Youth Zone
  - How involved young people feel making decisions regarding services that impact on them
- 3.4 A cross party steering group was set up to agree a framework for undertaking the review, agreeing a project plan with clear timescales and a response to any future funding opportunities, such as the Youth Investment Fund.
- 3.5 Prior to Covid-19 and the resulting 'lockdown' the plan included holding a series of face-to-face focus groups with both young people and other stakeholders. In addition an online survey for young people would be launched and organisations, including schools and colleges would be encouraged to promote it. A decision was made to continue with the Youth Review within the agreed timescale with the focus groups being moved on-line.
- 3.6 An on-line survey was developed and launched on the 15<sup>th</sup> May and closed on 28<sup>th</sup> June. It was publicised and widely circulated, including schools and colleges. In addition 15 young people and 3 stakeholders' focus groups were held.
- 3.7 283 young people completed the online survey. In addition 38 young people living across the city with SEND were supported to complete an adapted version of the survey. A total of 73 young people participated in one of the 15 young people's focus groups and 32 people representing a variety of organisations attended one of the three stakeholder focus groups and 7 individual feedback forms were received. In addition, 70 parents / carers of children and young people with Special Education Needs and Disabilities (SEND) aged 11-25 completed an online survey.

- 3.8 The consultation reached a cross section of young people, including those with protected characteristics and those that do not currently access youth services.
- 3.9 Generally, it was felt that there is a wide variety of positive youth work happening across the city, reaching a diverse range of young people and those young people that attend appreciate and value what is on offer. Young people would like services to be open more, particularly during the school holidays and weekends. The feedback highlighted the need for services to be more inclusive and all services needed to be advertised more, using methods that appeal to young people.
- 3.10 Young people are, and do feel involved in decision making and their participation is generally good in the city, however, this could be improved by better publicity on opportunities to become involved in decision making processes and more creativity around how young people can participate.
- 3.11 When discussing a centralised youth hub in focus groups, concerns were focussed on the financial impact this may have on neighbourhood provision with a strong consensus that these are highly valued and should not be lost. However, there was total agreement that Brighton Youth Centre (BYC) attracts large numbers of young people (1189 individual young people in 2019/20) who travel across the city to attend but was run down and in urgent need of investment and would like funding to be found for this (as long as it wasn't at the expense of neighbourhood provision).
- 3.12 The council own three youth buildings; 67 Centre in Moulsecoomb, Coldean Centre and Portslade Village Centre; all currently used by commissioned youth services. No other Council owned premises have been identified for partners to offer youth services.

#### **4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

- 4.1 The Youth Review indicates that BYC is already operating as a central youth hub; it is popular and highly valued; however services could be expanded on and funding needs to be identified for renovating the building. The Council do not own any youth buildings in the central area.
- 4.2 The Youth Investment Fund is likely to be launched within the next two months; a decision is required on proceeding with a partnership bid (alongside Onside and BYC) to gain funding that could contribute towards the Council's contribution towards the capital and revenue costs of the development of a Youth Zone (21<sup>st</sup> century youth centre) on the BYC site.
- 4.3 The total cost of the capital required to build a Youth Zone is £8.4 million and the revenue £1.3 million per annum. This has significant funding implications for the Council, with an expectation that the Council contribution would be £3.65 capital (with funding from the Youth Investment Fund, this could reduce to £2.1 million) and an additional (if neighbourhood funding remains at the same level) annual revenue of £101k (this is if the current central funding is combined). However, this would bring in a capital investment of £4.75 million capital into the city and £3 million revenue over 5 years.

- 4.4 Another option would be for the Council to support a £2 million fundraising campaign to refurbish BYC without forming a partnership with Onside.

## 5. COMMUNITY ENGAGEMENT & CONSULTATION

- 5.1 Consultation events, including young people's and stakeholders focus groups were held and an online survey for young people to complete was widely circulated. Stakeholders and young people were consulted on the questions in the survey and the feedback used in its development.

## 6. CONCLUSION

- 6.1 The Youth Review findings provide a useful insight into young peoples and stakeholders views of youth services in the city and enabled recommendations to be put forward that, if accepted, will set out a framework to enhance current provision and inform the forthcoming recommissioning process.

## 7. FINANCIAL & OTHER IMPLICATIONS

### Financial Implications:

- 7.1 The details of the current funding arrangements for youth services and potential future options are contained within the appendix to this report. Given the extremely challenging financial position facing the Council at the present time, any new investment in capital or revenue funding will need to be considered against other priorities and within the context of the overall budget situation.
- 7.2 There are a number of possible options for delivering youth services in the City and meeting the Councils statutory obligations. The full cost of these options and how they can be funded in the short and longer term will need to be explored and evaluated to determine the viability and sustainability of any service provision going forward.

*Finance Officer Consulted: Name David Ellis*

*Date: 01/09/2020*

### Legal Implications:

- 7.3 Section 507b of the Education Act 1996 places a specific duty on the Council to secure 'as far as reasonably practicable' sufficient educational and recreational activities for the improvement of young people's well-being, and sufficient facilities for such activities. Young people are defined as those aged 13-19, and those with learning difficulties to age 24.
- 7.4 Statutory Guidance for Local Authorities on Services and Activities to Improve Young People's Well-being issued in 2012 clarifies that it is not prescribed which services and activities for young people local authorities should fund or deliver or to what level. Local authorities are responsible for securing, so far as is reasonably practicable, a local offer that is sufficient to meet local needs and improve young people's well-being and personal and social development. They should strive to secure the best possible local offer within available resources. Under the guidance it is for local authorities to determine the mix of open access, targeted, preventative and specialist provision needed to meet local needs and

how to integrate all services around young people and decide what facilities are needed and how to make these available and accessible, wherever possible maximising the utilisation and potential of all local partners' assets.

*Lawyer Consulted: Natasha Watson*      *Date: 4.9.20*

#### Equalities Implications:

- 7.5 The Youth Review findings noted that the specific services for SEND, LGBTQ and BAME young people are highly valued and welcome having a dedicated space.
- 7.6 Current area youth service providers are working with a disproportionate number of disadvantaged young people; however there is more work to do to improve accessibility to services and suggestions for promoting inclusion made by young people and other stakeholders need to be considered.

### **SUPPORTING DOCUMENTATION**

#### **Appendices:**

Youth Review Report  
Youth Service Grants Programme Monitoring Report

**Documents in Members' Rooms:** None    **Background Documents:** None





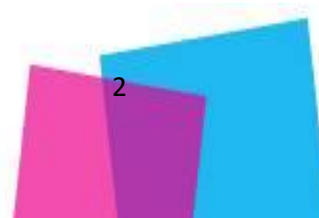
Brighton & Hove City Council

# Youth Service Review

July 2020

## Contents

	<u>Page</u>
Introduction	3
Youth Review consultation	4
Online consultation young people's survey findings	6
Young people's focus groups feedback	17
Stakeholders focus group feedback	20
SEND consultation feedback	23
Summary of consultation findings	30
Current commissioned youth services	32
Current Council services supporting young people	35
Youth buildings	36
Central Youth Hub	37
Recommendations	41
Appendices'	43





## Introduction

Local authorities have a statutory duty to secure access to positive activities. (section 507B inserted into the Education Act 1996 by virtue of section 6 of the Education and Inspections Act 2006). The duty requires Local Authorities to ensure, so far as reasonably practicable, young people have access to sufficient educational leisure-time activities which are for the improvement of their well-being and personal and social development. This includes sufficient facilities for such activities, they are publicised, and that young people are placed at the heart of decision making regarding the positive activity provision. The duty applies to the 13 – 19 age range, and up to 24 for young people with learning difficulties.

The Brighton and Hove City Council 2020 to 2023 Corporate Plan outlines its commitment to deliver high quality youth services by:

- Identifying Council owned premises suitable for partners to offer youth services.
- Maintaining services for refugees and LGBTU young people and ensure that sexual health services and mental health support are delivered at youth centres across the city.
- Protecting funding and review youth services across the city to improve coordination, establish a central youth hub and deliver services directly where possible.
- Giving young people a stronger voice in future services.

It was agreed at the Children and Young People and Skills Committee on 13<sup>th</sup> January that a review of current youth services in the city would be undertaken and that the findings of this review is to be presented back to Committee to be discussed and a proposal agreed.

The scope of the review included:

- Capturing views of current youth services from a wide range of young people and stakeholders
- Services provided by the organisations in receipt of Council Youth Grants
- The extent of partnership working and coordination between youth providers and other organisations
- The future viability of youth buildings owned by the Council and community organisations
- Access to services by young people who are Council house tenants, living in disadvantaged areas and from protected groups
- Giving consideration to developing a central Youth Hub in the city, including working in partnership with Onside and Brighton Youth Centre to develop the site as a Youth Zone
- How involved young people feel making decisions regarding services that impact on them

## Youth Review Consultation

### Governance

The Children and Young People's Committee agreed that a Youth Review Cross Party Steering Group would be set up and the membership would include Councillors, Families, Children & Learning (FCL) Director, FCL Assistant Director (Education and Skills), Project Manager and the Youth Review Lead Officer. This group's responsibilities included agreeing a framework / methodology for undertaking the review, agreeing a project plan with clear timescales and agreeing a response to any future funding opportunities, such as the Youth Investment Fund. The terms of reference for this group were agreed, along with a proposed timetable.

An officer group was also set up and includes council officers, Finance, Estates, Legal and Housing. This group was tasked with overseeing the operational aspect of the review and would be accountable to the Youth Review Cross Party Steering Group. In addition, it was agreed that stakeholders would be invited to offer advice and guidance on the consultation process and, once launched were offer information and views on current and future youth services.

Youth Wise – *Brighton and Hove's Decision Makers* consists of young people representing a range of youth organisations, Councillors and senior council officers and was set up to keep open communication with young people from across the city and ensure they played a key role in making decisions around funding for services that impact on them. It was agreed that Youth Wise would also act as a key consultation group for young people and they will reach out to a wide range of other youth groups in the city.

It was agreed that a final Youth Review report would be presented to the Children, Young People and Skills Committee in September 2020; decisions will be made by Children, Young People and Skills and Housing Committees and Policy and Resource Committee for any proposed financial commitments.

### Covid-19

Prior to Covid-19 and the resulting 'lockdown' a plan was in place to hold a series of face-to-face focus groups with both young people and other stakeholders. In addition, an online survey for young people would be launched and organisations, including schools and colleges would be encouraged to promote it.

The impact of Covid-19 resulted in exploring other methods to undertake the Youth Review; particularly the focus group component. Face-to-face consultation events and focus groups with young people and other stakeholders would no longer be able to go ahead as planned. At the time there was no information available regarding timescales of the lock down period and to wait and start the process, as initially agreed by Youth Review Cross Party Steering Group, when the lock down period has come to an end, would result in a significant delay in the process and the subsequent recommissioning process.

It has been noted by youth providers that during the pandemic and subsequent lockdown the young people they work with were engaging well with the various social media and videoing platforms to keep in contact with their youth group(s) and youth workers; therefore it was proposed that much of the work could be completed online. However, there was a risk that, despite considerable effort, the consultation would not elicit the amount of feedback initially anticipated, particularly from the most disadvantaged groups. The challenge and associated risks of completing the Youth Review remotely was discussed and the decisions made were as follows:

- To move forward with an online Youth Review consultation and with support from youth providers, set up and engage young people in online focus groups using different online platforms and if Covid-19 restrictions are lifted with the Youth Review consultation period, face-to-face focus groups to take place
- A series of online focus groups using different online platforms also to be set up for other stakeholders and if Covid-19 restrictions are lifted with the Youth Review consultation period, face-to-face focus groups to take place
- The online survey to be launched and widely publicised, with youth providers supporting and encouraging young people to complete it

The consultation was launched on the 15<sup>th</sup> May and closed on 28<sup>th</sup> June. During this period 15 young people's focus groups were held and 3 stakeholders focus groups. As the Covid-19 restrictions had not been lifted during this period no face-to-face groups took place.

The online survey could be widely published, and youth providers were committed to encouraging the young people they are in touch with to complete it, supporting them where necessary. Council officers were tasked with circulating the online survey widely to ensure feedback is received from a wide range of young people including those not currently engaged with youth services and from protected/disadvantaged groups.

Extratime, PaCC and Amaze noted that young people with Special Educational Needs and Disabilities (SEND) would find the online survey inaccessible due to the length and content of the questions and its language. It was agreed that an adapted version of the survey would be developed, reducing the length of questions and making some of the language more accessible. Extratime, PaCC and Amaze also supported young people to attend focus groups adapted for SEND young people.

The findings from the online survey and focus groups are detailed within this report. There is a separate section detailing the findings from both the survey set up specifically for SEND young people and the focus groups. Parents and carers of SEND young people also had an opportunity to feedback their views via a survey organised by PaCC and Amaze which is included in these findings.

## On-line young people's consultation survey findings

An on-line survey for young people to complete was opened on 15<sup>th</sup> May and closed on 28<sup>th</sup> July. This was a self-completion questionnaire which was hosted on Brighton & Hove City Council's Consultation Portal. Stakeholders and young people were consulted on the questions in the survey and the feedback used in its development. The survey was widely publicised (see appendix A for full circulation list).

283 children and young people aged 11 to 24 completed the survey.

### Respondent's profile

Between 90 and 98% of respondents answered the council's various standard equalities questions. Among respondents who answered the equalities questions.

- **Gender:** 147 (55%) girl/female, 115 (43%) boy/male and 7 (3%) nonbinary.
- **Age:** 102 (36%) were aged 11 to 13, 112 (41%) aged 14 to 16, 35 (13%) aged 17 to 19 and 23 (9%) aged 20 to 24.
- **Ethnicity:** 191 (71%) White British, 40 (15%) mixed heritage, 18 (7%) White from outside Britain, 8 Black, 3 Asian and 2 Arab.
- **Sexual orientation:** 164 (62%) heterosexual, 38 (14%) bisexual, 34 (13%) were unsure, 10 lesbian, 10 gay and 7 responded something else
- **Religion or belief:** 158 (61%) had no particular religion, 46 (18%) atheist or agnostic, 9 Muslim, 1 Hindu and 1 Jewish. 7 believed in something else
- **Disability:** 21 (8%) had a disability
- **Carers:** 34 (13%) regularly spend time caring for a family member

### Where respondents live

235 children and young people (83%) provided a Postal Sector to indicate where they lived. Among these respondent's;

- 49 respondents (17%) lived in the Preston Park and Withdean (BN1 5 and BN1 6) area of the city.
- 25 (9%) lived around Hanover and parts of Queens Park (BN2 9)
- 21 (7%) in Portslade (BN41)
- 19 (7%) in Moulsecoomb and Bevendean (BN2 4)
- 15 (5%) in South Hangleton and West Blatchington (BN3 7)

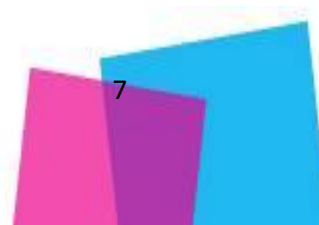
Only 5 respondents lived in Woodingdean, Ovingdean and Rottingdean (BN2 6, BN2 7 and BN2 8) and 9 respondents lived outside of the city.

The table below details the postcodes of the 235/283 respondents:

Where respondent's live		
Postal sector	Frequency	Percent
BN1 1	4	1.4
BN1 2	1	.4
BN1 3	4	1.4
BN1 4	4	1.4
BN1 5	20	7.1
BN1 6	29	10.2
BN1 7	8	2.8
BN1 8	6	2.1
BN1 9	3	1.1
BN2 0	7	2.5
BN2 1	8	2.8
BN2 3	8	2.8
BN2 4	19	6.7
BN2 5	9	3.2
BN2 6	3	1.1
BN2 7	1	.4
BN2 8	1	.4
BN2 9	25	8.8
BN3 1	2	.7
BN3 2	4	1.4
BN3 3	4	1.4
BN3 4	2	.7
BN3 5	8	2.8
BN3 6	4	1.4
BN3 7	15	5.3
BN3 8	6	2.1
BN41	21	7.4
Outside B&H	9	3.6
Unknown	48	16.6
Total	283	100.0

What youth services did respondents attend?

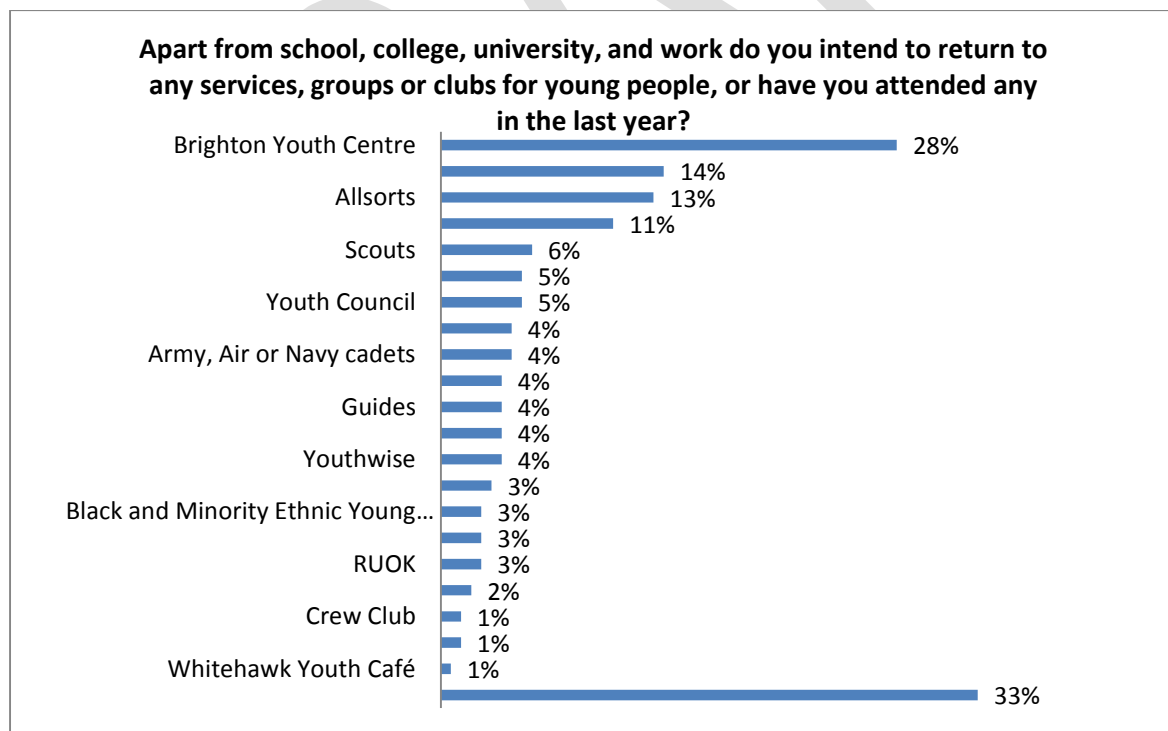
Just under three out of five respondents (58%) attended or intend to attend a local youth service, with 21% attending or intending to attend two or more services. More than two out of five (42%) have not attended or do not intend to attend any local youth services.



