Appendix 2: Draft

East Sussex
Health & Wellbeing Board

East Sussex Health & Wellbeing Board Development Sessions Summary Briefing

Session #6: Mental Health and Wellbeing

1. Background

Two recent Peer Reviews of the Council have noted that in addition to performing its statutory role as a formal committee of the Council, the Health and Wellbeing Board (HWB) could be further strengthened to become a vehicle for genuine strategic stewardship of our system, focussed on the health, care and wellbeing needs of the population.

This complements 'Place' at upper tier/HWB level being a key point of subsidiarity in our Sussex Integrated Care System (ICS) for collaboration across the local NHS, Local Authorities and the voluntary, community and social enterprise (VCSE) sector – and reflecting the variation in inequalities, needs and context for delivery across Sussex.

Strengthening the focus and role of our HWB and our East Sussex Health and Care Partnership was agreed in July 24 as a local priority in the Shared Delivery Plan (SDP). To support this a programme of 7 informal development sessions was arranged, structured around the priority themes in our East Sussex Joint Strategic Needs Assessment (JSNA), starting in September 24. Both voting HWB members and non-voting members with speaking rights are invited to the sessions, which are aimed at deepening the shared understanding of our population's health and care needs and priorities. The priority has continued in our SDP plans for 25/26, with the current programme of sessions running until February 26. Overall, the sessions are an opportunity to:

- Improve consistency of shared knowledge and understanding about our population
- Generate innovation and ideas
- Inform our in-year plans and co-creation of the Health and Wellbeing Board Strategy refresh in 2 years' time

This briefing note sets out the summary outcomes and key messages from the **sixth** development session, which took place on **7 January 26** in Lewes on the theme of **mental health and wellbeing**. Building on our previous discussions about system stewardship, the main aim of the session was to grow shared understanding of our JSNA theme of mental health and wellbeing - what we mean by this and the collaborative work we do to support and promote mental wellbeing and overall emotional resilience in our population, focussing on prevention and early support. The session explored our work to prevent suicide and self-harm, and our work with children and young people as a key focus in the life course (please also see the briefing for session #4 about the life course).

We also spent time considering the new health and care planning arrangements, including the 5 -year provider delivery plans, and the work to develop ESHT's 5-year delivery plan.

2. Briefing note

2.1 Mental health and wellbeing

The JSNA topic for the session was mental health and wellbeing **with a focus on prevention and early support.**

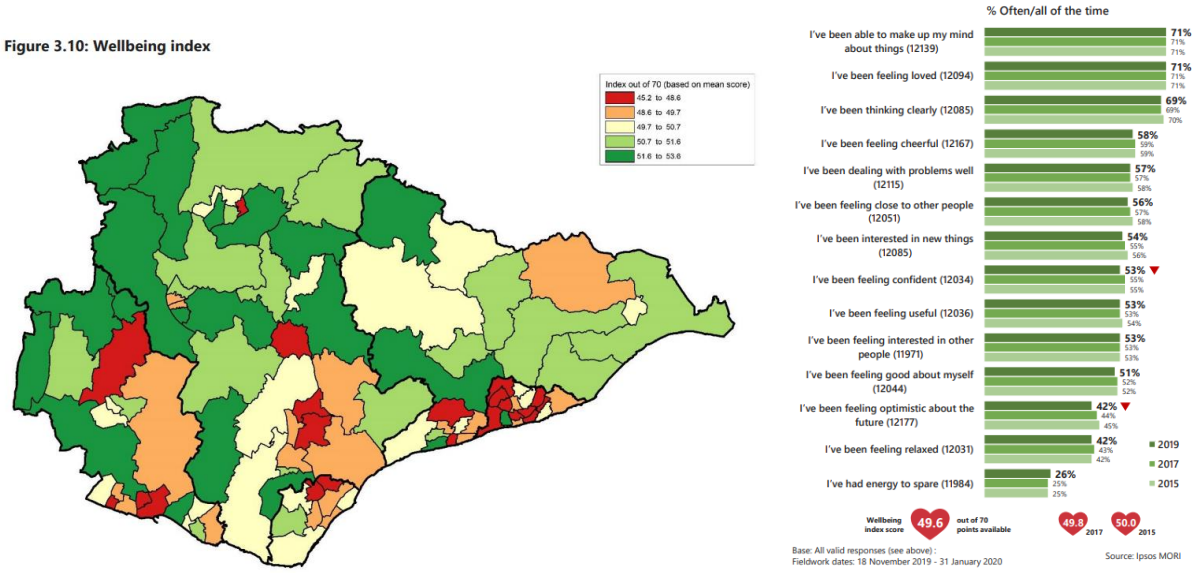
- Good mental health is a vital asset for dealing with the different stresses (physical and mental) and problems in life
- Good mental health is associated with better physical health, increased productivity in education and at work and better relationships at home and in our community

The session explored mental wellbeing and mental health - including the prevalence of different mental health conditions and suicide prevention. The role of schools and mental health services in supporting children and young people with their emotional wellbeing and mental health was also considered, as a priority group.

