

<b>Report to</b>	East Sussex County Council Health Overview and Scrutiny Committee
<b>Meeting date</b>	18 <sup>th</sup> September 2025
<b>Report Title</b>	<b>Children and Young People Mental Health and Neurodevelopmental Pathway</b>
<b>Presenter(s)</b>	Jessica Britton - Deputy Chief Delivery and Strategy Officer, and Director of Strategic Commissioning, NHS Sussex John Child – Chief Operating Officer, Sussex Partnership NHS Foundation Trust Dr Anna Moriarty - Associate Clinical Director – CAMHS, Sussex Partnership NHS Foundation Trust
<b>Authors</b>	Stuart Gibbons- Deputy Director for Children and Young People Mental Health and All Age Learning Disability and Autism, NHS Sussex Lizzie Izzard – Head of Children and Young People Mental Health Commissioning, NHS Sussex Dr Anna Moriarty - Associate Clinical Director – CAMHS, Sussex Partnership NHS Foundation Trust
<b>Summary:</b>	
<p>Following a request by the East Sussex County Council HOSC, this paper has been developed in partnership between NHS Sussex, Sussex Partnership Foundation Trust (SPFT) and East Sussex County Council (ESCC).</p> <p>The paper provides an overview of the children and young people’s mental health service provision in East Sussex alongside an overview of the two associated system wide transformation programmes for children and young people’s mental health and all age neurodevelopmental pathway.</p>	

## 1.0 Introduction and Background

The Sussex Health and Care Integrated Care System (ICS) agreed a five-year strategy in 2022 - *Improving Lives Together* - building on the Health and Wellbeing Strategies we have in place across East Sussex, West Sussex and Brighton and Hove that focus on the priorities across our local populations. Our five-year strategy sets out the ambition of all our partners for our population and the areas that will make the biggest positive difference to people’s lives that can be best achieved by working across the whole of Sussex.

These are:

- A new joined-up community approach to health and care
- Growing and developing our workforce
- Improving the use digital technology and information
- Maximising the power of partnership working.

We now have a better opportunity to make our ambition a reality because of the different way that we – the organisations responsible for planning, providing, supporting and influencing health and care - are working together. This includes our work on supporting children and young people’s mental health.

As a system, we have a key role to play in ensuring that children and young people with mental health needs can access and receive high quality care and support. Health and care partners have a responsibility to ensure that the mental health needs of people of children and young people, from mild to severe needs and when in urgent or emergency need of help, receive the care and support they need. This includes addressing health inequalities for children and young people with mental health needs, by improving equity of access to services and reducing inequity of outcomes and experience. Services are provided by Sussex Partnership NHS Foundation Trust (SPFT), East Sussex County Council (ESCC) and Voluntary and Community Sector providers alongside services provided from primary care settings.

Further to ensuring access to services for this year, it is also recognised that collectively transforming services across our system is essential for the future to increasing access, reducing waiting times, enhancing clinical effectiveness and improving outcomes for children and young people. The children and young people's mental health priorities and transformation programme, and neurodevelopmental programme outlined in this paper sit within the context of [Sussex Integrated Care Strategy](#) *Improving Lives Together*, [Foundations for our Future Strategy](#) *Children and Young People Emotional Wellbeing and Mental Health Strategy*, Sussex Partnership NHS Foundation Trust organisational strategy, alongside the strategic objectives outlined in the NHS Long-Term Plan for Mental Health.

The programmes of work are 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 Mental Health Delivery Group has been established by the MHLDA Board to ensure the delivery of agreed programmes of work and achievement of required outcomes.

This paper provides:

- An overview of children and young people's mental health service provision in East Sussex.
- A high level overview of specialist Child and Adolescent Mental Health Service (CAMHS) provided by Sussex Partnership NHS Foundation Trust (SPFT) activity and waiting times.
- An overview of the Children and Young People's Mental Health and All Age neurodevelopmental pathway programmes.

## 1.1 Context: Sussex overview

Across Sussex, mental health services for children and young people have seen increases in acuity and complexity and this is impacting access to services and waiting times for some services that are longer than anyone would want. In particular there have been significant increases in demand for neurodevelopmental assessment that impact on the overall capacity of CAMHS services. Alongside this, there are some inconsistencies in service offer and unwarranted variation in access to services.

This position is reflected nationally. The Children's Commissioner's annual report <sup>1</sup>(May 25) on the state of children's mental health services in England highlights inequalities in access and notes that

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<sup>1</sup> [Press Notice: Children's Commissioner calls for urgent action to tackle waiting times and inequality in mental health care for children | Children's Commissioner for England](#)

during 23/24, 92% of children and young people who were referred to mental health services entered treatment within a year and 45% within four weeks. Whilst more children began treatment within the year in England, those still waiting for treatment increased from 270,300 (2022/23) to 320,000 (2023/24). Anxiety was the most common reason for referral, followed by neurodevelopmental conditions excluding autism, then suspected autism and finally referrals for crisis. The number of children referred for neurodevelopmental conditions like autism and ADHD has increased by almost 30% 2022/23 to 2023/24. There has also been an increase in crisis care referrals, up 7.7% between 2022/23 and 2023/24.

In parallel, nationally and locally, the Sussex Health and Care system is navigating a challenging financial environment. In 2024/25, Sussex spent approximately £50 million on commissioned children and young people's Mental Health, Learning Disability and Autism (MHLDA) services across a range of system providers. While this investment has delivered some important developments, including extending Mental Health Support Teams in schools and early intervention models, outcomes remain variable and demand continues to exceed capacity.

