London Trailblazers and four week waiting time pilot launch workshop

Tuesday 12th February 2019
Welcome

Tracy Parr

Director of Transformation
Healthy London Partnership

Transforming London’s health and care together
What proportion of their time do 8 – 15 year olds spend playing outside?
What percentage of 12 – 15 year olds spend most of their waking hours online at the weekend? Ofcom
What proportion of their time do 12 – 15 year olds spend online per week?
During term time, what percentage of their week do children aged 11 – 16 spend at school?
An additional 345,000 CYP will access support via NHS funded services and school/college MH Support Teams rolled out to 20-25% of England (by 2023/24)
Partnership approach

**Schools** providing infrastructure and local leadership for Trailblazers

**Mental health providers** employing mental health support teams for schools and piloting four week waiting time

**Universities** providing education new practitioners

**Clinical commissioning groups** co-ordinating development of Trailblazers

**Department for Education** providing direct support to Trailblazer schools

**NHS England** acting as conduit between national and local teams, providing assurance of local delivery and monitoring of financial allocations

**Healthy London Partnership** convening and linking system partners, enabling shared learning within and beyond Trailblazer sites
Healthy London Partnership

We aim to make London the healthiest global city in the world by working with our partners for Londoners to improve health and care, so everyone can live healthier lives

What we do…

• Bring together partners with improvement and transformation experts and Londoners, to work towards the common goals set out in Better Health for London, NHS Five Year Forward View and the Devolution agreement

• Develop an evidence base so we inspire London to be the best it can be, gathering insight and data, building on local successes and sharing learning and best practice

• Tackle issues best solved ‘once for London’ by pooling resources and attracting additional funding to specific London issues like homelessness or access to GPs

We also provide the strategic challenge and infrastructure to make sure there is robust governance in place through the London Health Board and the London Strategic Partnership Board. Read more about this here www.healthy london.org/our-work/london-health-care-strategic-partnership-board
Simone Bayes

Deputy Director, Mental Health Delivery Children and Young People, Department for Education
Mental Health Green Paper

Background and context

Simone Bayes

Mental Health Delivery Division
Department for Education

London Trailblazers - 12 February 2019
- National Service Framework for Mental Health 2004
- Every Child Matters 2005
- Targeted Mental Health in Schools 2008 – 11
- Parity of esteem ambition 2010
- Austerity and localism
- CYP Improving Access to Psychological Therapies (IAPT) 2011
- SEN and Disability reforms 2012
- Future in Mind 2015
- Five Year Forward View for Mental Health 2016
• January 2017 PM announced a Green Paper

• Developed jointly by Department of Health & Department for Education

• Published 4 December 2017

• First 25 trailblazers announced December 2018

• First trainees started courses at 7 HEIs in January 2019
✓ We will incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing.

✓ We will fund new Mental Health Support Teams, for 20-25% of schools and colleges by 2023, supervised by NHS children and young people’s mental health staff, to provide specific extra capacity for early intervention and ongoing help. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.

✓ We will trial a four week waiting time for access to specialist NHS children and young people’s mental health services.
• 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 and stay in education. Includes providing timely advice and linking to more specialist NHS services.

• Support schools and colleges to do more on mental health, working with their mental health leads and existing service providers eg promote positive mental health, map provision & gaps, monitor wellbeing.

Build on and increase support already in place, not replace it.
- To appoint a named senior lead/point of contact to work with CCGs and the MHSTs
- To involve children and young people and their families/carers in the design and set-up of the teams
- To engage fully with monitoring and evaluation requirements – and as a first step complete a baseline survey
- To commit to the principle that the MHST will complement, rather than substitute for, existing support
- To work with providers and universities to offer trainee placements for Education Mental Health Practitioners during their training year (between March and December 2019).

- DfE to communicate direct to schools and colleges
DfE offer to train a lead for every school and college by 2024 to act as strategic lead for mental health, put in place whole school approach and co-ordinate links with other services.

Remit of Designated Senior Leads spans these layers.

**Layer 1** – Health Education reforms and updates to behaviour, SEND, safeguarding and wellbeing policies

**Layer 2** – introduction of Mental Health Support Teams alongside existing services e.g. educational psychologists, school nurses, school counselling

**Layer 3** – referral to specialist CYPMHS services
- NHS Long Term Plan
  - Mental Health and Behaviour Guidance and respectful schools tool
  - Expansion of Schools Link programme
  - Curriculum reforms to make health education compulsory from 2020
  - Public Health England review of key prevention evidence & relevance
  - Trials of evidence on school-based interventions to support children and young people’s mental health and wellbeing; peer support pilots
  - CMO evidence review on social media use and mental health
Professor Oliver Shanley OBE
Regional Chief Nurse

NHS England and NHS Improvement (London region)
Mental health of London’s children and young people

25% of London’s population is under 18 years of age

8.8 million total population

2.2 million under 18

London’s 5 to 19 year olds

9% have a mental health disorder

10.6% 7.4%

2.2% autism spectrum, eating and other less common disorders

2% 2.3%

1/2 of all mental health problems manifest by age 14

75% manifest by age 24

14-19 year olds

Mental disorder of young people identifying as lesbian, gay, bisexual, or another sexual identity