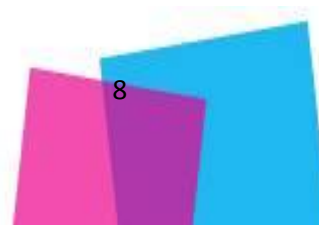
The most frequent used service was the Brighton Youth Centre (28%, 45 people) followed by Audio Active (14%, 22 people), Allsorts (13%, 21 people) and Hangleton & Knoll Project (11%, 17 people). The Trust for Developing Communities provide various youth clubs and activities in the North and East of the city which were not options within the survey, therefore they had noted these under the 'other' option.

Among the 45 respondents who attended Brighton Youth Centre most either lived in Moulsecoomb/ Bevendean (18%, 8 people) or Hanover/Queens Park (16%, 7 people) areas of the city.

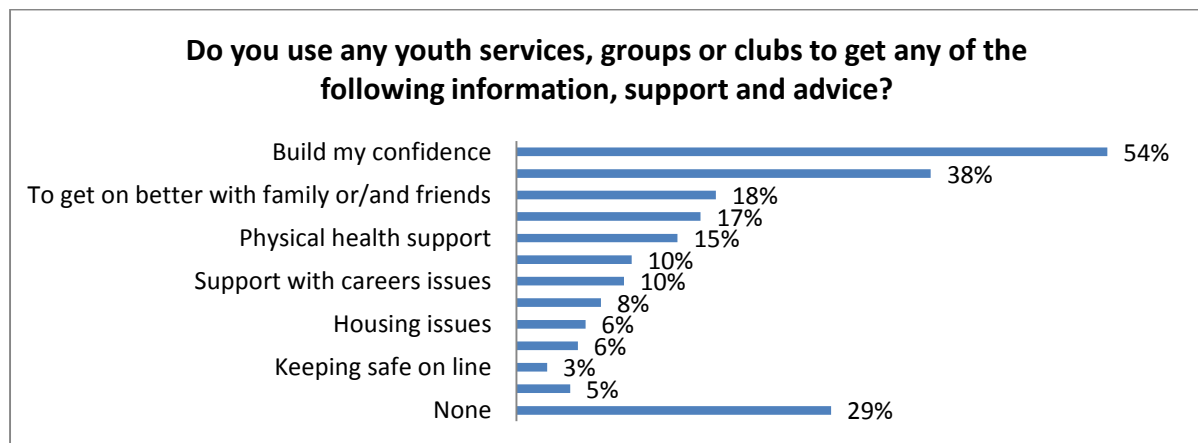
<b>How many services, groups or clubs have you attended in the last year or intend to in the future?</b>		
	Frequency	Percent
None	115	42.0
One	101	36.9
Two	40	14.6
Three or more	18	6.6
Total	274	100.0
No response	9	
	283	
<b>Base: All respondents who answered the question: n=274 (97%)</b>		



**Base: All respondents who attend a youth service and who answered the question: n=159**



## Why do children and young people use local youth services?



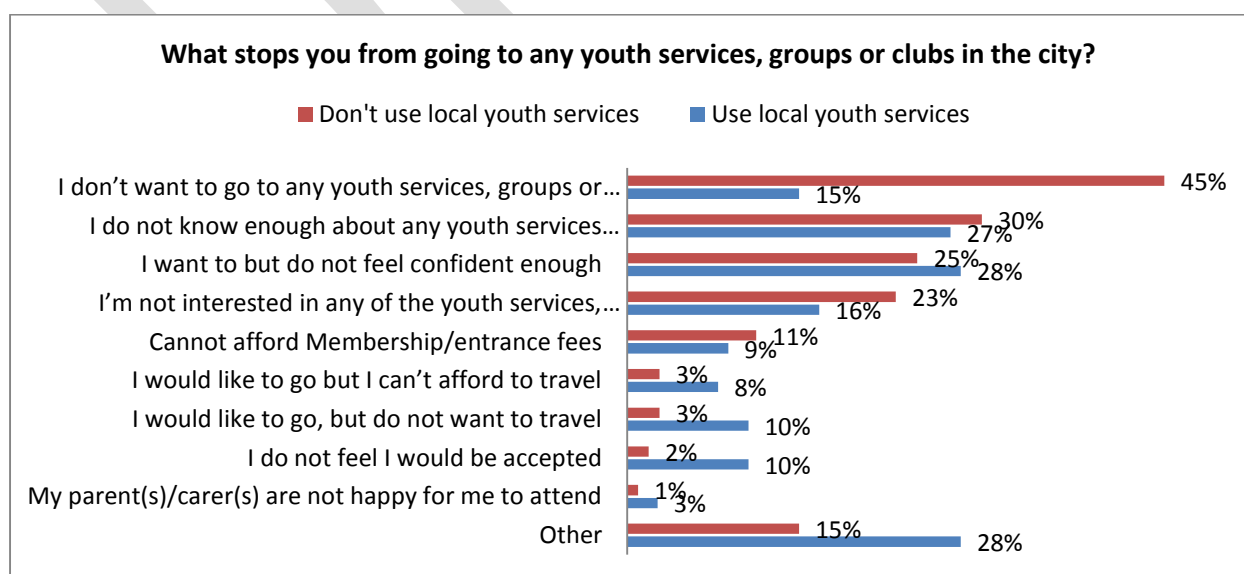
**Base: All respondents who have attend a youth service in the last year or intend to in the future and answered the question: n=147 (88%)**

More than half of those who use local youth services (54%, 77 people) did so to build confidence while nearly two out of five (38%, 54 people) did so for their mental health.

## Why don't children & young people use local youth services?

Among respondents who don't currently use local youth services, over a half (54%, 50 people) just don't want to go to any youth service. However, 30% (33 people) don't know enough about youth services and 25% (27 people) want to go but don't feel confident enough.

Among respondents who use local youth services, over a quarter (28%, 33 people) don't feel confident in using youth services and 27% (32 people) don't know enough about youth services.



**Base: All respondents who answered the question: n=227 (80%)**

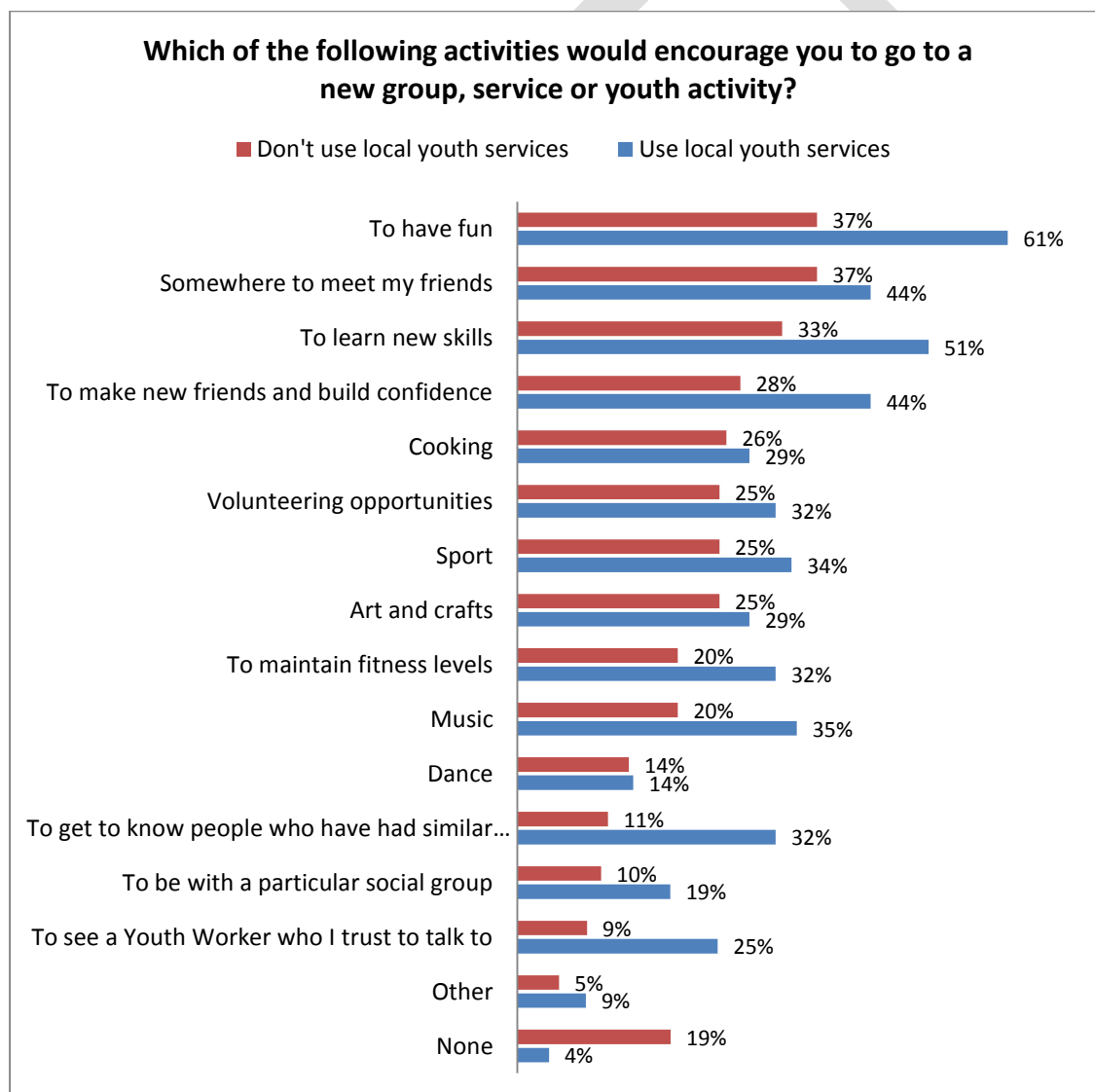


What would encourage children and young people to attend a new local youth service?

For both current users and non-users of local youth services what would most encourage them to go to a new youth service is; to have fun, somewhere to meet their friends, to learn a new skill and or somewhere to make new friend and to build confidence.

Among respondents who don't currently use local youth services, over a third (37%, 43 people) would be encouraged to do so to have fun or to meet their friends. A third (33%, 38 people) would go to learn a new skill.

Among respondents who use local youth services, three out of five (61%, 93 people) would be encouraged do go somewhere new to have fun. More than a half (51%, 78 people) would go to learn a new skill and more than two out of five (44%, 67 people) would go to meet their friends and or to make new friends and build confidence.

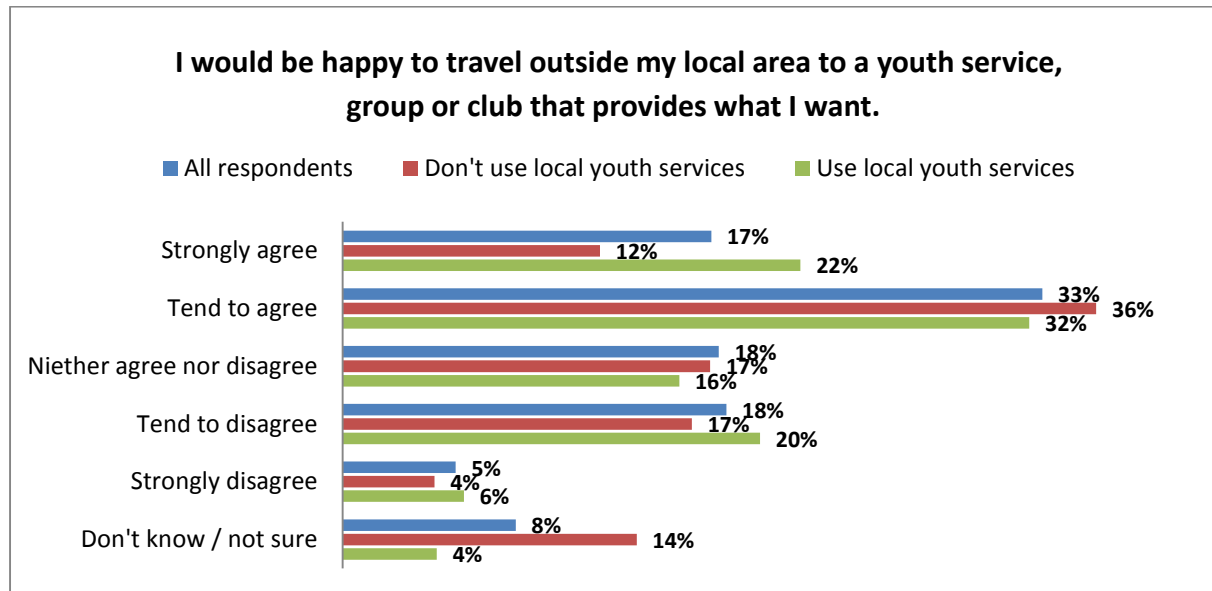


**Base: All respondents who answered the question: n=276 (98%)**

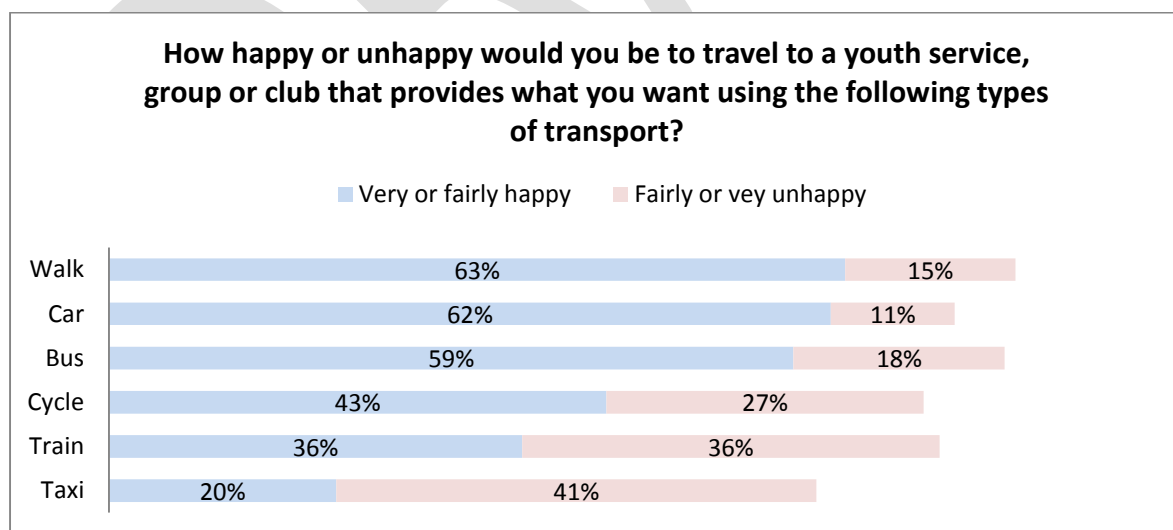


## Travelling to youth services that provides what children and young people want

More than twice as many respondents agree (50%) that they would be happy to travel outside their local area to a youth service that provided what they want than disagree (23%). Slightly more people who currently use a local youth service agree (54%) than those who do not (48%). However, only 21% of those who don't use a local youth service disagreed, with 14% unsure.



Three out of five respondents would be happy to travel to a youth service that provided what they want by walking (63%), by car (62%) or bus (59%). Twice as many respondents would be unhappy (41%) going by taxi as would be happy (20%). While views on travelling by train are mixed with a 36% happy and 36% unhappy.