### Key insights in Sussex:

- An estimated 60,000 children and young people in Sussex live with a diagnosable mental health condition.<sup>2</sup>
- 22,035 children and young people in Sussex have accessed NHS Funded MH services in the previous 12 months (April 2025 data); this represents 98% of the national standard for access to services.
- 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 are stabilising. 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.
- 17% of referrals in Sussex began treatment within four months as of March 2025, with an average across 24/25 of 19%.
- 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).
- Some children and young people are waiting longer than we would want to access services, most notably for neurodevelopmental assessment; however, there are some areas of notable good practice in Sussex such as the i-Rock hubs, and the new Crisis Outreach Acute Support Team (COAST) that support alternatives to inpatient care and further areas for innovation should continue. Further detail is described in the following sections.

## 2.0 Children and Young People's Mental Health Service Provision in East Sussex

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

- Mental Health Support Teams (MHST) in Schools provided by East Sussex County Council

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<sup>2</sup> Approximate based on numbers of CYP in Sussex and potential 1 in 5 prevalence in *NHS digital: Mental Health of CYP in England, 2023 - wave 4 follow up to the 2017 survey*.

- Specialist Child and Adolescent Mental Health Service (CAMHS) provided by Sussex Partnership NHS Foundation Trust

This provides a graduated offer of care to children and young people to support their emotional wellbeing and mental health and promote mental well-being. The services work with each other to ensure children and young people access the right service to meet their needs. Please note that children and young people also have access to targeted commissioned offers with voluntary and community sector partners such as Impact Initiatives and Amaze.

## **2.1 Me & My Mind - Mental Health Support Teams in Schools (MHSTs)**

The East Sussex Mental Health Support Teams (MHSTs), known as Me & My Mind, provide short-term support for children and young people affected by mild to moderate mental health needs. Education Mental Health Practitioners (EMHPs) deliver the evidence-based interventions. The service is provided by East Sussex County Council.

94 education settings in East Sussex are currently supported by MHSTs. This represents approximately 65% coverage of education settings. The main referral pathway into the service is via the school / college Link Person. MHSTs will also accept direct referrals from certain services and professionals. This includes the East Sussex School Health Service and i-Rock (described in section 2.2 below).

Please note that every school has access to mental health and emotional wellbeing in education advisors and access to parent and carer practitioners. The Whole School Approach (all parts of the school working together to prioritise mental health and wellbeing in the school community) is offered to every school across East Sussex, irrespective of whether they have an MHST allocated to the school. 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).

Further information about the expansion and development of MHSTs is included in section 4.2.1.

## **2.2 Specialist Community Child and Adolescent Mental Health Service (CAMHS)**

SPFT provides the specialist Child and Adolescent Mental Health Services (CAMHS) across Sussex. CAMHS provide specialist assessment and treatment pathways for moderate and severe anxiety and/or depression, emotional intensity and trauma. There are also specialist teams for eating disorders and early onset psychosis. These services are delivered by a range of experienced professionals including, Child and Adolescent Psychiatrists, Nurses, Occupational Therapists, Social Workers, Psychologists, Child and Adolescent Psychotherapists, CBT therapists and Creative Therapists.

East Sussex CAMHS operates a stepped care model, delivering interventions matched to the severity and complexity of young people's needs. Primarily, referrals are triaged through the Single Point of Advice (SPOA), a countywide provision streamlining access into CAMHS and children's services. SPOA CAMHS is clinically led and co-located with ESCC Children's Services, improving

coordination and ensuring appropriate signposting or access to services. Of the referrals received by SPoA CAMHS in the last 12 months 8% were accepted for CAMHS Initial Assessment and 31% for the neurodevelopment assessment pathway.

The East Sussex stepped care CAMHS offer includes:

- **Universal/Preventative Support:** i-Rock operates across 3 sites in East Sussex. The service is open access, with no threshold criteria, young people can present without an appointment or a referral. The service supports young people from mild to acute presentation. In 2024 i-Rock provided 1262 appointments.
- **Assessment:** On receipt of a referral from SPoA, East Sussex CAMHS contact the young person/family to offer a choice of appointment dates/times/venues. All initial assessments are offered within 8 weeks (usually 4 weeks).
- **Targeted Support:** Group and brief individual interventions are offered as part of early steps to provide more timely intervention. Of the young people completing our DNA-V group (an evidence based model that promotes psychological strength), 71% were discharged from CAMHS having met their goal-based outcome. East Sussex CAMHS also offer brief 1:1 psychoeducation for anxiety; Obsessive Compulsive Disorder (OCD) specific Early Access Psychoeducational (OCD-EAO); Systemic Family Consultation and signposting to online resources.
- **Specialist CAMHS:** Multidisciplinary place-based teams offering evidence-based interventions for moderate to severe mental health presentations. Lead Practitioner provision to offer stabilisation intervention and support to the network where acuity and risk are high.

There are currently 54.56 whole time equivalent (WTE) staff working in the East Sussex community CAMHS team including 9.08 WTE Primary Mental Health Workers (PMHW), 11.2 WTE administration staff and 5.3 WTE medics. Services are provided by locality teams operating from community locations. In East Sussex the teams are based across 3 main sites in Lewes, Hailsham and St. Leonards. In addition to the community teams there are also the following teams within the CAMHS and children and young peoples services provided by SPFT:

### **Duty and Liaison services:**

CAMHS Duty and Liaison Services provide two key elements: The Duty service is available to provide support to all young people open to CAMHS, this includes young people waiting for assessment and / or intervention. This is predominantly a phone-based service, Monday-Friday 9am-5pm which is both reactive and proactive, taking calls from families and young people where there are concerns and following up young people whilst they are on waiting lists and for whom risks have been identified. Face to face appointments can also be made if clinically indicated. Should a young person's needs be identified through a duty call to have increased this can act as a triage following which they would be prioritised for an assessment.