34.9% LGBT

13.2% Heterosexual

11-16 year olds

Self-harm of young people diagnosed with a mental disorder

25.5% Mental disorder

3% No diagnosed disorder

Suicide has increased for young people aged 10-14

2013 47 people

2016 85 people

↑ 85%
3,000 Schools in London

92% Public-funded rated good or outstanding

KEY STAGE 4: London had the highest attainment 8 score of any region in 2016

2014-15 to 2019-2020
Real-terms reduction in per-pupil funding for mainstream schools due to cost pressures 8.0%

Special Educational Needs and Disabilities (SEND)
Rise in need since 2010 22%

Exclusions across all schools
980 Permanent exclusions
3380 Fixed-term exclusions 2016-2017

Increasing demand for school places 2017-2025

2017 677,000 PRIMARY school places
2025 737,000

2017 393,000 SECONDARY school places
2025 498,000

8.8%
26.5%

Eligible for school meals
18% PRIMARY school pupils
19% SECONDARY school pupils

Minority ethnic backgrounds
72% PRIMARY school pupils
70% SECONDARY school pupils
Partnership with Mayor of London

Worked in collaboration with Mayor of London and Greater London Authority through the London Health Board

Wrote to all headteachers and school nurses to inform them of work around MH in schools
Through CCGs and local authorities mapping exercise of current provision showed wide variation
Mental health in schools toolkit

https://www.healthy london.org/resource/schools-mental-health-toolkit/

Includes good practice examples, training and whole school approaches
NHSGo - designed by young people for young people

Each month 3 topics are highlighted. Currently highlighting “winter blues”

- Depression and anxiety
- LGBT
- Smoking, drugs and alcohol
- Eating healthily and exercise
- Sex and relationships

Puberty and teen health

Schools assembly pack distributed December 2018
Commissioned Young Minds to work with children and young people to gain their perspectives on what they want in schools to support their mental health (Sharon Long will provide more detail).
The views of young people

Sharon Long – Strategic Director
Partnership for Young London and Schools Advisor
Healthy London Partnership
1. Every pupil knows who is responsible for and can help with mental health issues

Make sure we know who to go to in school if we are struggling and need someone to talk to-share this information in lots of ways, like assemblies and on posters.

2. Every adult in the school offers a good first response if I say or show I am struggling with my mental health

We want the staff who have contact with us daily to notice if we are struggling and know how to help us find the right person and place to get support from if we need it.

3. Bullying is dealt with effectively

If we have experienced bullying, we want to get emotional support quickly and easily from school- and we want bullies as well as victims to get support and assistance from school.

4. Empower us to understand and take a role in caring for our mental health

We want useful information which is co-designed and delivered by people like us about how we can take care of our mental health and how to get help if we need it. We want this in lots of different ways like lessons as well as information resources we can use on our own.
5. Extra support for pupils that are struggling

If a pupil is struggling, we want someone such as the forum tutor to check in every day and see how they are. This can make a huge difference when you are going through a hard time. And we want personalized plans to help us come back to school if we’ve had to take time off because of our mental health.

6. Emotional and practical support during busy, stressful times

Exam time is a really stressful time for us. We want information and advice on how to cope with the pressure we feel and quick and easy access to support if we feel it’s getting too much.

7. A place to go to on hard days

We want a quiet space designed to promote wellbeing that we can go to when we are having a hard time and feel overwhelmed. We can use it to clear our heads and calm down if we need to, as well as build ourselves up to carry on for the day.

8. Signposting to support in our area and beyond

We are in school so much that’s it’s one of the best ways for us to find out about what other things can support us outside of school. We want school to provide information about local mental health services as well as other wellbeing activities we could use locally or online.
9. Pupil involvement in making the school more mentally healthy

We know what things impact our mental health and what could help school promote our positive mental health, so we want to be involved in designing the policies, projects and activities that are about our mental health.

10. Recognising us as individuals

We want to be recognised for all the things we do and are interested in, not just our academic achievement as that can make us feel pressured. We want school to help us take part in things we enjoy outside of lessons that help us work out who we are and feel good about ourselves.

04

Green Paper, Trailblazer & Four Week Waiting Time Pilots

Katie Horrell

Head of Assurance & Delivery NHS England (London)
Implementing the ambitions of the Children and Young People’s Mental Health Green Paper in London

Children & Young People’s Mental Health Green Paper London Trailblazers Welcome Workshop

Katie Horrell – Head of Assurance & Delivery, NHS England (London)
An additional investment of £1.4 billion was committed to transform children and young people’s mental health services from 2015/16 to 2019/20

- The Green Paper announced that the Government would make **additional available** funding to implement proposals outlined in the Green Paper.

- An additional **£215M** funding over the course of **2018/19-2020/21** to support the roll out of Mental Health Support Teams (MHSTs) and waiting time pilots.

- **£16M** to establish MHSTs and **£8M** towards waiting time pilots in year one.