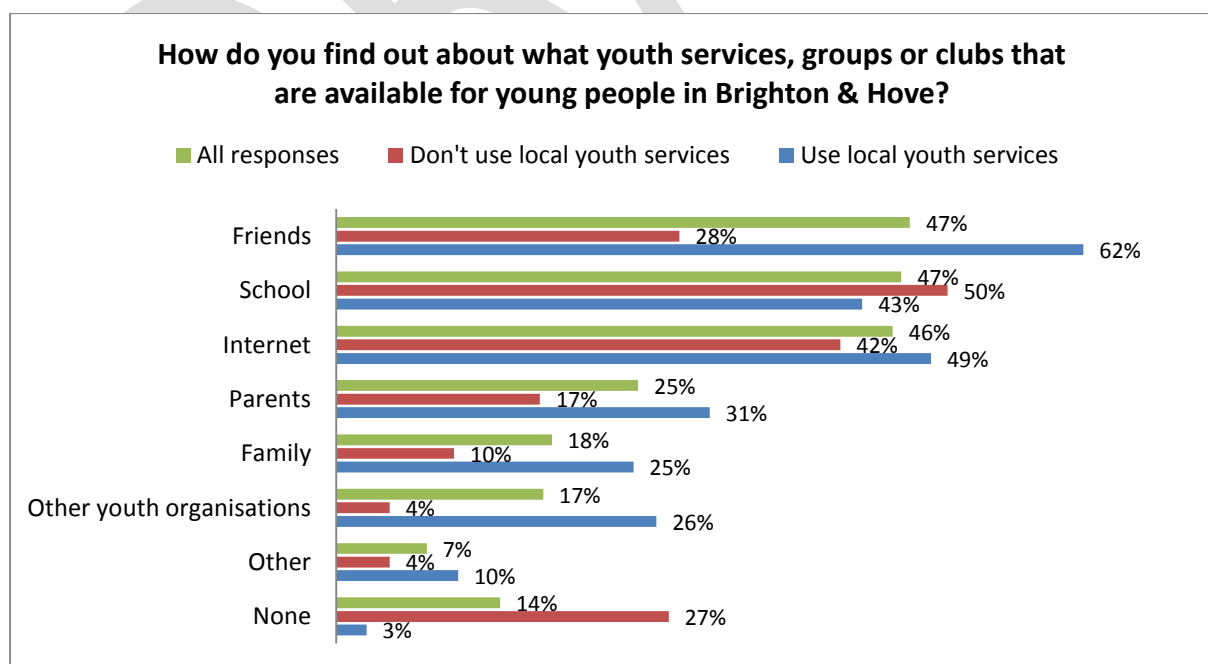


**Base: All respondents who answered the individual questions, excluding those responding 'neither happy nor unhappy' or 'don't know not sure'.**

Young people were asked how long (in time) they would be willing to travel to a youth service if it met their needs. 44.3% of respondents were willing to travel between 15-30 minutes and 17.1% would travel 31-45 minutes. 13.9% would travel under 15minutes.

How long would you be willing to travel?				
	Attended a youth service in the last year or intend to do so in the future			All responses
	Yes	No	No response	
Under 15 minutes	22	21	0	43
	13.9%	18.3%	0.0%	15.3%
15 to 30 minutes	70	49	7	126
	44.3%	42.6%	87.5%	44.8%
31 to 45 minutes	27	22	0	49
	17.1%	19.1%	0.0%	17.4%
46 to 60 minutes	13	3	1	17
	8.2%	2.6%	12.5%	6.0%
Longer than 60 minutes	10	1	0	11
	6.3%	.9%	0.0%	3.9%
Don't know / not sure	16	19	0	35
	10.1%	16.5%	0.0%	12.5%
Total	158	115	8	281
	100.0%	100.0%	100.0%	100.0%

How do children and young people find out about youth services in Brighton & Hove?



Base: All respondents who answered the question: n=281 (99%)

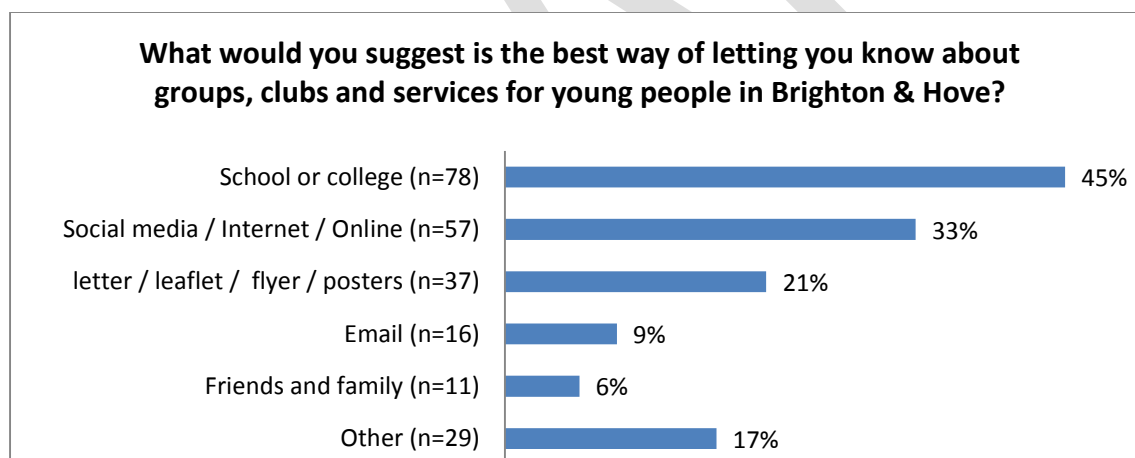
Most children and young people find out about local youth services from friends (47%), school (47%) and/or the Internet (46%). However, there are big differences in how user and nonusers of local youth services find out about youth services;

- While three out of five (62%) who use local youth services find out about services from friends only 28% of non-users do.
- Users of local youth service are more likely to find out about services from parents (31%) and family (25%) compared to non-users 17% and 10% respectively.
- A quarter (26%) of service users find out about services from other youth organisations while a quarter (27%) of nonusers don't find out about local youth services at all.

### Best way for children and young people to find out about local youth services?

Three out of five respondents (65%, 175 people) made suggestions for the best way to let them know about local youth services. Most respondents (45%, 78 people) thought via schools and colleges was the best way. Suggestions included formally in classes and using the school email or through advertising and promotions.

A third (33%) also suggested using social media, internet and online resources, while a fifth (21%) suggested using flyers and poster as the best way for children and young people to find out about local youth services.



**Base: All respondents who answered the question (n=175, 65%)**

### Websites with information about youth services

#### Awareness of Wheretogofor website

	All respondents (n=275)	Don't use local youth services (n=111)	Use local youth services (n=155)
Yes – and have USED the site	1%	0%	3%
Yes – but have NOT USED the site	10%	9%	12%
Not aware of the site	88%	91%	86%

### Awareness of Youth Collective website

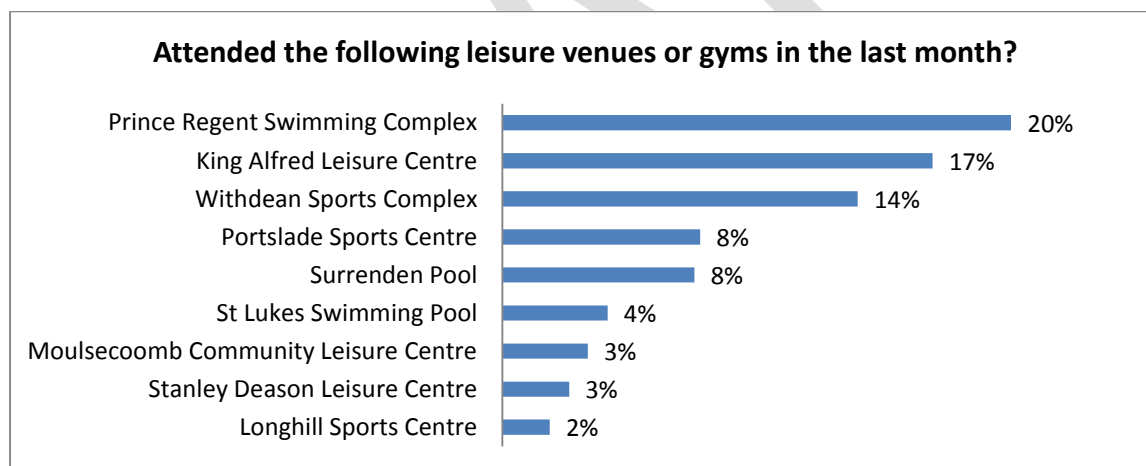
	All respondents (n=275)	Don't use local youth services (n=111)	Use local youth services (n=155)
Yes – and have USED the site	1%	0%	3%
Yes – but have NOT USED the site	11%	7%	15%
Not aware of the site	87%	93%	82%

There was little awareness of two website (Wheretogofor and Youth Collective) that provide information on local youth services. Only around one in ten respondents were aware of either website and only four respondents (1%) had used one of the sites.

### Use of council run leisure facilities by children and young people

Nearly a half of respondents (47%, 134 people) had used at least one of the city's council run leisure centres in the last month. Three quarters (74%, 210 people) had used at least one in the last year.

The most popular leisure centre was Prince Regent swimming complex where a fifth of respondents (20%, 55 people) had used the centre in the last months.



### **Base: All respondents who answered the individual questions**

#### • **Reasons for not going to a leisure centre or gym**

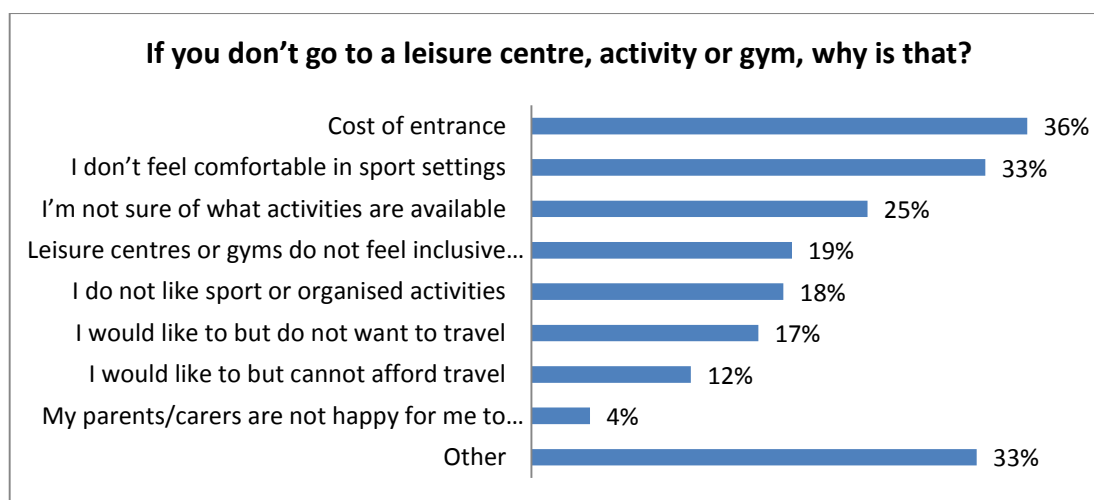
A 163 respondents gave reasons for not going to a leisure centre or gym with a third mentioning the entrance cost (36%, 59 people) and or not feeling comfortable in a sport setting (33%, 54 people).

Twenty five people gave reasons why they thought leisure centres and gyms do not feel inclusive. Reasons given included:

- Social anxiety, including body image, fear of being stared at or judged and insecurities
- Age restriction or no age appropriate activities

Forty five people gave 'other' reasons for not going to a leisure centre or gym. Reasons given include:

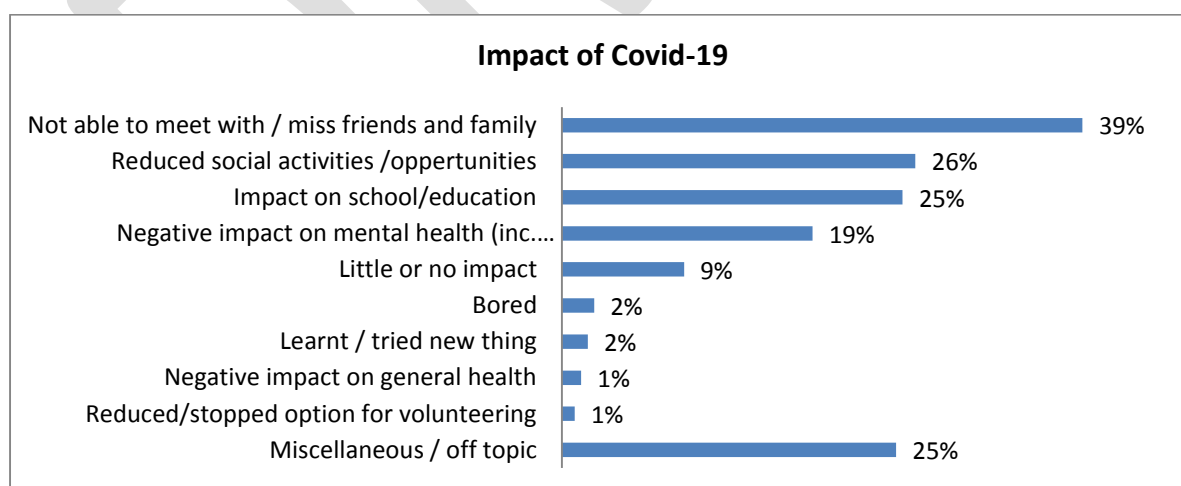
- Can't be bothered, don't have the time, lazy
- Age restrictions
- Exercise in some other way, outside or team sports
- Anxieties and insecurities
- No disability appropriate activities



**Base: All respondents who answered the question (n=163, 58%)**

### The Impact of Covid-19 and Covid-19 related support

Two hundred and nine respondents (74%) mentioned ways Covid-19 had impacted on them.



**Base: All respondents who answered the question (n=209, 74%)**

Most respondents, two in five (39%), mention not being able to meet or missing friends and family.

“Can’t see friends, can’t see family, can’t do everyday life things”

“It means I can't see my dad who lives in [REDACTED] so it's difficult because it's now been 10 weeks since I last saw him.”

A quarter of respondents also mentioned a reduction in social activities and opportunities (26%) and an impact on their school/education (25%).

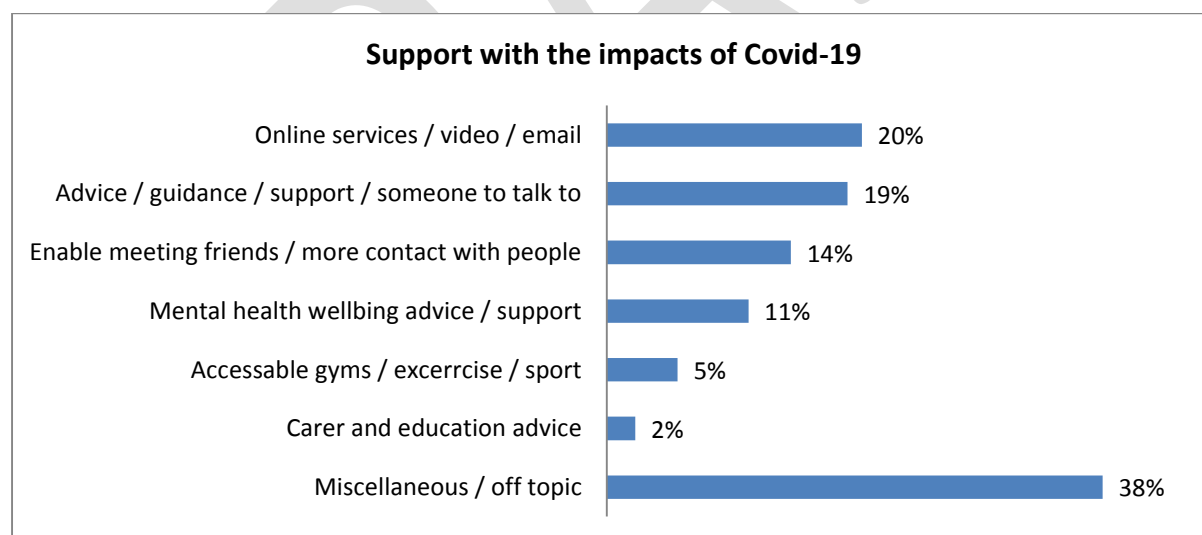
*“I cannot go to school I cannot see my friends I cannot do anything; I am a single child.”*

A significant proportion of respondents, one in five (19%), mentioned Covid-19 having an adverse effect on their mental health.

*“It has significantly affected my anxiety, now that every event is digital I struggle to be social in a space where I can't talk to people face to face. It also meant that I am in little to no contact with my friends how I used to meet up with.”*

*“I haven't been able to attend my weekly swimming and yoga lessons as I normally would and it amplifies negative emotions.”*

*“Just like a lot my friends, its seriously affected my mental health and my self-esteem and confidence. I'm also aware of many people who had had traumatic experiences whilst in lockdown.”*



**Base: All respondents who answered the question (n=93, 33%)**

Only 93 respondents (33%) made comments on what support youth services could provide to support with the impact on them from Covid-19. A quarter of respondents mentioned providing online services (20%) and or providing advice, guidance and support (19%).

*“They could teach you about what’s going on so people can understand the situation more.”*

*“Offer me fun things to do online. Don't just send me emails to make sure my home situation is 'okay'. It feels as though the focus is to just make sure my family are 'coping' with me at home all the time, rather than focusing on me as a bored teenager who has little social interaction at the best of time due to my disability.”*

One in ten making comments (11%) mentioned help and support specifically with mental health.

*“Virtual wellbeing activities would be great.”*

*“Carry on providing a space in which my opinions are valued and I do not feel ashamed for being ‘out of the norm’. Also by providing resources around keeping good mental health around sometimes unsupportive family as well as providing information on concerns members of the LGBT community may have more generally.”*

### **Young People’s focus groups feedback**

A total of 15 young people’s focus groups were held in June with a total of 73 attendees. A wide range of organisations were invited to set up a focus group (see appendix B). All of the organisations were sent a list of questions and asked to return it before the end of the consultation period. The groups had representation from the following organisations:

- Allsorts – 6 young people
- Amazing Futures (Amaze) – 10 young people
- Brighton Youth Centre – 6 young people
- Youth Employability Service – 1 young person
- Youth Council – 3 young people
- 2 x Trust Developing Communities – 8 young people
- Children in Care Council – 3 young people
- 2 x Hangleton and Knoll Project – 11 young people
- Young Peoples Centre (Impact Initiatives) – 2 young people.
- BMEYPP – 9 young people
- 3 x PaCC, Amaze and Extratime – 14 young people with SEND (with more complex needs)

The findings from the three focus groups adapted for young people with SEND that have more complex needs) are reported separately in the SEND consultation section on page 24. A summary of the findings to the other groups can be found below.

### **Summary of young people’s responses**

*Q1. What are your thoughts on current groups, clubs or services available for young people in the city? (thinking about what they offer, where they are situated, age, group etc.).*

All the young people appreciate the clubs/projects they attend. They enjoy the varied activities on offer and having somewhere safe to meet friends and socialise. Having access to professional support is considered valuable. Many felt that attending the clubs improved their confidence, self-esteem and opportunities to build new skills. Young people, generally feel safe, comfortable, not judged and well supported.