Liaison services support young people presenting to A&E or admitted to a paediatric ward. The service assesses and care plans with young people and their families and professional/carer networks when they present in crisis. The practitioners liaise with acute hospital colleagues

supporting planning whilst in the hospital and to support discharge. The service operates Monday-Friday 9am-8pm and weekend and Bank holidays 10am-6pm.

**Eating Disorder Community Services:**

The Pan-Sussex Family Eating Disorder Service provides a comprehensive assessment and treatment pathway for those with an eating disorder supporting young people and their families and looking at both their physical and mental health needs in a way that complies with current guidance. The service covers the whole of Sussex via a local network or hub and spoke model and includes transition to adult services. By maintaining close links with primary and secondary care services including inpatient mental health units and the acute hospital, patients access a consistent and holistic care pathway.

This service is provided by a multi-disciplinary team of clinicians, experienced in working with children, young people and families affected by an eating disorder. The team is clinically led by a principal systemic psychotherapist and includes psychologists and assistant psychologists, psychiatrists, specialist nurses, social workers, dieticians, a paediatrician, systemic psychotherapists, eating disorder therapists, healthcare assistants and support workers.

Access to eating disorder services is monitored nationally, with the focus is on ensuring rapid access for assessment, particularly for young people deemed to have an urgent need. Ensuring rapid access to services is impacted by: volumes of referrals in any given period and alignment with available assessment slots, periods of staff absence or vacancies, young people and families being available to attend appointments. In order to mitigate risk there is clinical oversight of referrals and prioritisation, additional assessment appointments offered where possible and careful diary management to enable as much flexibility as possible to respond to the availability of young people and their families. However, there are a number of absences in the team and posts being recruited to so this flexibility is currently more compromised which has led to increased waits.

An improvement board has been set up with key outcomes to increase access and improve waiting times to treatment and to ensure the clinical model is effective going forward in meeting need.

**Eating Disorder Day Service provision:**

Springtide Eating Disorder Day Service (located in Hove but available to all children and young people across Sussex) provides packages of care Monday to Friday in a combination of virtual and on-site therapy and meal support for young people and their families. Children and young people have access to on-site school provision. The service is designed to provide an alternative to admission to a specialist eating disorder unit, supporting the young person to stay at home.

**Crisis and Intensive Home Treatment:**

The Crisis Outreach Acute Support Team (COAST) is a new service that launched in April 2025 which provides assessment/targeted support and a new alternative to inpatient admission or enhanced discharge offer for children and young people who are experiencing acute mental illness living in Sussex. The team delivers bespoke and holistic treatment based on formulation of clinical need and associated risk.



**Inpatient General Adolescent Unit:**

Chalkhill Inpatient Unit, located at Princess Royal Hospital, Haywards Heath is a 12 bedded inpatient general adolescent unit to which young people can be admitted either informally or when detained under the Mental Health Act. The unit has a multi-disciplinary team providing medical, nursing and therapeutic support to young people in their care. Children and young people have access to on-site school provision.

**LAC (Looked After Children) CAMHS:**

Looked After Children (LAC) CAMHS' purpose is to contribute to placement stability by supporting the mental health, emotional and behavioural needs of the looked after child and promoting positive attachments with their new carers, reduce the risk of Looked After Children (LAC) reaching threshold Tier 4 inpatient provision / Secure services, and support Social Workers and Personal Advisors supporting LAC to develop skills to better manage mental health, emotional and behavioural needs in the community and residential care settings. The services aim to improve the emotional wellbeing of Care experienced children but also to prevent placement breakdown and to facilitate these young people to fulfil their potential. Strong links with partner agencies in health, social care and education are pivotal to its success as well as LACCAMHS specialist knowledge and understanding of attachment and trauma.

**Neurodevelopmental Service:**

Alongside mental health services described above, SPFT CAMHS deliver assessments, diagnosis and treatment for neurodevelopmental conditions, predominantly ADHD and autism via a geographical hub model. The service is offered to those over the age of 6 and up to 18 for ADHD and from 11 to 18 for autism. There are currently 18.24 WTE staff working in the East Sussex CAMHS Neurodevelopmental service, including 4.59 WTE administration staff. The team includes experienced specialists from psychology, psychiatry, nursing and allied health backgrounds, contributing to high-quality, multi-disciplinary care. Please note autism assessments for under children under the age of 11 are provided by East Sussex Healthcare NHS Trust (ESHT).

**3.0 Service Activity and Waiting Times**

**3.1 Mental Health Support Teams in Schools**

**Key Headlines – 24/25 academic year:**

Whole school approach:

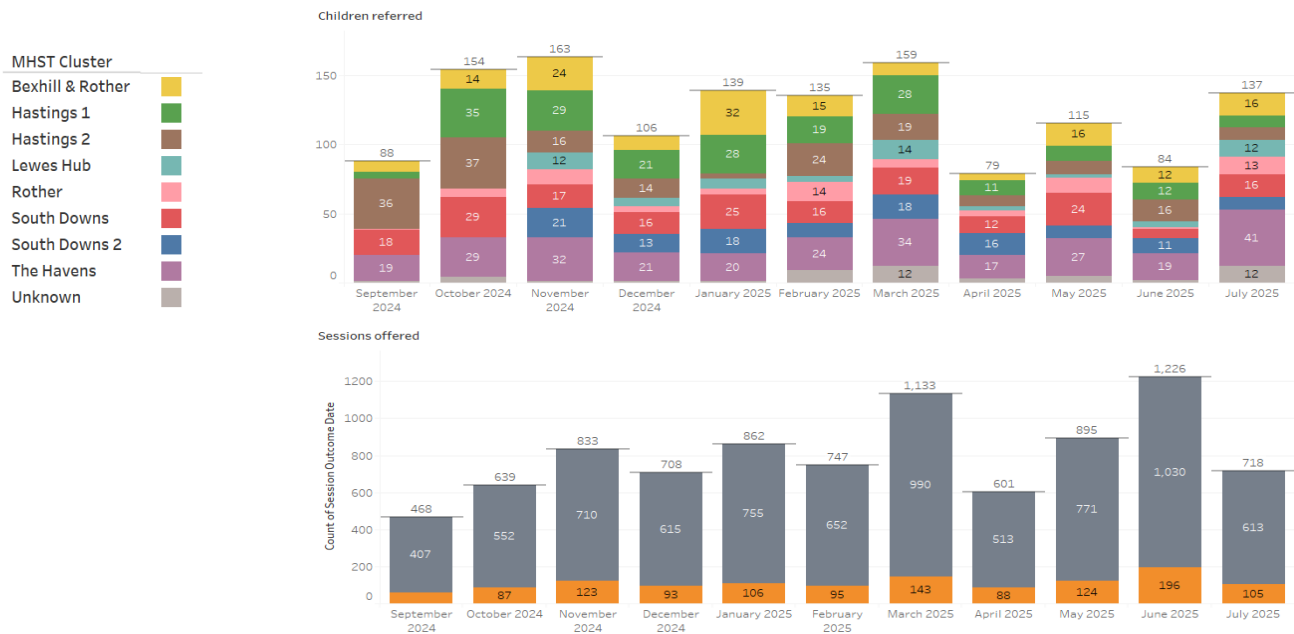
- 12 training events, including a Mental Health and Emotional Wellbeing Conference
- 14 workshops run in family hubs
- 4 online lunch and learn sessions
- 57 in school workshops

MHST referrals and sessions offered:

- Total referrals: 1359
- Highest levels of referrals are November and March and lowest levels are September and April
- Highest referrers are Hastings 1 & 2 MHST clusters

- Total sessions 8830
- Most sessions offers in March and June

Figure 1: referrals to MHSTs and sessions offered (orange = DNA) during 24/25 academic year.



## 3.2 Child and Adolescent Mental Health Services

### 3.2.1 Specialist Community CAMHS – East Sussex

#### Key headlines:

- The service receives an average of 48 external referrals per month (over the last 2 years)
- The service made an average of 1267 direct staff contacts per month
- The average time a young person waited to be assessed is currently 26 days and remains consistently within the 28 day target.

The following chart shows the fall in the volume of children and young people waiting for their initial CAMHS assessment. This is because of the introduction of the stepped care model in September 2023. The waiting list for assessment remains consistent with the sustained performance against the 28 day target for initial assessment. East Sussex CAMHS offers over 130 assessments each month. Focus has remained on assessment of need and risk and safety planning which impacts waiting time to treatment.



Figure 2: Number of children and young people waiting for initial assessment – highest point of 143 children and young people waiting for assessment in September 2023.



### 3.2.2 CAMHS Neurodevelopmental Service – East Sussex

#### Key Headlines:

- The service receives an average of 180 referrals each month, reflecting the growing awareness and demand for neurodevelopmental assessment and support across Sussex.
- The service delivers around 423 direct staff contacts per month, providing support to young people and their families during and beyond the diagnostic process.
- There are currently 5,604 children and young people waiting for neurodevelopmental assessment, waiting an average of 645 days.

As a result of ongoing increased referrals for neurodevelopmental assessment the number of children and young people waiting has continued to grow. The earliest available data for inclusion in this report is from 2022.

Figure 3: Number of children and young people waiting for neurodevelopmental assessment – indicative historical trend.



### 3.3 CAMHS Waiting Time Management

We understand the impact that long waits for support can have on children, young people, and their families. The service is actively working to mitigate these effects and improve the experience of care.

### 3.3.1 Recognising the impact of waiting

Waiting for assessment or treatment can have daily effects on a young person's wellbeing, including challenges with emotional health, physical health, school attendance, and progress towards achieving educational potential.

We recognise that mental health can deteriorate during long waits, and this can contribute to increased complexity of need upon accessing services. This is seen across both community CAMHS and neurodevelopmental services.

### 3.3.2 Actions taken to provide support while waiting

To reduce risk and provide ongoing support during waiting times, a number of initiatives have been introduced:

- Monthly case review days ensure that all young people on waiting lists have their needs reviewed, risk levels assessed, care plans updated and are sent a 'keeping in touch' letter. Families are encouraged to contact the service if circumstances change.
- A project has launched to contact every young person on the waiting list by phone. This will help to check risk levels and confirm whether the original intervention offered is still appropriate.
- Quarterly assessment weeks bring the whole team together to conduct initial assessments for 40–50 young people. These help to identify risks early, agree formulations, and allocate to the correct treatment pathway, reducing assessment wait times by approximately two months.
- The neurodevelopmental service also sends regular 'keeping in touch' letters and is working 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 crisis.

### 3.3.3 Supporting transitions to adult services

A smooth transition to adult care is important to ongoing care at a key point in a young person's life. The following steps are in place to support young people approaching adulthood:

- At age 17 years and 6 months, the CAMHS services makes adult services aware of the young person to enable planning of smooth handover. CAMHS staff remain involved during the handover period to ensure continuity until the young person is settled in adult care.
- A Transfer of Care Lead is in place to work across CAMHS and adult services to improve the journey for young people and their families.
- Capacity issues in adult neurodevelopmental services continue to affect the transfer of young

people with ADHD. Plans are underway to increase adult service capacity, with improvements expected over the coming months. In parallel, system-wide discussions are taking place to strengthen pathways across the age boundary.

