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**NHS**

# Trailblazer Expression of Interest Resource Pack; 2020/21

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This resource pack contains;

- *Background*
- *Information on assessment criteria for EOI submissions*
- *Overview of timelines*
- *Learning from previous submissions; what should a good bid look like?*
- *Sources of further information*

## In December 2017, the Department for Health and Department for Education jointly published a Green Paper setting out proposals to improve Children and Young People's mental health services

*The Green paper builds on the **Five Year Forward View for Mental Health** and existing Transformation Programmes.*

*The **NHS Long Term Plan**, re-confirms the Government's commitments to delivering the ambitions in the Green Paper.*

### Three key proposals in the Green Paper:

1. Schools and colleges should identify a **Senior Mental Health Lead** to oversee the approach to mental health and wellbeing. All NHS children and young people's mental health services should identify a link to education settings, to provide rapid advice, consultation and support.
2. Fund **new Mental Health Support Teams (MHSTs)**, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help within a school and college setting; and
3. **Trialling a four week waiting time standard** for access to specialist NHS children and young people's mental health services. This builds on the expansion of specialist NHS services already underway.



Mental Health Support Teams working in schools and colleges - early intervention and whole school approach across 20-25% of country by 2023

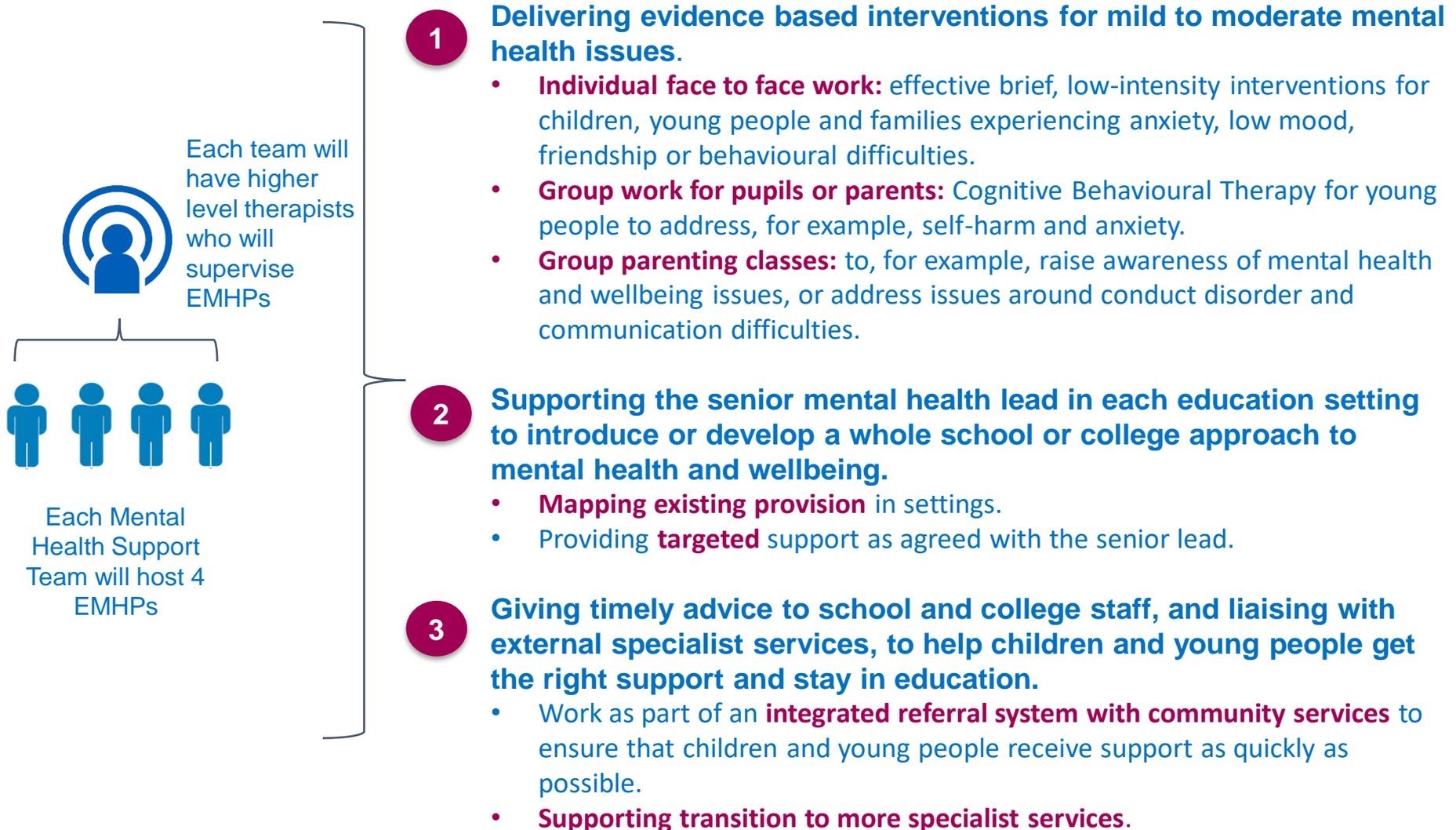


Funding for new Mental Health Support Teams (MHSTs), to provide extra capacity for early intervention and ongoing help within a school and college setting

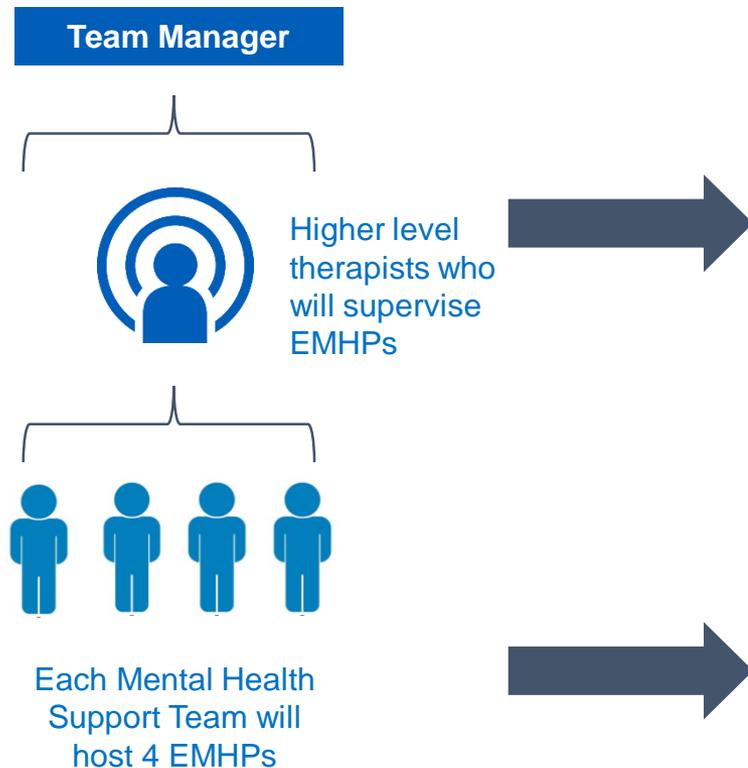
## *Mental Health Support Teams will continue to expand via a targeted, regionally led process*

- The support provided by Mental Health Support Teams will be a **significant contribution** to achieving the additional 345,000 CYP accessing care.
- 5% of the school-age population and over **1000 schools were covered by 2018-19**.
- **123 new teams** are being commissioned in 2019-20, and similar waves will continue to 2023-24.
- The roll-out is being led by NHS regions, working in partnership with STPs and CCGs, schools and colleges and national teams in NHSE, DfE and HEE.
- STPs should be building on the **links** they have established with schools and colleges and identifying potential settings they would want to prioritise.
- The Department for Education is proceeding with both the training programme for **Senior Mental Health Leads** and the **Mental Health in School and College Link Programme**.

## Mental Health Support Teams have three key functions in education settings



Delivery of the ambitions in the Green Paper is dependent on rapid workforce expansion, ensuring delivery does not come at the expense of existing services



Higher level therapists will supervise more **complex cases**, supporting the whole school approach and evidence based interventions at individual level and for group work. They will **train as supervisors to the EMHP trainees and provide support during and after** their training programme.