*How could those groups, clubs or services improve?*

- Information in all clubs and projects about what is happening and available at other clubs in the city.
- Most BMEYPP members want to be in a dedicated space because they are, at other times, always in the minority and have things in common with other members
- More one to one time available from youth workers during normal clubs sessions.
- For youth work staff to deal quickly with behavioural issues and be aware of different groups attending and encourage the groups to mix and get on.
- Services to be open more often, including during the holidays and at weekends.
- Better maintained dedicated youth buildings
- Safer and cheaper travel options, so young people can travel to different clubs in confidence.
- Better mental health awareness.

*Q2. What groups, clubs or services do you think are needed for young people that are not currently available?*

- More clubs and services for BAME and LGBTQ young people.
- Low cost sporting activities that are very inclusive.
- Better use of outdoor space to provide activities for young people, like the beach and parks.
- More mental health services, which are easy to attend and well published across the city.
- More creative activities, like arts and crafts.
- Life skills sessions in budgeting etc.



*Q3. Are the groups, clubs or services good at including young people from a range of backgrounds (BAME, LGBTQ, disabilities etc.)?*

- Young people were appreciative of current services like Allsorts and BMEYPP. They also felt that youth workers did try to make young people from a range of different backgrounds feel included but did feel that there were still barriers.
- BMEYPP young members would like a dedicated space where they can feel safe and know that there will be an understanding/ knowledge of cultural differences, e.g. a young woman wearing a hijab would not necessarily trust another club to respect her differences or where non halal meat is offered to them.
- Some young people still feel uncomfortable to attend clubs or projects.
- It was felt that sporting activities and clubs could do more work to improve inclusivity.

*How could they do better at including young people?*

- Raising awareness amongst young people of other young people's backgrounds.
- Educating young people and staff about inclusion and diversity.
- Improve awareness and understanding of BAME, SEND and LGBTQ young people.
- To introduce more activities from different cultures to encourage underrepresented young people to attend and improve awareness of other cultures with young people.

*Q4. Do you get involved with making decisions about what services are provided for young people?*

- Generally young people fed back if they wanted to, they could get involved with decision making and felt listened to.
- More publicity about opportunities to get involved with these opportunities would be good. Felt a lot of young people were not aware of how to get involved.

*How could this be improved?*

- Advertising how and what people can get involved in – being specific about what that means in terms of decision making, benefits and potential positive outcomes.
- Better use of social media, so young people can be involved without being physically present

- Encouragement to attend meetings, food etc.

*The Council are considering providing a centralised youth centre/hub that offers a wide range of activities and services for young people. They are considering three different options and we would like your opinion on these.*

#### Option 1

*A central youth centre(hub) offering a wide range of activities/services based in one building in the centre of the town coordinating groups and clubs for young people living in all parts of the city*

#### Option 2

*A main youth centre in the centre of the city that does not offer as many services or activities as option 1 and works alongside other funded youth activities/services provided across the city*

#### Option 3

*To leave the funding arrangements as they are now, with local youth providers being funded across the city.*

- There was no overriding support for one of the above options over the others.
- Generally young people wanted more detail on the options before they could make an informed choice. The idea of a central youth hub was warmly received, if it did not impact on local provision. There was real concern that supporting a central hub would impact on the availability of local provision.
- A central hub could offer more and better facilities. Transport cost and safety were an issue, but young people would like to see an improved club/hub in the centre of town. It could offer new and exciting things to do, that some local provision may not be able to offer. Some young people also liked the idea of mixing different groups from across the city in one location, as long as they were well supported by workers
- Some disadvantaged young people may not feel comfortable to travel to a club they do not know, so local provision is very important to ensure support for targeted groups.

### **Stakeholders focus group feedback**

Three stakeholder meetings were held in June with a total of 32 attendees. We also received six individually completed forms. Invitations to these events were circulated to a wide range of organisations (see appendix C), along with a list of questions which they could complete and return if they were unable to attend any of the three focus groups. The groups had representation from the following organisations:

Councillors	Trust for Developing Communities	Youth Employability Service
Schools Wellbeing Service	Youth Participation Team	Young Carers
Integrated Team for Families	Amaze	Impact Initiatives
Health Promotion	Hangleton & Knoll project	Brighton Youth Centre
Audio Active	Brighton Table Tennis Club	Public Health
PaCC		

## Summary of feedback

*Q1. What are your thoughts on current services available for young people in the city? (thinking about what they offer, where they are situated, age group etc.).*

- Generally, it was felt that there is a wide variety of positive youth work happening across the city, reaching a diverse range of young people. It was noted that youth provision had reduced a few years ago due to funding cuts
- Different types of youth work are delivered in different areas of the city. The young people were unaware of any youth buildings in the west of the city. The current youth buildings are not very accessible, environmentally or young people friendly. Current buildings need investment to bring them up to date
- Feedback indicated that both universal and targeted youth provision was needed in the city. Local provision is often more targeted reaching vulnerable young people. Brighton Youth Centre provides more universal provision, and as such does attract large numbers of young people that travel to attend.
- The city needs more resources to prioritise work with BAME, LGBTQ and SEND young people. To also raise awareness of these issues with the young people currently attending youth provision.
- A good link with schools is essential to identify more vulnerable young people in order to promote the current youth offer.

*Q2. What services do you think are needed for young people that are not currently available?*

- Increased provision during school holidays and at weekends.
- Activities or safe space for young people at the seafront. It attracts a lot of young people, but there is little youth work that covers the area.
- More work around diversity and inclusivity to encourage young people from minority groups to attend.
- More preventative support for mental health to try and avoid a referral being required to specialist mental health services. It was acknowledged that youth workers have a role to play in supporting young people with their mental health.

*Q3. Are the services good at including young people from a range of backgrounds (BAME, LGBTQ, disabilities etc.)?*

- Inclusion is at the heart of youth work but needs improvement. Little evidence of providers being aware of what inclusion work each is doing.

- Needs a joined-up approach, with support from the youth providers that represent minority groups. Need a strategic and coordinated plan, which needs to be well publicised.
- Opportunities to share good practice in engaging with young people from minority groups.
- Invest in building to make them accessible and welcoming. (Possibly Youth Zone)

*Q4. Do young people get involved, in a meaningful way, with making decisions about what services are provided for them?*

- There is a lot of good practice, as current providers work hard to ensure participation and voice of young people.
- Stakeholders would like to see an increase in young people's participation, often seen as a bolt on, to very busy activity sessions.
- Youth Wise and Youth Led Grants are good example but need to be promoted more to encourage young people to get involved. These should continue.
- A centralised participation worker/team could investigate creative ways to engage with young people to ensure future consultations are young person led, rather than worker.
- Youth leadership training programmes to build opportunities for young people and provide youth service volunteers.
- Clear mechanisms in place to ensure feedback to young people about what is happening and what has changed after they are consulted.

*Q5. What is your view on how services collaborate to support a well-coordinated service offer for young people across the city?*

- A coordinator post to assist current youth providers with a city-wide view of youth work need.
- Current youth providers concentrate mainly on their geographical area.
- There is a lot of collaboration now, but there is room for improvement, as occasionally there is slight friction between different youth providers.
- There is a challenge to meet needs of the young people, based on a neighbourhood model from individual providers, when aiming for a collaborative city-wide service.
- Opportunities for providers to come together to discuss challenges and how they can work as individual organisations and meet the city youth offer.

Q6. The Council are considering providing a centralised youth centre/hub that offers a wide range of activities and services for young people. They are considering three different options and we would like your opinion on these.

Option 1

A central youth centre(hub) offering a wide range of activities/services based in one building in the centre of the town coordinating groups and clubs for young people living in all parts of the city

Option 2

A main youth centre in the centre of the city that does not offer as many services or activities as option 1 and works alongside other funded youth activities / services provided across the city

Option 3

To leave the funding arrangements as they are now, with local youth providers being funded across the city.

- There were mixed responses to the options available. No one main option stood out. However, there were strong feelings both for and against a partnership with Onside.
- Most recognised that Brighton Youth Centre attracts a lot of young people who are prepared to travel into town. The building needs investment to make it safe, accessible and attractive to more young people.
- There is a major concern that if the Council was to consider a partnership with Onside, it would have a detrimental effect on funding for local provision.
- As a universal youth provider, Brighton Youth Centre could provide more sessions and more varied programme of activities and could be a flagship centre for the city, if the centre was invested in.
- Local provision also needs support to ensure vulnerable young people are engaged with.
- Overriding concern that Covid-19 will have a negative impact on future funding for youth services.

## **SEND Consultation feedback**

### SEND young people's consultation survey

Extratime, Amaze and Brighton & Hove Parent Care Council (PaCC) worked with young people with Special Educational Needs and Disabilities (SEND) to assist them to complete an adapted version of the Youth Review survey and collated the findings and recommendations. This was circulated to young people with SEND via Amaze's Compass database and the PaCC network (which includes Extratime and other groups). Using these channels to circulate a more bespoke survey would maximize the response rate for this cohort of young people and ensure the community were confident that the voice of young people with SEND was included and valued as part of the Youth Review, reflecting the commitment of the council and the Youth Grants

Programme group. 38 young people completed the survey and the summary of the findings are below.

- 38% of YP with SEND are not accessing youth provision. They say they don't feel able to participate in youth activities because:
  - They don't have transport to get to a club
  - They feel there isn't anything suitable to their needs / the clubs on offer aren't the right club for them
  - They feel shy / are worried about not feeling welcome or being bullied

Of those YP who do attend a club, 68% attend Extratime and 25% Amaze. Less than 4% attend 'mainstream' youth clubs.

- YP with SEND chose to attend youth clubs:
  - Where they can have fun and enjoy the activities offered
  - To have the opportunity to spend time with other young people / make friends
  - To see a youth worker or adult they like
  - To learn something new
  - To be themselves
- The most important features of a youth club to young people with SEND are:
  - That a club is close to their home and / or they are supported to travel to the club
  - There are quiet spaces in the club
  - YP are able to choose the activities they participate in, that a wide range of activities are on offer and that they are accessible
  - YP are supported by a buddy in the club and / or have the opportunity to meet the workers running the club ahead of the session
- Other clubs / activities YP with SEND would like to participate in include:
  - An improved acting club / drama
  - A book club
  - Art
  - Lego building or Minecraft/Roblox
  - Sensory interactive opportunities, something music theme d (eg. singing/drumming)
  - Story telling
  - Doing quizzes or using technology
  - Sport

### SEND young people's focus group feedback

Amaze and PaCC supported 14 young people in three different focus group discussions. Some of the young people needed extra support, as they were unable to give verbal responses due to their complex learning difficulties. A summary of the feedback can be found below:



- The young people really enjoy attending clubs and gain a great deal from making new friends, having fun and taking part in activities. They attend a wide variety of clubs in the city.
- The young people can be quite anxious attending and need quiet spaces available.
- They feel that the clubs they attend are welcoming and inclusive. Having a group agreement helps with this.
- Young people, with parental/carer support are encouraged to give feedback about the sessions they attend.
- It is difficult for the young people to make informed decisions about the options available for future youth provision, as they need clubs that provide specialist support to meet their needs.

### **SEND Parents/Carers survey feedback**

Amaze & PaCC organised an online survey for parent and carers of children and young people with Special Education Needs and Disabilities (aged 11-25) in, requesting their feedback on their experiences of Brighton and Hove's youth services. The survey ran for 2 weeks in June 2020 and 70 parent carers responded.

#### **Survey findings**

1. 50% of parent/carers said their YP with SEND aren't currently accessing youth provision. They said their YP don't feel able to participate in youth activities because:
  - They feel shy (31%) / have social anxiety (11%) /worry about not being included (5%)
  - They need transport (29%) / it's too far from home (18%)
  - There isn't a club or activity which suits their needs or interests (18%)
  - They worry about bullying (16%)
  - They struggle to fit it in around school/college/work (16%)
  - It's the wrong time of day (16%)

*"They suffer from high levels of anxiety and are unable to access services without 1:1 support from a trusted adult"*

*"He finds these sort of things overwhelming and has difficulty cooperating"*

*"Young people with disabilities are not a homogenous group. My child has a learning disability and can find some behaviours (eg unexpected loud noises from others) very difficult. This limits my child's access to some opportunities because there is insufficient support to manage these difficulties to promote accessibility for everyone. Opportunities for young people with disabilities to access mainstream activities are*

*virtually non-existent. Mainstream groups for more vulnerable young people brings a whole host of challenges as inclusion can be very difficult to achieve given the level of need (eg higher risk of bullying, exposed to negative behaviour)."*

2. From those who said their YP are accessing provision, they attend the following clubs:

34% Extratime, 15% Brighton Youth Centre, 9% access Amazing Futures

All the following services were all accessed by 1 or 2 young people: Allsorts, Audio Active, Hangleton and Knoll Project, Scouts, Woodingdean Youth Centre, Youth Advice Centre, Albion in the community, DSDT Sports club, DSDT Teen Rockers, Pebbles, Queens Park additional needs tennis club, Ashdown Group – Worthing, Brighton Table Tennis club, Kidz club, Mascot youth club, Next Generation, Orchestra 360, Brighton Museum, unified rhythm, Our space, Phoenix, Purple Club House, SK Stars, Spiral, St Peter's church youth club, my space

3. Parent/carers said their YP with SEND like youth clubs where they:  
Have the opportunity to spend time with other young people / make friends (93%)

1. Feel comfortable (75%)
2. Can be themselves (72%)
3. Can have fun (7%)
4. Enjoy the activities offered and/or learn something new (66% / 53%)
5. Can see a youth worker or adult they like (53%)

*"My daughter attends a monthly group at BYC for adopted young people. This is incredibly important to her - to be with other adopted young people"*

*"They can burn off their surplus energy"*

*"They can play sport in an inclusive environment"*

*"Having responsibility"*

4. Parent/carers said their YP with SEND would find it easier to attend a youth club if:

- They have someone to go with (50%) / they have a buddy when they're there (47%) / they have the opportunity to meet the workers running the club ahead of the session (38%)
- YP are able to choose the activities they participate in (38%) and that a wide range of activities are on offer (22%)
- There are quiet spaces in the club (35%)
- It is close to their home (36%) / they have help to get there back (31%) / someone to walk them to the bus stop afterwards (7%) / someone to wait with them before they're picked up (10%)
- Different type of club (21%)
- Being able to visit the space digitally (19%)
- Being able to arrive early (17%)
- Easy read instructions for activities (17%)



- Different time of day (12%)

“Knowing they won't be judged or misunderstood”

*“More space to not participate in the activity once he's there if he doesn't want to”*

*“They don't want to be associated with specialist services, just to be able to participate in what most people do”*

*“More space at Extratime club”*

From different clubs parent/carers said their YP with SEND would be interested in included:

- Cooking
- Helping with friendships
- Swimming
- Climbing
- Yoga
- Trampoline
- Art but not focused on their disability
- Drama
- Gaming but not coding
- Music/dance
- Dress up/improv theatre
- Cinema/film-making
- Karate /martial arts
- Tech
- Dogs

5. Parent/carers said they would like information, support and advice to be available to their YP from a youth club service/club on:

- Building their confidence (67%)
- Mental health (50%)
- Keeping safe online (41%)
- School/college issues (37%)
- Relationships with family and friends (37%)
- Physical health (28%)
- Bullying (24%)
- Sexual health (15%)
- Drugs and alcohol (13%)
- Housing (9%)
- Others: independent travel and life skills

*“My child would benefit from opportunities to develop meaningful relationships with others to increase their social network in the community - both disabled and*

*mainstream peers. Likewise, mainstream peers should be exposed to more opportunities to interact with peers with disabilities and their role in helping others achieve greater social inclusion.”*

- Parent carers said their YP can travel to a youth club by:
    - In the car with an adult (78%)
    - By bus with support (36%)
    - Taxi / minibus (26%)
    - Walking (22%)
    - Alone by bus (10%)
    - By bicycle (3%)
  
    - *Parent/carers commented that their YP cannot travel independently.*
  - Parent carers said their YP with SEND find out about youth activities from:
    - Family (45%)
    - School (31%)
    - Friends (24%)
    - Internet (22%)
    - Local charity (28%) - Amaze, Reaching Families, Mascot, Young Carers
8. Parent/carers said the best way for their YP with SEND to find out about youth activities is:
- 6. Text to parent (48%)
  - 7. Through my family (24%)
  - 8. Social media (41%)
  - 9. Posted info to parent (43%)

Other suggestions include: Amaze / Compass Card, PACC, Brighton Pebbles, School newsletter, Carers News, Local YouTube

9. Parent carers said 31% of their YP with SEND go to the gym
10. Parent carers said Covid-19 has impacted their YP with SEND:
- 8 69% miss going to school or college
  - 9 66% miss seeing their friends
  - 10 50% miss seeing family they don't live with
  - 11 43% miss going to clubs
  - 12 36% other, examples below:

*“It has been a way of levelling things I think. As no-one has been able to go out and do their usual things”*

*“Nothing has changed. Not currently in a provision. No friends.”*

*“Spends all the time playing online games”*

*“Terrified of all the new rules and getting it wrong”*

*“The lack of social interaction has been bewildering for my son. Some of his behaviours have regressed, he is sad and confused. School support should have been far better to help him with the issues”*

*“They have fallen apart without their usual routine and feel extremely isolated and excluded from their social group who are a peer support network”*

*“Very happy, their world has shrunk and they are very content at home and not having to engage with the outside world.”*

11. 39% of parent carers said they would like help to adjust to changes.