- In addition, **£15-20M** a year for dedicated training funds from the Department of Education to support the creation of Designated Senior Leads in schools over the course of 2019/20-2023/24.
Implementing the Green Paper in London

22 Expressions of Interest received

Reviewed by an expert panel from across London’s health, care and education system

£7,411,294 awarded across London

>170 schools signed up to work with the Mental Health Support Teams
London has been awarded £7,411,294 across 2018/19 and 2019/20 to support the roll out of 15 Mental Health Support Teams across 7 areas and trial four week waiting time across four areas for CYP Mental Health.
The London Region is establishing an Implementation Group to oversee the delivery of the Green Paper ambitions in London.

- **Department for Education (DfE)**
- **Department for Health and Social Care (DHSC)**
- **NHS England – Children and Young People’s Mental Health**
- **Health Education England**

**Green Paper Implementation Group**

- **NHS England (London)**
- **Health Education England (London)**

**MHST and 4ww Project Board(s)**

**Local delivery of Mental Health Support Teams**

- **MHST and 4ww pilot sites (NHS Trust/ VSC)**
- **Designated Senior Leads (1 X per education setting)**
- **MHST providers**
- **Higher Education Institutions**

**Healthy London Partnership’s Children and Young People’s Mental Health Improvement Team**

**DfE regional leads**

- **Implementation support**
- **Provides support to**

- **Assurance and oversight**
- **Delivery**
- **Support**
Hopes and expectations for today and the programme

www.menti.com

Code 25 04 29
In three words, what are your hopes and expectations for the day?
05

Higher Education Institutes

Lili Ly: Course Director,
University College London

Wendy Geraghty: Lead training placement support,
King’s College London

Transforming London’s health and care together
Key staff on the EMHP trainings for KCL and UCL

- Head of training UCL: Peter Fuggle
- Head of training KCL: Derek Bolton
- Lead training placement support UCL: Claire Ely
- Lead training placement support KCL: Wendy Geraghty
- Director of EMHP course for UCL: Lili Ly
- Director of EMHP course for KCL: Susanna Payne

We all work together closely in training delivery across London.
Where we fit in the implementation

- Peter Fuggle and Derek Bolton contributed to the development of the curriculum as members of the HEE convened national curriculum committee (2018)
- HEE commission us to deliver EMHP PgDip + Supervisor training (this year as CPD) + RtT
- In addition HEE funded us to provide “assurance, organisation & transformation support”.
- Funding for supervisors is routed via the HEIs, reclaimed by sites.
- We supported the host Trusts to recruit the first cohort of EMHPs
- EMHP training started on 21st January
- Supervisors training started on 28th January
## EMHP allocations, Numbers, Potential Supervisors, Colleges x Trailblazer sites

<table>
<thead>
<tr>
<th>Site</th>
<th>EMHP trainees</th>
<th>Supervisors</th>
<th>RTT</th>
<th>College</th>
</tr>
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<tbody>
<tr>
<td>Bromley</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>KCL</td>
</tr>
<tr>
<td>Camden</td>
<td>5</td>
<td>2.5</td>
<td>0</td>
<td>UCL</td>
</tr>
<tr>
<td>Haringey</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>UCL</td>
</tr>
<tr>
<td>Herts...</td>
<td>8</td>
<td>4</td>
<td>0</td>
<td>UCL</td>
</tr>
<tr>
<td>North Kent</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>KCL</td>
</tr>
<tr>
<td>SW London</td>
<td>12</td>
<td>6</td>
<td>0</td>
<td>KCL</td>
</tr>
<tr>
<td>Tower Hamlets</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>UCL</td>
</tr>
<tr>
<td>West London</td>
<td>9</td>
<td>4.5</td>
<td>0</td>
<td>UCL</td>
</tr>
</tbody>
</table>
Overview of EMHP training

• Total of 59 EMHP Trainee Practitioners (across London training programmes)
• Trained in principles of CYP-IAPT: Accessibility, Awareness, Participation, Accountability & Evidence-Based Practice
• To deliver low intensity evidence-based interventions for mild-moderate MH difficulties in educational settings (with supervision):
  • **Anxiety**: Child anxiety – Guide Self Help (GSH) through parents/carers
  • **Anxiety**: Adolescents (GSH)
  • **Low mood**: Adolescents (GSH)
  • **Challenging behaviour**: Childhood problems – GSH through parents/carers (4-8yrs)
  • Common adverse experiences – bullying, social media and other social pressures, transition, exams
  • Developing general wellbeing/resilience – peer mentoring, sleep, health promotion e.g. through psychoeducation workshops/groups
  • Offer signposting
Laying down the track as the train is rolling... How to make this okay for trainees

- An interim supervisor/manager who understands EMHP role and training needs, including supportive induction

- Close clinical supervision

- Experience that enables trainees to meet course requirements
Experience that will enable them to meet the course requirements:

**Early on:** - Being part of a school team – primary and secondary

- Induction to *school culture, organisation, existing wellbeing and MH support structures*

- Opportunity to a *survey of MH* and other support structures available locally to pupils

- Opportunity to conduct a *small audit of a specific group of pupil's MH needs*

**Throughout year:**

- **Access to cases:** (CYP/parent/carer). CYP with anxiety/low mood (all ages), challenging behaviour (in under 9s), low risk and complexity. **Recording sessions**

- Running a **psychoeducation workshop(s)** for pupils/staff/parents

- Running a **group** (universal or targeted for wellbeing of pupils OR parent group)
The Trainee Experience

Uncertainty about governance and placement:

- Teaching informative
- Lots to learn!
- Worry about not having necessary placement experience to complete assignments
- Worry about not yet having supervisors
- Variation in placement experience
Trainee meetings

• UCL & KCL in conjunction with HLP to hold feedback sessions with Students.

