

AGENDA ITEM

**REPORT TO HEALTH AND WELLBEING
BOARD**

26 September 2018

**REPORT OF THE TRAILBLAZER TASK
& FINISH GROUP**

Mental Health Support – Trailblazer

Summary

As part of the Mental Health Transformation of Children and Young Peoples emotional health and wellbeing, the government advised that they would be looking for expressions of interest to take part in the development and subsequent testing of different models of delivery to support emotional health and wellbeing in and around the school setting. The CCG convened a multiagency task and finish group to explore the local need, gaps and potential model to be tested. This paper outlines the requirements of the models developed, the associated costs, and high level principles.

1. Background

1.1 The Government published a Green paper in December 2017 which built on ambitions and commitment laid down in both Future in Mind and the Five Year Forward View for Mental Health.

1.2 The Green paper announced that the Government would make available an additional £215m over the course of 2018/19-2020/21 to roll out Mental Health Support Teams and to pilot a 4 week waiting time for children to access specialist mental health services. In year 1, this is £16 Million for the Mental Health Support Teams and £8 Million for the waiting time targets. In addition there was a further £15-20m a year for dedicated training funds to support the creation of Designated Senior Leads in schools over the course of 2019/20-2023/24.

2. The Green Paper Ambitions

2.1 The 3 Key elements of the proposed changes are:

1. To incentivise and support all schools to identify and train a Designated Senior Lead for Mental Health with a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health

2. To fund new Mental Health Support Teams, supervised by NHS children and young people's mental health services staff, to provide extra capacity for early intervention and ongoing help within a school or college setting.
3. NHS England will trial a 4 week waiting time for access to specialist NHS Children & Young People's Mental Health Services

3. Expressions of Interest (EOI)

- 3.1 NHS England is sought expressions of interest to create new local Mental Health Support Teams (MHST). These teams will:
 - Deliver evidence based interventions in or close to schools and colleges for those with mild to moderate mental health issues
 - Help children and young people with more severe needs to access the right support
 - Work with and within schools and colleges, providing a link to specialist NHS services
 - Build on and increase support already in place, not replace it
- 3.2 For modelling purposes NHSE specified:
 - Each CCG must have a minimum of 2 MHST's
 - 500 CYP will receive evidence based interventions per 8000 pupils per team per year
 - Each team must have a minimum of 7.5 staff
 - Each team must have a minimum of 4 Children's Wellbeing Practitioners/ Education Mental Health Practitioners.
 - Their model assumes a maximum of £326,000 per team.
- 3.3 The design of the team, who it will target and where it should sit is left for the individual CCG's to determine.
- 3.4 NHSE is strongly encouraging those CCG's who bid to be a Trailblazer site also consider piloting the 4 week waiting time access to children's and young people's mental health services.

4. Benefits to the CCG's of being a Trailblazer site

- 4.1 Points 1 and 2 in section 2, are aligned to the ambitions laid down in each of the CCG's Local Transformation Plans (Future in Mind). Work has already commenced in each CCG locality to upskill teaching staff in Mindfulness, Mental Health First Aid and each area has participated in other initiatives focusing on changing the culture in schools.
- 4.2 The proposed remit of the MHST's, delivering outcome based interventions at a low level, fill part of the identified strategic gap. The outcomes which the MHST's will

work to will be aligned to health, local authority and school agendas; reduction in inappropriate referrals to specialist mental health services, reduction in exclusions/managed moves, improved attainment and a reduction of children requiring a local authority intervention. We have already started to explore the concept of joint commissioning within Stockton on tees locality and the MHST are a concept which could be a product of joint commissioning following the pilot period. Being able to demonstrate their effectiveness would support this agenda.

5 Determining a model

5.1 The requirement of the EOI is to present an oversight of the model to be adopted which is then to be worked up in greater detail following a successful award.

5.2 Hartlepool & Stockton CCG

5.2.1 Weekly steering group meetings were established with representatives from both Local Authorities. Teams included were; Public Health, Early Help, Educational Psychology and Children’s commissioners. Wider stakeholders included; Tees, Esk & Wear Valley (TEWV), Alliance Psychology Services, Catalyst and Hartlepool’s Healthy Relationships Partnership.

