

Commissioning Strategy: Health & Wellbeing of Children, Young People & Families

2015 - 2020



Brighton and Hove
Clinical Commissioning Group



Brighton & Hove
City Council



Foreword and welcome

Brighton & Hove is a city of aspiration, creativity and diversity. But it is also a city where the life opportunities of our children and young people and their families are uneven, with some families requiring high levels of support. In the context of diminishing financial resources nationally, it is important that public services work closely to develop a joint strategy which ensures that the Clinical Commissioning Group, Children's Services and Public Health work together to help our children and young people to prepare for a good life, ensuring a city for all ages, inclusive of everyone and protecting the most vulnerable.

We want all of our children and young people to have the best possible start in life, so that they grow up happy, healthy and safe with the opportunity to fulfil their own potential. Collectively we aspire to deliver child centred services. We aspire to be a child friendly city in which the well-being of children is the ultimate indicator of a healthy habitat.

This strategy supports the wider health and wellbeing strategy for the city and is endorsed by the city's Health & Wellbeing Board. Through the development of joint commissioning plans it seeks to ensure that there is a balance of support across universal, early help and specialist services.

Through this strategy the following joint commissioning plans are being developed:

- Special educational needs and disabilities
- Emotional and mental health and wellbeing
- Support for the health of children in care and care leavers
- Public Health
- Stronger families and communities

Signed

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1. Introduction

1.1 What is the purpose of this strategy?

The purpose of this strategy is to set out the shared ambition of commissioners in the council and the NHS for the children and young people of the city. The strategy also sets out at a high level the way we intend to work together to achieve that ambition by 2020.

The strategy is informed through engagement events with key stakeholders, families and young people on the 15, 16 September and 6 October 2015.

This strategy will direct our joint commissioning of services to meet the needs of the children and young people of the city over the next four years. By 'joint commissioning', we mean the joint purchasing of services to meet the identified needs of the children and young people of Brighton & Hove.

This Strategy will not sit in isolation but will align with all our other strategies and initiatives that impact on parenting, family and community resilience. This includes strong links with the overarching Health and Wellbeing Strategy and with adult services to ensure the smooth transition of children and young people into adulthood.

In compiling this strategy, all the data we have and the feedback from service users has been collated to determine our shared priorities for further improvement by 2020. We have then decided on our priorities, our vision for 2020 and the best means to achieve that vision over the next four years.

1.2 The shared vision

Our vision is to ensure that all children and young people in a 'Child Friendly' Brighton & Hove have the best start in life as part of stronger families and communities; are happy, healthy and safe and achieve their potential. This means that we will work together as commissioners with parents, children and young people and partners to strive for the best possible opportunities, experiences and outcomes at all ages and to tackle inequalities wherever they occur. We will promote personalisation, choice and control and whole family approaches. Underpinning our work will be a constant commitment to achieve the best outcomes for our children and young people.

1.3 The principles underpinning the strategy

- I. Children and families are at the heart of all we do, fully involved in all stages of commissioning and delivery of services
- II. Safeguarding measures will be in place throughout the commissioning process to reinforce the safeguarding of children and young people in Brighton and Hove
- III. High quality assessment of local needs, informed by the Joint Strategic Needs Assessment (JSNA) with local plans that drive evidence-based and outcome focused commissioning plans

- IV. Shared values, including a commitment to inclusion, tackling inequalities and closing gaps in outcomes caused by social disadvantage
- V. Effective joint commissioning arrangements across organisations including collaboration and co-ordination with commissioners of adult services ensuring key transition points across the life course and a focus on adults as parents
- VI. Joined up approaches that strengthen safeguarding and embed a professional responsibility to the whole family
- VII. Commitment to a drive for efficiency within a best value context: this is about making sure we get the biggest gain for the population from the budget available
- VIII. Commitment to a `Child Friendly` city
- IX. Strong commitment to workforce development.

1.4 Key challenges

- I. All agencies are facing significant budget challenges alongside a rise in demand for services and all will have to make savings across the life of this strategy
- II. For the council particularly, a reduction in the government grant will mean a very significant saving of around £25 million will have to be made each financial year up to the end of 2019/2020
- III. In this context many services are experiencing substantial additional pressures from a rising population and national trends, particularly the national increase in children coming into the care of the Local Authority.
- IV. New legislation and particularly the Care Act 2014 and the Children and Families Act 2014, are rightly increasing expectations of services. For example, for children and young people with the most complex special needs, Children's Services are required to support them via Education, Health and Care Plans up to 25 years instead of 19 years as under previous legislation. However the new legislation does not come with a commensurate increase in budget
- V. The NHS faces the challenges of more people (including children and young people) living with more complex conditions, putting pressure on NHS systems across acute, community and primary care, whilst funding remains flat
- VI. The challenge for partners here is therefore to commission and re-design services jointly in the most efficient and streamlined way such that families continue to receive good services although these services are more cost effective to run.