• Information to be collated and feedback to individual Trailblazer sites and CYP MH Green Paper Implementation Group Meeting (London).

• Meeting dates to be set by the end of February 2019
Mental Health Support Teams and 4 Week Waiting Time Pilots
Mental Health Support Teams and 4 Week Waiting Time Pilots: Data, monitoring & evaluation

Sara Saunders – Implementation Lead (Green Paper) CYP Mental Health Team

February 2019
## What will we be collecting to test the approach?

### Baseline Information
- One off
- Baseline investment
- Baseline workforce
- Baseline activity

### Routine Management Information
- Quarterly
- Time limited until MHSDS QA
- Non MHSDS data – Workforce, schools
- Activity & outcome data
- Project set up
- Qualitative data

### MHSDS
- Monthly
- New MHST team types from 2020
- Unique team identifier until then
- Once QA data can stop flow of management info

### National Evaluation
- 2 phases
- Qualitative data collection
- In process of being commissioned by DfE & DHSC
- Likely to start from mid-late 2019
- Will share details once research team in place
## Metrics

<table>
<thead>
<tr>
<th>Area</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referrals</strong></td>
<td>Total number of referrals received by age, gender and ethnicity</td>
</tr>
<tr>
<td></td>
<td>Total number of referrals accepted by age, gender and ethnicity</td>
</tr>
<tr>
<td></td>
<td>Number of people being supported by MHST by age gender and ethnicity</td>
</tr>
<tr>
<td><strong>Presenting difficulties</strong></td>
<td>Type of mild/moderate difficulties e.g.</td>
</tr>
<tr>
<td></td>
<td>• Phobias</td>
</tr>
<tr>
<td></td>
<td>• Panic Attacks</td>
</tr>
<tr>
<td></td>
<td>• Anxiety</td>
</tr>
<tr>
<td></td>
<td>• Depression</td>
</tr>
<tr>
<td></td>
<td>• Obsessive Compulsive Disorder</td>
</tr>
<tr>
<td></td>
<td>•Behavioural disorders</td>
</tr>
<tr>
<td></td>
<td>• PTSD</td>
</tr>
<tr>
<td></td>
<td>• Self-harm</td>
</tr>
<tr>
<td><strong>Intervention</strong></td>
<td>Breakdown by types of treatment/support delivered e.g.</td>
</tr>
<tr>
<td></td>
<td>• Evidence based interventions</td>
</tr>
<tr>
<td></td>
<td>• Group interventions</td>
</tr>
<tr>
<td></td>
<td>• Signposted to other services</td>
</tr>
<tr>
<td><strong>Outcome and intervention</strong></td>
<td>Number of closed referrals with two or more contacts that had a paired outcome score (of the same type) recorded</td>
</tr>
<tr>
<td></td>
<td>Number of closed referrals with two or contacts that had an intervention recorded</td>
</tr>
</tbody>
</table>
What are we interested to know?

- Learning from the process of setting up a trailblazer
- Coverage of teams
- Range of activities undertaken by teams
- Numbers of CYP seen
- Outcomes for CYP seen
- Impact on demand for wider CYP MH services
- Changes to the pathway for CYP accessing specialist MH services
- Impact on the whole school/college
- How to integrate with existing provision in schools/colleges and the community
07

Trailblazer sites

South West London Health Care Partnership
Tracy Cawley, Programme Director

Transforming London’s health and care together
Launch event: Children and Young People’s whole school approach and mental health support teams in South West London
How do the MHSTs align with whole school approach?

- In our expression of interest we set out that the development of the whole school approach was a critical foundation to enable the success of the mental health support teams.
- The whole school approach pilots will be rolled out from the spring term 18/19 with a phased roll out across our boroughs.
- The diagram below sets out the different component parts of South West London’s whole school approach, with further detail on the right hand side of the page. The Mental Health Support Teams will enhance the targeted support available to our children and young people.

Next steps and questions to answer

- Roll out of the whole school approach pilot commences from spring term 2019.
South West London Health & Care Partnership

• London boroughs/CCGs: Merton, Sutton and Wandsworth

Other organisations involved

SWL and St George’s Mental Health Trust

Number of schools = 44

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Primary</td>
<td>30</td>
</tr>
<tr>
<td>Special</td>
<td>3</td>
</tr>
<tr>
<td>Secondary</td>
<td>9</td>
</tr>
<tr>
<td>Pupil referral</td>
<td>2</td>
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<tr>
<td>Other</td>
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<tr>
<td>FE College</td>
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</table>

University – Kings College London

Mental health provider and team

South West London & St George’s Mental Health NHS Trust

Number of Mental Health Support Teams = Three

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical psychologist x 3</td>
<td>3 (WTE)</td>
</tr>
<tr>
<td>Nurse practitioner x 2</td>
<td>2 (WTE)</td>
</tr>
<tr>
<td>Supervision x 0.1</td>
<td>0.1 (WTE)</td>
</tr>
<tr>
<td>Well being practitioners x 12</td>
<td>12 (WTE)</td>
</tr>
</tbody>
</table>

Key features

To deliver three MHSTs across Merton, Sutton and Wandsworth, these teams will build on the interventions that are already in place as part of the whole school approach pilot. The majority of schools who are part of the MHST are the schools that have worked as part of the whole schools approach pilot.

