

HEALTH OVERVIEW & SCRUTINY COMMITTEE ADDENDUM

4.00PM, WEDNESDAY, 9 JULY 2025

COUNCIL CHAMBER, HOVE TOWN HALL

Agendas and minutes are published on the council's website www.brighton-hove.gov.uk. Agendas are available to view five working days prior to the meeting date.

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

This agenda and all accompanying reports are printed on recycled paper

ADDENDUM

ITEM		Page
7	CHILDREN & YOUNG PEOPLE MENTAL HEALTH SERVICES	3 - 26

Brighton & Hove City Council

Health Overview & Scrutiny Committee

Agenda Item 7

Subject: Children & Young People Mental Health Services

Date of meeting: 09 July 2025

Report of: Chair of the Health Overview & Scrutiny Committee

Contact Officer: Name: Giles Rossington, Scrutiny Manager

Tel: 01273 295514

Email: giles.rossington@brighton-hove.gov.uk

Ward(s) affected: (All Wards);

Key Decision: No

For general release

1. Purpose of the report and policy context

- 1.1 This report presents an update from health and care systems partners on the planning and performance of children & young people's mental health services.
- 1.2 This report was requested by the HOSC Chair, reflecting the fact that young people's mental health is one of the 5 Brighton & Hove priority areas in the Sussex Integrated Care Strategy, Improving Lives Together.

2. Recommendations

- 2.1 That Health Overview & Scrutiny Committee notes the information in this report and appendices.

3. Context and background information

- 3.1 Mental Health care for children & young people involves a range of local health and care system partners including Sussex Partnership NHS Foundation Trust (SPFT), Sussex Integrated Care Board (ICB), and Brighton & Hove City Council Families, Children & Wellbeing directorate. More information on the planning and delivery of local services, jointly compiled by partners, is included as Appendix 1 to this report.

4. Analysis and consideration of alternative options

4.1 Not relevant to this report for information.

5. Community engagement and consultation

5.1 None directly for this information report.

6. Financial implications

6.1 None in this report which is for noting.

Name of finance officer consulted: Date consulted (dd/mm/yy):

7. Legal implications

7.1 No legal implications have been identified in this report which is for noting.

Name of lawyer consulted: Victoria Simpson Date consulted 03/07/25

8. Equalities implications

8.1 None directly for this information report.

9. Sustainability implications

9.1 None directly for this information report.

10. Health and Wellbeing Implications:

10.1 None directly for this information report.

Other Implications

11. Procurement implications

11.1 None identified

12. Crime & disorder implications:

12.1 None directly for this information report.

13. Conclusion

- 13.1 Committee members are asked to note the information provided by city health & care system partners on the planning and performance of children & young people's mental health services. If members have particular concerns or interests arising from this information they may wish to explore these issues in greater depth at future meetings.

Supporting Documentation

1. Appendices

1. [Information provided by local health & care system partners](#)

2. Background documents

1. Sussex Integrated Care Strategy, Improving Lives Together [0438 NHS Sussex VF4 4](#)

Report to	Brighton and Hove City Council Health Overview and Scrutiny Committee
Meeting date	9 th July 2025
Report Title	Children and Young People Mental Health and Neurodevelopmental Pathway
Presenter(s)	Claudia Griffith – Chief Delivery and Strategy Officer, NHS Sussex John Child – Chief Operating Officer, Sussex Partnership NHS Foundation Trust Dr Anna Moriarty - Associate Clinical Director – CAMHS, Sussex Partnership NHS Foundation Trust
Authors	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 Alison Nuttall – Managing Director Specialist Services Division, Sussex Partnership NHS Foundation Trust
Item number	[to be added by Committee Secretariat Officer]
Summary:	
Following a request by the Brighton and Hove City Council HOSC, this paper has been developed in partnership between NHS Sussex, Sussex Partnership Foundation Trust (SPFT) and Brighton and Hove City Council (BHCC). The paper provides an overview of the children and young people's mental health service provision in Brighton and Hove alongside an overview of the two associated system wide transformation programmes for children and young people's mental health and all age neurodevelopmental pathway.	

