



# Neighbourhood Mental Health Teams

Helping people get the mental health  
support they need, when they need it.

**Sussex**  
Health&Care

## Community Mental Health Transformation for Adults and Older Adults

An overview and Brighton & Hove specific information

**April 2026**



# Background

## Why are we transforming?

- Increasing mental health need in our communities and a demand for a more responsive service.
- The [NHS Long-Term Plan](#) and [Community Mental Health Framework](#) set out how systems should transform to develop more joined-up, ways of delivering care in the community for adults and older adults.
- We need to do things differently to improve service user and staff experience – making better use of our shared system resources and ensuring that people can access the mental health support they need, when they need it.

## What will be different?

- **For patients, carers and families:** Integrated support will make it easier to navigate and access care, reduce repeated assessments and the need to retell personal stories, and ensure holistic, person-centred support.
- **For staff:** Closer collaboration across health and care teams will lead to fewer duplicated assessments and referrals, and support increased joint working and shared learning.
- **For the system:** Better use of shared resources across the system will enable more timely access to appropriate care, easing pressure on crisis and inpatient services and reducing the need for out-of-area hospital placements.



# Community mental health model

- **Neighbourhood Mental Health Teams (NMHTs)** are a central element of both the national Community Mental Health Transformation Programme and Sussex's vision for integrated, place-based care.
- This new, integrated model (as pictured) was co-produced and brings together existing NHS and voluntary sector services with primary care to deliver more joined-up, personalised support closer to where people live.



## They will provide:

- **Coordinated access** to assessment and support, and improved communications between referrers and team.
- **Multi-agency working** at a neighbourhood level, and a broad skills mix.
- **Strong working relationships** with aligned services, including NHS Talking Therapies for anxiety and depression.



# The Core NMHT

We launched our 15 'core teams' in December 2025. They are aligned to the Integrated Care Teams footprints (ICTs).



# Core NMHT functions and leads

Each NMHT core team will consist of the following three functions working together as a team: **Primary Care and Partnerships, Specialist Adults, and Specialist Older Adults.**

Name of core team function	Services	Leads
<b>Primary Care &amp; Partnerships</b>	<ul style="list-style-type: none"> <li>• Mental Health Support (VCSE)</li> <li>• Emotional Wellbeing Clinical Support (SPFT)</li> <li>• Physical Health Checks</li> </ul>	<ul style="list-style-type: none"> <li>• <b>VCSE led</b> with brief intervention and support as needed from SPFT clinicians</li> <li>• Part of the core team and able to access specialist adult and older adult input, without additional referrals</li> <li>• People accessing primary care and partnerships support do not have a specialist adult or older adult function needs. If this changes care moves to specialist adult/older adult function. Embedded in Primary care/community settings.</li> </ul>
<b>Specialist Adults</b>	<ul style="list-style-type: none"> <li>• Specialist Adult Mental Health Support</li> <li>• IPS Employment Support</li> <li>• SMILCS* (inc. Depot Clinics)</li> <li>• Group Treatment Service</li> </ul>	<ul style="list-style-type: none"> <li>• <b>SPFT led</b>, includes clinical triage at point of referral.</li> <li>• SPFT Takes clinical responsibility for people accessing this function.</li> <li>• Provides evidenced based intervention and support, and outreach Support and guidance to VCSE colleagues and primary care.</li> <li>• People can move between specialist function and primary care and partnerships without the need for additional referrals.</li> </ul>
<b>Specialist Older Adults</b>	<ul style="list-style-type: none"> <li>• Specialist Older Adult Mental Health Support</li> <li>• Specialist Older Adult Intensive Support</li> <li>• Specialist Older Adult Care Home In-Reach</li> </ul>	<ul style="list-style-type: none"> <li>• <b>SPFT led</b></li> <li>• Functions (as specialist adults), including dementia care.</li> </ul>

# NMHT Meetings

The NMHT meeting structure is a fundamental part of the new neighbourhood team model. There are three key patient focused meetings:

<p><b>Daily Huddle</b></p>	<p>Daily space to discuss any urgent issues impacting on services or to raise any urgent concerns and support daily zoning, which may take place separately. NB: The Daily Huddle does not replace the urgent care pathway which remains in place.</p>
<p><b>Multi Agency Access Meetings (MAAM)</b></p>	<p>Provides a multi-agency space to get people to the right help, first time.</p>
<p><b>Multi Agency Team Meetings (MAT)</b></p>	<p>Provides a space to discuss individual cases when needs have changed, or where people need multi agency input and/or joint working.</p>

- Each NMHT are agreeing localised processes for GP engagement arrangements and joint working.
- GPs are welcome to attend any of the patient focused meetings listed above.
- Each NMHT has a Lead identified who will sit on the ICT Leadership Group to ensure alignment and integration between the two programmes.