Key challenges

• Finalise arrangements with CORC for the provision of the evaluation of the whole school approach.
• Work with NHSE, once national evaluation partner agreed, to align the evaluations.
• Determine the local delivery model (for each borough) – this will include mapping and integration of the MHSTs in the CAMHS pathway (including considering health inequalities)
• Engage with CYP/parents/schools/health sector how interventions will sit alongside current provision.
• Funding arrangements for band 8a supervisors during on boarding year
• Communication with wider stakeholders about the programme
• Travel costs and on boarding costs for EMHP
West London

Simon Brauner-Cave, Commissioner, North West London Collaboration of Clinical Commissioning Groups
Skye Blyth-Whitelock, Youth Services Manager, Hammersmith & Fulham Mind.

Transforming London’s health and care together
**West London**

London boroughs/CCGs: West London (Kensington and Chelsea, Westminster (QPP))

### Other organisations involved

Hammersmith and Fulham Mind  
Xenzone Kooth

### Number of schools = 15

1x 6th form college, 1x secondary, 1x special, 12x primary. 4 tentative (2x secondary, 2x primary). We expect to confirm all schools by end of Feb

### University - University College London

### Mental health provider and team

Hammersmith and Fulham Mind

### Number of Mental Health Support Teams = 2

<table>
<thead>
<tr>
<th>Role</th>
<th>WTE</th>
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<tr>
<td>Clinical Lead</td>
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<tr>
<td>Family Therapist</td>
<td>x1</td>
</tr>
<tr>
<td>Educational Psychologist</td>
<td>x1</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>x1</td>
</tr>
<tr>
<td>Family Support Worker</td>
<td>x1</td>
</tr>
<tr>
<td>Wellbeing Practitioners</td>
<td>x9</td>
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<tr>
<td>Wellbeing Facilitators</td>
<td>x2</td>
</tr>
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</table>

### Key features

- To deliver two MHSTs across West London.  
- Population of Children and Young People and schools to be covered will be confirmed by the end of February 2019.

### Key challenges

- DSLMH and expectations of schools posing a challenge to school sign-up  
- Mapping existing provision within educational settings (CAMHS, LA, VCS, Grenfell Recovery) to ensure meeting needs and not duplicating  
- Agreeing appropriate triaging mechanisms and pathways within educational settings and with other providers
Susie O’Neill: Senior Joint Commissioning Manager – Children & Young People London Borough of Hounslow/Hounslow Clinical Commissioning Group
Hounslow

London boroughs/CCGs: Hounslow

Other organisations involved

Number of schools = 21

<table>
<thead>
<tr>
<th>Primary</th>
<th>Special</th>
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<tbody>
<tr>
<td>9</td>
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</tr>
<tr>
<td>Secondary</td>
<td>Pupil referral unit</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Other (primary &amp; secondary)</td>
<td>FE College</td>
</tr>
<tr>
<td>1</td>
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</tbody>
</table>

University – University of Reading

Mental health provider and team

West London NHS Trust

Number of Mental Health Support Teams = two

<table>
<thead>
<tr>
<th>Service lead</th>
<th>Band 7 Practitioner</th>
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</thead>
<tbody>
<tr>
<td>x 1 (wte)*</td>
<td>x 2 (wte)*</td>
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</table>

<table>
<thead>
<tr>
<th>Practitioners</th>
<th>Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>x 8 (wte)*</td>
<td>x 1 (wte)*</td>
</tr>
</tbody>
</table>

Key features

- To deliver two MHSTs, one in East and one in West Hounslow with a core offer to 8 secondary schools and 29 primaries. A targeted offer will be made available to ‘high needs’ settings (as assessed during mobilisation).
- The teams will work primarily in schools and college settings, providing evidence-based interventions for CYP with mild-moderate needs.