1.0 Introduction and Background

As a system in 2022 we agreed our system strategy *Improving Lives Together* building on the Health and Wellbeing Strategies we have in place across Brighton and Hove, East Sussex and West Sussex that focus on the priorities across our local populations. Our five-year strategy sets out our ambition 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), Brighton and Hove City Council (BHCC) and Voluntary and Community Sector providers alongside services provided from primary care settings.

It is recognised that collectively transforming services across our system is essential 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 the 5-year [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 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 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 Brighton and Hove
- 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 that is impacting access to services and waiting times for some services that are longer than anyone would want, noting particularly 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 ¹(May 25) on the state of children's mental health services in England highlights inequalities in access and notes that during 23/24, 92% of children and young people who were referred to mental health services entered

¹ [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](#)

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.

2.0 Children and Young People's Mental Health Service Provision in Brighton and Hove

There are three main children and young people's community mental health services in Brighton and Hove:

- Schools Mental Health Service (this includes the Mental Health Support Team (MHST) in school offer)
- Children and Young People (CYP) Wellbeing Service
- Specialist Child and Adolescent Mental Health Service (CAMHS)

The Schools Mental Health Service and CYP Wellbeing Service support children and young people with mild to moderate emotional wellbeing and mental health need, whilst the specialist CAMHS service supports children and young people experiencing more severe and complex mental health needs. 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 closely with each other to ensure children and young people access the right service to meet their needs.

2.1 Schools Mental Health Service

The Schools Mental Health Service collaborates with all primary schools, secondary schools, and post-16 settings in the city to promote mental well-being and reduce the stigma surrounding mental health. The service is unique to Brighton and Hove and is jointly funded by BHCC and NHS Sussex and offers a broad range of preventative psychosocial and psychotherapeutic interventions for all students with mild to moderate mental health needs including anxiety, low mood and complexity factors at school or at home. Integrated into the Schools Mental Health Service is the Mental Health Support Team (MHST) offer, which covers 65% of schools (33 Primary Schools, 10 secondary schools and 1 post-16 college) in line with East Sussex and West Sussex coverage. MHST resource is allocated to schools based on need and deprivation supporting a needs led phased implementation of the offer. MHST's form part of the government's core commitment to provide additional support through schools and colleges, further details are in section 4.2.1.

The service assists schools in establishing systems and services that enable a proactive approach to addressing the mental health needs of their students. They also work to build staff confidence in understanding and supporting these needs. The service aims to facilitate easier access to appropriate support for children, young people, and families when needed. It promotes positive conversations around mental health and well-being, increasing early access to necessary support and preventing the escalation of difficulties.

In addition, over the past year, the service has established and leads a Multi-Agency Mental Health in Education Triage (MAMHET), including partners from Schools Mental Health Service, CAMHS, Social Care, Police, School Nursing, and the Children and Young People Wellbeing Service. This

collaboration enables joint thinking and discussion about the support needs of young people identified as most at risk of suicide.

2.2 Children and Young People (CYP) Wellbeing Service

The CYP Wellbeing service is delivered as part of the broader Brighton and Hove Wellbeing Service (adults). The service provides assessment and short-term treatment pathways for mild to moderate anxiety and/or depression. The integrated service is clinically led by SPFT and delivered in partnership with YMCA Downslink Group who provide specialist counselling pathways, while SPFT staff deliver the Cognitive Behavioural Therapy (CBT) pathway.

The service also operates a streamlined front door for CYP wellbeing, CAMHS and neurodevelopmental referrals. Referrals are reviewed by CYP Wellbeing service staffed by YMCA and SPFT staff including specialist CAMHS staff. Daily liaison and twice weekly triage meetings take place to ensure that young people are directed to the most appropriate service for their needs. The services also meet weekly with the Schools Mental Health Service.

2.3 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. There are currently 24 staff working in the Brighton and Hove community CAMHS team, including administration staff. Services are provided by locality teams operating from community locations. In Brighton and Hove the team is based at the Aldrington Centre in Hove. In addition to the community teams there are:

Brighton and Hove Assertive Outreach Team (AOT):

This team was established in Brighton and Hove only to offer a model akin to adult AOT for young people aged 14-25 who have difficulties engaging with either community CAMHS or adult community services and have high risk or complex needs requiring additional intensive support. Operating hours are Monday-Friday 9am-5pm.