2. What are the shared priorities in this strategy?

1. To give every child the best start in life and to reduce inequalities
2. To provide children with complex education, health and care needs from 0-25 years and their families with high quality integrated support
3. To improve the emotional health and mental health and wellbeing of children and young people
4. To provide effective 'Early Help' for families facing multiple disadvantage that reduces the need for specialist social care and health services
5. To ensure all our children and young people are safe

2.1 How did we determine the five key priorities for the strategy?

In order to determine the key priorities we looked at the population factors - profile and characteristics.

We examined the data held across agencies and via the Joint Strategic Needs Assessment to see where outcomes are better or worse for children and young people in the city than elsewhere.

We also reviewed all the feedback and other intelligence we had available to us from consultations with families and professionals both nationally and locally on the various areas covered by the strategy. We then consulted further with a reference group of parents and young people.

The full data set is too large to include meaningfully in this document. For a full analysis see:

Latest Joint Strategic Needs Assessment 2013 (is currently being updated)
<http://www.bhconnected.org.uk/content/needs-assessments>

The most recent report of the Director of Public Health "*Look inequality, Annual Report of the Director of Public Health Brighton & Hove 2014-15*"
<http://www.brighton-hove.gov.uk/content/health/public-health-brighton-hove/annual-report-director-public-health-2014-15>.

A summary of the key data, feedback and other intelligence used in compiling this strategy is set out below.

A joint commissioning action plan for each of the five priorities over the next four years will be developed further.

2.2 Overview of population profile and needs

The population of Brighton & Hove has been rising and continues to rise. In 2012 we had almost 59,000 children and young people aged 0-19 years living in the city, around 6,000 more than in 2002. Over the next twenty years this is expected to increase to around 63,000. Since 2004 the number of primary school children needing a school place has grown by over 20% (550 children) and this growth is now reaching secondary schools, placing a strain on admissions in certain parts of the city.

The city's population is also **diverse** with around one in five (21%) school children from a black or minority ethnic group and 12% of school children have English as an additional language.

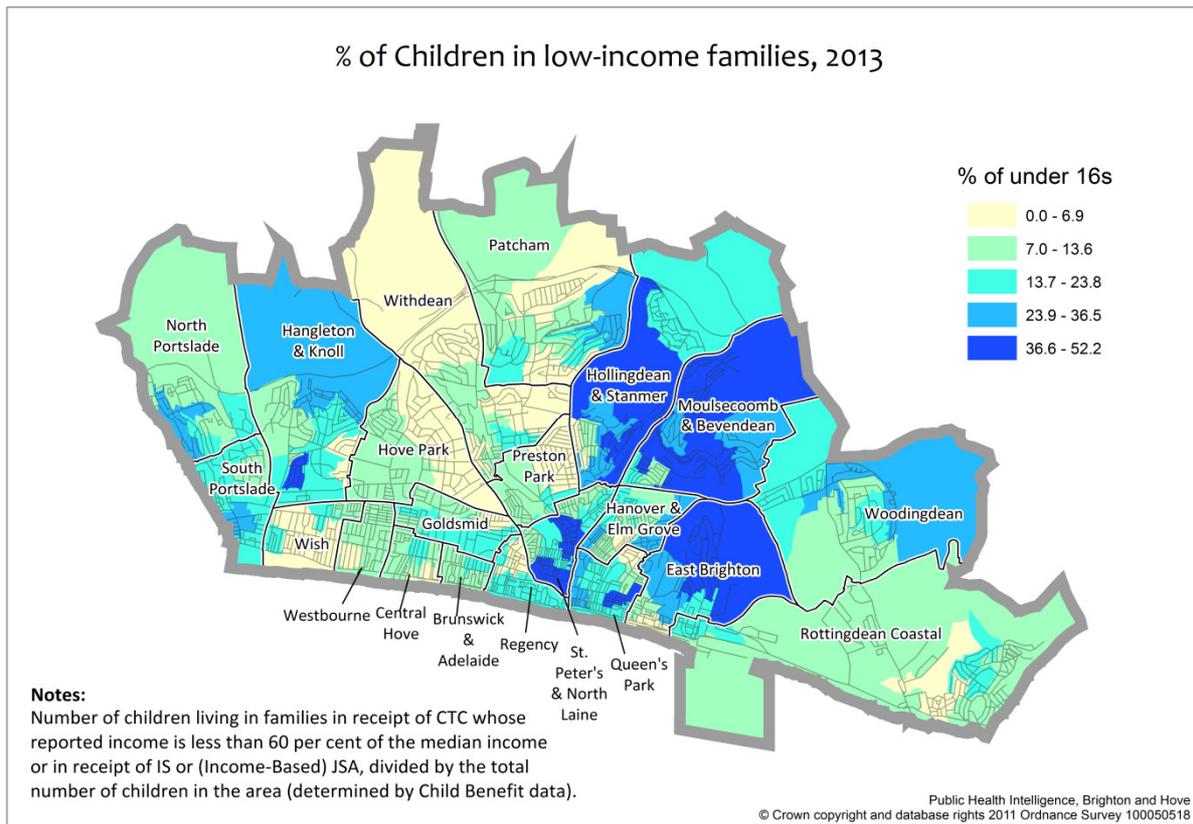
Index of Multiple Deprivation (IMD)