Key challenges

- Location & communication
- Timescales
- How MHSTs fit with our wider offer

* Across two teams
Questions to the Trailblazers

Tracy Parr - Chair
Break

REFRESHMENTS ARE AVAILABLE IN THE FOYER
Trailblazers and Four Week Waiting Time Pilots

Camden

Jennie Mackeith, Strategic Commissioning Manager,
London Borough of Camden

Andy Wiener, Clinical Director CAMHS, Tavistock and Portman NHS Trust

Transforming London’s health and care together
Camden Trailblazer Update
MHST and Waiting Time Pilot

Jennie Mackeith
Strategic Commissioning Manager
Children’s Integrated Commissioning Team

Andy Wiener
Clinical Director CAMHS
Tavistock and Portman NHS Trust

Supported by and delivering for:

London’s NHS organisations include all of London’s CCGs, NHS England and Health Education England
Camden – Mental Health Schools Teams
Camden CCG and local authority

Other organisations involved
- Camden Learning – partnership between Camden schools and Camden council to improve teaching and learning.
- Mental health learning hubs providing CPD and sharing good practice
- Engagement with Ed Psych service and voluntary sector partners

Number of schools = 29

<table>
<thead>
<tr>
<th>Type</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Primary</td>
<td>19</td>
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<tr>
<td>Secondary</td>
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</tr>
<tr>
<td>Other</td>
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<tr>
<td>Special</td>
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<tr>
<td>Pupil referral unit</td>
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<td>FE College</td>
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University – University College London

Mental health provider and team
Tavistock and Portman NHS Foundation Trust

Number of Mental Health Support Teams = two

<table>
<thead>
<tr>
<th>Role</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Senior Clinicians (Supervisors)</td>
<td>2 WTE</td>
</tr>
<tr>
<td>Trainees</td>
<td>x 5 WTE</td>
</tr>
<tr>
<td>2x CWP Graduates</td>
<td>Band 5 CAMHS practitioners x 5 WTE</td>
</tr>
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Key features
- To roll out two MHSTs using a ‘blended team’ model of Educational Mental Health Practitioners (EMHPs) and Band 5 CAMHS practitioners; each team will consist of 6 practitioners and a team lead/ supervisor.
- There will be c. 70% coverage of all schools in Camden.
- As well as delivering 1-2-1 interventions, MHSTS will roll out a menu of other interventions too, including parenting groups, inclusion cafes and peer mentoring.

Key challenges
- Scale of the rollout
- Integrating with current CAMHS offer
- Schools managing and prioritising multiple offers
- Out of borough students and eligibility
Camden – Four week waiting time pilot

Four Week Waiting Time Pilot

• To reduce the average wait from referral to second appointment from five to four weeks.
• Camden will achieve this by converting the local Joint Intake system (across schools, GP practices, social services etc) to a clinical team.
• This service uses a THRIVE model of delivery and will aim to increase the number of ‘Getting Advice’ interventions.
• Reduce internal waits for psychotherapy and CBT
• Evaluate acceptability of online CBT for young people and families

Key Points
• No internal wait for brief intervention
• Support while waiting for specialist treatment
• Focussed on GP referral pathway
• Welcome phone calls before first appointment
• Telephone liaison to gather more information
• Telephone triage in selected cases
01

Trailblazers and Four Week Waiting Time Pilots

Tower Hamlets

Diana Viscusi, Transformation Manager, Children and Maternity, Integrated Commissioning, NHS Tower Hamlets Clinical Commissioning Group and London Borough of Tower Hamlets

Transforming London’s health and care together
London boroughs/CCGs: Tower Hamlets

Other organisations involved

Step Forward

Number of schools = 27

<table>
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<tr>
<th>Type</th>
<th>Quantity</th>
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</thead>
<tbody>
<tr>
<td>Primary</td>
<td>9</td>
</tr>
<tr>
<td>Special</td>
<td>1</td>
</tr>
<tr>
<td>Secondary</td>
<td>13</td>
</tr>
<tr>
<td>Pupil referral unit</td>
<td>3</td>
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<tr>
<td>Other</td>
<td>1</td>
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<tr>
<td>FE College</td>
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</tbody>
</table>

University – University College London

Mental health provider and team

East London NHS Foundation Trust

Number of teams = 2

<table>
<thead>
<tr>
<th>Position</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician leadership and supervision</td>
<td>1 (wte)*</td>
</tr>
<tr>
<td>Education Mental Health Practitioner</td>
<td>6 (wte)*</td>
</tr>
<tr>
<td>Step Forward Counsellor</td>
<td>2 (wte)*</td>
</tr>
<tr>
<td>Clinician (sub CAMHS threshold) x 2 (wte)*</td>
<td></td>
</tr>
<tr>
<td>Qualified Children Wellbeing Practitioner</td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td>1 (wte)*</td>
</tr>
</tbody>
</table>

Key features

- 2 MHSTs covering 27 schools in Tower Hamlets, with a view to extend to all schools once the service is established
- A mix of clinical qualification and experience to reflect the different level of need and complexity

The project will be delivered in two phases:

- Phase 1, (April–Autumn 2019), both teams will work with 6 schools (a mix of academies, secondary, primary and sixth form colleges) covering a population of c. 4,530 pupils, with a capacity of 280-330 pupils.
- Phase 2 (Autumn 2019 onwards), roll out to additional schools. Each fully operational team will serve a population of c. 7,300 pupils and hold c. 4-500 cases.