Suggestions included:

- 1:1 care support / more respite
- online interactive YouTube sessions for colouring /singing /dancing /exercise /yoga
- links to online learning topics in one place
- videos for therapy like head/foot calming massage
- drive in cinemas & activities
- support for after this to encourage YP to go out
- groups to start with social distancing x 3
- how to cope without routines
- mental health support, family support
- more understanding of the impact on autistic and neuro diverse people
- open up facilities such as playing fields
- social activities for extremely anxious ASD child who doesn't leave house
- schools and clubs open again
- supported volunteering

*“My YP is now resistant to help as behaviours have entrenched because of isolation”*

*“My son is shielding and would like to talk to other people in the same situation of his age”*

12. 85% of parent carers said their YP with SEND has a Compass Card

The Compass Project includes both the Compass Register which is the children's disability register used to help identify local health and wellbeing issues to inform the delivery of local services; and the Compass Card (CC) which is a free concession card, that incentivises registrations by providing families with discounts and special offers at leisure venues. The Project has successfully secured the involvement of

over 200 leisure providers with offers at over 300 venues. It has over 2,100 disabled children and young people signed up to the Brighton & Hove Register.

From Jan-Mar 2020 a mixed methodology research explored the use and impact of the concessionary leisure Compass Card. Commissioned by Amaze Sussex; the findings provide insight into the Compass Project and the way in which it tackles social exclusion.

See the full report for more information:

<https://www.compasscard.org.uk/wp-content/uploads/COMPASS-REPORT-FINAL-pdf.pdf>

## Summary of consultation findings

- **283** young people completed the online survey. In addition, **38** young people living across the city with SEND were supported to complete an adapted version of the survey.
- A total of **73** young people participated in a one of the 15 young people's focus groups
- **32** people representing a variety of organisations attended one of the three stakeholder focus groups and 7 individual feedback forms were received
- **70** parents / carers of children and young people with Special Education Needs and Disabilities (SEND) aged 11-25 completed an online survey
- The online survey did not yield the expected number of responses (over 1000 received in the last youth survey in 2017). Undertaking a consultation during a pandemic is unprecedented; schools, colleges and all other youth providers were not fully operational and working very hard to adapt services and were, at the time, urgently responding to emerging needs. The online survey was widely advertised (see appendix A) and youth providers worked hard to encourage young people they were in contact with to complete it but fed back that there was apathy due to the serious nature of the pandemic, a number of other surveys being circulated and not physically being in contact with young people to encourage completion had an impact. The pandemic also prevented Council Officers attending schools and colleges to promote the survey. Therefore, it is accepted that this represents a small sample of young people living in the city.
- The consultation reached a cross section of young people, including those with protected characteristics and those that do not currently access youth services.
- Young people attend services for a various reasons; for example, to have fun, meet friends/make new friends, learn new skills or talk to a trusted youth worker. Many young people attend to build on their confidence and gain support with their mental health. It was acknowledged that youth provision has a role to play in improving a young person's mental health, including raising awareness of what is available.

- Generally, it was felt that there is a wide variety of positive youth work happening across the city, reaching a diverse range of young people and those young people that attend appreciate and value what is on offer.
- Young people with SEND enjoy and gain a lot from attending youth clubs/activities but some are unable to access them due to not having transport, it not being considered suitable for them or being worried about not feeling welcomed, being shy or maybe bullied. Very few with complex needs attend 'mainstream' youth services; they do not have the specialist support. They feel welcomed and included when they attend services that focus on young people with SEND. Many ideas for supporting young people with SEND access a wider range of youth services/activities were put forward. The Compass Card was highly valued and promotes accessibility to leisure centres for young people with SEND who experience social exclusion
- Some BAME young people can lack confidence in accessing mainstream services and value meeting together with BAME only young people and would welcome having a dedicated space, run by and for BAME young people
- Young people are using leisure centres, however the entrance and travel cost prevent some young people from attending, as well as not feeling comfortable in this setting.
- To improve services it was noted that services could be open more during the school holidays and weekends.
- Feedback highlighted the need for services to be more inclusive; particularly the mainstream services and more resources should be made available for BAME young people, LGBTQ and young people with SEND. Inclusion is a key principle of youth work and all providers need to clear on how they are responding to this.
- Young people are, and do feel they are involved in decision making and their participation is generally good in the city, however, this could be improved by better publicity on opportunities to become involved in decision making processes and more creativity around how young people can participate.
- Most young people are not aware of the Wheretogofor and Youth Collective website and those that are rarely use them. Young people want to find out more about what is available and want to do so by hearing about them from friends, the internet or school. There were lots of suggestions to improve how we communicate the youth offer to young people
- Safer and cheaper travel (for financially disadvantaged young people) would help young people access services although, generally, young people are willing to travel to get to a service, group or activity that meets their needs.

- Current commissioned services do collaborate, but there is still work to do to ensure there is a citywide well-coordinated youth offer.
- Young people have been affected in a number of ways by the pandemic, particularly around their mental health, missing their friends and home learning challenges. Young people have felt supported through the pandemic with 1:1 chats, social media activities and on-line groups; however, there is a need to ensure young people who have not accessed this support are aware of what's on offer. There is also a concern that Covid-19 will impact on future funding for youth services.
- When discussing a centralised youth hub, no one option stood out and it was difficult for many to form a clear view because there was not enough information available on the options at the focus group. The concerns were focussed on the financial impact this may have on neighbourhood provision with a strong consensus that these are highly valued and should not be lost. However, there was total agreement that BYC attracts large numbers of young people who travel across the city to attend but was run down and in urgent need of investment and would like funding to be found for this (as long as it wasn't at the expense of neighbourhood provision).

### Current commissioned youth services

The focus of the Youth Service Grants Programme was to fund projects that support outcomes identified in the Brighton & Hove Youth Work Review 2015, equality outcomes and outcomes for council tenants. As the Housing Revenue Account is funding a proportion of this Grants Programme (£250,000 per annum) commissioned services are prioritising work with Council house tenants and within communities where there is a high density of Council houses.

The funding period for this Grants Programme was from 1<sup>st</sup> October 2017 to 31<sup>st</sup> March 2020; however, both Children and Young People's and Housing Committees agreed to extend the grant agreements for, initially 6 months and then a further 6 months to enable the findings of the Youth Review to inform the new commissioning arrangements. Therefore, the current Youth Service Grants Programme is due to end on the 31<sup>st</sup> March 2021. The outcome of the 2017-20 commissioning process is outlined in the table below:

Service Area	Providers	Provision	Annual Budget
Hangleton, Portslade & West Hove	<b>The Hangleton &amp; Knoll Project</b>	-Open access holiday programmes -Detached youth work -Sports, Arts & creative opportunities -Single gender group work targeting mental health and wellbeing -Healthy relationships & lifestyle work, e.g. youth health champions	£79,000



		<ul style="list-style-type: none"> <li>-Peer support groups</li> <li>-Young Leaders, volunteering and participation programme</li> <li>-Pathways to education/ employment</li> <li>-Targeted individual work</li> <li>-Community Restorative Justice</li> <li>-Young people led projects &amp; activities</li> </ul>	
Whitehawk and the Deans	<b>The Trust for Developing Communities (lead)</b>	<ul style="list-style-type: none"> <li>-Open-Access Youth Clubs</li> <li>-Detached work</li> <li>-New &amp; challenging activities</li> <li>-Sports</li> <li>-User led activities</li> <li>-Work with young people with disabilities</li> <li>-Targeted work</li> <li>-Project work</li> <li>-Drop-ins</li> </ul>	£61,000
Moulsecoomb & Patcham	<b>The Trust for Developing Communities</b>	<ul style="list-style-type: none"> <li>-Detached work</li> <li>-Open-Access Youth Clubs</li> <li>-New &amp; challenging activities</li> <li>-Special Needs Clubs</li> <li>-High participation activities</li> <li>-Sports</li> <li>-BME work</li> <li>-Individual targeted work</li> </ul>	£88,000
Central Hove and Brighton	<b>Brighton Youth Centre (lead)</b>  -Young Peoples Centre -Tanner Project -Youth Advice Centre (partners)	<ul style="list-style-type: none"> <li>-Detached work</li> <li>-Open-Access Youth Clubs</li> <li>-Participation &amp; project-based work</li> <li>-Special Needs Support</li> <li>-Sports</li> <li>-Targeted work</li> <li>-Girls group</li> <li>-Young Carers sessions</li> <li>-Weekday drop-in advice service</li> <li>-Activity &amp; Youth work session (PRU students)</li> <li>-Adopted Young people's Group</li> <li>-Specialist Health Work</li> <li>-Casework , inc brief interventions and group work around risk</li> </ul>	£99,000
Equalities: LGBTQ	<b>Allsorts Youth Project Ltd</b>	<ul style="list-style-type: none"> <li>-Group work</li> <li>-Individual support</li> <li>-Staff liaison</li> <li>-Joint projects</li> <li>-Training</li> </ul>	£19,000
Equalities: BME	<b>Black and Minority Ethnic Young</b>	<ul style="list-style-type: none"> <li>-Weekly drop-in</li> <li>-BME Youth engagement</li> <li>-BME Youth Champions</li> <li>-Leadership programme</li> </ul>	£19,000

	<b>People's Project</b>	-Holidays & summer activities -Black History Month -Sports development project -BME Communities Collaboration Project -Schools work	
Equalities: Disabilities	<b>Extratime</b>	-Arts, sports & cultural activities -Participation -Drop-in <i>(working with a mixture of more able young people and those with higher support needs that require 1:1 support)</i>	£19,000
		<b>Total</b>	<b>£384,000</b>

It is acknowledged that all of the listed commissioned services bring additional funding to their projects; with the Council's contribution, for some projects, being only a small contribution to their overall service costs.

There are a number of additional community and voluntary sector organisations that support/provide services for young people living in Brighton and Hove that are not commissioned within this Grants Programme.

### Youth Led Grants Programme

YouthWise (previously known as Youth Cross Party Working Group) has been running for over two years and is responsible for setting the priorities and methodologies for the distribution of £130,000 allocated for the annual Youth Led Grants programme. To date there has been three funding allocations, one in October 2018; another in April 2019 and the last funding round has just been finalised, with 33 projects awarded small grants for, primarily, disadvantaged young people.

The first four priority outcomes for the latest and previous funding rounds were identified by young people from a range of youth groups. Covid-19 was added as a priority this year due to the impact of the pandemic. The current priorities areas are as follows:

- Improve young people's mental health
- Will reduce the harm from young people's alcohol and substance misuse
- Increase volunteering and work experience opportunities
- Increase opportunities for young people to participate in new and challenging experiences
- Support with the recovery of the impact of Covid-19 on young people

In addition to setting the priorities, young people lead on the writing of bids and the evaluation panel consists of solely young people who make decisions about the allocation of the funding.



## Youth Bus

An annual grant of £10,000 was awarded to the Hangleton and Knoll Project to cover the running costs of the previously Council owned Youth Bus. The bus is used in the west area to deliver informal education on sexual health, healthy relationships, drugs & alcohol, LGBT awareness, budgeting, life skills and employment support.

The youth bus is also deployed to areas identified as hot spots via local intelligence and used at big events such as Pride to support with a city-wide youth welfare response. Where a dedicated youth building is unavailable the Youth Bus creates a focal point that lets young people know they are welcome in a safe environment.

## **Current council services that support young people**

The Council directly delivers a number of services that support young people; although these services do not deliver traditional youth work programmes, they will have workers within their teams that are trained, experienced youth workers.

Other Council services, such as those that support young people with their mental health or education are not listed.

### Youth Participation Team (67 Centre in Moulsecoomb)

- Youth Advocacy Project – for children in care, children and young people on child protection plans and care leavers
- Children in Care Council – including Young Ambassadors (social work recruitment)
- Arts Award Programme targeted for children in care and receiving family coaching (Duke of Edinburgh Awards are now supported by south east DoE)
- Youth Council – including the Make Your Mark Campaign
- Youth Wise – Youth Cross Party Group (representatives from council and voluntary sector and councillors. Developed and allocated Youth Led Grants).
- Independent Visitors – volunteers who meet with children in care (68k budget)

### Adolescent Service (Regency Road)

Provides a comprehensive response to young people with complex needs with teams brought together into a co-located, multi-disciplinary service:

- The Youth Offending Service
- RUOK? a substance misuse team for young people
- A health team providing sexual health, mental health and wellbeing support
- An Adolescent Social Work Pod who work with the most vulnerable and risky young people in the city,
- Functional Family Therapy
- Extended Adolescent Service, which offers flexible support to children and young people at risk of becoming looked after or being exploited.

### Youth Employability Service (Regency Road)

- Careers and employability support for young people aged 16-19, who are not in education, employment or training (NEET).
- Support for young people aged up to 25 if they have had a statement, Education, Health and Care Plan (EHCP), or are a care leaver from Brighton & Hove.
- Advisers provide careers information and advice, guidance and support with finding the right college course, apprenticeship, training or job.
- Joint European project with the Supported Employment Team “Think Futures” aimed at 18/19s with multiple barriers and complex social, emotional and or mental health needs.

### Integrated Team for Families

- Family Coaches work with the whole families with multiple, complex needs that fall just below the social work threshold for 6-9 months.
- They work to improve education, parenting capacity, employment, health, domestic abuse, financial inclusion and anti-social behaviour /crime outcomes
- Youth workers were transferred into ITF as part of the restructuring of youth services. Council funding for this service has also been reduced. The service is also funded by the national Troubled Families programme.

### Youth buildings

The scope of the review included the future viability of youth buildings owned by the Council and community organisations; the table below specifies those buildings owned by the council and those owned/leased by the voluntary sector.

<b>Voluntary Sector Buildings</b>		<b>Comments</b>	<b>Council funding</b>
Crew Club	26 Coolham Drive, WhitehawkBN2 5QW	No links with the Youth Grants or providers	Funding from Communities & Third Sector Team
Brighton Youth Centre	64 Edward Street BN2 0JR	Youth Grants lead provider	Yes - Youth Grants
Young People's Centre	69 Ship Street BN1 1AE	Partner of BYC (Youth Grants)	Yes - Youth Grants
Turner Community Project	Turner Park, c/o 6 Tilbury Place BN2 0GY ( Phoenix Community Centre)	Partner to BYC (Youth Grants)	Yes - Youth Grants
Youth Advice Centre (YMCA)	11 St Georges Place	Partner to BYC (Youth Grants)	Yes - housing, Youth Grants, NHS

Woodingdean Youth Project (TDC)	Warren Road, Woodingdean  BN2 6BB	Used by TDC (Youth Grants lead provider)	Yes - Youth Grants
<b>Council buildings</b>			
67 Centre	Hodshrove Lane  BN2 4SE	Used by the Council Youth Participation Team and TDC (Youth Grants lead provider)	Yes - Youth Grants
Portslade Village Centre	Village Centre, 43 Windlesham Close  B41 2LL	Leased to Extratime (Youth Grants Equalities provider)	Yes - Youth Grants
Coldean Youth Centre	Beatty Avenue BN1 9ED	Youth groups run by TDC (Youth Grants lead provider)	Yes - Youth Grants

Services are also provided by the Adolescent Service and the Youth Employment Service from Regency Road

There are currently three Council owned, youth specific, buildings in the city; none of these are located in the centre of the city.

Young people from the Hangleton and Knoll Project contributed to the Neighbourhood Action Plan consultations and identified the need for a dedicated youth space for them in the area which has been prioritised for action. They have identified a small Council owned space in Knoll Park and young people are currently painting it and making it safe. This space has potential for the delivery of youth work and they are exploring options for gaining capital investment to enlarge the footprint of this building.

In addition, BMEYPP do not have a dedicated youth space and have been exploring viable options.

### Central Youth Hub

Brighton Youth Centre (BYC) is the lead provider of the central Hove and Brighton commissioned Youth Service and receives £47,000 from the central £99,000 grant allocation. It is a purpose built youth centre that runs a wide range of activities with a particular focus on young people aged between 13-19 years and up to 25 for young people with SEN.

The three organisations acting in partnership with BYC also receive grant funding from the Council:

- Tarner Community Project – receives £27k from the central £99k grant

- Youth Advice Centre (YMCA) – receives £10k from the central £99k grant
- Young People’s Centre (YPC) - receives £15k from the central £99k grant

The site is owned and managed by BYC. The building is well used by young people but needs significant repairs. BYC estimation for completing major repairs/ refurbishment of the building would be in the range of £800k - £1.2m and work to improve accessibility and general layout would cost an additional £1m.

One of the requirements of the Youth Review is to give consideration to developing a central youth hub in the city and as one option explore the need and financial viability of working in partnership with Onside and Brighton Youth Centre to build a Youth Zone in the city centre.

Onside is a charity that aims to build a network of 21<sup>st</sup> century Youth Centres (Youth Zones) giving young people quality, safe, accessible and affordable places to go in their leisure time. They started in the North West, with the first Youth Zone built in 2006 and has been expanded to projects in the South East with four Youth Zone projects in London opening in 2019/20. Onside secure charitable donations that match local authority capital and revenue investment.

The council have been approached by Onside to support the development of a Brighton and Hove Youth Zone in the centre of the city. Other Onside projects have generally started with Council identifying a vacant site, which it owns, in a central location. The vacant site would then form part of the capital investment offer from the local authority. For Brighton and Hove this model is incompatible, there is not a centrally located vacant site which the authority owns or that would become available in the next 12-18 months. BYC owns the site that it is based on. The location is suitable for this project and just minutes’ walk from central bus routes that open up to the rest of the city. The Brighton Youth Centre manager and board members are supportive of a proposal to develop a partnership with Onside and the Council to develop a Youth Zone on this site.

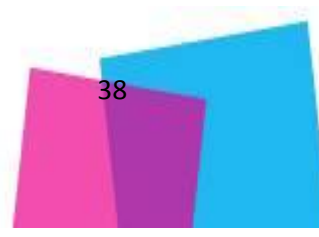
It was agreed that as part of the Youth Review consideration was given to work in partnership with BYC and Onside to develop a Youth Zone on BYC’s site as one option for providing a central youth hub.

