

Report to: East Sussex Health and Wellbeing Board

Date: 26th September 2024

By: Deputy Chief Delivery and Strategy Officer, and Director of Strategic Commissioning - NHS Sussex

Title: Children and Young Peoples Mental Health Programme – Child and Adolescent Mental Health Services (CAMHS) including Mental Health Support Teams (MHST) in Schools Update

Purpose of Report: To receive an update on the Children and Young Peoples Mental Health programme with a specific focus on CAMHS and MHSTs.

Recommendations:

East Sussex Health and Wellbeing Board is recommended to note the content of report.

1 Background

1.1 The aim of this paper is to update the Health and Wellbeing Board about action following the Sussex wide review of specialist CAMHS alongside an update on the implementation of MHSTs in East Sussex. This update has been developed in partnership with Sussex Partnership Foundation Trust (SPFT) and East Sussex County Council (ESCC) as respective leads for CAMHS and MHSTs.

1.2 The updates about children and young people’s mental health outlined in this paper sit within the context of the 5-year [Sussex Integrated Care Strategy Improving Lives Together](#) that builds on the [East Sussex Health and Wellbeing Strategy Healthy Lives Healthy People \(2022-2027\)](#), and sets out our ambition for a healthier future for everyone in Sussex over the next 5 years. Our plan for delivery is known as the Shared Delivery Plan (SDP). We have identified children and young people’s mental health transformation programme priorities for 2024/25 in response to the SDP and [Foundations for our Future Strategy](#), alongside the strategic objectives outlined in the NHS Long-Term Plan for Mental Health. This paper outlines the priorities that have been agreed for 2024/25, as well as providing focussed updates on Specialist CAMHS transformation and MHST development as requested by the Health and Wellbeing Board.

1.3 The children and young people’s mental health transformation programme of work is overseen by the Sussex Mental Health, Learning Disability and Autism (MHLDA) Delivery Board, and also reports to the Sussex Children and Young People’s Board. The Sussex Children and Young People’s (CYP) Mental Health Delivery Group has been established by the MHLDA to ensure the delivery of agreed programmes of work and achievement of required outcomes.

1.4 In July 2024 the multi-agency Children and Young People’s Mental Health Delivery Group identified four improvement priority areas for 2024/25, focussing on the importance of a whole system pathway approach utilising the [Thrive Framework](#), with the overall aim of improving access to effective support for children, young people and families. These four priorities are:

1. **Early Support** - This priority area will focus on improving access to early intervention and support and includes the range of emotional wellbeing and mental

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

2. **Crisis Support** – This priority area will focus on improving support for children and young people in mental health crisis. Urgent and emergency mental health care for children and young people ranges from liaison within acute hospitals to intensive home support and inpatient services. Key deliverables include building upon the Urgent and Emergency Care Improvement Plan and developing a new pathway which will include a new Hospital at Home service (further detail provided below in section 2 of this paper).
3. **Specialist CAMHS** – This priority area will focus on improving access to evidence based support for children and young people with complex mental health needs. Working with partners and stakeholders, Sussex Partnership Foundation Trust (SPFT) are leading an internal service development programme to deliver a new model of care.
4. **Pathway Interface** - This underpinning workstream will oversee the interface between each element of the pathway to ensure the pathway is connected and delivers joined up support for children and young people.

1.5 Please note the priorities are aligned to the work already underway in East Sussex through the East Sussex Children and Young Peoples Mental Health and Emotional Wellbeing Partnership Group.

1.6 To ensure whole system approach it has been agreed that associated multi-agency task and finish groups will be established to collectively plan and lead implementation for each priority area, with members drawn from system wide Sussex CYP Mental Health Delivery Group that includes parent carer and expert by experience representatives. Establishment of task and finish groups is underway, with leads from NHS Sussex, SPFT, Local Authorities and Voluntary, Community and Social Enterprise (VCSE) partners, parent carer and expert by experience representatives to ensure delivery against the priorities. The groups will convene in September to discuss scope and timeframes and will report progress to the Sussex CYP Mental Health Delivery Group.