There are high levels of deprivation in the city: over half (56%) of the city's residents live in areas classed as the 40% most deprived in the country with only 4% living in areas within the 20% least deprived (See figure).

Affluence and social advantage varies widely across the city with wealthy areas although these are large pockets of significant poverty in Moulsecoomb, Whitehawk and parts of Queens Park and Portslade in particular.

Around 17.0% (7,800) children under 16 live in poverty in the city, lower than both England and Wales (18.8%) and the South East (13.7%). Child poverty varies widely across the city; Moulsecoomb and Bevendean ward has 38%, Hove Park just 6% (see map for data by smaller areas).



2.3 Inequalities associated with poverty and deprivation

The outcomes for our children and young people are mixed and inequality of opportunity is a challenge for every age group from birth through the Early Years and into adulthood.

Issues identified in the Joint Strategic Needs Assessment that have the greatest impact on the health and wellbeing of children and young people in the city include: child poverty, education, youth unemployment, housing, alcohol and substance misuse, healthy weight and good nutrition, domestic and sexual violence, emotional health and wellbeing, smoking, as well as the wellbeing of children and young people with disabilities and complex needs.

In the **early years**, there are many positive indicators for Brighton, such as breastfeeding rates and good outcomes achieved in high quality nurseries and Early Years settings. In this strategy, there is a commitment to building on

these strengths as a priority from the strong shared belief in early intervention and preventative working from a young age, both with parents and their young children. Additionally, there is recognition that the positive start many children receive in the city is not always sustained and that by the end of Key Stage 4 (16 years) educational outcomes are often lower than the national average and particularly weak for children from vulnerable groups, such as those with SEND or that are eligible for free school meals.

In schools as many children are achieving a good level of development at the end of reception as the England average (both 60%), but this is lower for children with a free school meals status (42% for the city and 45% for England). Results in primary schools are similar to the national average. However, provisional results for secondary schools in 2013/14 suggest that just over half (53%) of GCSE students achieved 5 A*-C grades including English and maths, compared to the England average of 56%.

2.4 Key Health and Wellbeing issues for Children & Young People in Brighton & Hove

Data from the 2015 CHIMAT – Child Health Profile 2015 Brighton & Hove
<http://www.chimat.org.uk/resource/view.aspx?RID=101746®ION=146753>

The Child Health profile shows that the health and wellbeing of children in Brighton and Hove is mixed compared to the England average.

Infant and child mortality rates are similar to the England average.

Children in the city have better than average levels of healthy weight.

A higher percentage of mothers initiate breastfeeding compared to the England average. At 6-8 weeks a higher percentage of women continue to breastfeed compared to national averages.

Recent results from the Brighton & Hove Safe and Well at School Survey show that the overall trend of young people using drugs and alcohol is reducing. However our levels are higher than national levels and for those who are using substances, they are using at a higher level and more regularly. Brighton & Hove has higher rates of hospital admissions for alcohol for young people. In the period 2011/12 – 2013/14, admissions rates in the city were higher than the England average.

Brighton & Hove has significantly higher rates of hospital admissions for self-harm for young people. In the period 2011/12 – 2013/14, the admission rate was higher than the England average.

Teenage conception rate in the city is now comparable to the national average

Immunisation rates for Measles, Mumps and Rubella (MMR) are now comparable to the England average.

Hospital admissions for asthma for children under the age of 19 are significantly worse than the England average.

2.5 Children with Special Educational Needs and Disabilities (SEND)

Schools in Brighton & Hove identify more children as having SEND than the national average. Identification rates vary considerably across schools and there are issues of consistency and equity to address as a consequence.

For Brighton & Hove we currently have 20.9% of our pupils with special educational needs, which is above the National figure of 16.6%

- 2.9% (941) of our pupils have a Statement or Education, Health & Care Plan (National 2.8%)
- 17.9% of our pupils have SEN without a statement or Education, Health & Care Plan (National 15.1%)

Spend in the city on SEND in our schools and in terms of disability services is generally above and sometimes well above the national average. However outcomes for young people with SEND are generally no better than the national average at the end of secondary education and in some schools are below the national average. Gaps in achievement are too wide.