### 3.4 CAMHS experience and outcomes

CAMHS routinely seeks feedback from young people, carers and families regarding the experience of the service using a standardised questionnaire and also through participation and involvement work.

Data from the Experience of Service Questionnaire ESQ (collated 2024-25) shows high overall satisfaction with East Sussex CAMHS services and very positive feedback from children, young people and their families. This indicates that once young person accesses support, they have a positive experience, and the key challenge remains with the length of time a young person waits for assessment and intervention.

Figure 4: Experience of Service Questionnaire (ESQ) quantitative feedback 2024/25.

Total: 40 ESQs completed and returned

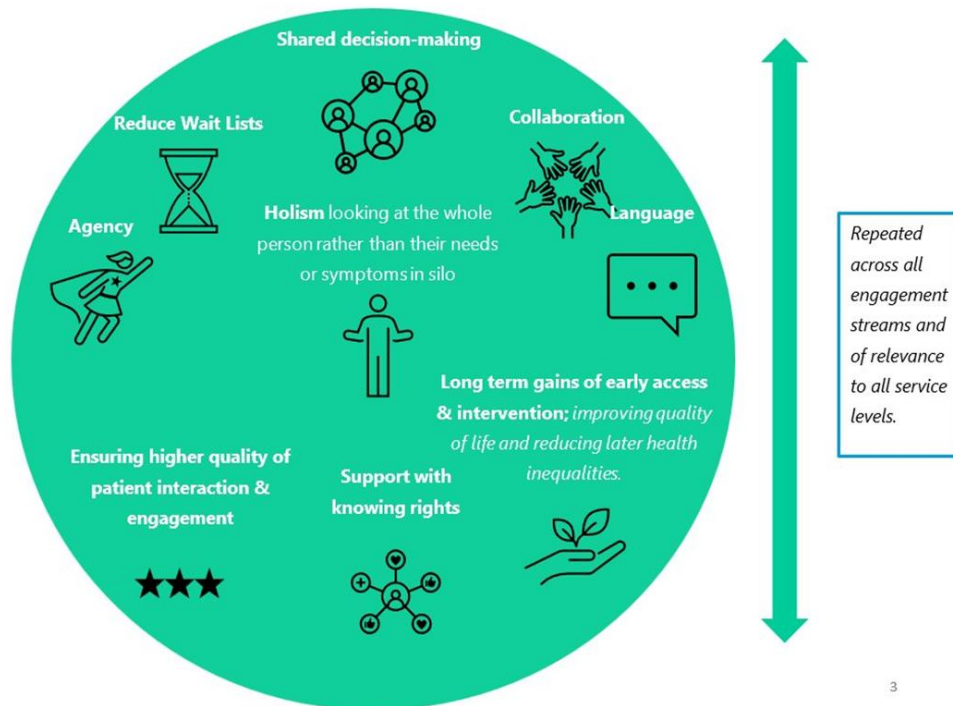
ESQ item	% of Certainly True or Partly True responses
I felt that the people who saw me listened to me	100%
It was easy to talk to the people who saw me	100%
I was treated well by the people who saw me	100%
My views and worries were taken seriously	98%
I feel the people here know how to help me	100%
I have been given enough explanation about the help available	98%
I feel that the people who have seen me are working together to help me	98%
The facilities here (like the waiting area) are comfortable	100%
The appointments are usually at a convenient time (e.g. don't interfere with school, clubs, college, work)	90%
It is quite easy to get to the place where I have my appointments	100%
If a friend needed this sort of help, I would suggest them to come here	95%
Overall, the help I have received here is good	100%

#### 3.4.1 Feedback themes from engagement / co-production with young people

Feedback has been captured in a visual below and highlights the core principles and values that underpin all aspects of our transformation work. While not tied to any single service or intervention, these themes consistently emerge across engagement with children, young people, families, and professionals, and are reflected in the design and delivery of services at every level.

From reducing waiting times and improving patient experience, to embedding shared decision-making, promoting agency, and ensuring high-quality engagement, these priorities speak to what matters most to those using and delivering care. They reinforce the importance of holistic, timely, rights-based approaches that look at the whole person, not just individual symptoms or diagnoses. These themes are not isolated; they are woven through every strand of our work, informing how we

design services, train staff, involve families, and measure impact. Ultimately, they reflect our shared ambition to improve outcomes, reduce inequalities, and deliver high-quality, person-centred care across the system.



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### 3.4.2 Outcome measures

East Sussex CAMHS routinely uses outcome measures to identify and monitor clinical need and measure impact of intervention, as well as ensuring treatment is targeted and focused on shared goals. Routine outcome measures are collected at assessment, during and following treatment for children and young people. This includes two types of measure, Goal-Based Outcomes (GBO) and Children’s Global Assessment Scale (CGAS). GBO focuses on evaluating progress towards individual goals set by the child or young person, while CGAS provides a clinician-rated assessment of the child’s overall level of functioning e.g. ability/confidence to return to school full time.

East Sussex Paired CGAS Change January - June 2025		
	Number	%
<b>Increase</b>	670	53
<b>Decrease</b>	449	36
<b>No Change</b>	142	11
<b>Total</b>	1261	100

East Sussex Paired GBO Change January - June 2025		
	Number	%
<b>Increase</b>	323	67
<b>Decrease</b>	41	8
<b>No Change</b>	121	25
<b>Total</b>	485	100

Please note that the CGAS figures above are likely to be an underestimate of improvement in functioning as some of the young people will not yet have received an intervention/full intervention, due to the waiting times for specialist CAMHS that the system is working together to address as outlined in section 4 below (Sussex Children and Young People Transformation Programme) in particular section 4.4 (Specialist CAMHS Service Development).