2.2 Mental wellbeing

Information about the status of **mental wellbeing** in East Sussex can be found can be found in the following

- The East Sussex My Health My School survey 2023-2024
- National annual population survey data for East Sussex can be found at Adult mental health and wellbeing - Data | Fingertips | Department of Health and Social Care
- The East Sussex Community Survey 2019 which asked the 14 statements of the Warwick Edinburgh Mental Wellbeing Scale (see the diagram below)



Undertaken in 2019 the Community Survey shows the following summary information about mental wellbeing in East Sussex:

- Rother (50.6) & Wealden (50.5) both have high mean scores compared to Eastbourne (48.4) & Hastings (48.3)
- Older residents aged 65+ have highest scores (50.6) compared to 18-34's who have the lowest (48.8).
- Owner occupiers have a significantly higher mean score (50.9) than private renters (46.3) and social tenants (42.8).

- Wellbeing scores rise alongside educational level; those with no qualifications score 46.2 in comparison to the highest with level 4/5 qualifications score of 51.3.
- There are also variations in wellbeing scores across other social groups, with lower scores among:
    - people who live alone (47.9) or are a single parent (44.9);
    - people who are finding it difficult to manage financially (43.0);
    - disabled residents (42.6) and those in bad health (36.8); and
    - those who are workless (39.5).
- Lower mental wellbeing scores and dissatisfaction with a local area appear to be inter-connected. The score for residents who are dissatisfied with where they live is 44.4, compared to 50.5 for those who are satisfied.
- Similarly, the score for residents who feel they do not belong to their neighbourhood is 46.3, whilst those who feel connected score 51.4

2.3 Prevalence of mental health conditions

The session then explored the prevalence of mental health conditions, outlining the following distinction:

*'**Common mental health conditions'** (CMHCs) which comprise different types of depression and anxiety disorder. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. CMHCs are usually less disabling than **major psychiatric disorders** - conditions such as schizophrenia, bipolar disorder or major depression which affect less people overall within the population but can be severe and have the potential to cause long term disability.*

In England there is an increased prevalence evident for some indicators of poor mental health[1]:

- 16 to 64-year-olds with a CMHC increased from 17.6% in 2007 and 18.9% in 2014, to 22.6% in 2023/4. The proportion was higher in women than men at each point.
- Lifetime non-suicidal self-harm was reported by 3.8% of 16 to 74-year-olds in 2007, rising to 6.4% in 2014 and 10.3% in 2023/4.
- The proportion of adults screening positive rose for ADHD from 8.2% in 2007 and 9.7% in 2014, to 13.9% in 2023/4.

There is stability in prevalence evident in other conditions:

- Autism (examined using the Autism Diagnostic Observation Schedule) has remained stable in prevalence since 2007, at about one in a hundred adults (0.8%).
- Psychotic disorder (examined using Schedules for Clinical Assessment in Neuropsychiatry) has also remained stable since 2007, identified in less than one in a hundred adults (0.5%).
- One in fifty adults screened positive for bipolar disorder in both 2014 and 2023/4 (using the Mood Disorder Questionnaire).
- Similar stability over time was evident for personality disorders (using both the SCID-II Q and SAPAS).

[1] Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2023/4 - NHS England Digital

However young adults remain a key group:

- The proportion of 16 to 24 year olds with a common mental health condition rose from 17.5% in 2007 to 25.8% in 2023/4.
- Younger adults were also more likely to report lifetime non-suicidal self-harm and to screen positive for disordered eating symptoms, Post Traumatic Stress Disorder (PTSD) and Attention Deficit Hyperactivity Disorder (ADHD) than older age groups.
- There was a decline in drinking at hazardous levels or above. It halved among 16 to 24 year olds (from 40.7% in 2000 to 18.1% in 2023/4) and also fell among those aged 25 to 34 and 35 to 44.