2.5.1 Key Stage 4 outcomes for pupils with SEND

Only 1 in 5 pupils on SEND registers in the city achieved 5 or more good GCSEs in 2014. This compared to just under 7 out of 10 pupils who do not have SEND.

Nationally, outcomes for pupils with SEND at the end of Key Stage 4 were similar to those in the City but Brighton and Hove has a higher percentage of young people on SEN registers than the national which means that it is likely that a higher percentage of more able young people are included. This needs to be factored into comparisons against the national picture.

In 2014 the SEN attainment gap was 46.3 percentage points and in 2012/13 was 50.7 percentage points. This narrowing of the gap was due to a larger drop in attainment in the non-SEN groups.

Progress rates for young people with SEND to the end of Key Stage 4 were slightly above the national average for English and slightly below the national average for mathematics.

2.5.2 The SEND Review

In the recent review of SEND across the city, a wide consultation process identified that families still felt services across education, health and care were too fragmented and signposted a need for better shared planning and more integrated working around the needs of their children. <http://present.brighton-hove.gov.uk/mgconvert2pdf.aspx?id=80640>

In terms of **transition to adulthood**, young people with SEND are significantly over-represented in the figures for young people not in education, employment or training (NEET) post 16.

Brighton and Hove NEET Figures

NEET in the Learning Difficulties and Disability (LDD) population is comparatively low in the 16 to 18 population:

- Age 16 (9.3%)
- Age 17 (15.6%)
- Age 18 (18.9%)

NEET figures for Learning Difficulties and Disability (LDD) increase markedly at age 19 and beyond:

- Age 19 (30.1%)
- Age 20+ (42.8%)

Currently there are no specific council-led apprenticeships for young people with SEND.

The consultation to the SEND review indicated that parents and young people experienced considerable anxiety about the transition from children's to adult services. There were specific concerns about the transitions in terms of care and health services, with issues raised about both physical and mental health transition points.

Parents and young people have also reported a complex network of support that they find difficult to access and navigate across services, particularly in relation to mental health.

The SEND review has made a number of wide-reaching recommendations about integrated working to improve outcomes and reduce costs that will require significant changes to the way services are jointly commissioned over the next four years.

2.6 Safeguarding and Children in Care (or `Looked After Children`)

This Strategy is underpinned by a commitment to safeguard children and young people. As such

- Many looked after children have complex needs and high levels of mental health problems, frequently as a result of abuse, neglect, loss or attachment difficulties prior to coming into care. This makes CAMHS support vital but the wait for treatment is often too long.¹
- At 31 March 2015, 1,479 children had been identified through assessment as being formally in need of a specialist children's service.

¹Brighton & Hove Ofsted Inspection of services for children in need of help and protection, children looked after and care leavers, June 2015.

- At 31 March 2015, 309 children and young people were the subject of a Child Protection Plan. Children who have a Child Protection Plan are those considered to be in need of protection from either neglect, physical, sexual or emotional abuse, or a combination of these factors. Of the children made subject to a child protection plan from April 2014 to March 2015, 51.5% featured domestic abuse and 35.7% recorded parental mental ill-health. Parental drug and alcohol misuse were factors in 29.6% and 23.5%, respectively.
- High numbers of children are made the subject of repeat child protection plans. In the majority of cases, the reason for the need for repeat child protection plans is due to the recurrence of domestic abuse, parental mental ill-health or relapses in misuse of drugs or alcohol.
- At 31 March 2015, 481 children were being looked after by the local authority (a rate of 95.2 per 10,000 children). This is an increase from 465 (92 per 10,000 children) at 31 March 2014 and is higher than the national average.

3. What is happening already?

3.1 SEND Review & next Steps

The SEND review has made a range of recommendations predicated on the following key principles across education, health and care:

- Integrated commissioning
- Integrated provision
- Personalised approaches with children and families at the centre

<http://present.brighton-hove.gov.uk/mgconvert2pdf.aspx?id=80640>

All recommendations have been accepted by a joint meeting of the Health & Wellbeing Board and the Children's Committee (3.2.15) and the review produced detailed proposals for integrating education, health and care provision from 0-25 years. The Health and Wellbeing Board and Committee agreed the next stage of consultations (10.11.15), latest report:

[http://present.brighton-hove.gov.uk/Published/C00000874/M00006020/AI00048228/\\$20151103153947_007920_0034017_FinalSENDLDHWBBoardCYPSCCommitteereport101115031115.docxA.ps.pdf](http://present.brighton-hove.gov.uk/Published/C00000874/M00006020/AI00048228/$20151103153947_007920_0034017_FinalSENDLDHWBBoardCYPSCCommitteereport101115031115.docxA.ps.pdf)