EMHPs complete a **one year full time course** at level six/ seven. Fees are **paid by HEE directly to HEIs** and employing trust for the duration of the training programme.

The key **priorities** for the 2020-21 process are broadly similar to 2019-20:

- **Geographical expansion in both breadth and depth** (i.e. into both new areas not yet covered and greater coverage within areas selected in 18/19 & 19/20).
- **Demonstrable delivery to meet highest need, address inequality and promote equality.**
- **Covering a range of educational settings** – primary–college as well as non-mainstream provision; and a mix of school/college Ofsted ratings (those selected for hosting EMHP trainees must not have an inadequate Ofsted rating) and levels of experience in relation to delivering mental health support, working to promote mental health to reduce health inequalities and promoting access for disadvantaged and vulnerable groups.

# EOI Process – what's changed?

## Key changes to the expression of interest process for 2020/21 include:

- **Extended timelines** for sites to develop expressions of interest (**EOIs**).
- **More time for CCGs to develop project plans if successful.**
- **Sites not required to supply a list of prospective education settings at EOI stage – but should focus on strategic engagement and joint working to develop proposals and outline service model.**
- **Sites not required to set out a proposed establishment of MHSTs - this will instead be required of successful sites at planning stage.**
- **Areas will need to consider how they will ensure new staff are supervised, and how existing senior staff moved into the new teams will be replaced to continue to maintain access across the whole pathway.**
- **Allowing three months between the recruitment of EMHPs and commencement of training to ensure trainees are better informed of where they will be employed during and upon completion of the course.**
- **Allowing a lead in time of 5 months following the announcement of successful sites before EMHPs commence training to enable recruitment of the senior staff and to plan for backfill for staff that are moving from existing services to the new MHST.**
- **Enabling project leads and/or team managers and/or senior clinicians to be in post to establish relationships with education settings, prior to EMHP trainees commencing placements.**

# EOI Process Timeline

In London we will run a **single process** to recruit to two waves of delivery: **wave 3 (September 2020)** and **wave 4 (January 2021)**.

**22/01/20**

EOI process  
launched

**20/03/20**

EOI submission  
deadline

**13/04/20**

Regional panels  
complete

**20/04/20**

Site  
announcements

**29/06/20**

Project planning  
and assurance  
complete

# What good looks like: Addressing inequalities

In the 18/19 and 19/20 EOI process bids were received which highlighted knowledge of, and intention to support a wide range of groups of children and young people who might be described as vulnerable, disadvantaged or who were identified as having a higher level of need. Whilst the bids set out to provide a universal service in the area through the MHSTs, successful bids included knowledge of:

- Children and young people with Special Educational Needs
- CYP Not in Education, Training or Employment (NEET)
- LGBTQ&I
- CYP accessing support for learning difficulties/disabilities
- School children from Black, Asian and Minority Ethnic (BAME) background
- Links with Youth Offending Teams (YOT) and/or Young offenders
- Looked After Children (LAC) and Previously Looked After Children (PLAC)
- Excluded pupils
- CYP at risk of adversity and socio-economic factors
- Children in Need
- Crime hotspots (particularly knife and gun crime)
- Pockets of affluence and deprivation

As part of the application process, we will be asking sites to have an even stronger focus on need, disadvantage and equality and are able to demonstrate that they know, understand and have considered the local needs and inequalities of their areas, including those of vulnerable children, defined by the Children Act 1989 as 'Children in Need' and as set out in the [Transforming Children and Young People's Mental Health Provision: A Green Paper](#) and that they have processes in place to address inequalities and disadvantage at the local level.

# What good looks like: Engagement

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## *Evidence of strong engagement in development of EOI, including with children, young people, their families and carers;*

### **Evidence of co-design with CYP and how this will be maintained during the service set up**

Children and Young people have co-designed the emotional health systems changes and improvements in XXX. In particular we are confident of their support based on the survey work of the University of XX in local schools, the direct work of our specialist CAMHS provider as well as the background work done in setting up services such as the Emotional Health Academy (EHA). Pupils have told us that they trust staff in schools and how important schools are in normalising access, identifying issues earlier and providing greater continuity of care between people.