The cost attached to building and maintaining a Youth Zone in central Brighton is as follows:

**Totals:** Capital - £8.4 million Revenue - £1.3 million per annum

**Onside contribution:**

- £4.75 million capital
- £1 million revenue for 3 years – from corporate fund raising
- After 3 years – £1m from fund raising from Brighton Onside Charity – with training and support from national Onside. The Council’s contribution would remain at £200,000 per annum.



## Council contribution

- £3.65 capital (with funding from YIF, this could reduce to £2.1 million)
- £200k revenue costs for the first three years. (currently central area receive £99k per annum which includes funding for BYC, YPC, YAC and TCP)

## Young People

- £100k - £5 membership and 50p per visit

## Youth Investment Fund

The government announced a £500m Youth Investment Fund to help build new or refurbish existing youth centres across the country. OnSide is currently lining up the projects that they will be applying for funding. If this Council is to be included in a YIF funding application, OnSide would aim for it to reduce the Council's capital contribution to £2.1m. It would also lower OnSide's fundraising target for philanthropic capital donations. They would also aim to secure revenue funding for the new Youth Zone although currently there is no figure on how much revenue could be secured.

## The current use of BYC

The table below shows an overview of contacts and visits recorded on the ASPIRE database by commissioned Youth Service Providers from 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020

- **Contacts** are the number of unique individuals accessing services.
- **Visits** are the total number of times young people attended activities.
- **Tenants** are young people living in Brighton & Hove Council housing.

	Unique Contacts	Number of Visits	Average Visits per Contact	Council Tenants	Visits by Council Tenants	% Visits by Council Tenants
BYC - Brighton Youth Centre	894	8121	9	112	1583	19%
Hangleton and Knoll	163	2191	13	61	1306	60%
Tarnerland Community Project	268	1639	6	63	243	15%
The Deans Youth Project	66	779	12	20	150	19%
Trust for Dev. Communities	415	2828	7	182	1443	51%
YAC – Youth Advice Centre	256	406	2	38	62	15%
YPC	49	234	5	16	65	28%
<b>Overall</b>	<b>2111</b>	<b>16198</b>	<b>8</b>	<b>492</b>	<b>4852</b>	<b>30%</b>
<b>Brighton &amp; Hove residents only</b>	<b>1887</b>	<b>14753</b>	<b>8</b>			<b>33%</b>

Some activity is recorded locally by providers for young people without ASPIRE records. Young people may not have a record on ASPIRE if they are less than 13

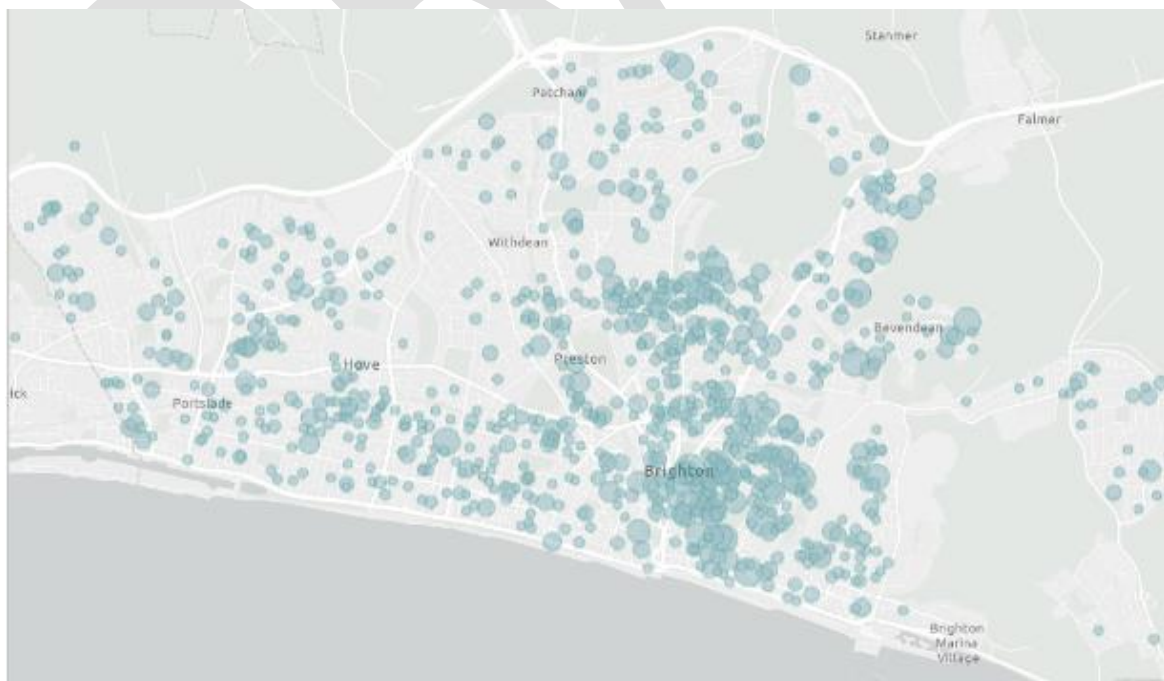
years old, or have refused consent. The table below shows the totals for providers with this information added.

	Non ASPIRE contacts	Total Contacts	Non ASPIRE Visits	Total Visits	Average Visits per Contact
BYC - Brighton Youth Centre	295	1189	2360	10481	9
Hangleton and Knoll	73	236	814	3005	13
Tarner Community Project		268		1639	6
The Deans Youth Project		66		779	12
The Trust for Dev. Communities	169	584	523	3351	6
YAC – Youth Advice Centre		256		406	2
YPC		49		234	5
<b>Total</b>	<b>537</b>	<b>2648</b>	<b>3697</b>	<b>19895</b>	<b>8</b>

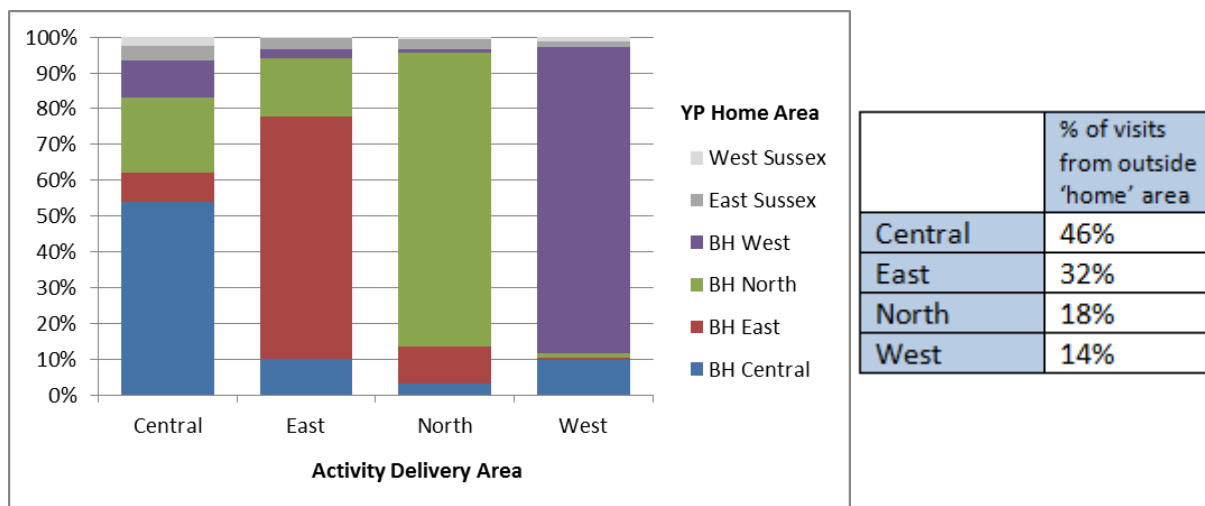
BYC and partners (TCP, YAC and YPC) attract 1762 unique young people, all of which are based in the central area of Brighton; this is compared to 886 young people attending all other area provision.

The data also indicates that the neighbourhood projects work with young people from a significantly higher percentage of council house tenants and their provision is targeted at more disadvantaged young people. The average number of visits per young person in the central area is 5.5 compared to 10.3 for the neighbourhood areas (HKP, the Deans and TDC).

The home location (by postcode) for young people accessing activities delivered in the Central area of the city is shown below in the map below.







Activities delivered in the Central area have the highest proportion of young people from outside the 'home area' attending. 46% of visits to Central area activities were from young people resident in other areas, including East and West Sussex. The chart shows more detail on the proportions from individual areas.

The information provided evidences that BYC is well used and the open access activities /services are highly valued with young people travelling across the city to access this centre. BYC could currently be described as a central youth hub for young people living across the city with more specialist services available nearby. However, as already noted, the building is in urgent need of investment; if the funding is not found for the repairs, the findings from the review clearly show that this would be a significant loss to young people.

The Council working in partnership with BYC and OnSide is one option for developing BYC and providing a state of the art, 21<sup>st</sup> century youth centre with a wide range of activities and services available in one place. This option has significant funding implications for the council, with £3.65 capital (with funding from the Youth Investment Fund, this could reduce to £2.1 million) to be identified and an additional £101k annual revenue and this is if the current central funding is combined. However, this would bring in a capital investment of £4.75 million capital into the city and £3 million revenue over 5 years.

Another option would be for the Council to support a £2 million fundraising campaign to refurbish BYC without forming a partnership with Onside.

The findings of the consultation noted that there was an undisputed desire for neighbourhood youth provision not to be impacted on as a result of any development of a central youth hub.

## Recommendations

- To work with young people and providers on a plan for publicising the Youth Service Offer more widely, using methods that young people will use

- Co-produce a Youth Service Inclusion Strategy with young people and stakeholders; then youth providers to produce action plans on how they will promote inclusion within their service
- Improve co-ordination of general youth provision and specialist services that support young people, particularly around mental health, including council provided services
- Acknowledge that whilst inclusion is a key priority, some groups of young people need and value space with other young people and staff with shared experiences
- Work alongside young people to develop an action plan that will further the involvement of young people in making decisions on services that impact on them
- Work alongside youth providers to seek opportunities to bring organisations together to collaborate on cross-city strategic and operational projects which will improve outcomes for Brighton & Hove's young people
- That neighbourhood provision should remain and not be impacted on by any future investment towards a central youth hub
- Brighton Youth Centre to be recognised as a key youth provider in the city and for the Council to decide how to support with its refurbishment or rebuild
- That the findings and recommendations of the Youth Review will inform the Youth Service Grants recommissioning process



## Appendix A Consultation survey circulation list

- Adolescence Team, including Youth Offending Service and RUOK
- Children In Care Council
- Youth Council
- Youth Participation Team
- Youth Employability Service
- Housing
- Inclusion Support Service
- Public Health
- Virtual School for Children in Care
- Youth Offending Service
- All Councillors
- Trust for Developing Communities
- Young Carers
- Brighton Youth Centre
- Tarner Community Project
- Hangleton & Knoll Project
- YMCA Downslink Group
- Black and Minority Ethnic Young Peoples Project
- Refugee Charity
- Allsorts
- Audio Active
- Crewclub
- ExtraTime
- Impact Initiatives
- Community Works
- Brighton & Hove Scouts
- Boy's Brigade and Girls Association
- Kids Club
- Air Cadets
- Boys Brigade
- Mentivity
- Sensing friends
- Blatchington Court Trust
- Esteem
- TouchBase Centre
- Whitehead Ross
- Sew Fabulous
- Sussex prisoner families
- 120 sports and activities clubs listed on Council website
- Health
- All schools and colleges in Brighton & Hove
- Police
- Faith groups via Brighton & Hove inter-faith contact group

## Appendix B

### Organisations invited to run a young person's focus group

- Trust for Developing Communities
- Hangleton & Knoll Project
- Brighton Youth Centre
- Black and Minority Ethnic Young People's Project
- Allsorts
- Hummingbird
- ExtraTime
- Young Carers Project
- YMCA Downslink Group
- Impact Initiatives
- Virtual School for children in care
- Children in Care Council
- Youth Council

- All Brighton & Hove Councillors
- Adolescence Service, YOS and RUOK
- Children In Care Council
- Youth Council and Youth Participation team
- Youth Employability Service
- Housing
- Inclusion Support Service
- Public Health
- Virtual School for Children in Care
- Youth Offending Service
- Trust for Developing Communities
- Young Carers
- Brighton Youth Centre
- Tarner Community Project
- Hangleton & Knoll Project
- YMCA Downslink Group
- Black and Minority Ethnic Young Peoples Project
- Refugee Charity
- Allsorts
- Audio Active
- Crewclub
- ExtraTime
- Impact Initiatives
- Community Works
- Police



# YOUTH GRANTS PROGRAMME

## Monitoring Report

1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020

## Contents

<b>1. PROVIDER OVERVIEW</b>	<b>3</b>
<b>2. ACTIVITY BY MONTH AND DELIVERY AREA</b>	<b>4</b>
<b>3. DEMOGRAPHICS</b>	<b>5</b>
AREA OF RESIDENCE	5
IDACI DECILES	6
AREA OF RESIDENCE AND DELIVERY AREAS	7
AGE	8
SPECIAL EDUCATIONAL NEEDS	9
ETHNICITY	9
<b>4. ACTIVITIES</b>	<b>10</b>
CENTRAL	11
EAST	13
NORTH	14
WEST	15

## 1. PROVIDER OVERVIEW

- **Contacts** are the number of unique individuals accessing services.
- **Visits** are the total number of times young people attended activities.
- **Tenants** are young people living in Brighton & Hove Council housing.

Table 1 shows an overview of contacts and visits recorded on the ASPIRE database by Youth Service Providers from 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020.

33% of visits by Brighton and Hove residents were made by young people in BHCC housing, down from 36% in the previous year.

**TABLE 1: ASPIRE CONTACTS AND VISITS INC. TENANCY INFORMATION**

	Unique Contacts	Number of Visits	Average Visits per Contact	Council Tenants	Visits by Council Tenants	% Visits by Council Tenants
BYC - Brighton Youth Centre	894	8121	9	112	1583	19%
Hangleton and Knoll	163	2191	13	61	1306	60%
Tarnerland Community Project	268	1639	6	63	243	15%
The Deans Youth Project	66	779	12	20	150	19%
Trust for Dev. Communities	415	2828	7	182	1443	51%
YAC – Youth Advice Centre	256	406	2	38	62	15%
YPC	49	234	5	16	65	28%
<b>Overall</b>	<b>2111</b>	<b>16198</b>	<b>8</b>	<b>492</b>	<b>4852</b>	<b>30%</b>
<b>Brighton &amp; Hove residents only</b>	<b>1887</b>	<b>14753</b>	<b>8</b>			<b>33%</b>

Some activity is recorded locally by providers for young people without ASPIRE records. Young people may not have a record on ASPIRE if they are less than 13 years old, or have refused consent. Table 2 shows the totals for providers with this information added.

**TABLE 2: ALL CONTACTS AND VISITS**

	Non ASPIRE contacts	Total Contacts	Non ASPIRE Visits	Total Visits	Average Visits per Contact
BYC - Brighton Youth Centre	295	1189	2360	10481	9
Hangleton and Knoll	73	236	814	3005	13
Tarnerland Community Project		268		1639	6
The Deans Youth Project		66		779	12
The Trust for Dev. Communities	169	584	523	3351	6
YAC – Youth Advice Centre		256		406	2
YPC		49		234	5
<b>Total</b>	<b>537</b>	<b>2648</b>	<b>3697</b>	<b>19895</b>	<b>8</b>

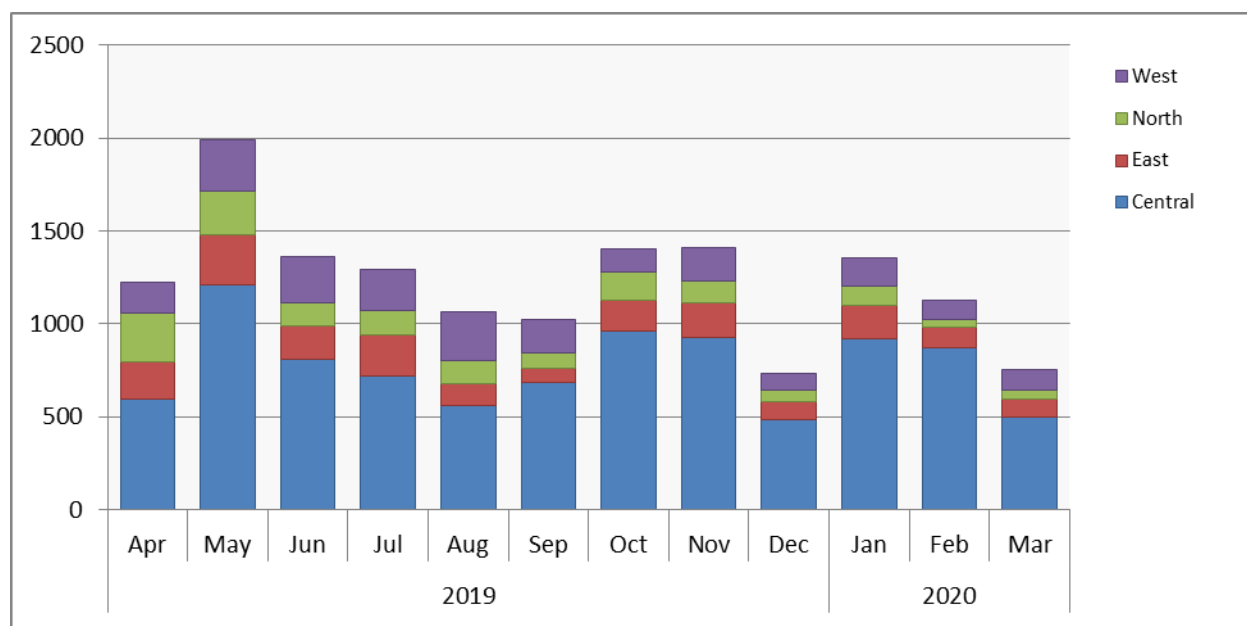
Equalities groups also have their own data recording procedures, an overview of equalities activity is shown in Table 3.