Duty and Liaison services:

CAMHS Duty and Liaison Services provide two key elements: Duty 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 risks have been identified including post liaison input. 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 provide A&E liaison for 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 service provides assessment and intervention for young people presenting with eating disorders. This is a community-based service with young people treated following NICE guidance and includes an element of liaison support for young people with eating disorders who are admitted to acute paediatric wards. The service operates Mon-Friday 9am-5pm with a base at the Aldrington Centre in Hove and satellite clinics across Sussex.

Eating Disorder Day Service provision:

Springtide Eating Disorder Day Service is also located at Aldrington House in Hove providing 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 crisis 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. This 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.

Children in Care Emotional Wellbeing Service:

This service is jointly funded by NHS Sussex and BHCC and is delivered by SPFT, working within the Partners in Change Hub in Children's Social Care. The service provides network consultations and support for social workers, therapeutic parenting support to carers and a limited amount of direct therapeutic work with children and young people in care that do not meet the threshold for specialist CAMHS.

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 8.8 WTE staff working in the service, including 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 Sussex Community NHS Foundation Trust (SCFT).

3.0 Service Activity and Waiting Times

3.1 Brighton and Hove Schools Mental Health Service

In 2024, the Brighton and Hove Schools Mental Health Service:

- delivered over 6,600 direct contacts with children, young people, and families, and is an integral role in the early intervention part of the pathway. In addition to direct support, the service provided whole-school training on topics such as neurodiversity, anxiety, and safety planning, and facilitated consultations and bespoke groups addressing emerging needs in the school environment.
- delivered 8 pieces of school training, covering areas such as neurodiversity and anxiety, self-compassion, self-harm and safety planning
- provided staff consultations for about 63 young people and input into triage around 1,244 young people.
- supported professionals about 26 young people
- provided 24 bespoke support groups for young people within school, including exam stress and anxiety.
- delivered 13 parent/carer workshops around areas such as anxiety and resilience, transition, Autism, ADHD and self-harm
- provided 123 consultations to parents, some of which took away strategies and some moved onto have direct work.

Outcome data indicates strong effectiveness in the early intervention model. Of the 1,244 young people triaged, only 19 required escalations to CAMHS, the majority of whom were referred for specialist diagnostic assessments such as Autism or ADHD, highlighting the effectiveness of the service in managing need at earlier stages.

3.2 Children and Young People Wellbeing Service

Average waiting times for assessment in the Children and Young People Wellbeing Service have significantly improved, reducing from 20 weeks in September 2024 to 8 weeks by May 2025. This reduction follows a targeted waiting list initiative, which focused on triaging referrals, improving throughput, and ensuring timely access to support for children and young people.

Figure 1: Waiting time to assessment.



Average waiting times for treatment have fallen from a peak in July 2024 of 31 weeks to 21 weeks. Numbers waiting for treatment have fallen from 197 to 55 over the same period.

Figure 2: Number of children and young people waiting to start treatment.



3.3 Child and Adolescent Mental Health Services

3.3.1 Specialist Community CAMHS – Brighton and Hove

Key headlines:

- The service receives an average of 34 referrals per month (over the last 2 years)
- The service made an average of 447 direct staff contacts per month
- The time a young person waited to be assessed has reduced from 153 days to 132 days from May 2024 to May 2025
- While the service are actively tracking referral and assessment timelines, they are currently developing a robust method to accurately report on the full pathway, including the time from referral to the start of treatment. This will ensure we provide a clear and consistent picture of access and outcomes for young people. In the meantime, they remain focused on driving improvements and using available data to inform service planning and delivery.

Referrals into CAMHS Brighton and Hove have increased since 2020/2, demonstrating a continued increase in demand post COVID. Please note the graph below includes neurodevelopmental referrals and it is not possible to separate reporting pre-2022.