Appendix 4 Map:

[http://present.brighton-hove.gov.uk/Published/C00000874/M00006020/AI00048228/\\$20151103153947_008183_0034018_FinaldraftSENDLDHWBBoardCYPSCCommitteereportAppendix4Map031115.pdfA.ps.pdf](http://present.brighton-hove.gov.uk/Published/C00000874/M00006020/AI00048228/$20151103153947_008183_0034018_FinaldraftSENDLDHWBBoardCYPSCCommitteereportAppendix4Map031115.pdfA.ps.pdf)

3.2 Mental Health and Wellbeing

Improving the mental health and wellbeing of children and young people in Brighton and Hove is a strategic commissioning priority. Whilst there are fantastic services in pockets across the City, they are working in isolation and in a fragmented way, although not necessarily together as a whole system. The services are often reactive rather than proactive and are not always able to respond to need.

The Joint Strategic Needs Assessment and whole system review in 2015 will support future commissioning intentions. The development of a local Transformation Plan in response to the recommendations in *Future in Mind*² includes the following elements:

- I. Involve children and young people
- II. Foster resilience across the system
- III. Prevent deterioration
- IV. Engage children and young people in their care
- V. Reach out to where children and young people are
- VI. Care for the most vulnerable groups
- VII. Improve access including on-line, digital information and through communication
- VIII. Intervene early
- IX. Best start in life
- X. Prepare for adulthood
- XI. Build capacity across the system
- XII. Collaborative and joint commissioning
- XIII. Physical and mental health issues are addressed equally
- XIV. Ensure access to services in a crisis especially out of hours.

3.3 Early Help – Developments

Following the launch of the Early Help Hub (September 2014) the city's Health & Wellbeing Board agreed a recommendation (December 2014) to proceed with the next stage of the Early Help Partnership Strategy to review, commission, de-commission or redesign early help services for children, young people and their families. As well as the consolidation and development of the Early Help Hub and pathway, for example developing a direct on-line referral process of GPs, a programme of work is underway to review:

- Youth Work provision
- Children's Centres
- Parenting Programmes
- Partnership arrangements to deliver the new expanded Stronger Families Stronger Communities Programme

²https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413393/Childrens_Mental_Health.pdf

3.4 Primary Care Transformation

Brighton & Hove CCG has identified the need to support and strengthen GP practices across the City and reinforce the holistic family care approach. A programme of work is underway to support collaborative approaches across practices in order to improve health outcomes for children and young people. A Locally Commissioned Services Outcomes Framework has been developed to resource local practices to identify the needs of children and families in their practice populations.

The aims are to enable general practice to play a stronger role at the heart of more integrated out-of-hospital services and to provide more personalised and proactive care. This will involve closer working relationships across health, Children's Services, Schools and Public Health.

There is also a parallel programme of work to develop and invest in a model of children's community nurses across the city, supporting primary care, and interfacing with the acute hospital. This will be a key part of more integrated working in the future.

3.5 Children and Young People's Public Health Programmes

The new Public Health responsibility for Local Authorities includes the commissioning of the delivery of the Healthy Child Programme for children aged 0-5 years and for children and young people aged 5-19 years. In April 2013, Public Health in Brighton & Hove took responsibility for commissioning the school nursing service. In October 2015, the responsibility for commissioning the health visiting service (including the Family Nurse Partnership [FNP] service) will transfer from NHS England to Brighton & Hove City Council Public Health.

Our range of public health programmes, will have the advantage of becoming embedded in the Local Authority and will strengthen integration with education. They include:

- The Public Health Schools Programmes
- Young people substance misuse service
- Support for schools to deliver high quality PSHE and provide access to prevention interventions that build resilience and reduce the impact of risky behaviours for young people at risk of early pregnancy, sexual risk taking or substance misuse
- Support young people's emotional health and wellbeing, self-harm prevention and reduction and resilience building
- Domestic violence training.

3.6 Safeguarding Children and Young People

3.6.1 Multi Agency Safeguarding Hub

The Multi Agency Safeguarding Hub was established in September 2014 and this ensures that there is good information-sharing between agencies so that prompt and appropriate decisions can be made about whether families require

social work or early help services. Ofsted (June 2015) has recognised that the MASH is effective and that appropriate child protection thresholds are consistently applied.

3.6.2 Adolescents Strategy

An Adolescent Strategy is being developed that will identify an integrated pathway for our vulnerable adolescents. Part of this strategy is to provide a service that will work to those young people who are leading very unstable lives and are therefore at high risk.