Socioeconomic inequalities in mental health persist:

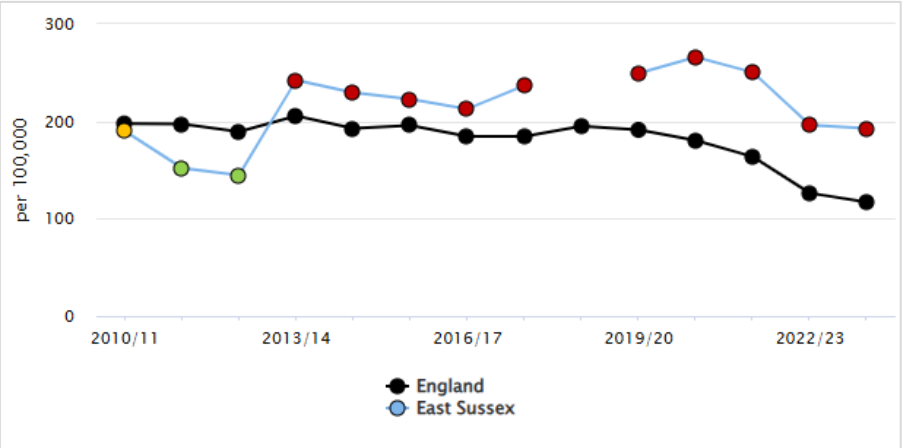
- The proportion of adults with common mental health conditions was higher in those living in the most deprived fifth of areas (26.2%), with problem debt (39.0%) and not in employment (40.0% in unemployed adults and 38.8% in economically inactive adults).
- The proportion of adults with bipolar disorder was higher in those living in the most deprived fifth of areas (3.6%), with problem debt (6.4%) and not in employment (9.0% in unemployed adults and 4.9% in economically inactive adults).
- The proportion of adults with clinically examined psychotic disorder was higher in those living in the most deprived fifth of neighbourhoods (1.0%), with problem debt (1.7%) and varied by employment status (2.6% in economically inactive adults).

Treatment use for common mental health conditions increased in prevalence:

- The proportion of 16 to 74 year olds with common mental health condition symptoms reporting receipt of treatment rose from 24.4% in 2007 and 39.4% in 2014, to 47.7% in 2023/4.
- Receipt of psychological therapies, among those with symptoms, rose from 10.4% in 2007 to 17.9% in 2023/4; and receipt of medication rose from 19.6% in 2007 to 38.4% in 2023/4.

East Sussex is significantly higher than England for emergency hospital admissions due to self-harm. Trends are reducing nationally and locally, particularly in the last two years, with the exception of 10-14 year old females where recent rates have increased.

Emergency admissions due to self-harm, all ages



2.4 Suicide and suicide prevention

The national suicide prevention strategy priority groups	Risk factors at a population level
• Children and young people • Middle-aged men • People who have self-harmed • People in contact with mental health services • People in contact with the justice system • Autistic people • Pregnant women and new mothers	• Physical illness • Financial difficulty and economic adversity • Gambling • Alcohol and drug misuse • Social isolation and loneliness • Domestic abuse

East Sussex is part of the Sussex Suicide Prevention Strategy which has the following shared priorities:

- Strengthen collaboration, system wide ownership and commitment
- Improving suicide response and postvention support for people affected by a suicide death
- Training and learning opportunities
- Communications
- Working with people with lived experience
- Self-harm

Recent joint action has included:

- Launching a Support Pack for GPs
- Domestic abuse training
- Transferring bereavement service commissioning to the ICB for a consistent approach across Sussex
- Delivery of the Wellbeing At Work project and evaluation
- Focussed exploration of self-harm by the Sussex Mental Health Learning Disability and Autism Board
- Campaigning supported through the Staying Alive App
- Development of approaches to help gain a clearer understanding of suspected deaths by suicide in local areas in real time, and increasing the ability to identify and implement prevention support in a timely way

In East Sussex recent examples of partnership work focussed on priority groups include:

- Men's mental health – VSCE Men's Mental Health Network, Mr Hastings and St. Leonards (expanding to Rother), and the MIND small grants programme
- Beachy Head – Friends and Family group, Ethics of Suicide Prevention Surveillance Conference
- Online Wellbeing – literature research and focus groups with YMCA Downslink and the Youth Voice Event in February for young people

- The peer support and mental health project (for all ages) and self-harm Toolkit and Guidance Self-harm | Czone for children and young people
- Whole School Approach to Mental Health (including PSHE suicide guidance)

2.5 What good public mental health looks like

The Association of Directors of Public Health outlined some principles for What Good Public Mental Health Looks Like (ADPH 2019):

- Adopting a system-wide focus on the prevention of the onset of mental health problems, incorporating action across public health and wider organisational strategies and plans.
- Shifting the focus of services towards more structural upstream interventions that enable early help, including action on the wider determinants of health and reducing inequalities.
- Taking proportionate action across the life course that balances population-wide mental health promotion with targeted support where need is greatest.
- Drawing on the lived experiences of people with mental health problems and mental illness, as well as the wider community, to identify solutions and promote equality.
- Building the capacity and capability across our workforces to prevent mental health problems and promote good mental health within their everyday practice.
- Continuing to normalise and lessen the stigma associated with mental health problems.
- Understanding barriers and enablers for change to engage and steer local system leaders from multiple disciplines.