Figure 3: Referrals to Brighton and Hove CAMHS between 2018/19 – 2024/25



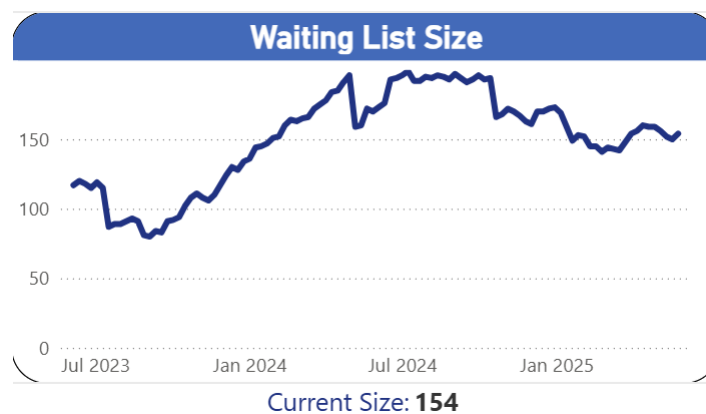
This chart demonstrates the total number of children and young people currently active within the Brighton and Hove CAMHS caseload, including those awaiting assessment.

Figure 4: Caseload (including children and young people waiting)



This graph shows the volume of children and young people waiting for their initial CAMHS assessment. While numbers remain high, the data reflects modest early progress due to triage and focused assessment activity weeks.

Figure 5: Number of children and young people waiting for initial assessment



3.3.2 CAMHS Neurodevelopmental Service - Brighton and Hove

Key Headlines:

- The service receives an average of 48 referrals each month, reflecting the growing awareness and demand for neurodevelopmental assessment and support across Sussex.
- The service delivers around 134 direct staff contacts per month, providing support to young people and their families during and beyond the diagnostic process.
- There are currently 1,735 people waiting for neurodevelopmental assessment, waiting an average of 637 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. Please note that this is an indicative trajectory as significant validation work was carried out on the neurodevelopmental waiting list over this time.

Figure 6: Number of children and young people waiting for neurodevelopmental assessment – indicative historical trend.



3.4 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.

3.4.1 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.

3.4.2 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.

3.4.3 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.
- The CAMHS AOT (Assertive Outreach Team) supports 14–25 year olds who face barriers to engagement with traditional services and require more intensive, tailored support, including during transitions.
- 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.

3.5 CAMHS Experience and Outcomes

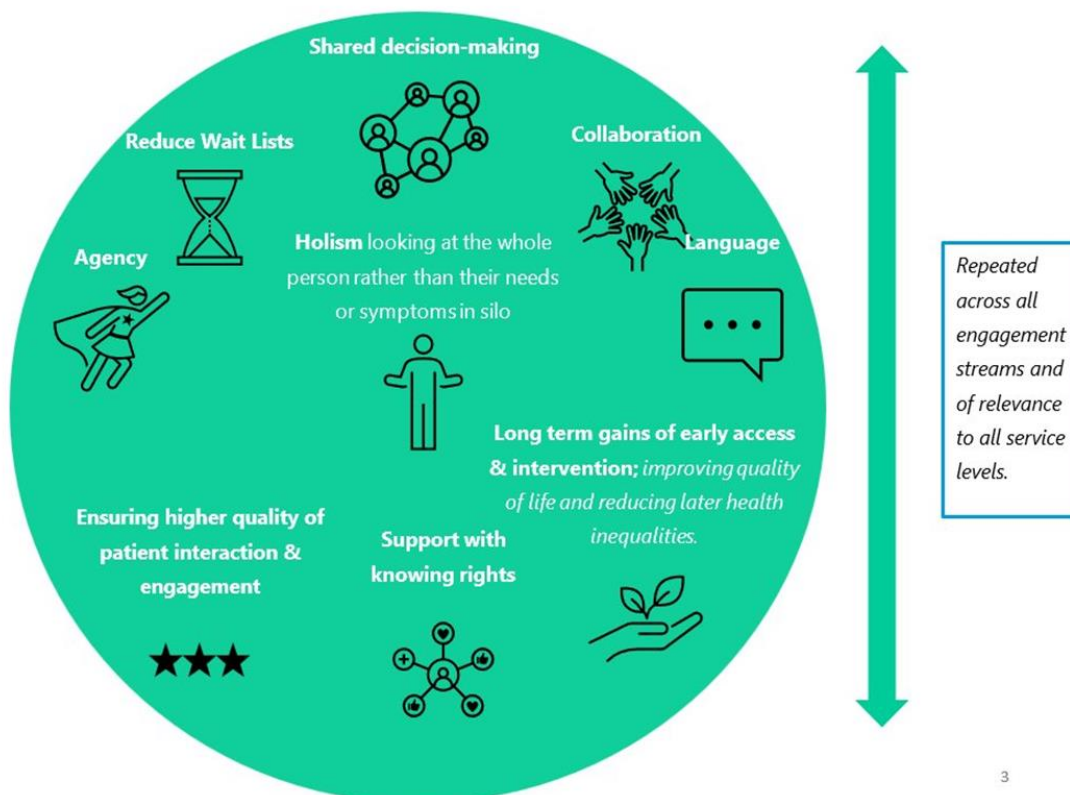
CAMHS routinely seeks feedback from young people, carers and families regarding the experience of the service using a standardised questionnaire and also through participation and involvement work.