3.6.3 Children's Social Work: Model of Practice

Building on the work already undertaken with social workers about their vision of excellent social work and listening to the views of children and young people about what constitutes excellent practice, a relationship model of practice within social work has been established which prioritises the relationship between the social worker and the family as the main vehicle to facilitate change. Following extensive consultation, the model of practice will be implemented in September 2015. The impact of this new approach on the outcomes for children and young people will be carefully monitored by the Senior Leadership Team in 2015-16 and beyond.

3.6.4 Care Planning Panel

Children most at risk of becoming looked after are considered at the Care Planning Panel which determines whether additional work is required or whether to initiate a legal planning meeting. This means that children are looked after where it is in their best interests and that thresholds for children to become looked after are appropriately and consistently applied.

3.6.5 Support for families (domestic abuse, parental substance misuse and mental health)

A range of services are available to support families where domestic abuse, and/or drug and alcohol has an impact. These include services to support victims and children and statutory and non-statutory programmes for perpetrators of domestic abuse. Services to support parents who have mental ill-health but who are not eligible for an on-going service from adult mental health services are limited. The majority of services are primarily available to families when risks to children are high. The local authority is in the process of reviewing its commissioning arrangements to ensure that services are effective in helping families to sustain improvements when high-level risks have reduced.

3.6.6 Kite Team (child sexual exploitation)

Through working with partners we have established the Kite Team which is a specialist Missing and Child Sexual Exploitation (CSE) Team that works closely with the Police Missing Co-ordinator and CSE leads. This team works with the most complex children identified as either persistently missing and/or at high

risk of CSE. The team take an assertive outreach approach to their work because this cohort of children can be some of the most difficult to engage.

4. What will we deliver?

In this strategy, we have identified a range of local and national statistics (and key policies), feedback, other intelligence that will drive actions forward and provide the framework for our key priorities for improvement. The priorities and actions described in Table 1 below link back to this. They are all described at a high level and are not intended to be a long list of all the health and wellbeing issues or activities in Brighton & Hove. The final column in Table 1 below sets out what positive difference should be observed by 2020.

5. How we will work differently to deliver these priorities

This high level strategy will be supported by a joint commissioning action plan for each of the five priorities setting out timescales over the next four years to 2020. These action plans will take account of feedback from Engagement Events such as:

- Better use of digital media
- More “young person friendly” approaches e.g. using young people as mentors and peer support
- A stronger focus on early prevention, community resilience and family support
- Continue to strengthen relationships with schools and housing
- Recognising the importance of key transition points through the life course, in particular moving from children’s to adult services
- Further work with “hard to reach” groups including migrants and travellers

Joint commissioning will be delivered through the bringing together of Public Health, Clinical Commissioning Group and Brighton & Hove City Council Commissioners including Schools. Through working together these organisations shall be able to “pool” their budgets efficiently and reduce any duplication of activities.

6. How the Strategy will be monitored and evaluated

- I. A strategic stakeholder group will be established to steer the strategy through the implementation phase which will include parents/carers and young people
- II. The action plans which will underpin the strategy will be subject to quarterly monitoring and evaluation by a joint commissioners’ group
- III. There will be an annual review of relevant data and intelligence followed by identification of any amendments or updates that are needed
- IV. A brief progress report will be produced annually for publication.

Table 1 Key Priorities and Outcomes – 2015 - 2020

Priorities	What we will do	What will be different by 2020
<p>1.To give every child the best start in life and to reduce inequalities</p>	<ul style="list-style-type: none"> • Promote stronger emotional and physical wellbeing through pregnancy and early years including preparation for parenthood • Support families at the earliest opportunity through quality integrated services • Enable all children to have access to quality childcare and nursery provision • Maximise education achievements for all children facing challenges • Close the gaps in healthy lifestyle outcomes for children and young people in the areas of obesity, sexual health, smoking and substance misuse • Ensure information and services are more accessible to children and young people 	<ul style="list-style-type: none"> • More mothers experience good health resulting in less young children needing specialist health and social work services • More families have access to early interventions resulting in less babies and young children needing to come into care • Maximum take up of high quality childcare/ nursery place entitlement • Achievement gaps for children and young people facing challenges have narrowed and are less than the national average • Inequalities in health outcomes for children and young people facing challenges in the areas of obesity, sexual health, smoking and substance misuse have reduced • Children and young people know how and where to get help and report a positive experience of services
<p>2.To provide children with complex education, health and care needs from 0-25 years and their families with high quality integrated support</p>	<ul style="list-style-type: none"> • Ensure a strong multi-disciplinary approach to the assessment and production of Education, Health and Care plans for children with complex SEND from 0-25 years • Develop integrated assessment and provision for children with the most complex SEND across education, health and care services • Empower parents through the use of personal budgets across education, health and care 	<ul style="list-style-type: none"> • High quality Education, Health and Care Plans with integrated direct payments for eligible children and young people • Three new integrated provisions for children and young people with SEND offering education, health and care on site • More children and their families have access to integrated assessments and services resulting in less children with SEND having to access services outside of the city