2.6 Key life course focus: mental health service provision for children and young people

Children and young people are key priority group nationally and locally. In summary the key points for children and young people's local access to mental health services and support are as follows:

- The current picture reflects post-pandemic demand and the impact of targeted investment and redesign. 'Nationally, 1 in 6 children aged 7-16 have a probably mental disorder' (*NHS Digital, Mental Health of Children and Young People in England 2023)*
- An estimated 60,000 children and young people in Sussex live with a diagnosable mental health condition.
- 22,035 children and young people in Sussex have accessed the range of NHS Funded Mental Health services in the previous 12 months (April 2025 data); this represents 98% of the national standard for access to services. (September 2025 data indicates 22,450 against a plan of 22, 572).
- This is an increase of 66% from March 2021 where 13,265 children and young people in Sussex accessed NHS Funded Mental Health services.
- Demand for specialist services increased significantly post-pandemic and whilst demand remains high, it is beginning to show signs of stabilisation. In Sussex Child and Adolescent Mental Health Services (CAMHS) referral volumes have fluctuated throughout the year, with monthly numbers ranging from 559 (August 2024) to 1,157 (January 2025) and an average per month of 901 during 2024/25. East Sussex CAMHS currently has 284 children or young people waiting for assessment and a median time to assessment of 45 days

Although some children and young people are waiting longer than we would want to access services, most notably for neurodevelopmental assessment, high level improvement actions and trends include

- Alternatives to inpatient care are expanding with the average number of Tier 4 beds occupied across Sussex has declined from a high of 46.2 (in July 2022) to 28.5 (in October 2024).
- Implementation of the Crisis Outreach Acute Support Team (COAST) that supports alternatives to inpatient care and supports discharge into the community
- Routine system-level review of demand, waits and outcomes across CYP mental health, neurodevelopmental and crisis pathways

There are two main children and young people's community mental health services in East Sussex commissioned by NHS Sussex:

- Mental Health Support Teams (MHSTs) in Schools provided by East Sussex County Council
- Specialist Child and Adolescent Mental Health Service (CAMHS) provided by Sussex Partnership NHS Foundation Trust.

The services work with each other to ensure children and young people access the right service to meet their needs. Children and young people also have access to targeted commissioned offers with voluntary and community sector partners such as Impact Initiatives and Amaze. The aim is to continue to develop and ensure these services operate as part of a single, integrated local pathway rather than in isolation.

MHSTs in schools

- MHSTs are a key mechanism for managing demand into specialist CAMHS by intervening earlier and supporting schools to respond confidently**.**
- MHSTs operate in 94 educational settings, covering 65% of East Sussex schools, supporting youth mental health. As of Spring 2025, the national average cover of Schools was 52% which puts us in the upper quartile *https://www.england.nhs.uk/mental-health/cyp/trailblazers/*
- Teams deliver short-term, evidence-based interventions through trained Education Mental Health Practitioners. MHSTs take a whole school approach to promote mental wellbeing through staff training, parent workshops, and student psychoeducation sessions.
- In 2024/25, MHSTs handled 1,359 referrals and delivered 8,830 sessions, focusing on timely support to reduce specialist demand.
- As a system, we have recently submitted our plans to achieve 100% of schools' coverage by the national deadline of 2029 and a stronger alignment between MHSTs, SEND services and pastoral support in schools

CAMHS

- CAMHS currently uses a stepped care model offering specialist interventions for child and adolescent mental health. In the new Sussex-wide clinical model (in line with evidence-base and focus on mod-severe in the specialist service) some of the groups that were running have already been phased out to ensure most efficient use of resource and clinically effective service.