Key challenges

- Challenging delivery timelines
- Stretched capacity to lead the project while staff is being recruited
- Conflicting priorities with Education which impacts on timely and effective communication and engagement with schools
- Space to accommodate MHSTs within schools and CAMHS
- Uncertainties around funding which impact on recruitment and retention

* Total across two teams
Key features
To develop a service model that will allow CAMHS to achieve and sustain an average wait of 4 weeks from referral to assessment. Our approach involves 1) Clearing existing backlog: the current average waiting time to enter treatment is 6.1 weeks. In Q2 there were 65 CYP awaiting assessment, 2 WTE will be recruited for six months to reduce backlog to in-month demand. 2) Improve efficiency: more CYP treated per clinical WTE drawing on proven transformation models (e.g. CAPA and i-Thrive); Increase Tier 2 capacity through MHSTs, whole-schools programmes, groups interventions; Increase Tier 3 WTE capacity (5 WTE);

Experience for service users
Access to specialist CAMHS will be ‘facilitated’ by the MHSTs and CWPs working within schools. CYPs with more severe needs will be seen sooner by a specialist CAMHS practitioner. The stepped approach will allow to offer support quicker and tailored to the CYP needs. It will also offer greater choice of type of intervention and settings.

Pathways
Clinicians will be deployed in: Front Door / Triage system to deliver assessment as well as short interventions (up to 3 sessions); the Emotional & Behavioural pathway offering a wide range of individual and group interventions (CBT, family therapy, etc.); CAMHS Neurodevelopmental teams offering group and individual interventions
Working with Education and other partners

significant experience in working schools around mental health and wellbeing including its Healthy Schools, Family and Parental Engagement Service, Educational Psychology and School Health Services, CAMHS link Pilot and CAMHS Training programme for secondary schools. The newly established MHSTs multi agency steering group which reports to the Mental health and Emotional Wellbeing working group, one of four delivery group of the Born Well Growing Well Board. Both the working group and the board have senior representation from Education, Public Health and voluntary sector. Partners. The Tower Hamlets Together Board provides overarching leadership and assurance.

Local needs

There are 112,958 0-25 year olds, increasing to 129,128 by 2030. **47,000 CYP of school age projected to increase by c. 10% to 50,000** in the next 10 years. **More than 53% of children living in poverty** (after housing costs). Prevalence of **4,576 (2018/19) CYP aged between 5 and 18 with a diagnosable mental disorder**. Up to 2,900 school children with a SEMH disorders, 6.8% higher than London and England averages. Demand for specialist CAMHS is also growing. From 16/17 to 17/18 CAMHS received 16% additional referrals (200 CYPs) and this rate of growth set to continue in the next five years.

<table>
<thead>
<tr>
<th></th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>20/21</th>
<th>20/22</th>
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<tbody>
<tr>
<td>Referrals</td>
<td>1329</td>
<td>1535</td>
<td>1772</td>
<td>2048</td>
<td>2365</td>
<td>2732</td>
</tr>
</tbody>
</table>
Trailblazers and Four Week Waiting Time Pilots

Bromley

Nazmin Mansuria, Integrated Commissioning and Transformation Senior Commissioning Manager, (Children), NHS Bromley Clinical Commissioning Group

Transforming London’s health and care together
Bromley
London boroughs/CCGs: Bromley

Other organisations involved

- Bromley Beacon Academy and Bromley Trust Academy

Number of schools

Bromley CCG expects to conclude engagement with schools by the middle of February 2019.

University – Kings College London

Mental health provider and team

Oxleas NHS Foundation Trust

Number of Mental Health Support Teams = Two

<table>
<thead>
<tr>
<th>Senior Wellbeing Practitioner x 2 WTE</th>
<th>Wellbeing Practitioner X 4 WTE</th>
<th>Referral Officer X 0.6 WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8x WTE Education Mental Health practitioner (EHMP) funded separately</td>
<td></td>
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</tbody>
</table>

Key features

- To deliver two Mental Health Support Teams (MHSTs) in the North East of Bromley.
- The two teams will provide interventions for c.16,000 (half population) primary and secondary schools.

Key challenges

- Schools selected and maintaining interest and motivation
- Offering a service to the non selected schools in Bromley - fairness and equality
- Employment is through Slam so EMHP have to report to Bromley Y, Kings and Slam (South London and Maudsley Foundation Trust)
- Retention of EMHP due to travel and location
- Inner London waiting - Bromley
As outlined in the initial bid document, specialist community CAMHS (Oxleas NHS FT) has embarked upon a redesign of care and treatment pathways in order to reduce waiting times from referral to assessment to within 4 weeks. Key elements of the redesign include:

• **Assessment Clinics** – establishment of multi-disciplinary clinical assessment hubs, which will meet following assessments to complete clinical formulation and care/treatment plan

• **Brief Intervention Pathway** – development of a brief intervention pathway model with the aim of building resilience and coping mechanisms targeted at both the service user and their professional network

• **Group Treatment** – expansion of evidence-based parent and service user group treatment pathway as core interventions

• **Psychoeducation** – development of psychoeducation groups and self-help resources to support parents and service users to better manage and understand mental health needs (in partnership with Bromley Wellbeing).
Bromley – 4 Week Wait Pilot

PROGRESS

• All new posts out for advertisement (excluding Consultant Psychiatry)
• Assessment Clinic working group underway
• Inclusion of Neurodevelopmental team pathways in redesign with particular reference to brief intervention and group treatment pathways
• Group treatment strategy in development
• Individual Support Plans updated, further psychoeducation resources in development.