Priorities	What we will do	What will be different by 2020
	<ul style="list-style-type: none"> • Maximise opportunities for young people in terms of further education, supported internships and vocational opportunities • Provide quality, safe and sustainable models of care for children with acute short term illnesses and long term conditions and mental health issues, delivered closer to home • Help children, young people and families to understand where and how they can get the best care when they need it 	<ul style="list-style-type: none"> • High quality 'Local Offer' of signposting services, including those across the transition to Adult Services • More young people with SEND accessing internships, apprenticeships and employment • More children, young people and their families are able to access good care closer to their homes resulting in less hospital attendances and unplanned admissions • Increased recovery rates for sick children over shorter time periods • More children, young people and their families are able to access information and services resulting in less incidents of self-harm and suicide attempts
<p>3.To improve emotional health and wellbeing and mental health and wellbeing of children and young people</p>	<ul style="list-style-type: none"> • Support young people's emotional health and wellbeing and build resilience • Transform mental health and wellbeing services by engaging children and young people, especially vulnerable groups in their design • Improve crisis and out of hours support for young people • Innovative communication of information and support about services and how to access them, by taking opportunities available in digital and social media • Collaborative and joint commissioning with Children's Services and Public Health to ensure the efficient use of resources to meet need 	<ul style="list-style-type: none"> • More children and young people experience emotional health and resilience resulting in less incidents of self-harm ,eating disorder, anxiety, depression • Fewer young people will need A&E attendance and hospital admission for mental health problems • Children, young people and their families will give much more positive feedback on their experiences of mental health services

Priorities	What we will do	What will be different by 2020
	<ul style="list-style-type: none"> To ensure that all services provide an environment that is “young people friendly” 	
<p>4.To provide effective ‘Early Help’ for families facing multiple disadvantage that reduces the need for specialist social care and health services</p>	<ul style="list-style-type: none"> Signpost a clear pathway to available ‘Early Help’ services and targeted interventions Provide multi-agency/professional support at the earliest opportunities to families facing multiple disadvantage Improve the partnership between Children’s Services, Adult Social Care and Health services to provide support to vulnerable parents/carers Extend and strengthen the Troubled Families programme via our Stronger Families Stronger Communities team 	<ul style="list-style-type: none"> More young people live successfully with a well-functioning family resulting in less children and young people coming into care Families have access to earlier interventions resulting in a reduction in substance misuse, domestic violence and mental health problems in parents/ carers The Stronger Family Programme meets national targets for ‘turning families around’ Further improvement to levels of school attendance and a reduction in exclusions from school
<p>5.To ensure all our children and young people are safe</p>	<ul style="list-style-type: none"> Ensure all staff are aware of the importance of appropriate information sharing to safeguard children Ensure responsive and effective identification of safeguarding issues via a high quality Multi-agency Safeguarding Hub (MASH) Develop and implement the LSCB Child Sexual Exploitation & Other Groups of Vulnerable Children Strategy Ensure that services commissioned to deliver adult services identify and respond to the needs of children and young people impacted by parental substance misuse, mental health, disability etc. and that this is evaluated through monitoring & compliance. 	<ul style="list-style-type: none"> Appropriate information is shared both within and across agencies in a timely manner to ensure children are safeguarded Better safeguarding decision making for vulnerable children and families through the measurement of set criteria Children and young people in Brighton & Hove will be protected from sexual exploitation Children and young people will feel safe and protected and will have improved life experiences Children and young people living in the context of domestic abuse, parental substance misuse, mental health and disability are identified early and receive appropriate help and support.

8 Appendices

Appendix 1: List of National Strategies & References

List of National Strategies and Policies:

- Future in Mind; promoting, protecting and improving our children and young people's mental health and wellbeing (March 2015)
- National CAMHS Review (2008)
- CAMHS Tier 4 Report (2014)
- National Service Framework for children, young people and maternity services (2004)
- No health without mental health (2012)
- Five Year Forward View, NHS England (2014)
- Annual Report of the Chief Medical Officer (2013)
- You're Welcome – Quality criteria for young people friendly health services (2011)
- Promoting emotional wellbeing and positive mental health of children and young people, Public Health England (2013)
- Transforming Care and Commissioning Steering Group, Winterborne View; Time for Change (2014)
- Transforming Care for people with learning disabilities (2015)
- Schools Counselling Strategy DfE (2015)
- Royal College Papers on Maternity & Paediatrics (2015) Facing the Future: Together for Child Health

