



Bristol Health and Wellbeing Board

Title of Report:	Mental Health Support Teams in Schools
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Date of Board meeting:	27th Feb 2020
Purpose:	Decision

1. Executive Summary

This paper informs the HWB about the developing CCG bid for funding for Mental Health Support Teams (MHSTs) in schools. The signature of a member of each of the HWBs in the BNSSG area is required before the bid can be submitted. This paper identifies wards in Bristol where children and young people are most affected by risk factors for mental ill health and argues that this knowledge will help target the most appropriate schools in which to place the mental health teams. The paper also informs the HWB about funding arrangements.

2. Purpose of the Paper

This paper supports the case for the Bristol part of the BNSSG bid for funding to place MHSTs schools. The final bid needs to be signed at senior level across all three LAs, including a representative from each of the Health and Wellbeing Boards. This paper is intended to inform the board about the development of this work and get agreement for sign off.

3. Evidence Base

BNSSG intends to submit a bid for the third round of funding from NHSE and DfE to place mental health teams in schools across the Healthier Together area. The closing date for bids is 16 March 2020. Funding will be for three years and it is hoped that the money will then shift to CCG baselines, although no final decision has been made about this. These teams will provide an early intervention service, offering support for mild to moderate mental health issues and preventing escalation into more serious mental health problems. The timeline includes 12 months training for practitioners at Exeter University. The teams will be able to work in primary, secondary and special schools and can also work with children out of mainstream education and in FE colleges.

The programme aims to achieve 25% coverage of the school age population. NHSE estimates that each MHST will work with 500 young people in a year, within a population of 8,000. The indicative structure of these teams is set by NHSE (see Appendix). The 2018 mid-term population of school age children records approximately 70,000 5-18 year olds, so if the aim is to cover 25% of this group the target population is 17,500. Based on this number, Bristol can hope for 2 teams if the bid is successful. There may be opportunities to increase this in the future but we need to identify which schools would most benefit from this work in the short term and how we can steer the work effectively to reduce health inequality. The bid is still being developed but we are making the case that in Bristol we should focus on areas of multiple deprivation, associated with high levels of risk for mental ill health.

National estimates suggest that 1 in 8 children and young people aged 5-19 experience a mental health disorder at any one time. High levels of vulnerability and findings from the Pupil Voice survey suggest that this figure is likely to be higher in Bristol. Levels of self-harm

among school age females in particular are significantly high and this is seen in hospital admissions, emergency department data and feedback from pupils themselves. Bristol has high a proportion of vulnerable young people who are at increased risk of mental health disorders. This includes those with SEND (15.5% compared to an England average of 14.4%), those who are NEET (7.7% compared to England average of 5.5%) LGBTQ+ (17%), children engaged with social care, children in the criminal justice system (7.4% compared to England average of 4.5%), children receiving a fixed term exclusion from school (18.3 per hundred compared to England average of 10.1 per hundred) and children growing up in income deprived households (19.7% compared to England average of 17%). These can be mapped by ward and also against the information collected from young people in the Bristol Pupil Voice report to guide successful targeting of schools for mental health support teams. The ward with the highest rate of risk factors is Hartcliffe and Withwood. Other wards with high proportions of children and young people experiencing risk factors are Filwood, Lawrence Hill and Avonmouth and Lawrence Weston. Focusing on specific education settings in these and neighbouring wards should ensure that these new mental health teams are able to target the children and young people in Bristol who are most at risk. The CCG is currently seeking confirmation from NHS England on the funding arrangements, values, and the process for drawing down funding. The current understanding is that funding will be transferred to the CCG, and they hold responsibility for the selection and contracting of a suitable provider to deliver the mental health teams in schools, in partnership with schools and local authority colleagues. The CCG will present to its own executive team in early March, to seek approval to submit the expression of interest and at that stage have completeness of information.

The CCG will then confirm the contracting arrangements, which will be further informed by ongoing conversations with all partners. The CCG will be responsible for the contracting informed by procurement support and approved by executive team early March 2020. The recommendation in this paper will help Bristol to meet the aims of the One City Plan, including the aim for mental health and physical health to be treated equally. It will also help to improve outcomes for children who have adverse childhood experiences (ACEs). In addition it will help tackle inequalities by focusing the new service on children in the areas of highest deprivation.

4. Recommendations

We recommend that the Health and Wellbeing Board agrees to support the progress of this work as described and to sign off the bid when it is completed.

5. City Benefits

Risk factors for poor mental health are most pronounced in the wards with the highest levels of deprivation. By placing the new mental health teams in schools within areas of highest need Bristol should have improved health outcomes, particularly mental health outcomes, for children, young people and families. It will also contribute to reducing the number of fixed term exclusions, reducing the number of children who are first time entrants into the criminal justice system, helping to improve outcomes for children in the social care system, reducing the number of young people who self-harm and improving levels of wellbeing in the school aged population. Better mental health among young people can be linked to higher attainment and better employment opportunities.

6. Financial and Legal Implications

No legal implications. This will be additional money coming into Bristol via CCG. Financial figures are currently being established.

7. Appendices

Appendix 1 Evidence of need in Bristol.