1.7 The Sussex CYP Mental Health Delivery Group has agreed guiding principles for each task and finish group. All plans will:

- be developed using the [Thrive Framework](#) for system change and will take a whole system approach.
- build on existing strategies/plans, for example Foundations for our Future.
- be informed by existing needs analysis, insight and data (including equalities, health inequalities and quality insight) with a primary focus of improving access to support to meet need.
- consider the relationship and interdependencies with other workstreams/pathways:
 - 16-25 year old pathway and children and young people's transition into adult services
 - Eating disorders
 - Children and young people with complex needs
 - Neurodevelopmental pathways
 - Inpatient care (also known as Tier 4)
 - Suicide prevention
 - Emerging developments, for example Integrated Community Teams and Family Hubs

- make best use of existing resources
- ensure engagement and co-production is embedded throughout planning and delivery, taking a whole family approach
- include communications to support delivery
- consider workforce requirements alongside training and development needs within mental health services (system wide) and beyond (e.g. Accident & Emergency (A&E) workforce)

2 Focussed Programme Updates – Specialist CAMHS and MHSTs

2.1 Specialist CAMHS and MHSTs sit within the context of the children and young people’s mental health transformation four key priority areas as outlined above. As requested by the Health and Wellbeing Board, this section of the report provides a more focussed update against two of these priority areas, specialist CAMHS and MHSTs (noting that MHSTs sits within the wider Early Support priority).

Specialist CAMHS

2.2 A CAMHS review was undertaken in partnership by NHS Sussex and SPFT during the later part of 2023/24. The purpose of the review was to achieve a comprehensive joint understanding of the specialist CAMHS community-based provision across Sussex, provided by Sussex Partnership Foundation Trust to inform future CAMHS development including action to address known variation in delivery across Sussex.

2.3 The current East Sussex service model was described in the review as follows:

Service	Thrive Framework needs-based group	Description
Single Point of Advice (SPOA)	Getting Advice	All referrals (including urgent requests) are processed through SPOA. The SPOA is jointly provided by ESCC and SPFT. The initial triage provides children and young people with information, advice or guidance or a service offer from either CAMHS or ESCC. This provides part of the Thrive “getting advice” offer in East Sussex.
i-Rock	Getting Advice	i-Rock is a walk-in offer of support to young people who find it difficult to engage in traditional access points, this provides an alternative Thrive “getting advice” offer for this age group. Open to all 14-25 year olds in East Sussex. There are no minimum thresholds and young people do not need a referral or appointment, allowing instant access to support Monday to Friday 11am-6pm in person (from locations in Hastings, Eastbourne and Newhaven) or via video, online chat or call.
CAMHS-Stepped Care	Getting Help	In the last year East Sussex has moved to a ‘stepped care’ service offer. The model utilises stratification to target intensive specialist resources at those in most

		<p>need whilst a lower intensity offer is made available to all accepted referrals in a timelier way. The stepped care model reflects the provision of early intervention (Tier 2) and specialist community CAMHS (Tier 3) by SPFT in East Sussex.</p> <p>Stepped care is a model of mental health support that provides graded interventions, from low intensity to high intensity, matched to the individual's needs. In the context of CAMHS, stepped care ensures that as a problem becomes more severe in nature, the type of help that is available becomes more specialised. This works on the basis there should be an accurate and properly informed link between a child or young person's need and provision at the earliest stage of presentation.</p>
Specialist CAMHS	<p>Getting More Help</p> <p>Getting Risk Support</p>	<p>Once young people have been through the initial stepped care offer, they are placed on a treatment pathway. East Sussex has three treatment pathways, i) Depression and Anxiety, ii) Emotional Regulation and iii) Trauma. Psychiatry and neurodevelopment pathways are both separate pathways.</p>