### **Evidence of engagement with health providers and education settings and a shared, transparent governance structure to provide oversight**

The CCG has worked with schools, education, local authorities and health support services to develop this expression of interest. XXX has an established engagement and governance infrastructure that includes education, health, schools and local authority education leads. This was developed when we were embedding Schools Wellbeing Service as well as participating in Wave One of Schools in Mind project; providing a whole school approach and direct interventions within schools in XXX. The SWS is part of a whole system response that is based on needs. All prospective providers have signed off this EOI, as well as our strategic leaders.

### **Use of outcome measures to support inclusion of CYP, family and carers voice in the delivery of interventions**

Young people are clear they want outcome measures to be used meaningfully in clinical work as evidence by feedback to the XXX service. The partnership work with CWMT will enable XXX to work to build a strong suite of measures to understand the impact of the whole school approach and system change that we are proposing.

# What good looks like: Understanding local need

## *Plans are based upon local assessment of need;*

<b>Plans based upon understanding of need</b>	Our service model will feature two MHSTs; one in a rural locality in XXX with approximately 9,000 pupils and one in an urban locality in XXX with 7,000 pupils. Schools will include Primary, Secondary, Alternative Provision, Sixth Form and a Special School ranging from 5-16 and 5-18 respectively. The schools within these two localities have initially been selected due to the needs of the CYP, demonstrated when looking at the vulnerability composite scores triangulated with local intelligence.
<b>A focus on vulnerable groups represented in local population</b>	Our proposal is strengthened by offering specific intervention options to vulnerable groups, as demonstrated by our EHA whom provide this service to LAC and excluded pupils. Our proposal will ensure a dedicated focus on these pupils with a stepped care approach from the team or partner services.
<b>Use of data sources to map need</b>	Primarily, settings have been selected based on average IMD (Indices of Multiple Deprivation) of the home addresses of each pupil attending maintained schools. Schools with the highest level of deprivation have been selected – IMD being a proxy measure of the increased risk factors for CYP experiencing mental health problems.
<b>Where the CYPMH service access target is not currently being met, plans could address the associated challenges and mitigations</b>	To address the current issues regarding access to our local services, we have a full recovery plan in place. This has been developed as a partnership of commissioners and providers to implement necessary actions, which include XXX. The learning and recommendations from the visit to our local services from the national System Improvement Team (formally Intensive Support Team) have informed this recovery plan. <b><i>N.B; Areas that are not currently meeting required access standards are not precluded from submitting an expression of interest</i></b>

# What good looks like: Links with existing provision

## *Building on and integrating with existing provision in schools and colleges;*

<b>Integration with existing schools provision</b>	Educational Psychologist, PMHW and Clinical Psychologist roles together will provide the system navigation for the school and team. For example, by running regular surgery style meetings to work with school leaders, identifying and responding to mental health needs both as a school system and to groups or individual of pupils.
<b>Participation in schools link pilot or equivalent</b>	We have data from the Schools Link Pilot, our counselling services and our Online Pupil Survey to evidence the differing types of need which we will utilise in planning our new services.
<b>Integration with CYP MH</b>	<p>Both CCGs offer a variety of services offering 'Getting Help' and 'Getting More Help', e.g. face-to-face counsellors, parenting support programmes, substance misuse services etc., as well as 'Risk Support' services e.g. Adolescent risk teams, Harmful Sexual Behaviour services, LAC therapeutic support.</p> <p>Underpinning the new service is a focus on multi-agency prevention and early intervention. One instrumental development is that of Thrive schools or Resilience Hubs: a named CAMHS practitioner links directly with selected schools/colleges, working closely with pastoral staff, independent counsellors and school nurses (12 secondary schools/colleges in XX 5 WTEs CAMHS practitioners, all secondary schools/colleges XX - 2 WTEs CAMHS practitioners).</p>
<b>Education leaders involved in selecting schools and colleges</b>	In selecting potential educational settings to be supported, both CCGs have consulted with colleagues in OHFT, LA School Effectiveness and Improvement leads, Virtual School Headteachers, Public Health, 'Healthy Schools' programme leads and GPs.

