

PART A - Children and Young People's Mental Health Trailblazer Site Expression of Interest Form

Use this form to express interest in being selected to be a trailblazer site to deliver a Mental Health Support Team

The expression of interest form is composed of three parts:

Part A) a word document where textual information is collected for Mental Health Support Teams

Part B) an excel document, for the collection of financial and analytical Information for both Mental Health Support Teams and waiting time pilots

Part C) a word document where textual information is collected for waiting time pilots

1 Introduction

You have been sent this expression of interest pack because your CCG has met a series of pre-defined criteria that have been identified as being essential for the successful delivery of the first round of trailblazer sites. Expressions of interest should be collaboratively developed with relevant providers, commissioners, local authority and educational officials and settings.

Please complete part A and B and C if applicable and send to your NHSE Regional Delivery Lead england.mentalhealthsouth@nhs.net by **17th September**

This form should be read alongside the guidance document.

1.1 Organisation details

CCG	Brighton and Hove CCG
CCG lead contact name, organisation, position	Gill Brooks , Brighton and Hove CCG, Commissioning Manager, Children and Young People's Mental Health
Other organisations involved in the application and named lead for each organisation	<p>Kerry Clarke, Brighton and Hove City Council (BHCC), Public Health</p> <p>Mohammed Bham, BHCC, Principal Educational Psychologist</p> <p>Tracey Williams, BHCC, Assistant Principal Educational Psychologist, Brighton & Hove City Council's Inclusion Support Service & Schools Wellbeing Service</p> <p>Peter Joyce, General Manager CAMHS Brighton and Hove/Acute, Sussex Partnership NHS Foundation Trust (SPFT)</p> <p>Julie Aldridge , Middle Street Head (Primary)</p> <p>John McKee, Patcham High School Head (Secondary)</p> <p>Louise Cook, Homewood (Social, Emotional and Mental Health special school hub) Head</p>
This should include:	
<ul style="list-style-type: none"> • Providers of CYP MH services • Other key partners 	
Region	South East Region
STP Footprint	East Surrey and Sussex
VSM approval	Wendy Carberry , Brighton & Hove CCG, Managing Director, South Place Commissioning Alliance
	Lola Banjoko , Deputy Managing Director, South Place Commissioning Alliance

1.2 The proposal

Proposal – 1,000 words max

Please provide a brief description of your proposal, including details of your proposed service model, why it should be funded and your success criteria

Please note applicants in receipt of funding must demonstrate that:

- They are committed to delivering a pilot of the MHST within the timescales specified
- They engaged the right stakeholders in the development of their proposal and have senior strategic commitment to the joint delivery
- Any funding will be used exclusively for intended purpose
- Any funding will be in addition to current investment in emotional, behavioural and psychological wellbeing or interventions by any party within the relevant settings

The CCG has worked with schools, education and health support services to develop this expression of interest. The City has an established engagement and governance infrastructure that includes education, health and schools (document one). This was developed when we were embedding Schools Wellbeing Service (SWS) as well as participating in Wave One of Schools in Mind project (document two); providing a whole school approach and direct interventions within schools in our City (2016 onwards). The SWS is part of a whole system response (document three) that is based on needs (document four – links).

The current service addresses mental health and emotional wellbeing needs early, providing access to high quality training, consultation, assessment and interventions within schools in our City; with links across primary, secondary and vulnerable learners including Looked After Children (LAC) (our City has 19th highest rate of LAC). This response is integrated with Educational Psychologists and Special Educational Needs Specialist Practitioners.

Early response/ intervention is one of our aims within our Local Transformation Plan (LTP), echoing *Future in Mind* and the *Five Year Forward View for Mental Health* as outlined in our LTP. Children, young people and parents/carers requested their needs were met early and where possible in a place convenient to them e.g. in a school (document five).

The LTP has been developed collaboratively at a senior level (CCG, Local Authority and providers) with a track record on implementing change – piloting and mobilising the SWS. This expression of interest is in addition to the sustained funding planned within the LTP. We will implement within the required timescales, details of our plan can be found below.

Our SWS was established following a pilot (evaluated by the University of Sussex) in 3 secondary schools. The service, now across all 10 secondary schools has a whole school approach ethos; early assessment and treatment for pupils, support for school staff to be aware and recognise signs and symptoms of emotional wellbeing issues and/ or mental health and know what to do, as well as training and workshops for parents has been developed with all stakeholders involved including children, young people and their parents/ carers (Young Mental Health Champions and Student Voice). The Emotional Wellbeing and Mental Health Framework (document six) outlines the roles and responsibilities of all partners, ensuring we build resilience and the right response is triggered early. More details can be found in document seven.