## 4.0 Sussex Children and Young People Transformation Programme

### 4.1 Mental Health Transformation Programme

It is recognised that transforming services is essential to increase access, reduce waiting times, enhance clinical effectiveness and improve outcomes for children and young people. The multi-agency Children and Young People's Mental Health Delivery Group have identified four improvement priority areas, focussing on the importance of a whole system pathway approach utilising the [Thrive Framework](#)<sup>3</sup>, with the overall aim of improving access to effective support for children, young people and families.

These priorities are outlined below. Task and Finish Groups have been established for Getting Advice and Help and Children and Young People's Mental Health Urgent and Emergency Care and programme arrangements are being developed and mobilised for Specialist CAMHS Service Development.

Priority Area		
<b>Getting Advice and Help</b>	<b>Children and Young People Mental Health Urgent and Emergency Care (UEC)</b>	<b>Specialist Community CAMHS Development</b>
Develop and improve: <ul style="list-style-type: none"> <li>• Access</li> <li>• Communications</li> <li>• Core Offer</li> </ul>	<ul style="list-style-type: none"> <li>• Review and build on Urgent and Emergency Care Improvement Plan</li> <li>• Improve pathway including new Hospital at Home service</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and deliver a new specialist CAMHS clinical model of care</li> </ul>
Task and Finish Group membership includes: <b>NHS Sussex (lead)</b> , VCSE, SPFT, Public Health, Local Authority, Parent Carer, Expert By Experience	Task and Finish Group membership includes: <b>NHS Sussex (lead)</b> , Provider Collaborative, SPFT, Local Authority, VCSE, Parent Carer, Expert By Experience	Overseen through SPFT governance and Steering Group. Multi-agency clinical reference group.
<b>Pathway Interface</b>	<ul style="list-style-type: none"> <li>• Oversee interface between each element of the pathway to ensure pathway is connected and joined up support for CYP.</li> </ul>	Delivery mechanism to be developed.

<sup>3</sup> The Thrive Framework is a needs-based approach to children and young people's mental health services. It replaces the traditional "tiered" model (Tier 1 - 4) with a more flexible and integrated system based on the type of help needed, not on severity or diagnosis.

## 4.2 Getting Advice and Help

This priority area focuses on improving access to information, early intervention and support and includes the range of emotional wellbeing and mental health services to meet mild to moderate need (including Mental Health Support Teams in schools – see below 4.1.1). 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. This priority area will be delivered through three improvement workstreams:

1. **Access** focussing on all aspects of Access (and entry points) to mental health support.
2. **Communications** focussing on all aspects of communications and information for children and young people's mental health and neurodevelopmental services.
3. **Core Offer** focussing on determining the key, shared elements of a support offer for mild to moderate mental health need (pre specialist CAMHS), including the Mental Health Support Teams (MHSTs) in schools offer.

Initial scoping and development took place during January to April 2025. Recommendations were presented to the MHLDA Board in May 2025 and agreed and a delivery plan has now been developed for approval by the CYP Mental Health Delivery Group and MHLDA Board.

### 4.2.1 Mental Health Support Teams (MHST) in Schools

As part of our strategic priority to improve access to early support, we are continuing to implement the government's ambition for 100% of schools and colleges to have access to a Mental Health Support Team (MHST) by 2029/30. MHSTs are a key element of the national offer to provide earlier help for children and young people with mild to moderate mental health needs. These teams are central to the local *Getting Advice and Help* offer.

Each MHST includes specially trained Education Mental Health Practitioners who deliver evidence-based support, including low-intensity Cognitive Behavioural Therapy (CBT) and solution-focused interventions. These address issues such as anxiety, low mood, self-esteem, sleep, emotional regulation, and safety planning in relation to self-harm or suicidal thoughts.

MHSTs have three nationally defined core functions:

1. **Delivering evidence-based interventions** to children and young people with mild to moderate mental health needs in school settings.
2. **Supporting schools to develop a Whole School Approach** to mental health and emotional wellbeing.
3. **Providing timely advice and liaison**, helping staff navigate local services and ensuring children and young people access the right support at the right time.

Since national implementation began in 2019, MHST coverage in Sussex has steadily expanded. There are now 20 MHSTs across Sussex, including 6.5 teams in East Sussex, with distribution aligned to the school-aged population in each Local Authority area. With the introduction of Wave 11 teams (1 additional team in East Sussex) from September 2024, coverage has risen from 52% to 65% of schools in Sussex, exceeding the current national average of 52%.



## 4.2.2 Looking Ahead

NHS Sussex has paused expansion in 2025/26 during which we will evaluate the current model, strengthen existing delivery, and explore opportunities for development in collaboration with South East ICBs and the regional NHSE team within the context of our overall mild to moderate children and young people's mental health offer. We are keen to work locally and regionally to review learning, shape future service design, and influence the evolution of the national MHST model. MHSTs continue to be a core part of our offer for children and young people with mild to moderate mental health needs and we remain committed to achieving full coverage by 2029/30.

## 4.3 Children and Young People's Mental Health Urgent and Emergency Care (UEC)

This priority area focuses 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 UEC Improvement Plan and developing the pathway of care which will include the new Crisis Outreach Acute Support Team (COAST) service (see further detail below 4.3.1).