Key findings from the review were as follows:

2.4 The review described a complex system with variation of treatments and pathways across Sussex.

2.5 The review highlighted the following:

- the demand for services and range of interventions has grown locally, in line with national trends; and it has been difficult for the service to keep pace with this increased demand resulting in increased waiting times and an associated bottleneck of children and young people accessing the help they need.
- The flow and quality of data could be improved to inform our understanding of issues and possible solutions.
- As a result of the increased demand and focus on providing a needs led service, it has become clear that risk management and crisis response is utilising significant service capacity which has impacted children and young people with a lower risk profile accessing a timely service.
- Important examples of good practice and that the CAMHS service was working hard under pressure.
- It will be critical that the Sussex wide system as a whole works in partnership with CAMHS to support the transformation of the CAMHS service for the children and young people who use it.

Review recommendations

2.6 The following recommendations have been agreed in response to the review across two domains, i) CAMHS support and development and ii) other system considerations. These recommendations are outlined below:

CAMHS Support and Development	
CAMHS Model	Develop a CAMHS model with system partners that will manage demand and capacity.
Data	Improve data quality and data flow in the system to facilitate decisions.
System Priorities	Agree as a system what our priorities are and create focussed workstreams to implement them.
Commissioning Model	Assess the commissioning model with a view to developing other elements of the system to manage demand and capacity in conjunction with CAMHS.
Clinical and Population Health Model	Complete a clinical audit to understand the complexity / acuity and clinical model required in Sussex. Implement a population health approach to understanding, collecting data and making decisions.

Other system considerations	
Workforce development	Continue to address shortfalls and gaps through workforce strategy.
Urgent and emergency care pathway	Analysis of CAMHS patient flow into more intensive (Tier 4) support options in conjunction with the Provider Collaborative and options for investment as admission avoidance.
Complex needs response	Work with Local Authority partners to describe and agree pathways for children and young people with complex needs.
Under 11's service offer	West Sussex Single Point of Access (SPOA) is indicating that this is an area of increasing demand – consider a specific approach across early intervention and CAMHS provision.
Impact of early intervention work on patient flows to specialist CAMHS	Analyse and review early support developments (including MHSTs and wellbeing services) in order to understand their impact on CAMHS patient flow and the subsequent impact on system variation.

Response to Recommendations

2.7 As described in Section 1, system priorities have been agreed alongside guiding principles to support programme delivery. Workstream scoping is currently underway for Early Support, Crisis Support, and Pathway Interface. This is being led by NHS Sussex working together with system partners. SPFT are leading an internal service development programme to deliver a new specialist CAMHS model of care. The proposed programme is being finalised ready for consideration and approval through internal SPFT governance in October 2024. Progress and proposals against all priority workstreams will be reported to the Children and Young Peoples Mental Health Delivery Group in October to enable actions and milestones to be agreed.

Agreed short-term improvement actions agreed for implementation 2024/25

- As part of the stepped care offer roll out of five new face to face early steps groups in the autumn term. This is the first part of the stepped care offer and the first intervention that a young person will be offered. This is in addition to the existing three virtual groups. This is expected to improve access.
- Pilot of evening sessions has been introduced at iRock to increase opportunity to access support.
- Working with education to support their role in children and young people's mental health, providing information and advice on how to support children and young people presenting with specific needs.
- Building on a series of webinars for access by parents, carers and families that have provided information and techniques for supporting key issues such as anxiety, depression, eating disorder, autism and challenging behaviour, building self esteem and resilience, and sleep. Information will now also be offered on Post Traumatic Stress Disorder (PTSD) and emotional dysregulation.

2.8 In addition, and within the context of the whole system pathway for children and young people's mental health, specialist community CAMHS services provide urgent help for children and young people. We continue to focus on improving support for children and young people in mental health crisis. Hospital at Home provision as part of the crisis support pathway is under development, building on the existing CAMHS teams that provide urgent help. Mobilisation of the Hospital at Home provision is underway with phased implementation commencing from December 2024 with recruitment under way to key posts.