- Specialist CAMHS met the 28-day target with an average wait of 26 days and over 130 assessments monthly 24/25. Waiting times for assessment for Child and Adolescent mental health services (CAMHs) have begun to improve within community CAMHS teams (following targeted changes to assessment capacity and clinical model), falling from 42 weeks (Oct 2023) to 10 weeks (Sept 2025) for initial assessment but waiting times for access to treatment continue to be high.
- Dedicated staff provide ADHD and autism assessments and treatments within the neurodevelopmental service (ND waits are structurally different alongside the models- and note the plan is included in slide 12)
- Increased demand means that children and young people are waiting longer than we would like but when people are seen, satisfaction is high with 100% feeling supported and 95% recommending the service. CAMHS transformation seeks to improve timely access to evidence-based treatment by adopting a model of episodic care that delivers the targeted specialist interventions identified as most effective and tracking progress towards agreed goals.

There is also a focussed approach to improving support for children and young people and their families while they wait to access services:

- Families are encouraged to contact the service if circumstances change.
- A project has recently been completed to contact every young person on the CAMHS treatment waiting list for longer than 6 months, by phone. This is to review risk, offer advice/signposting and update the care plan accordingly.
- Assessment clinics during the week and at weekends have been increased to help to identify risks earlier, agree formulations, and allocate to the correct treatment pathway.
- The neurodevelopmental service also sends regular ‘Support while waiting’ letters and has worked with experts by experience (EBEs) and families to develop online resources that provide advice and guidance while waiting for assessment.
- The CAMHS Duty team remains available by phone to provide time-limited support for young people in mental health crisis.

Sussex Children and Young People’s Mental Health Transformation Programme

A broader Sussex Children and Young People’s Mental Health Transformation Programme aims to improve access, reduce waiting times, enhance clinical effectiveness, and achieve consistent, needs-based care across all areas with four key areas of focus:

- Getting Advice and Help – early access, communication, and a consistent Sussex Core Offer.
- Urgent and Emergency Care (UEC) – responsive crisis support and intensive community alternatives.
- Specialist CAMHS Redesign – a unified clinical model improving access and consistency.
- All-Age Neurodevelopmental (ND) Transformation (Focus Sussex) – a triage-led, needs-based ND model across the life span.

These programmes are at different stages of maturity, with benefits being realised incrementally and changes that translate into day-to-day improvements for families.

The overall approach to supporting children’s mental health and emotional wellbeing can be summarised in the following way:

- Rising need and pressure: there are more children struggling with anxiety, emotional regulation, neurodivergence and crisis, and families feeling this impact day-to-day.
- Progress is being made: earlier support in schools, improving crisis responses, fewer inpatient admissions, and growing alternatives to hospital care.
- Where we're going is a more joined-up, needs-led system that supports children earlier, responds faster in crisis, and avoids escalation wherever possible.
- Wellbeing first, specialist care when needed: strengthening early help and wellbeing support before CAMHS, while ensuring timely access to specialist mental health services for those who need them.
- More support closer to home: building local, place-based responses that reduce the need for children to travel or enter hospital when community support is safer and more effective.
- Changes to the pathways for neurodivergent children and young people aimed at reducing waits and improving the service offered

The joint Sussex Mental Health, Learning Disability and Autism Board, with strong alignment to the Children's Board, continue to provide strategic direction and oversight, challenge and support — helping the system stay focussed on prevention, equity and long-term outcomes for children and families in East Sussex.

3. New NHS multi-year planning framework

The session finished with a brief introduction to the new multi-year planning framework launched by NHS England in August 25, aligned to the national 10-year Health Plan (10YHP). This requires all NHS organisations to produce 5-year plans for submission in February 2026.

- All NHS Trusts and Foundation Trusts must produce 5-years integrated delivery plans (narrative) and medium-term (3-year) financial, workforce and activity plans, plus a 4-year capital plan.
- ICBs are required to produce overarching 5-year population health improvement strategies in the same timescale. These are intended to replace Joint Forward Plans.
- 5-year neighbourhood health plans should also be developed, led by the Health and Wellbeing Board, integrating public health, social care, the Better Care Fund and VCSE partners (guidance for neighbourhood health plans is still awaited).
- The approach replaces short-term annual business planning cycles with a rolling, annual refresh to maintain long-term focus. Planning over multiple years is intended to create the opportunity to focus on longer-term strategic changes

The discussion focussed on the development of ESHT's five-year integrated delivery plan and the role the HWB will be expected to play in joining up a clear whole health and care system plan for Neighbourhood Health at scale - building on local needs and priorities for their populations based on JSNAs and HWB strategies, including mental health and wellbeing.

It was agreed to come back to the new planning framework, and particularly the Neighbourhood Health Plan, as part of the HWB strategy refresh design conversation at the final HWB development session scheduled for **12 February 2026.**

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