5.2.2 Recent consultation with young people through the CAMHS review, enabled us to utilise feedback in terms of how they would prefer to be supported, where they would like to be supported and by whom.

5.2.3 Due to the timing of the bid, being over the school summer holidays, we were unable to bring school representatives into the project meetings. Their views had been sought through the CAMHS review and also through their partnerships with the Local Authorities.

5.2.4 The focus of the team will be to upskill school staff, support children & young people with mild to moderate mental health needs both individually and on a group basis. Support will also be offered to families to address adult mental health needs and systemic issues. The proposal builds upon previous work undertaken through Local Transformation Plans to upskill school staff and change the culture of how mental health is perceived in schools.

5.2.5 We have also utilised consultation with young people for the CAMHS review to focus additional elements of the bid which will include an improved digital platform, development of peer support networks and the removal of having to tell their story numerous time. Processes will be slick and the removal of unnecessary assessment will be put in place.

5.3 The Hartlepool & Stockton model is to consist of:

3 teams – 2 for Stockton and 1 for Hartlepool
Each team will consist of: 6 (WTE) Children’s Wellbeing Practitioners 4 (WTE) Education Mental Health Practitioners 1 (WTE) Family Intervention Therapist 0.5 (WTE) Admin 0.5 (WTE) Manager

0.5 (WTE) Mindfulness Trainer

5.3.1 This composition will allow for direct interventions with children & young people, interventions with families, clinical oversight and the Mindfulness trainer will enable longer term sustainability in schools.

6 Project Resources

6.1 To support with the detailed planning required to deliver a trailblazer and waiting time pilot, additional resources maybe applied for and used by the CCG to fund programme management within other organisations. Initial project initiation funding will be available up to the value of:

	18/19	19/20
Trailblazer	£50,000	£75,000
Waiting time pilot	£25,000	£50,000

6.2 Although it has not been determined how this resource will be utilised, it is acknowledged that the volume of work required to implement the elements of the bid and it is thought that the full amount will be applied for, in both years. It is likely that the worker would be employed by the Local Authority or TEWV.

6.3 A separate pot of funding has been made available by Health Education England for the training and salary support costs for the new Education Mental Health Practitioners. It is stated that additional resource will also be made available to ensure there are adequate staff trained to be able to support and supervise this new cohort of workers.

6.4 Funds will be passed to CCGs to cover the costs of the staff member once their training is complete as they will then be included in the make-up of the MHST. This funding will be secure until 2022. NHSE have yet to announce what will happen to this resource following 2022.

6.5 To accommodate this uncertainty the bids will be built around sustainability through upskilling a wider workforce, embedding cultural change in schools and continuing to pursue joint commissioning as highlighted in section 4. Alongside this will run the Local Transformation Plans which will support the transformational agenda.

7. Costs & model proposed for the CCG footprint

7.1 The costs presented illustrate the maximum required for a fully implemented Mental Health Support Team.

7.2 The EOI can be found at appendix 1, this was submitted on the 17th September following review from DCS, CCG and other stakeholders.

Hartlepool & Stockton CCG

Mental Health Support Team			
Role	Number required	Salary (exc. on-costs)	Cost
PWP (Band 5)	2 WTE	£32,500	£65,000
Education Mental Health Practitioner (Band 5)	4 WTE	£32,500	£130,000
Family Intervention Practitioner	1 WTE	£31,250	£31,250
Admin (Band 3)	0.5 WTE	£24,540	£12,270
Manager (Band 8a)	0.5 WTE	£60,000	£30,000
Clinical Lead (Band 7)	0.5 WTE	£52,500	£26,250
Mindfulness Practitioner	0.5 WTE	£43,750	£21,875
Total			£316,615

8 Next Steps

8.1 The region will review all submissions up until the 8th October 2018 and ask any clarification questions.

8.2 The successful sites will be announced the week commencing 15th October 2018.

8.3 If successful further consultation with schools will occur between October-January to ensure teams are embedded in the appropriate places and schools are on-board fully

8.4 The teams are required to be fully operational by no later than December 2019

9. Response required from the Board

9.1 We request that the Board:

- Support retrospectively the proposed model submitted as the EOI.
- Note the contents of this report.

Appendix 1



EOI submission

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