Mental Health Support Teams in Schools (MHSTs)

2.9 As part of our Early Support priority, we will continue the yearly phased implementation of Mental Health Support Teams in Schools (MHST's). Delivered through educational settings, these teams support children and young people with mild to moderate mental health issues and form a pivotal part of the wider early support offer. Further work will be undertaken through the Early Support Task and Finish Group (described previously) to plan the ongoing development of MHSTs as part of the wider pathway of support for children and young people.

2.10 MHST's form part of the government's core commitment to provide additional support through schools and colleges. As part of the MHST workforce structure, new roles called Education Mental Health Practitioners have been created and are being trained in evidence-based interventions. The interventions include low intensity cognitive behavioural therapy (CBT) approach and/or solution focused interventions. They are for anxiety and low mood; sleep and healthy eating; worry management and self-esteem; emotional regulation; safety planning for self-harm and suicidal intent.

2.11 In East Sussex, ESCC's education department provides the MHSTs in close partnership with Sussex Partnership NHS Foundation Trust.

2.12 Implementation of MHSTs began in 2019 and has increased with each implementation wave (see figure 1). Sussex has been allocated a further 3 MHSTs in wave 11 which will begin mobilising in September 2024. This increases the total number of Sussex MHSTs from 17 to 20, with 6.5 of those teams allocated to East Sussex.

Figure 1: Implementation stages of MHSTs in Sussex

Implementation Wave	Brighton and Hove	East Sussex	West Sussex	Sussex
Wave 1 - 2019	1	3	2	6
Wave 5 - 2021	0	1	2	3
Wave 7 - 2022	1	1	2	4
Wave 9 – 2023	0.5	0.5	3	4
Total	2.5	5.5	9	17
<i>Wave 11 – live Sept. 2024</i>	0.75	1	1.25	3
Total (including Wave 11)	3.25	6.5	10.25	20

2.13 MHSTs have been allocated to the three Sussex Local Authority areas based on the number of school aged children and young people in each of the areas. Implementation of wave 11 MHST will result in school coverage increasing from 52% of schools with access to a MHST to 65% in September 2024.

2.14 Once MHSTs are allocated to the Local Authority area the decision is made locally where to place the teams based on specific areas of need such as rural areas with little infrastructure and areas of high deprivation, informed by Equality and Health Inequalities Impact Assessment (EHIA). As a result, East Sussex MHSTs are based in South Downs (Wave 1), Bexhill and Rother (Wave 1), The Havens (Wave 5) and Hastings (x 2.5 Teams – Waves 5,7 and 9). Wave 11 extends coverage in Eastbourne and Hailsham in the academic year 2024/25. For children and young people in East Sussex, this means that MHSTs (including Wave 11 – September 2024) will cover 66 primary schools; 19 secondary schools; 2 post-16 settings and 7 Special schools; 94 settings in total. With further schools planned for involvement this coming year.

Key functions of MHSTs

2.15 The key functions of MHSTs, as set by NHS England, are to:

1. Deliver evidence-based interventions to support children and young people with mild to moderate mental health issues in schools.
2. Support schools to develop a Whole School Approach to mental health and emotional well-being.
3. Give timely advice to school and college staff and liaise with external specialist services to help children and young people to get the right support and stay in education.

Further detail about each of the key functions is provided below.

Key function 1: Individual interventions

2.16 Since the initial implementation of MHSTs in East Sussex in 2019, the service continues to develop and grow. This is illustrated by the growing number of children and young people accessing the service for interventions:

Academic year	Children and young people accessing the service for interventions
2020/21	656
2021/22	1,255
2022/23	1,518
2023/24	1,794

2.17 MHSTs analyse and aim to target areas of identified need when delivering interventions (for example assessing needs in relation to protected characteristics such as gender, race).