The existing service has achieved success and positive outcomes including:

- Designated Leads in all secondary schools
- Specialist CAMHS Lead Practitioner in schools
- Primary Mental Health Workers (PMHW) with a specific focus on LAC and more vulnerable pupils in our Social Emotional Mental Health school hub
- 465 direct interventions in 17/18 with 65% showing significant improvement using CYP IAPT measures
- Complementary offer from voluntary sector and Education Psychology
- Young People Mental Health Champions in 2 secondary schools
- All schools have participated in our award-winning mental health anti-stigma campaign #IAMWHOLE
- 130 people from 37 schools trained in Mental Health First Aid

Further details can be found in documents eight and nine.

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.

Proposal

We will build on our current model within SWS service by enhancing the resource and adding to the current funding. We have used the formula in the guidance to ensure we have:

- Sufficient resource across all schools
- Interventions can take place at home where the school environment is not appropriate or where there are emotional school refusers and vulnerable young people
- The service able to participate in the mental health triage hub so that it is combined with our Front Door For Families (social care) for a truly integrated triage
- Agreements with all schools to ensure existing services are maintained
- Specialist CAMHS able to provide a more robust consultation and formal supervision service across all education establishments (document ten)

Our proposal will mean a further 14 WTE with a restructure so that the current SWS will be an umbrella service for at least 3 MHSTs (document eleven), resulting in needs of clusters of education establishments (College, Secondary, Primary and Special schools) being met as systems. Innovation will include:

- Being able to address needs across transitions (for example mainstream to special schools, primary to secondary schools, and non-attenders returning to education)
- Being able to provide a universal offer, equally whatever the education establishment
- Being able to provide a flexible offer:
 - ✓ working more closely with Specialist CAMHS (joint approach in schools)
 - ✓ providing interventions in pupil's homes where this is more appropriate
- Extending the offer to independent schools and our colleges
- Ensuring robust working relationship, clear pathways and supervision from Specialist CAMHS including risk management
- Addressing specific needs (such as self-harm as 20% of 14-16 year olds state they have self-harmed) targeting protected characteristics with staff with experience in working with BME, LGBTQ, as well as enhancing support to vulnerable children
- Providing an opportunity to address gaps in intervention modalities, building on findings from our workforce training needs analysis and strategy (documents twelve and thirteen) that is linked to our current training offer (document fourteen)

Evaluation has been a strong part of our development and continued improvement of this service; we intend to enhance current methodology as well as participating in the national evaluation of this programme to ensure we continue to improve. Our indicators of success will include:

- A reduction in referrals to Specialist CAMHS (earlier intervention)
- An integrated triage with shared risk management, decision making tools and pathways across a Thrive-informed system
- An increase in direct interventions in education environments
- An increase in direct work with vulnerable children through a more flexible model allowing interventions to take place outside education establishments

To implement this, we recognise we would need project management support.

Nov 2018	<ul style="list-style-type: none"> • Recruitment continues • Training course interviews take place which includes negotiation/ involvement with CCG area and HEE • Finalise model and structure • Complete full business case by 9th Nov 2018 • Communication and engagement strategy developed – links with 4 week wait pilot as appropriate 	<p>Local Authority (whole system involvement)</p> <p>CCG and Local Authority</p> <p>CCG and Local Authority</p>
Dec 2018	<ul style="list-style-type: none"> • Full business case approved • Recruitment continues • Final preparation for start of implementation 	<p>NHSE</p> <p>Local Authority</p> <p>Whole system led by CCG</p>
Jan – March 2019	<ul style="list-style-type: none"> • Training commences (one year) • Implementation of model starts • SWS service level agreements completed • Identify schools Designated Leads for training in round 1 	<p>HEE</p> <p>Whole system approach</p>
2019/20	<ul style="list-style-type: none"> • Monitoring of data • Year one evaluation (Nov/ Dec 2019) • Decisions made on further implementation of the service • Schools Designated leads commence training Sept onwards 	<p>Whole system involvement</p>
2020/21	<ul style="list-style-type: none"> • Full roll out (Jan 2020) • Continue roll out, monitoring and evaluation 	<p>Whole system involvement</p>