Data from the Experience of Service Questionnaire ESQ (collated 2024-25) shows high overall satisfaction with Brighton and Hove 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.

3.5.1 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.



3

3.5.2 Outcome Measures

Brighton and Hove CAMHS routinely uses outcome measures to identify and monitor clinical need, 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.

**Brighton and Hove Goal Based Outcomes Change Jan–March 25:
136 children and young people’s progress measured
towards person’s identified goal**

	%
Increase	74
Decrease	11
Stayed same	15
Total	100

**Brighton and Hove Children’s Global Assessment Scale
Change Jan-March 25:
235 impact of mental health on children and young people’s
functioning measured**

	%
Increase	51
Decrease	40
Stayed same	9
Total	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](#)², 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		
Getting Advice and Help	Children and Young People Mental Health Urgent and Emergency Care (UEC)	Specialist Community CAMHS Development
Develop and improve: - Access - Communications - Core Offer	- Review and build on Urgent and Emergency Care Improvement Plan - Improve pathway including new Hospital at Home service	Develop and deliver a new specialist CAMHS clinical model of care
Task and Finish Group membership includes: NHS Sussex (lead) , VCSE, SPFT, Public Health, Local Authority, Parent Carer, Expert By Experience	Task and Finish Group membership includes: NHS Sussex (lead) , Provider Collaborative, SPFT, Local Authority, VCSE, Parent Carer, Expert By Experience	Overseen through SPFT governance and Steering Group. Multi-agency clinical reference group.
Pathway Interface	Oversee interface between each element of the pathway to ensure pathway is connected and joined up support for CYP.	Delivery mechanism to be developed.

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.

² 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.

4.2.1 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. In Brighton & Hove, MHSTs are integrated into the wider Schools Mental Health Service, providing additional capacity and resource directly into educational settings. 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 3.5 teams in Brighton & Hove, with distribution aligned to the school-aged population in each Local Authority area. With the introduction of Wave 11 teams from September 2024, coverage will rise 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 rapid assessment (within 4 hours), crisis de-escalation, and short-term stabilisation (typically 5–10 days 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.

Since launch, COAST has:

- Supported over 150 children and young people across Sussex (April–June 2025)
- Diverted more than 70% of cases from hospital admission through intensive community support
- Responded to 92% of referrals within the 4-hour target window
- Received positive feedback from families, with early surveys showing 86% reporting improved confidence and understanding of crisis management

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 framework³, 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 (HSK CAMHS PC) 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 (HSK CAMHS PC)

The HSK CAMHS Provider Collaborative (PC) 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.

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

³ [i-THRIVE | Implementing the THRIVE Framework](#)

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 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 the House of Commons) will allow government to mandate regional cooperation).

BHCC (along with West Sussex County Council and East Sussex County 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 the 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 Brighton & Hove, 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

Brighton & Hove 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, the city is delivering meaningful progress. Brighton & Hove benefits from a well-established, collaborative approach across NHS Sussex, Sussex Partnership NHS Foundation Trust, and Brighton and Hove 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 Brighton & Hove.