Appendix 2: Local Linked Strategies

	Name of Strategy	Status	Web link if completed
BRIGHTON & HOVE CITY COUNCIL			
Corporate and Directorate	Brighton & Hove Connected	Completed	http://www.bhconnected.org.uk/
	Children's Services Directorate Plan 2015-16	Completed	http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Children's%20Services%20Directorate%20Plan%202015-16%20(PDF%20381KB).pdf
	Corporate Plan 2015-2019	Completed	https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Brighton%20%26%20Hove%20City%20Council%20Corporate%20Plan%202015-2019%20The%20way%20ahead.pdf
Early Help	Early Help Partnership Strategy	Completed	https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Early%20Help%20Strategy.pdf
	Stronger Families Stronger Communities Phase 2 Outcome Plan February 2015	Completed	http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/SFSC%20Outcome%20Plan%20Feb%2015%20Phase%202.pdf
Housing	Housing & Support for Young People aged 16-25	Completed	http://present.brighton-hove.gov.uk/Published/C00000709/M00004769/AI00036300/\$20130916144749_004725_0018502_HousingandSupportforYoungPeopleJointCommissioningStrategyFinalSept.docA.ps.pdf
Safeguarding	Corporate Parenting Policy & Strategy 2013-15	Completed	http://wave.brighton-hove.gov.uk/ourcouncil/Childrens%20Services/Pages/CorporateParenting.aspx
Schools	Brighton & Hove City Council Employment and Skills Plan	Completed	http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/downloads/economicdevelopment/CESP_2011-2014.pdf
Special Education Needs & Disabilities	SEN Partnership strategy:	Completed	http://present.brighton-hove.gov.uk/Published/C00000701/M00004024/AI00030994/\$Item34tSENPartnershipStrategy.docA.ps.pdf
	SEND Review	Completed	http://present.brighton-hove.gov.uk/Published/C00000874/M00005597/AI00044015/\$20150126165031_007091_0028782_finaldraftSENDreviewfullreport.docxA.ps.pdf
Transition	A good, happy and healthy Life: Our plan for adults with learning disabilities in Brighton and Hove, 2015-2019	Completed	http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/A%20Good%20Happy%20and%20Healthy%20Life%20LD%20Strategy.pdf
	Joint Strategic Plan: Winterbourne View, 2014-19	Completed	http://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/Joint%20Strategic%20Plan%20Winterbourne.pdf

PUBLIC HEALTH – BRIGHTON & HOVE CITY COUNCIL			
Directorate	Annual Report	Completed	http://www.brightonbusiness.co.uk/secure/assets/ni20140718.277692_53c8f07d4703.pdf
Schools	Healthy Child Programme 0-5 years and 5-19 years	Completed	https://www.gov.uk/government/publications/healthy-child-programme-pregnancy-and-the-first-5-years-of-life And http://www.rcpch.ac.uk/system/files/protected/education/HCP_from-5-19-years-old.pdf
	Public Health Schools Programme	Completed	Please contact Lydie.dalton@brighton-hove.gov.uk
	Health Visiting and school nursing	Completed	https://www.gov.uk/government/publications/getting-it-right-for-children-young-people-and-families
CLINICAL COMMISSIONING GROUP			
Corporate	Annual Report of the Chief Medical Officer 2012 - Our children deserve better: prevention pays		https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf
	Brighton & Hove CCG Primary Care Strategy, 2014 -19		http://www.gp.brightonandhoveccg.nhs.uk/sites/default/files/files/primary_care_strategy_final_v12_md_21_5_14gb_approved.pdf
	CCG Commissioning Intentions – 5 Year Plan		http://www.gp.brightonandhoveccg.nhs.uk/sites/default/files/files/brighton_and_hove_ccg_5_year_strategic_commissioning_plan_final_july_2014.pdf
Mental health	Children & Young People's Mental Health and Wellbeing Transformation Plan		http://www.brightonandhoveccg.nhs.uk/plans
	JSNA Children and Young people's Mental Health and Wellbeing 0-25 year olds	Not yet published	
LOCAL SAFEGUARDING CHILDREN BOARD			
	Brighton & Hove Local Safeguarding Children Board (LSCB) Business Plan 2013-2016	Completed	http://www.brightonandhovelscb.org.uk/wp-content/uploads/NEW-LSCB-Business-Plan-2013-16-Year-1-3-Milestones-2015-v2.pdf
	Brighton & Hove LSCB, Violence Against Women & Girls (VAWG) Programme Board Child Sexual Exploitation Strategy 2013-16	Completed	http://www.brightonandhovelscb.org.uk/wp-content/themes/phew/pdf/BH%20CSE%20Strategy%202013-16%20V9%20FINAL%20DRAFT.pdf