The multi-agency improvement workstream was mobilised in September 2024, during which time a solution focussed approach has been taken to developing recommendations to address key challenges in the pathway with a focus on three areas: i) Rapid Response when a young person goes into crisis; ii) Pathway for young people for Mental Health and Neurodevelopmental pathway support; iii) Support for parents and carers. During this time the new COAST service has been developed and mobilised by SPFT, the service forms a key element of the wider UEC pathway. As above, recommendations were presented to the MHLDA Board in May 2025 and agreed with a full delivery plan under development.

### 4.3.1 COAST – Crisis Outreach and Acute Support Team

The COAST service is a key part of the Sussex urgent care pathway for children and young people experiencing mental health crises. Launched in April 2025, COAST provides intensive outreach and home treatment, offering a safe and effective alternative to inpatient admission. The new team brings together the existing Urgent Help and Home Treatment Teams with additional investment from the HSK CAMHS provider collaborative and existing investment from NHS Sussex.

Operating seven days a week, the team delivers assessment, crisis targeted intervention, and intensive home treatment based on defined care pathways (typically 12-16 weeks of intensive support). COAST works closely with community CAMHS, A&E liaison teams, and schools, ensuring a coordinated and timely response for young people in acute distress.

The service is jointly commissioned by the HSK CAMHS Provider Collaborative and NHS Sussex, and reflects our commitment to delivering high-quality, community-based crisis care that keeps children and young people safely supported at home wherever possible.

## 4.4 Specialist CAMHS Service Development

Sussex Partnership NHS Foundation Trust (SPFT) is leading a two-year (commenced Q4 2024/25) transformation programme to redesign and improve community CAMHS across Sussex. The aim is to ensure timely access to evidence-based care for children and young people with moderate to

severe mental health needs, in a way that is equitable, needs-led and future-focused. This work is a response to both rising demand and the current variation in provision across Brighton & Hove, East Sussex and West Sussex, shaped by historical commissioning differences.

The transformation focuses on:

- Improving access to timely, effective interventions
- Reducing waiting times for assessment and treatment
- Delivering care based on national best practice, including the i-THRIVE model
- Designing a consistent offer across Sussex that meets the needs of neurodivergent young people and those with care experience

SPFT has engaged widely with stakeholders including staff, children, young people, parents/carers, and partner agencies and reviewed national guidance, emerging research, and best practice from other areas. The i-THRIVE framework<sup>4</sup>, now adopted by over 70 CAMHS services nationally, is guiding the redesign of care pathways and clinical delivery.

SPFT are currently finalising a new clinical model and patient journey, grounded in:

- **Evidence-based interventions** tailored to individual need
- **Goal-focused care planning** in collaboration with young people and families
- **Skills audits and workforce development** to ensure the right support is available at the right time

This transformation is being delivered in close partnership with local authorities, education, social care, and NHS Sussex, with a shared commitment to improving outcomes and experiences for all children and young people accessing CAMHS across Sussex with a key focus on the reduction in waiting times to access intervention. We expect to see a positive impact on waiting during the phased implementation of the new clinical model as part of the two year specialist CAMHS service development as outlined above.

#### 4.5 Wider system development for our most complex and vulnerable children

Aligned to the priority workstreams described above work is also being led by the Hampshire, Sussex and Kent (HSK) CAMHS Provider Collaborative and South East Regional Care Co-operative. We are working in partnership to improve support and outcomes for our most complex and vulnerable children.

##### 4.5.1 Hampshire, Sussex and Kent (HSK) CAMHS Provider Collaborative

The HSK CAMHS Provider Collaborative brings together inpatient and community providers across Sussex, Kent, and Hampshire to oversee the commissioning and delivery of specialist (Tier 4) CAMHS services. Its core aim is to ensure that children and young people receive the right care, as close to home as possible, by moving from an inpatient-focused model to a blended approach that includes both inpatient beds and intensive community-based alternatives.

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<sup>4</sup> [i-THRIVE | Implementing the THRIVE Framework](#)

This aligns closely with the goals of the Sussex CAMHS transformation programme, which is redesigning community services to better meet the needs of children and young people with complex and high-risk presentations. By strengthening local capacity for crisis response and intensive outreach (e.g. through services like COAST), and embedding flexible, needs-led models of care, there is growing potential to reduce avoidable admissions and reduce lengths of stay for those who do require inpatient care.

The Provider Collaborative also offers a strategic opportunity to reinvest funding from traditional inpatient provision into enhanced community services, supporting the wider transformation ambition to deliver earlier, more personalised, and more sustainable care for young people. This integrated approach is key to delivering improved outcomes and a more responsive mental health system across the region.

#### 4.5.2 HSK CAMHS Provider Collaborative Sussex Developments and Expansion

The pilot Spring Tide Eating Disorder Service continues to demonstrate positive impact in reducing hospital admissions and improving outcomes for children and young people. With the recent launch of the COAST crisis outreach service, we anticipate further reductions in the need for inpatient care through earlier, community-based intervention.

Building on this, the HSK CAMHS Provider Collaborative is preparing to align with the new nationally proposed clinical model for specialist services. Although the final model, led by NHS England, is still undergoing stakeholder testing, there is shared commitment to its central principle: hospital admission should only be used when absolutely necessary, and where intensive community alternatives are not appropriate or available.

At the December 2024 Provider Collaborative Executive Partnership Board, agreement was reached to invest non-recurrent funding into four proposed service developments that support this model:

- *EDiT – Intensive Eating Disorder Home Treatment*
- *IRoC – In-reach to Residential Care for Looked After Children*
- *IBiS – Improving Behaviour that Challenges Support Service*
- *ExIT – Extended Inpatient Transitions Support*

In Sussex, the current focus is on developing IRoC and IBiS, in response to identified local needs and capacity gaps. These services will complement existing provision such as COAST, supporting the broader CAMHS transformation aim to deliver more responsive, needs-led care in the community.