# Sussex-wide mobilisation to date

- Steady engagement of GPs, supporting improved patient outcomes.
- Multi agency team building days completed, supporting cultural change.
- ICT alignment: SPFT & VCSE attending Sussex-wide and local ICT planning groups.
- Shared digital records are now live for the core team.
- Developing Quality Standards to support continuous development and improvement of quality of support.
- Working with ICT leads at strategic planning and delivery levels.
- Providing MH input into ICT priority – frailty and highest need.



# Learning

- **Involvement of all partners is critical**
  - Primary care, voluntary sector, people with lived experience, social care etc.
  - Whole system buy in is essential with identified leads who have capacity to lead significant change is essential from the start.
  - System wide processes that address information sharing, reporting, development of shared policies and standard operating processes are required.
- **Whole system change is challenging and complex**
  - It takes significant capacity and good project and programme management to move forward.
  - Things take longer due to working across multiple organisations.
  - Need to be brave and at times ask for forgiveness and not permission!
- **Changing financial position**
  - Impacts on what it is possible to deliver, needs careful management and regular review.
  - Funded co-production with service users and carers is critical and requires funding.
- **Cultural change is as big as the process changes**
  - Team support, multi-agency meetings and frequent communication is essential.
  - Sharing positive practice and experience supports innovation.
  - Consider the multiple asks on teams in working through major change, and still delivering a service.

# Brighton & Hove update

## The 3 NMHTs in Brighton & Hove have formally gone live.

- Still establishing some of the meeting structures and working with local PCNs about the how more integrated working can be improved locally.
- Some ongoing movement of resources and caseloads underway - there is a regular planning and delivery group working on this.
- There is work underway to formally link the NMHTs to the Neighbourhood hubs, such as the Brighton Wellbeing hub.

## We are working with Southdown as lead VCSE provider in Brighton & Hove.

- The VCSE are leading on our primary care and partnerships element of the NMHT providing support in some PCNs (*where funded and agreed with PCNs*) and supporting coordinated access to VCSE support across B&H via a single phone line.
- We are working jointly to the same contracts and performance indicators but remain separate organisations. The primary care and partnerships function of the NMHTs has absorbed the Emotional Wellbeing Service (EWS) offer.

# B&H - What's different now?

## Culture change

- There is a focus on removing barriers to working together.
- Our VCSE providers are now part of triage and able to access clinical mental health support easily without further referrals.
- Brighton & Hove leads are working with primary care leads to establish the most effective way of working together.
- Multi-agency organisational delivery group continues to work on embedding and improving the NMHTs (currently finalising a new governance structure and detailed optimisation plan for 26/27).
- The overarching SPFT Community Programme SRO is also the Managing Director for SPFT in B&H, and the clinical project lead for NMHT optimisation is the Clinical Director for B&H.

## Multi-agency triage now in place

- Providers now come together to review any referrals that may need input from a different part of the system.
- More joined-up and efficient.

## B&H - Areas of focus

- There are **links in with the ICT work**, with older adult's clinicians attending the emerging and established MDT meeting and attending planning and delivery meetings.
- The work is currently focused on highest need, but there will be **more opportunity to further integrate** with the ICTs, reducing duplication and further improving integrated working across mental health and physical health.
- We have identified **triage and duty work** as areas for review and further development this year, as although we have a more integrated function, we think we can further improve the process for people.



# B&H - Primary care

**B&H leads are working with primary care leads to establish the most effective way of working together.**

There are currently Primary Care Liaison meetings in place, providing a space for Primary Care colleagues to discuss individual cases, respond to safety concerns, support safety planning and an opportunity to build relationships and support integration.

**EWS and PCMHPs are now part of the primary care and partnerships element of the NMHTs.**

- Will continue to work very closely with PCNs to provide short term interventions and support for people who are able to be managed within primary care with this support in place.
- They are part of the overarching NMHT core team and as such can quickly access specialist mental health support if required, without any referral forms needing to be completed etc.
- PCMHPs have an established self-referral route in place from when this function sat under NHS Talking Therapies. This will continue.
- We are looking at a self-referral option for the service overall this year as part of the triage and duty developments.

# Keep updated and involved

1. Join the [monthly webinars](#) (open to anyone)
2. Sign up to the [monthly newsletter](#)
3. Watch [previous webinars](#) (scan the QR code)
4. Go to: [www.sussex.ics.nhs.uk/community-mh-transformation](http://www.sussex.ics.nhs.uk/community-mh-transformation) for the latest updates, and to download frequently asked questions for the programme.
5. Email: [spft.communitytransformation@nhs.net](mailto:spft.communitytransformation@nhs.net)



# Areas for future development

- Plan and agree how we engage with 'wider' services.
- Capacity and demand modelling
- Review access/triage and duty processes.
- Ensure ongoing quality and performance monitoring is in place.
- Further integration with Integrated Care Teams.
- Agree ongoing expert by experience involvement in each NMHT.
- Remain curious and focused on continual quality improvement.