2.18 For example, in the 2023/24 academic year it was identified that a disproportionately lower number of boys were accessing the service. The service therefore targeted boys' mental health and awareness in schools which included participation workshops to improve the early identification of issues. Consequently, the number of referrals for boys has increased from 34% to 41%.

2.19 The MHST data shows that 11% of young people seen are from minority ethnic groups. This is below the 17.4% total schools' minority ethnic population in East Sussex, therefore the service explores individual school's data if their referrals are not representative of their population. This is a key action on our EHIA and Team Plan.

2.20 In the academic year 2023/24 30% of young people referred to MHSTs were on the schools' Special Education Needs & Disabilities (SEND) register. East Sussex special schools also receive MHSTs support. Data continues to be collected and analysed about children with different categories of special education needs to inform how MHSTs subsequently develop their offer, for example cognitive behavioural approach for Neurodivergent young people. The service explores SEND data with each school as part of the twice yearly strategic visits.

2.21 On average, children and young people experience 26% reduction in mental health and emotional wellbeing 'difficulty' scores at the end of intervention. Interventions for sleep hygiene has the highest impact with a 'difficulty' reduction of 34%.

Key function 2: Whole School Approach

2.22 The Department for Education requires each school to identify a Senior Mental Health Lead (SMHL) in their settings to develop and implement Whole School Approaches to Mental Health and Emotional Wellbeing. The Whole School Approach is embedded throughout all schools in Sussex. This starts with an audit that highlights areas for the school to focus on. This includes staff wellbeing and training; curriculum development; parent and carer support; young people views; support to senior leadership teams on the ethos of the

school and policies. For example, Sussex MHSTs have developed self-harm school policy to be implemented pan-Sussex in the 2024/25 academic year.

2.23 Across Sussex, each school has access to mental health and emotional wellbeing in education advisors and access to parent and carer practitioners. The Whole School Approach is offered to every school across Sussex, irrespective of whether they have an MHST. The support involves workshops and group interventions for parents and carers, INSET day training, audit visits to schools about their mental health offer, guidance on mental health emotional wellbeing in education, psychoeducation workshops for children and young people, development of schools' resources (for example, anxiety and self-harm toolkit).

2.24 In preparation for the 2024/25 academic year the MHSTs undertook a survey to inform training priorities for schools. These include anxiety and worry; emotionally based school avoidance; low mood and depression; social media and wellbeing; managing self-harm.

Key function 3: Providing timely advice to schools

2.25 The MHST service offers 'in school' advice and guidance by their practitioners and in addition operates an MHST referral system. In providing advice and guidance to schools, the MHST service works in partnership with CAMHS; East Sussex Single Point of Advice (SPOA); Teaching and Learning Provision (children who are too ill to attend school) and School Health. Therefore, schools are supported in responding to critical incidents; managing Emotionally Based School Avoidance (EBSA); advice about managing self-harm; and developing and maintaining referral pathways so that children receive timely support appropriate for their need.

3 Conclusion and reasons for recommendations

3.1 NHS Sussex, Sussex Partnership Foundation NHS Trust and East Sussex County Council will continue to work in partnership alongside wider system partners and stakeholders across Sussex, including ongoing engagement with parent carers and experts by experience to enable the implementation of our four identified key priorities, including re-designing specialist CAMHS and ongoing expansion of MSHTs as part of our Early Support priority.

3.2 The Health and Wellbeing Board is asked to note the report and the associated ongoing work to improve experience and outcomes for children and young people with mental health needs in East Sussex.

Jessica Britton

**Deputy Chief Delivery & Strategy Officer and Director of Strategic Commissioning,
NHS Sussex**

Contact Officer

Fiona Streeter, Deputy Director Mental Health, Learning Disability and Autism
Commissioning and Transformation (Children and Young People), NHS Sussex

Email: fiona.streeter@nhs.net