A defining strength of the Provider Collaborative is the active involvement of young people, parents, carers, and families. Through a strong participation programme, all service developments are co-designed with experts by experience, ensuring that services are shaped by those who use them.

### 4.5.3 South East Regional Care Co-operative

In 2024, the Department for Education (DfE) awarded capital and revenue funding to the South East and Greater Manchester to develop Regional Care Cooperatives (RCCs) with the key strategic priority of commissioning care placements for children with complex needs. The concept of regionalising activities in children's social care originated in the 2016 Narey review and has been woven through subsequent white papers including the Independent Care Review (2022) and Stable Homes, Built on Love (2023). The Children's Wellbeing and Schools Bill (currently going through Parliament) will allow government to mandate regional cooperation.

ESCC (along with West Sussex County Council and Brighton and Hove City Council) are members of the South East RCC. The intention is for the RCC to be formally established as a Social Enterprise (not for profit) by December 2025. The RCC is focussing on addressing the critical issues we face regarding inconsistent and worsening outcomes for children and young people while simultaneously spending more on their care. The RCC will enable us to work together across Local Authorities and the NHS to break the cycle of rising costs in residential care and worsening outcomes.

A Pan Sussex children with complex lives project has been mobilised and is supported by £687,000 DfE funding to pilot innovative approaches for children with complex lives. The funding split into two elements: development of a Multi-disciplinary Team (MDT) and implementation of a standard assessment tool. The RCC will project manage the project and will support close working across health and the local authorities. The intention is to develop shared children's homes across Sussex to be adapted to meet the needs of children with complex lives. The HSK CAMHS Provider Collaborative will work with RCC in developing an 'in-reach' service to support the children's homes.

### 4.6 All Age Neurodevelopmental Pathway Programme

Neurodevelopmental (ND) needs, particularly autism and ADHD, frequently co-occur with mental health challenges such as anxiety, trauma, emotional dysregulation, and difficulties with relationships, learning, and daily functioning. This overlap means that improving neurodevelopmental pathways is not only essential to supporting neurodivergent children and young people, but also forms a core part of the wider children and young people's mental health transformation programme across Sussex.

Waiting times impact the mental health, school attendance, family wellbeing, and young people's ability to engage in daily life. In response, the Sussex-wide All Age Neurodevelopmental Transformation Programme has been developed as a cross-system initiative that works in close alignment with the mental health transformation programme.

#### 4.6.1 Neurodevelopmental Programme Priorities

The programme is structured around three strategic priorities that have been supported by the MHLDA Delivery Board. These are

1. Introducing a needs-based approach to support people irrespective of diagnosis and associated reduced demand on this element of the pathway.
2. Clear and streamlined access to services and support, including digital support.

3. Streamlined approaches to assessment and post assessment across NHS services; and training more practitioners, primary care and mental health, to increase assessment capacity.

#### 4.6.2 Key achievements to date include:

- A multi-agency leadership group supporting joined-up planning and delivery across the ICS.
- A live pilot of the Dimensions needs-led tool in schools, helping identify needs earlier with the aim of supporting these irrespective of diagnosis.
- Delivery of the Partnership for Neurodiversity in Schools (PINS) in 38 schools in 2024/25, improving inclusive practices and teacher confidence. Year 2 of the PINS project delivery is underway.
- A new pilot to coordinate ADHD and autism assessment pathways, aiming to reduce duplication and delays

In East Sussex, schools have been key partners in piloting ND tools and inclusive practice projects, helping ensure that young people's needs can be met within their existing education settings irrespective of diagnosis and/or while they wait for assessment or specialist support.

#### 4.6.3 Looking ahead

A cross-system taskforce is now aligning adult and children's pathways, supporting smoother transitions and consistent approaches across the life course. Alongside this, work is underway to expand community-based and digital assessment models, build workforce capacity, and provide more flexible, non-diagnostic interventions.

This transformation work is interdependent with the Sussex Children and Young People's Mental Health Transformation Programme, with both forming part of the wider MHLDA programme reporting to the MHLDA Delivery Board. This supports the broader ambition of the ICS: to deliver earlier, more equitable, and more joined-up care for children, young people, and families, particularly those with the most complex needs.

### 5.0 Conclusion

East Sussex is facing the same national challenges seen across children and young people's mental health and neurodevelopmental services including rising levels of need, increasing acuity, and significant demand for assessment, diagnostic and therapeutic support. Locally, these pressures are reflected in high referral volumes, long waiting times (particularly for neurodevelopmental assessments), and challenges in transition pathways to adult services.

Despite these challenges, meaningful progress is being delivered across the County. East Sussex benefits from a well-established, collaborative approach across NHS Sussex, Sussex Partnership NHS Foundation Trust, and East Sussex City Council. This partnership is delivering targeted improvement, such as the reduction in waiting times, the launch of the COAST service, and enhanced support within schools through integrated MHSTs.

The local transformation programme is embedded within the Sussex Integrated Care Strategy "*Improving Lives Together*", the *Children and Young People's Emotional Wellbeing and Mental Health Strategy*, and aligns fully with the NHS Long-Term Plan. It reflects the shared ambition to:

- Improve early access to support,
- Reduce reliance on inpatient care,
- Deliver personalised, evidence-based care closer to home,
- And create a more joined-up experience for children, young people, and families.

Sustained leadership, strong local partnerships, and a continued focus on workforce and pathway development continues to be critical to delivering on our ambition: a high-quality, responsive, and inclusive mental health and neurodevelopmental system that meets the needs of children and young people in East Sussex.