**TABLE 3: EQUALITIES GROUPS**

	Unique Contacts	Number of Visits	Average Visits per Contact
Allsorts	215	1438	7
Extratime	18	608	34
BME YPP	96	1320	14
<b>Total</b>	<b>329</b>	<b>3366</b>	<b>10</b>

## 2. ACTIVITY BY MONTH AND DELIVERY AREA

The chart below shows the number of visits by month, split by Delivery Area rather than Provider. The number of visits to youth service providers was highest during summer half-term (last week of May 2019), following a similar pattern to 2018/19. This was as a result of the Brighton Youth Arts Festival, B.fest.

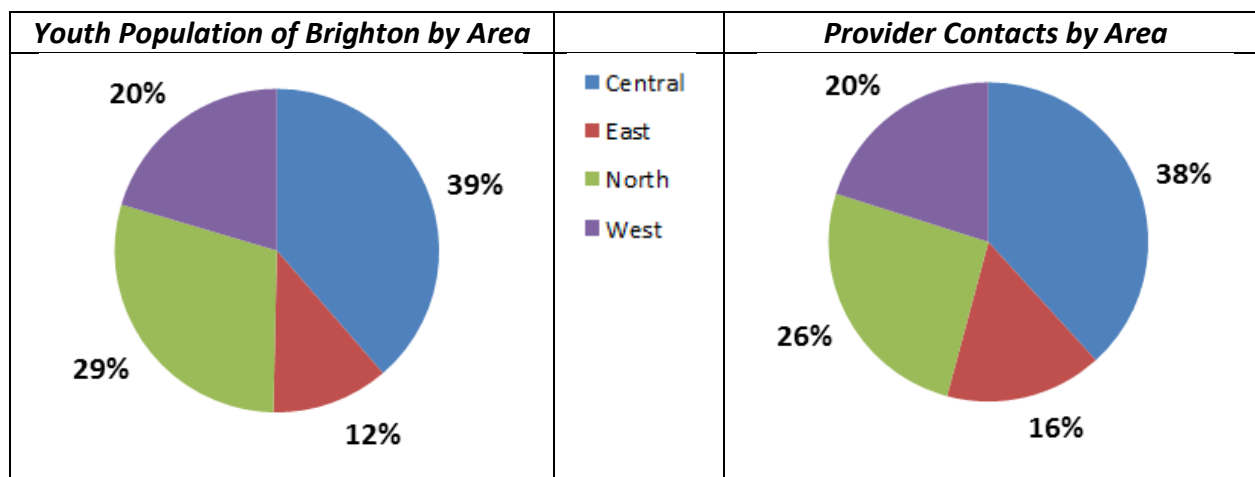




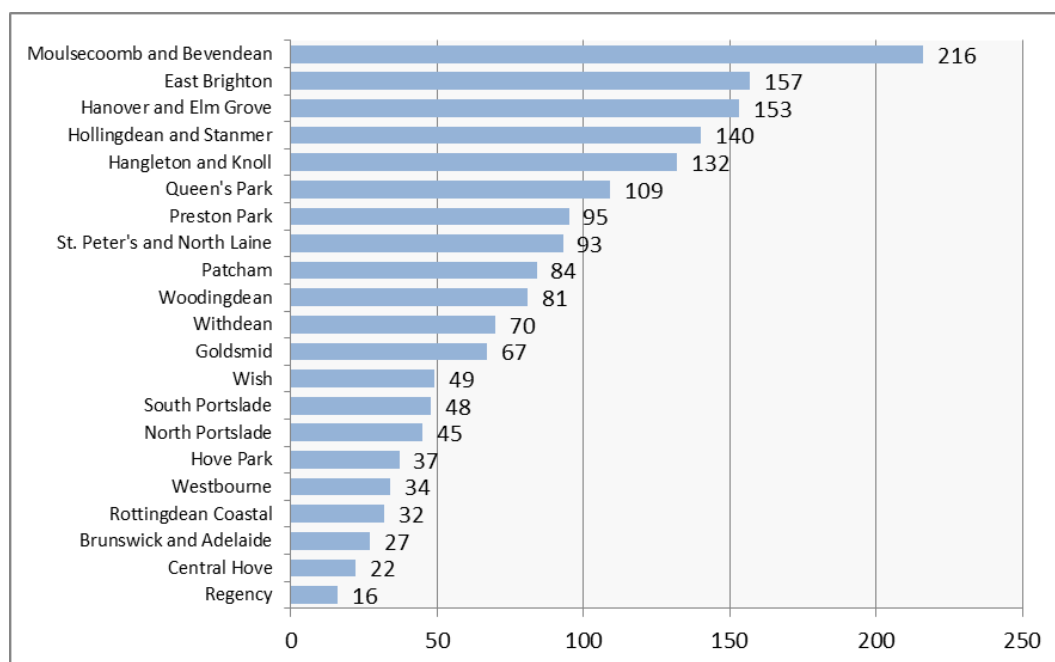
### 3. DEMOGRAPHICS

#### AREA OF RESIDENCE

The charts below shows the percentage population of 13-19 year-olds living in each area of the city\*. This is compared to the home addresses of young people accessing youth service providers. The proportions are similar in the Central and West areas. There is a higher proportion of provider contacts from the East area (16%) than in the overall population (12%), and conversely a lower proportion of provider contacts from the North area (26%) than in the overall population (29%).



Number of provider contacts by ward are shown below (using residential postcode).

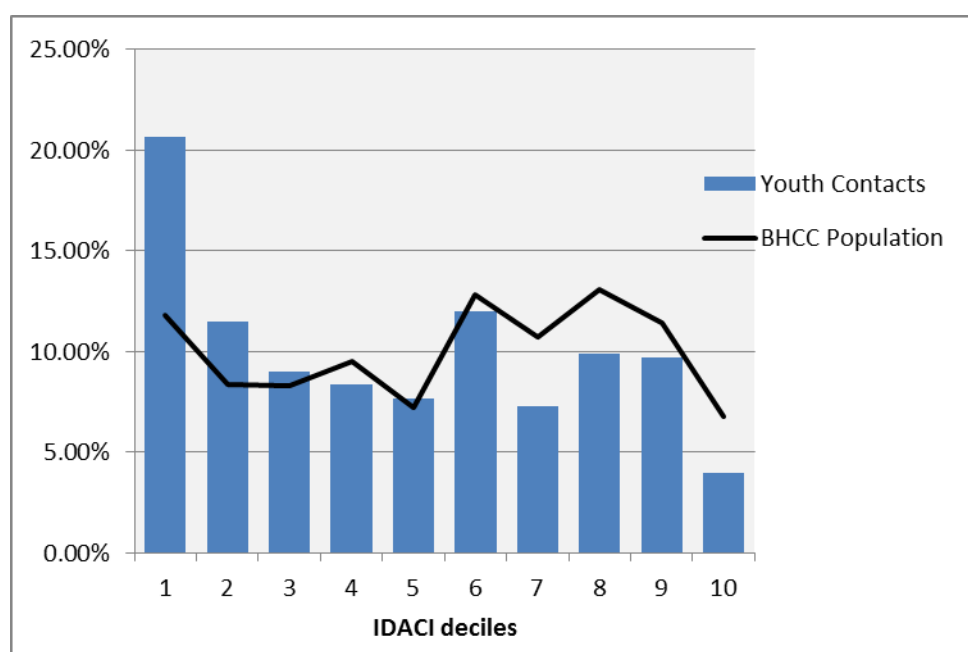


\* ONS Ward-level population estimates mid-2018

## IDACI Deciles

The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. The measure is applied at Lower Super Output Area level (LSOA) and then grouped into deciles, where Decile 1 is the most deprived LSOA and Decile 10 the least. LSOAs are smaller than wards, with an average of 1500 residents.

In the chart below, the black line shows the distribution of young people across the IDACI deciles within the city.<sup>†</sup> The columns show the home address of provider contacts. 12% of young people across the city live in Decile 1, the most deprived areas, whereas 21% of provider contacts do.

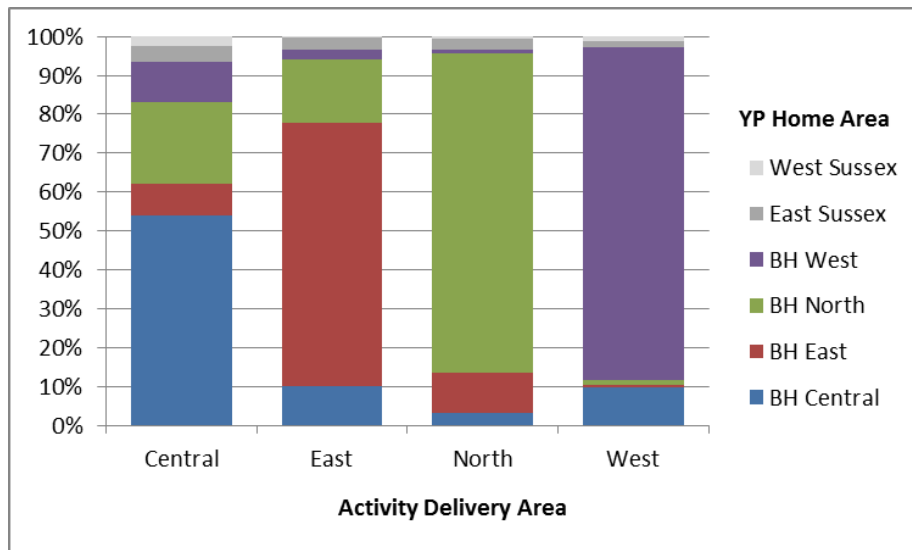


The maps on the following page show the location of visits by postcode, by providers in each of the four delivery areas. Larger dots mean more visits from a postcode. This could mean several young people attending per postcode, or one young person attending several times.

<sup>†</sup> Data from January 2020 School Census, year groups 8 – 14.



Activities delivered in the Central area have the highest proportion of young people from outside the 'home area' attending. 46% of visits to Central area activities were from young people resident in other areas, including East and West Sussex. The chart shows more detail on the proportions from individual areas.

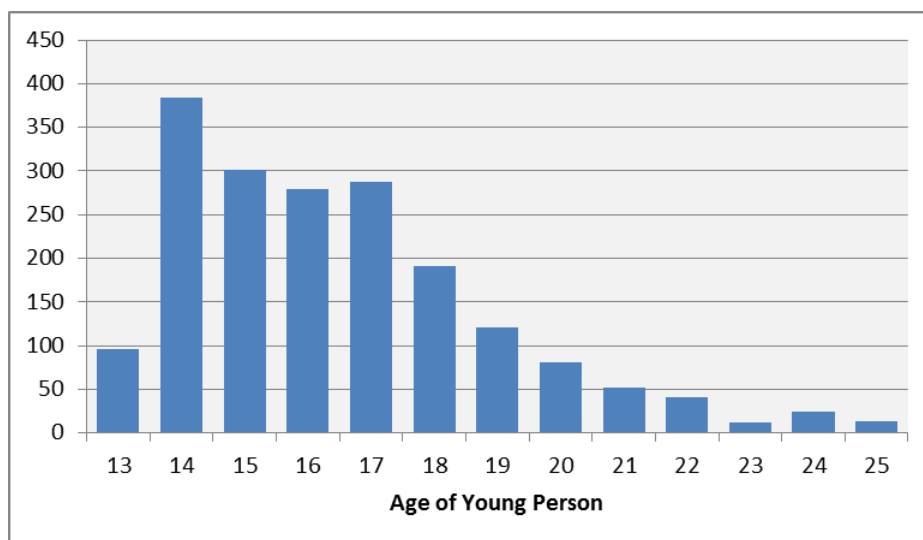


	% of visits from outside 'home' area
Central	46%
East	32%
North	18%
West	14%

#### AGE

72% of young people accessing services are under the age of 18.

Note that 11 and 12 year-olds do not have ASPIRE records and so are omitted from this data.



SPECIAL EDUCATIONAL NEEDS

66.5% of contacts were successfully matched to the January 2019 and 2020 school censuses in order to find their SEN status and Ethnicity.

The percentage of contacts supported by Youth Services is higher than the population data for both EHCP and SEN Support.

	School Censuses (average)	Youth Contacts	% of matched contacts	Difference
EHCP	3.5%	133	11%	7.1%
SEN Support	13.5%	281	22%	8.9%
None	83.0%	860	68%	-14.5%
Unknown		631		

*this includes 18 young people with an EHCP supported by Extratime*

ETHNICITY

The ethnicity profile of young people accessing youth services is broadly in line with the population data. The largest variance from the population data is 1.2%, in either direction.

	Youth Contacts (N)	Youth Contacts (%)	School Census Average	Difference
White British	989	73.2%	72.0%	1.2%
Any other mixed back	42	3.1%	3.3%	-0.2%
White - other white	37	2.7%	3.8%	-1.1%
White and Asian	35	2.6%	2.8%	-0.2%
White and Black Afric	42	3.1%	2.1%	1.0%
White and Black Cari	35	2.6%	1.7%	0.9%
Refused	21	1.6%	1.2%	0.3%
White Eastern Europe	16	1.2%	2.0%	-0.8%
White Western Europ	12	0.9%	1.6%	-0.7%
Other Ethnic Group	17	1.3%	1.0%	0.3%
Black African	37	2.7%	1.6%	1.2%
Black Caribbean	15	1.1%	0.1%	1.0%
Any other Black back	8	0.6%	0.3%	0.3%
Arab	6	0.4%	1.3%	-0.9%
Gypsy / Roma	5	0.4%	0.1%	0.3%
Bangladeshi	5	0.4%	1.1%	-0.8%
Indian	4	0.3%	0.7%	-0.4%
Chinese	3	0.2%	0.6%	-0.4%
White Irish	3	0.2%	0.6%	-0.4%
Iranian	2	0.1%	0.2%	0.0%
Any other Asian back	2	0.1%	1.3%	-1.1%
Pakistani	1	0.1%	0.2%	-0.1%

#### 4. ACTIVITIES

The following tables shows activities recorded on Aspire, grouped by delivery area and provider. Unique contacts are unique to each activity, that is, if a young person attended more than one activity they will be counted under both activities (see page 3 for unique contacts by provider). Coloured shading and data bars show a comparison across all provider activities.

More detail on activities can be found on the Brighton and Hove Youth Collective website at <https://brightonandhoveyouthcollective.org.uk/>

	Unique Contacts	Total Visits	Average Visits / Contact	Unique Contacts / Council tenants	Total visits / Council tenants	Average Visits / Council tenant	% of visits / Council tenants
<b>Central</b>							
<b>BH BYC - Brighton Youth Centre</b>	<b>1371</b>	<b>8121</b>	<b>6</b>	<b>200</b>	<b>1583</b>	<b>8</b>	<b>19%</b>
Art In Mind	11	261	24	3	80	27	31%
B.fest 2019	201	409	2	25	61	2	15%
B.fest Board	18	106	6	4	21	5	20%
B.fest Board 2020	12	95	8	3	20	7	21%
B.Game	24	369	15	6	103	17	28%
Capoeira	2	55	28	1	29	29	53%
D&D	5	103	21	2	42	21	41%
Ferret Therapy	8	11	1				0%
Fridays PRU	18	160	9	9	88	10	55%
Gig Nights	172	237	1	14	21	2	9%
Holiday Activities	17	30	2	3	9	3	30%
Junior Club	5	30	6				0%
Mascot	15	347	23	2	45	23	13%
Members Training	8	31	4	4	15	4	48%
Miss Represented	10	157	16	3	48	16	31%
My Space - AYP Group	5	55	11				0%
ReCreation	4	24	6				0%
Skate Sessions	404	2322	6	32	130	4	6%
Skateboarding	167	420	3	8	27	3	6%
Tuesday Youth Club	169	1677	10	54	565	10	34%
UKUnsigned	21	156	7	6	41	7	26%
Wednesday Members night	59	674	11	21	238	11	35%
Windmill Theatre	16	392	25				0%

Central area activities continued on next page

	Unique Contacts	Total Visits	Average Visits / Contact	Unique Contacts / Council tenants	Total visits / Council tenants	Average Visits / Council tenant	% of visits / Council tenants
<b>Central</b>							
<b>BH Turnerland Community Project</b>	<b>475</b>	<b>1639</b>	<b>3</b>	<b>106</b>	<b>243</b>	<b>2</b>	<b>15%</b>
Detached 2019	115	220	2	20	30	2	14%
Monday Night Youth 2020	22	56	3	6	8	1	14%
Summer Programme 2019	68	141	2	14	15	1	11%
The Level Sessions	77	164	2	12	38	3	23%
Thursday Night Football 2019 - 2020	56	355	6	21	54	3	15%
Thursday Youth Club 2019-2020	63	316	5	21	72	3	23%
Tuesday Night Football 2019-2020	21	69	3	2	2	1	3%
Young Men's Group and Open access 2019	27	179	7	8	21	3	12%
Young women's group 2019-2020	25	138	6	2	3	2	2%
<b>BH YAC</b>	<b>256</b>	<b>406</b>	<b>2</b>	<b>38</b>	<b>62</b>	<b>2</b>	<b>15%</b>
YAC Support & Advice drop-in 2018-2019	256	406	2	38	62	2	15%
<b>BH YPC</b>	<b>60</b>	<b>234</b>	<b>4</b>	<b>21</b>	<b>65</b>	<b>3</b>	<b>28%</b>
1 to 1 Work - 2018-19	1	39	39				0%
Fresh G's - DJ Workshop	9	23	3	2	6	3	26%
Fresh G's - Kitchen Kick Start	1	1	1	1	1	1	100%
Girls Group	14	65	5	3	16	5	25%
Health & Wellbeing Project 2018-19	15	35	2	6	19	3	54%
Power Group	5	19	4				0%
Young Carers Drop In - Wednesday	15	52	3	9	23	3	44%
<b>Totals for Central Delivery Area</b>	<b>2162</b>	<b>10400</b>	<b>5</b>	<b>365</b>	<b>1953</b>	<b>5</b>	