Risks identified

	Risk	Mitigation
1	Recruitment of staff in a short period of time for a pilot of one year	<p>Consider flexible working arrangements e.g. part time staff increasing hours in the short term</p> <p>Development opportunities for current staff in the system</p> <p>Potential supply of staff through local University graduate courses</p>
2	Appropriate skilled professionals in the local area	Contacting training providers and good advertising and existing workforce skills
3	Short implementation timescales	Dedicated project management resource and robust governance structure and assurance

Supporting documents

Please include any supporting documents which you would like to be considered as part of your expression of interest – **please highlight sections relevant to this EOI**

- Document One – Governance structure
- Document Two – Schools in Mind Wave One
- Document Three – Thrive-informed model
- Document Four – LTP (highlighting key areas):
 - ✓ Five Year Forward View Mental Health (section 1.1.12)
 - ✓ LTP vision (section 5)
 - ✓ Track record of mobilisation (section 16.3)
 - ✓ Engagement (section 24)
 - ✓ Needs assessment (Section 3)
 - ✓ Vulnerable children requiring mental health (section 18)
 - ✓ Schools Wellbeing service (section 16.2)
 - ✓ Collaborative working (section 25)

- Document Five – JSNA’s Self-harm needs assessment
<http://www.bhconnected.org.uk/sites/bhconnected/files/280318%20Self-harm%20needs%20assessment.pdf>
 Children and young people’s Mental Health JSNA
<http://www.bhconnected.org.uk/sites/bhconnected/files/CYPMWB%20Summary%20report%20final%202016.pdf>

- Document Six: Whole School Approach Framework developed as part of the Wave One, Schools in Mind (2016) Project and in partnership with the Charlie Waller Foundation.
- Document seven – summary of current service
- Document eight – summary of achievements and outcomes
- Document nine – Emotional Wellbeing and Mental Health evaluation report
- Document ten – Supervision and Consultation from Specialist CAMHS
- Document eleven – proposed MHSTs structure
- Document Twelve – Workforce Strategy
- Document Thirteen – Workforce Matrix (workforce training and development)
- Document Fourteen – Current training offer

1.3 Key criteria

The guidance document lists several criteria which have been identified as essential in the delivery mental health support teams into schools and/or 4 week waiting time pilots.

In submitting this expression of interest you must indicate that you have read these criteria and undertake to deliver them. If you are successful you will need to demonstrate your plan to deliver within your plans which will monitored regionally.

	MHST	Yes	No
1	There is a Higher Educational Institution in your vicinity which is contracted to deliver the curriculum for the MHST workforce	Yes	
2	You undertake to capture the current (18/19) investment into CYP MH across health and education and to at least maintain that level of investment.	Yes	

	The new funding for MHST and/or waiting time pilots will therefore be an entirely additional investment into CYP MH services into schools		
3	You have reviewed the data sharing requirements and have the infrastructure in place or plans to deliver it within the timescales in order to provide the relevant data	<p>Yes to the following:</p> <ul style="list-style-type: none"> • Submitting activity and outcome data to MHSDS (Nov 2018) • Can record how quickly assessed and accessed services • Can record how quickly started treatment • Can record what outcomes were achieved • Participate in evaluation and sharing of information appropriately • Report on average waiting time to second contact (proxy treatment) 	
	a. Do you have a clinical lead for data	There is a data lead (non-clinical) and clinicians input activity data on to patient system	
	b. Are your services routinely using data to influence quality improvement	Yes	
	c. Do you have a digital patient record system in place	Yes	
	d. Does your system/s allow you to flow Snomed codes	The service will start to flow to MHSDS from Nov 2018 and will review flowing Snomed codes in autumn 2018 as part of business planning	
	e. Do you regularly collect % report paired outcome scores	Yes	
	f. Are outcome measures routinely used in the clinical consultation	Yes	
	g. Have you mapped the data sharing issues to support your service model & noted any potential associated costs	This will be addressed in the Collaborative Working group as part of the implementation of the pilot	
	h. If there are any cost implications is there funding in place	Yes	

4	You have locally made an assessment of mild to moderate mental health need for children and young people	Yes	
5	You have locally made an assessment of current provision for mild to moderate mental health needs for children and young people	Yes	
6	Services within your CCG have participated in schools pilot, phase 1 or 2	Yes	
7	Services in your area currently have an identified schools lead from mental health	Yes	
8	You agree to take part in the national evaluation for the duration of the agreed period	Yes	

1.4 4 Week waiting time pilot

In addition to expressing interest to become a Mental Health Support Team trailblazer site please indicate whether you would also like to be considered to be a 4 week waiting time pilot site:

Yes

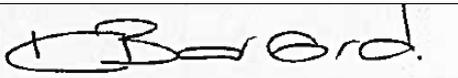
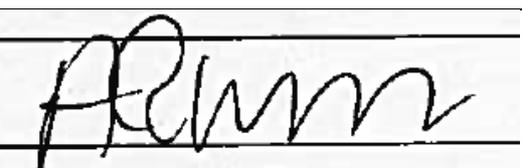
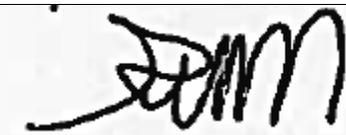
	4 week waiting time pilot	Yes	No
1	There is a Higher Educational Institution in your vicinity which is contracted to deliver the curriculum for the MHST workforce	Yes	
2	You undertake to capture the current (18/19) investment into CYP MH across health and education and to at least maintain that level of investment. The new funding for MHST and/or waiting time pilots will therefore be an entirely additional investment into CYP MH services into schools	Yes	

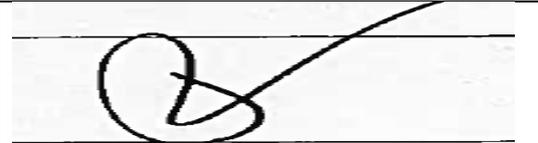
3	You have reviewed the data sharing requirements and have the infrastructure in place or plans to deliver it within the timescales in order to provide the relevant data	<p>Yes to the following:</p> <ul style="list-style-type: none"> • Submitting activity and outcome data to MHSDS • Can record how quickly assessed and accessed services • Can record how quickly started treatment • Can record what outcomes were achieved • Participate in evaluation and sharing of information appropriately <p>Not currently reporting on average waiting time to second contact (proxy treatment). A solution is currently being developed to ensure this can be resolved in 18/19.</p>	
	a. Do you have a clinical lead for data	There is a data lead (non-clinical) and clinicians input activity data on to patient system. SPFT have recently reviewed the data system to capture outcomes and experience measures (CYP IAPT) which involved robust clinical training	
	b. Are your services routinely using data to influence quality improvement	Yes	
	c. Do you have a digital patient record system in place	Yes	
	d. Does your system/s allow you to flow Snomed codes	The Trust is currently developing a plan to flow certain Snomed codes into the MHSDS which relate specifically to EIP requirements. Learning from this will support this project. Most critical/ high priority Snomed codes can be developed first	
	e. Do you regularly collect % report paired outcome scores	Yes	
	f. Are outcome measures routinely used in the clinical consultation	Yes	
	g. Have you mapped the data sharing issues to support your service model & noted any potential associated costs	Yes	

	h. If there are any cost implications is there funding in place	Yes	
4	You have locally made an assessment of mild to moderate mental health need for children and young people	Yes	
5	You have locally made an assessment of current provision for mild to moderate mental health needs for children and young people	Yes	
6	Services within your CCG have participated in schools pilot, phase 1 or 2	Yes	
7	Services in your area currently have an identified schools lead from mental health	Yes	
8	You agree to take part in the national evaluation for the duration of the agreed period	Yes	

1.5 Signatories

Signatories should include the Chief Executive Office or Chief Operating Officer of CCG(s), the Director(s) of Children's Services, the Director(s) of Public Health and an appropriate representative from the Health and Wellbeing Board, the strategic lead for the bid and any other supporting senior strategic signatories that you feel is relevant to demonstrate joint sign up

Organisation	Role	Signature
Health and Wellbeing Board	Cllr. Barford, Chair of Health and Wellbeing Board	
Clinical Commissioning Group	Wendy Carberry, Brighton & Hove CCG, Managing Director, South Place Commissioning Alliance	
Public Health, Brighton and Hove City Council	Alistair Hill, Director of Public Health	
Families, Children and Learning, Brighton and Hove City Council.	Pinaki Ghoshal, Director of Families, Children and Learning	

<p>Patcham High Secondary School</p>	<p>John McKee, Head from Patcham Secondary School and chair of secondary heads meetings</p>	
<p>Middle Street Primary School</p>	<p>Julie Aldridge, Head of Middle Street Primary School and former head of city centre cluster at time of pilot</p>	<p>X  Julie Aldous Headteacher</p>
<p>Homewood College (SEMH School)</p>	<p>Louise Cook, Head of Homewood College (SEMH School)</p>	