CHALLENGES

• No posts filled as of February 2019
• Recruitment into Band 7 Clinical Psychology posts has proved particularly difficult outside of traditional post-qualification period (Sept.)
• Managing transition to new pathways amidst existing service pressures.
What do **YOU** expect from Mental Health Services?

- Accessible via phone
- Not labelled as a help centre but rather a place with ‘stress relieving aspects’
- More of a club than a therapy group
- Colourful
- Choose who you can talk to (old / young)
- 24 hour accessibility
- Safeguarding
- No appointment
- More options in terms of where you can get help
- Ways to relieve stress

*You can see you broke your finger, you go to the hospital. What if you don’t know what’s wrong with you? Where do you go?*

- 17 year old boy
Trailblazers and Four Week Waiting Time Pilots

Haringey

Michele Guimarin, Joint Commissioner for Vulnerable Children, Haringey Council and Haringey Clinical Commissioning Group
Haringey Trailblazer

Children and Young People’s Mental Health Support Teams (MHSTs) and Four Week Waiting Time Pilot (4WW)

36 schools – 30 primary, 1 special primary and 5 secondary
• High levels of inequality
• Haringey is an exceptionally diverse and fast-changing borough.
• 43,141 young people and a quarter of the total population is under 20 years.
• 36% of Haringey children live in poverty, a rate of child poverty higher than the England average of 26.8%. FSM 50%.
• Above London average rates multiple indicators of deprivation.
• ACEs e.g. trauma including violence in the home, abuse, neglect and bereavement.
• Projects in schools programme, but no consistent CAMHS service
• 2016 Review of CAMHS Services – showed a range of services/projects not joined up
Staff for each MHST

- 1 Team Leader
- 2 experienced CAMHS practitioners
- 2 Education Mental Health Practitioner (EMHP) trainees – start January 2019 for two years
- 1 Children Wellbeing Practitioner (CWP)
- 0.5 Educational Psychology
- 0.5 Occupational/Speech and Language Therapy
- 1 Administrator
- Links to community and LA partners – Early Help, Anchor Project, Education Business Partnership, More Than Mentors, deep:black and THF
- BEHMHT Lead and Tavistock and Portman
Progress

• Project Manager and Educationalist
• Strong partnership board
• Consultation with schools
• Consultation with partners
• CAMHS and schools have very different organisational cultures
• Each school has a very different starting point
• Recruitment and activities started
• Redesign of CAMHS service
• Implement iThrive
• Linking major Haringey programmes with Trailblazer
Questions to the Trailblazers and Four Week Waiting Time Pilots

Tracy Parr - Chair
Children and Young People’s Mental Health Workforce Strategy

Jess Simpson, Programme Manager Healthy London Partnership

Robin Barker, Clinical Advisor, Healthy London Partnership
Background

**Why do we need a CYP MH workforce strategy for London?**

- Workforce is highly mobile (across areas)
- Similar workforce problems (NHS - retention, high staff turnover)
- Strategies across the five STP areas are fragmented
- Existing strategies are out-dated and do not consider wider CYPMH workforce
- London is growing at twice the rate as the rest of the UK

**What is driving current CYPMH workforce strategy?**

- Policy (Long Term Plan, Future in Mind, FYFV, Green Paper)
- Programmes (CYP IAPT, Mental Health in Schools)
- Health Education England via education
- NHS England via new services

**Who are the CYP MH workforce?**

- Children and young people (e.g. peer mentoring)
- Parents / carers
- Education – schools, colleges, universities
- Local Authority – social workers, housing, etc.
- VCS – voluntary and community sector
- Health – mental and physical health, primary, secondary and specialist
- Targeted (e.g. youth justice)
What will a HLP CYPMH workforce strategy provide?

**London**
- London-wide goals
- Informed by the views of children and young people and their parents / carers

**STP**
- STP level ‘sense check’ on current strategy
- Identify organisational views of the workforce

**CCG**
- Map CYPMH workforce progress
- Highlight areas of good practice

### Milestones and activities

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Engagement with stakeholders including (but not limited to) STP leads, Health Education England, NHS England, voluntary sector, community organisations, local authority, education.</td>
<td>✔️</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Working with STP leaders to map baselines of existing CYP MH workforce</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Review of existing work across London and nationally, including STP strategies and links to national policy and programmes.</td>
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<tr>
<td>4</td>
<td>Launch engagement with children and young people and their parents/carers through a survey and targeted events/outreach</td>
<td></td>
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<tr>
<td>5</td>
<td>Interim report delivered to Health Education England on engagement work to date.</td>
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<td></td>
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<tr>
<td>6</td>
<td>Additional development of the strategy through targeted workshops with various stakeholders</td>
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<tr>
<td>7</td>
<td>Recommendations and report published.</td>
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</table>
Table discussions

Tracy Parr
Sharon Long

Transforming London’s health and care together
Table Discussion

1. What support do you need and how would you like HLP to bring you together?

2. What thematic areas would you like covered in future, e.g. assurance, safeguarding, and mental health related stigma?
Questions

Tracy Parr  Chair
Close and Network Lunch