# What good looks like: Strategic buy in

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## *Strong evidence of strategic buy in across Local Authority, Education and Health and VCS – evidenced in Local Transformation Plan;*

<b>Have thought about local indicators of success, quality assurance and data flow</b>	We have the capacity and capability to collect outcome data and part of our project management resource will be a data analyst to ensure we can provide clear evidence of impact. We are able to flow data through the MHSDS and have found a solution working with providers to flowing our voluntary sector data.
<b>Strong leadership, track record of delivery</b>	Our dynamic partnership network also enables us to mobilise quickly and deliver projects and transformation in a timely manner across XXX, working to drive change and improve outcomes for CYP. XXX were part of the national DFE/NHSE Schools Link Pilot delivering an enhanced offer of support to schools which, following positive evaluation, resulted in XXX CCG investing in Primary MH Workers and rolling the approach out in two localities with the aim of this being county wide.
<b>Plans built upon Local Transformation and STP Plans</b>	In developing and delivering our LTP the overwhelming feedback from stakeholders was around providing earlier intervention. In response to this, we commissioned the voluntary sector to offer face to face counselling services and pilot online support. Since implementation of this service and our schools link programme, there has been an increase in demand for earlier intervention approaches.
<b>Includes joint delivery with the Voluntary sector where this is already working well</b>	XXX Future in Mind programme has been very successfully in building a vibrant partnership which has provided a strong delivery foundation for this proposal with our Voluntary Sector, Health provider and Local Authority colleagues.
<b>Use of shared models to describe the whole offer to CYP and their families and carers</b>	Our Local Transformation Plan, as early as 2017 has clearly articulated a partnership ambition to revolutionise our system using 'Thrive Elaborated' as our blueprint. Critical is the use of this conceptual framework that moves away from a traditional tiered model. In particular this proposal, using the experience of our Schools Links projects, will continue to embed mental health support in schools, offering a range and choice of support, interventions and training

# What good looks like: Workforce planning

## *Workforce planning, including skills and training;*

### **Consideration of skills and training needs of the new team and links with CYP- IAPT**

We have adopted the principles of the Children and Young People's – Improving Access to Psychological Therapies programme: including the Skills Audit Framework with four PMHW currently undertaking CYP-IAPT post-graduate courses to improve access to evidence-based therapies. We have also developed a city-wide training programme for a range of special educational needs and mental health support in schools.

### **Leadership across health and education settings**

We will establish leaders that are confident and experienced to work alongside the DSL role and unlock the potential of the wider mental health support team (MHST) to create a strong whole school approach. We have evidence of the importance of building skills and knowledge in schools through training, consultation and guidance. Our proposal has the added value of a partnership with the Charlie Waller Memorial Trust (CWMT), whom recently started work on a practise informed whole school approach to mental health.

### **Consideration of recruitment timeframes**

We have modelled the timeline for recruitment to all posts in the MHST to ensure that we will have the full compliment of staff in place within the required timeframe. If challenges arise, we have considered mitigations that may include XXX

Full application guidance is provided in the ‘Delivery of Mental Health Support Teams Guidance Note 2020-21’ that has been previously circulated. Annexed to this document is a list of education and health resources that are available to help areas identify and address inequalities and disadvantage when preparing their bids.

Further information is also available on the [FutureNHS Collaboration Platform](#) website.

This includes;

- MHST operating manual
- FAQs
- Details on data and monitoring requirements
- Information on the whole school approach
- Useful resources and contacts

To gain access to this, please email: [england.cyp-mentalhealth@nhs.net](mailto:england.cyp-mentalhealth@nhs.net), detailing your role and the area you work in to ensure that you are given the correct permissions.

# Next steps

EOI support webinars to go through this information will be delivered on the following dates (this will be the same webinar repeated twice so no need to join both);

- 19<sup>th</sup> February; 15:00 – 16:00
- 4<sup>th</sup> March; 15:00 – 16:00

Invites and joining instructions have been sent previously.

If you have any additional questions in the meantime, please email Jess;  
[Jessica.simpson2@nhs.net](mailto:Jessica.simpson2@nhs.net)