	Unique Contacts	Total Visits	Average Visits / Contact	Unique Contacts / Council tenants	Total visits / Council tenants	Average Visits / Council tenant	% of visits / Council tenants
<b>East</b>							
<b>BH The Deans Youth Project</b>	<b>110</b>	<b>779</b>	<b>7</b>	<b>32</b>	<b>150</b>	<b>5</b>	<b>19%</b>
Friday all ages session	56	390	7	19	84	4	22%
Tuesday Junior session	12	79	7	3	14	5	18%
Woodingdean Wednesday seniors	42	310	7	10	52	5	17%
<b>BH The Trust for Developing Communities</b>	<b>266</b>	<b>1233</b>	<b>5</b>	<b>114</b>	<b>498</b>	<b>4</b>	<b>40%</b>
Brighton Streets - East - Detached & Outreach	33	52	2	21	36	2	69%
Citywide - Health and Wellbeing Project	81	261	3	38	134	4	51%
East - Brighton Streets Longhill	22	62	3	6	19	3	31%
East - Curiosity Club	14	21	2	6	11	2	52%
East - Hawks Youth Cafe	15	59	4	10	33	3	56%
East - holiday activities 2019-20	25	40	2	5	5	1	13%
East - Kit Car Project	6	56	9	1	5	5	9%
East - REBOOT	16	213	13	7	68	10	32%
East - Saltdean & Rottingdean Youth Club	13	157	12	4	58	15	37%
East - SoundCity Drop-In Whitehawk	10	81	8	3	24	8	30%
East - Tantrum Dance Sessions	5	76	15	3	44	15	58%
East - Whitehawk Bike Club	6	11	2	2	6	3	55%
East - Whitehawk Creative Project	3	4	1	1	1	1	25%
East - Whitehawk Youth Cafe	17	140	8	7	54	8	39%
<b>Totals for East Delivery Area</b>	<b>376</b>	<b>2012</b>	<b>5</b>	<b>146</b>	<b>648</b>	<b>4</b>	

	Unique Contacts	Total Visits	Average Visits / Contact	Unique Contacts / Council tenants	Total visits / Council tenants	Average Visits / Council tenant	% of visits / Council tenants
<b>North</b>							
<b>BH The Trust for Developing Communities</b>	<b>313</b>	<b>1595</b>	<b>5</b>	<b>155</b>	<b>945</b>	<b>6</b>	<b>59%</b>
Brighton Streets - North - Patcham Detached	7	7	1				0%
North - Coldean Youth Club	36	272	8	19	169	9	62%
North - Detached & Outreach	14	95	7	9	76	8	80%
North - Friday Night Sports Hub	34	225	7	23	180	8	80%
North - Holiday Activities	34	83	2	15	38	3	46%
North - Look Sussex Youth Club	4	48	12	3	28	9	58%
North - Moulsecoomb Bike Club	12	55	5	7	38	5	69%
North - Moulsecoomb Thursday Night Youth Club	91	572	6	47	292	6	51%
North - Moulsecoomb Young Mens Group	2	3	2				0%
North - Moulsecoomb Young Womens Group	18	96	5	12	68	6	71%
North - MY-G (Moulsecoomb Young Guys)	22	76	3	9	25	3	33%
North - Pride Festival Youth Welfare	35	35	1	8	8	1	23%
North - Young Women's Badminton	4	28	7	3	23	8	82%
<b>Totals for North Delivery Area</b>	<b>313</b>	<b>1595</b>	<b>5</b>	<b>155</b>	<b>945</b>	<b>6</b>	

	Unique Contacts	Total Visits	Average Visits / Contact	Unique Contacts / Council tenants	Total visits / Council tenants	Average Visits / Council tenant	% of visits / Council tenants
<b>West</b>							
<b>BH Hangleton and Knoll</b>	<b>486</b>	<b>2191</b>	<b>5</b>	<b>252</b>	<b>1306</b>	<b>5</b>	<b>60%</b>
Boxing	37	147	4	22	106	5	72%
Brighton Streets	31	77	2	16	50	3	65%
Community events	24	24	1	19	19	1	79%
Covid-19 Online Support	25	78	3	14	50	4	64%
Detached - 2015-2020	50	101	2	20	48	2	48%
Education Training and Employment	12	12	1	8	8	1	67%
Health and well being project 2017-2020	37	154	4	17	68	4	44%
Kidz Krew	13	52	4	9	39	4	75%
Office Drop in	50	257	5	27	171	6	67%
Participation Work - 2014-2020	30	244	8	15	179	12	73%
Positive Activities - 2014-20	39	119	3	21	76	4	64%
REBOOT COACHING	13	140	11	3	16	5	11%
Social Media Intervention	12	23	2	4	10	3	43%
Step Out 2018-2019	18	258	14	11	192	17	74%
Table Tennis Hangleton Community Centre	22	93	4	13	55	4	59%
Ustudios Music Project	53	243	5	24	125	5	51%
Young Women's Group - 2014-2020	20	169	8	9	94	10	56%
<b>Totals for West Delivery Area</b>	<b>486</b>	<b>2191</b>	<b>5</b>	<b>252</b>	<b>1306</b>	<b>5</b>	



<b>Subject:</b>	<b>Consultation on Closing Maintained School Nursery Class – Hertford Infant School</b>		
<b>Date of Meeting:</b>	<b>14<sup>th</sup> September 2020</b>		
<b>Report of:</b>	<b>Interim Director, Families, Children and Learning</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Vicky Jenkins</b>	<b>Tel: 01273 296110</b>
	<b>Email:</b>	<b>vicky.jenkins@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

**FOR GENERAL RELEASE**

**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 The head teacher and governing body at Hertford Infant School propose to close their nursery class, following a meeting of the full governing body on 14<sup>th</sup> July 2020.
- 1.2 Closure is proposed because of low numbers of children enrolled for the autumn term 2020 and for the spring term 2021, the fact that low numbers are expected to continue in future years, and consequent pressure on the school's budget.
- 1.3 The local authority has to be the proposer regarding this closure and the statutory process must be followed. The initial consultation would be followed by statutory notices with a full proposal to close the nursery class by raising the school's lower age range from three to four.

**2. RECOMMENDATIONS:**

- 2.1 That in accordance with DfE statutory guidance ***Making significant changes ('prescribed alterations') to maintained schools (October 2018)*** committee considers the request of the school to start the process to close the nursery class, taking into account the information in this paper.
- 2.2 That, subject to findings from the initial consultation stage, a decision on whether or not to proceed to statutory notices with full proposals is made at a special meeting of the CYPS committee.
- 2.3 That at the end of the statutory notice period, a decision on whether or not to proceed with closure of the nursery class is taken at the January 2021 Children, Young People and Skills Committee.

**3. CONTEXT/ BACKGROUND INFORMATION**

- 3.1 Hertford Infant School has a nursery class which offers part-time free early education to three and four year olds (the early years free entitlement, EYFE). The class has 26 places and is open for 2.5 days a week. The offer is consistent with the universal entitlement to free early education of all three and four year

olds, 15 hours a week, 38 weeks a year. Parents entitled to 30 hours free childcare (the extended entitlement) can take part of this extended entitlement at Hertford through accessing the breakfast and after-school club, and so can receive three full days of free childcare.

- 3.2 The local authority receives funding for the early years free entitlement through the early years block of the dedicated schools grant. 95% of this funding is passed on to all types of early education providers in the city using a locally agreed funding formula, with the local authority retaining 5% of the total budget for central costs. The gross funding rate for Brighton & Hove, at £4.53 per hour for three and four year olds, is the lowest of any unitary local authority in the south east.
- 3.3 The hourly rate for Hertford Infant School, calculated by the locally agreed funding formula, is £4.40 per child per hour. If the number of children enrolled is insufficient to cover nursery costs there will be pressure on the wider school budget.
- 3.4 In recent years the number of children receiving their EYFE at maintained school nursery classes has fallen throughout the city. This may be the result of demographic changes in certain neighbourhoods, resulting in a lower number of young children living in the area, and/or parental preference for the more flexible early years provision which is offered by the private, voluntary and independent sectors (PVI). PVI provision tends to be open for longer hours and for more weeks a year and therefore more suited to the needs of working parents.
- 3.5 All disadvantaged two year olds are entitled to EYFE and have taken this up in the PVI sector as this provision takes children from age two. Children then remain in PVI settings and do not move on to school nursery classes at the age of three. Hertford decided not to accept two year olds<sup>1</sup> because there was no separate space for these children, which the school felt would be in their best interests and meet their developmental needs. In addition the required 1:4 ratio makes two year olds more costly than three and four year olds and therefore it was felt that this would not improve financial sustainability.
- 3.6 Attendance data for recent terms is as follows

<b>Term</b>	<b>Number of children attending</b>	<b>Equivalent part-time attendance<sup>2</sup></b>
summer 2018	26	27
autumn 2018	19	20
spring 2019	23	24
summer 2019	25	26
autumn 2019	19	20
spring 2020	21	21
summer 2020	21	23

<sup>1</sup> Note that statutory process would be required to lower the school's age range to take two year olds

<sup>2</sup> Some children were eligible for the extended entitlement to 30 hours free childcare and so took some of their additional entitlement at the nursery class

- 3.7 In the autumn term 2020 there will be five children enrolled in the nursery class, and a further five will start in the spring term.
- 3.8 Because of Covid-19 the nursery class was closed for the summer term; only two families wanted their children to return, and both staff members were shielding.
- 3.9 Because the nursery class was closed the school was not able to host open days for prospective parents in the summer term.
- 3.10 While the nursery gets fuller during the academic year the school has calculated that 22 children are needed all year round to make the nursery viable, which they feel is not realistic.
- 3.11 Maintained schools receive a budget for their nursery classes based on the number of children who attended in the previous financial year, which is adjusted each term according to headcount. If numbers are lower than expected funding is clawed back from the school's budget. In normal circumstances early years funding cannot fund empty places. The number of children in a maintained school nursery class is always lowest in the autumn term as the previous cohort of children have left to go to school. Numbers grow through the school year as more children become eligible for EYFE as they reach the term after their third birthday.
- 3.12 Information on numbers of children and clawback of early years funding is set out below and shows that the nursery deficit has increased in the past two years. Actual and projections (based on anticipated number of children) for the current financial year are shown but will be adjusted based on the actual number of children attending in the spring term.

	Estimated children	Actual Children	Difference		Indicative Annual Budget	In-year Budget Adjustments
<b>2018/19</b>						
Summer term	26	26	0		£52,340	-£156
Autumn term	18	19	1			£1,073
Spring term	19	23	4			£2,684
					Total	<b>£3,601</b>
<b>2019/20</b>						
Summer term	26	25	-1		£55,006	£-624
Autumn term	19	19	0			£180
Spring term	23	21	-2			£-1,680
					Total	<b>-£2,124</b>
<b>2020/21</b>						
Summer term	25	21	4		£56,712	-£2,704
Autumn term	18	19 (funded)	1			£965
Spring term	21	10 (projected)	-11			-£7,547
					Total	<b>-£9,286</b>

- 3.13 Guidance released by the DfE on 21/7/20 (after the governing body made their decision to request closure) states that local authorities should fund early years

providers in the autumn term based upon the numbers of children they would have expected had there not been a pandemic. This means that, subject to further review of the guidance by the local authority, Hertford should be funded for 19 children in the autumn term. The guidance states that from January 2021 the normal funding process will be in place, and so if numbers at the nursery class do not increase from the 10 children anticipated in the spring term there will be a significant clawback.

- 3.14 The school does not wish to change its decision as a result of this information from the DfE regarding autumn term funding. This is because they do not feel that the nursery is viable in the long term because of population changes and alternative provision in the area; because they do not feel able to manage cost overruns that may easily occur for example as a result of staff absence or making provision for SEN; and because even with their most optimistic assessment of costs they believe that the nursery will not break even over the course of the academic year.
- 3.15 More parents may enrol their children as the nursery reopens in September, but it is not clear yet clear what the impact of Covid-19 will be in terms of parents' working and employment patterns and nursery choice.
- 3.16 Because of the low number of nursery children enrolled in the autumn term the school plans to create a foundation stage unit with reception children, which will have space for up to 10 nursery children.
- 3.17 Information on the school's wider budget is set out in the finance comments below.
- 3.18 The council greatly values the high quality of provision in the nursery class and the council's early years strategy supports maintained provision in the city. However the council is unable to offer additional funding.
- 3.19 Consultation regarding closure would be based on sufficient alternative provision for children in all the area. In Hollingdean there are two other providers, both within walking distance of Hertford Infant School.
- Cherry Tree Nursery all year round council-run provision for children from birth to five and based at Hollingdean children's centre
  - St Joseph's Pre-school Playgroup privately run term-time only and located at St Joseph's Catholic Primary School, which takes children from two to five.
- 3.20 Cherry Tree Nursery has a maximum of 52 places, 40 of which are for two, three and four year olds. Each of these places can take three two, three or four year olds for 15 hours a week of EYFE. Generally numbers of children have been going down at Cherry Tree, but with additional staff more children could be taken to reach its full capacity.
- 3.21 Closure of Hertford nursery class may result in an increase in numbers at Cherry Tree nursery, making it more sustainable. However, parents can chose where they send their child for nursery provision, and so will not necessarily go to another local provider.



- 3.22 More widely, for parents of young children in Brighton & Hove our [Childcare Sufficiency Assessment 2018](#) did not find any gaps in provision. However it is not guaranteed that this situation will continue following disruption to the childcare market because of the pandemic.
- 3.23 While they have separate admissions procedures, a nursery class can draw in prospective parents for the school itself.
- 3.24 The process for the proposal to close the nursery class and raise the lower age range to four would start with consultation with
- Parents of pupils at the school
  - The governing body
  - Neighbouring schools and nurseries
  - Ward members
  - The local authority (which is the decision maker).
- 3.25 Consultation should take place after this committee's decision to proceed.
- 3.26 Following consultation a decision will need to be taken whether or not to proceed to the publication of a statutory notice. It is proposed that this decision is made at a special meeting of the CYPS committee.
- 3.27 The statutory notice has to be published in a local newspaper and at the entrances to the school as well as other appropriate venues such as libraries and post offices. Information would also be published on the council's and the school's website.
- 3.28 The full proposal in the statutory notice will include
- School and local authority details;
  - Description of alteration and evidence of demand;
  - Objectives (including how the proposal would increase educational standards and parental choice);
  - The effect on other schools, academies and educational institutions within the area;
  - Project costs and indication of how these will be met, including how long term value for money will be achieved;
  - Implementation and any proposed stages for implementation; and
  - A statement explaining the procedure for responses: support; objections and comments.
- 3.29 Following publication there is a four week representation period during which any person or organisation can submit comments on the proposal. A decision must then be taken on the proposals within two months of the end of the representation period. It is proposed that this decision be taken at the January 2021 meeting of the Children, Young People and Skills Committee.
- 3.30 The proposed timetable is as follows

Date	Action
14 <sup>th</sup> September 2020	Decision of CYPS to proceed with process for closure of nursery class

15 <sup>th</sup> September to 15 <sup>th</sup> October 2020	Consultation period
16 <sup>th</sup> October to 30 <sup>th</sup> October 2020	Analysis of responses received during the consultation and special meeting of CYPS committee on whether to proceed to publication of statutory notices
6 <sup>th</sup> November 2020	Publication of statutory notices in Brighton & Hove Independent
6 <sup>th</sup> November to 4 <sup>th</sup> December 2020	Four week representation period following publication of statutory notices
11 <sup>th</sup> January 2021	Decision on whether to proceed with closure at Children, Young People and Skills Committee
TBA	Implementation

#### **4 ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS**

4.7 The school has considered taking two year olds but has decided not to pursue this, as outlined in paragraph 3.3.

#### **5 COMMUNITY ENGAGEMENT & CONSULTATION**

5.7 The school has consulted its governors about the proposal to close the nursery class.

5.8 This report proposes consultation regarding closure of the nursery class and raising the school's lower age range to four.

5.9 Staff and union consultation will take place during the formal representation period

#### **6. CONCLUSION**

6.1 The committee considers starting the process as outlined in the report for closure of the nursery class at Hertford Infant School, in accordance with the timetable outlined in paragraph 3.28.

#### **7. FINANCIAL & OTHER IMPLICATIONS:**

##### Financial Implications:

7.1 Hertford Infant School ended the 2019/20 financial year with an overspend of £40,697. This was in improvement from the overspend of £99,317 at the end of 2018/19. The school has worked hard to recover the deficit and the final budget plan for the 2020/21 indicates a balanced budget. Further work would be required to identify whether, and to what extent, the school is subsidising the nursery from its wider budget.

7.2 The recently released government guidance offers protection to the school for the low numbers of children in autumn 2020 but if numbers do not increase in spring term 2021 this is likely to have a negative impact on the school's financial position.

*Finance Officer Consulted: Steve Williams*

*Date: 21/07/20*

Legal Implications:

7.3 In order to remove the nursery provision and alter the lower age range in a community school the Local Authority must comply with the School Organisation legislation, (the Education and Inspections Act 2006), and statutory guidance, "Making 'prescribed alterations' to maintained schools" published by the Department for Education. As set out in the body of the report this statutory process requires the Local Authority to carry out consultation on the proposed changes, to publish statutory notices which are followed by a four week representation period, and to make a final decision within two months of the end of the representation period.

*Lawyer Consulted: Serena Kynaston*

*Date: 24/07/2020*

Equalities Implications:

Any equalities implications which emerged during the process of making the changes to this school will be considered as part of the statutory process. Any equalities impacts on staff will be considered through the normal consultation processes which include one to one meetings for staff during which any concerns can be discussed.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

- 1.
- 2.

### **Background Documents**

- 1.
- 2.
- 1.4

