

Healthier Together Matched Funding Grants Guidance Notes & Template

Section 256 “Healthier Together Matched Funding Grants “

Table 1 describes the principles and processes which should be followed in applying for new Healthier Together Matched Funding Grants, and key approval deadlines.

Funding Source	Applicable to which schemes?	What template do I need to complete?	Deadline	Where will final approval happen?	Notes
Healthier Together Matched Funding Grant and matched Local authority budgets	Schemes with an overlap between Local Authority and NHS priority areas	Business Case (Tables 1 & 2)	4 February 2022	CCG Governing Body, or delegated body by 18 Feb 2022	Submit STR Business Case (Tables 1, 2 & 3) No later than 4th February 2022 to Jon.lund@nhs.net

Table 1: Funding, principles, processes and deadlines

Guiding Principles of the Funding Schemes

Healthier Together Matched Funding Grants Funding Principles

Applications to the Section 256 fund should adhere to the following principles:

- Funds committed to schemes that accelerate, enhance and benefit the vision and aims of Healthier Together Integrated Care System
- Match funding should be indicated from the local authorities where possible.
- Revenue funding only
- Grant funding gives no commitment to ongoing recurrent funding from either CCG (ICB) nor Local Authority

Points of contact

For questions regarding the Healthier Together Matched Funding Grants process, please email:

Jon.lund@nhs.net

Completed business cases should be submitted to:

Jon.lund@nhs.net

Appendix

Healthier Together Matched Funding Grant – Business Case

Guidance notes in blue

Table 1

To be completed in all cases of requests for S256 funding

Business case reference:	To be allocated by PMO	Date:	Date submitted to PMO
Business Case title	Student and YP Mental Health and Suicide Prevention		
Author name:	Christina Gray, Director of Public Health		
Role:	Sarah Purdy, PVC Student Experience on behalf of University of Bristol (UoB) and University of the West of England (UWE)		
Author email:	Christina.Gray@bristol.gov.uk		
Tel number:	pvc-studentexperience@bristol.ac.uk		
Outcome:	Approval/requirement for further information		
<i>To be signed once approval is granted</i>	Section to be completed by finance/business planning following decision by 'CCG Governing Body' authority		
Financial summary	£k		
HT Matched Grant Funding	500,000		
LA Matched Funding	500,000	<p>Matched funding from UoB and UWE</p> <p>Total = £810,000 +</p> <p>UoB £450,000</p> <p>Additional Student Health Service MH staff salary costs £225,000 per annum 22/23 and 23/24</p> <p>(Clinical lead psychologist 0.5FTE; psychologist 0.4 FTE; 3 FTE MH nurse prescribers)</p> <p>UWE £360,000 +</p> <p>Additional support for Serious Concerns Triage staff, Out of Hours Team, Mental Health Advisers, Co Counsellors and Disability Advisers. £180k pa 22/23 and 23/24.</p> <p>In addition: Wellbeing in the Curriculum initiative £100k pa.</p>	

Table 2

To be completed in all cases of requests for Healthier Together Matched Grant funding

<p>BRIEF SCHEME OVERVIEW</p>	<p>Bristol is host to two Universities with a combined population of 60,000. Student MH including concerns about suicide and self-harm has been a high priority in BNSSG for some time. The NHS Long term plan identified the need to 'improve access to mental health services for the student population, including focusing on suicide reduction, improving access to psychological therapies and groups of students with particular vulnerabilities'.</p> <p>An Office for Students Mental health Challenge Competition is just concluding with a number of key recommendations for service improvement. UWE, working with UoB, commissioners, public health and local NHS providers, led one project within this programme https://www.uwe.ac.uk/about/values-vision-strategy/mental-health-and-wellbeing/student-mental-health-partnerships-project.</p> <p>The proposed scheme would develop and evaluate a two-year pilot Student Liaison Service informed by the model developed in Liverpool through the UWE-led OfS project. This model provides a solution to key gaps in university student pathways into mental health services, delivers effective early interventions and provides effective, joined up risk management for students who present in crisis or at risk of future crisis.</p> <p>The Student Liaison Service will work with students accessing NHS, University, voluntary and other services, to ensure a coordinated approach to support, intervention, and risk management. The service provides follow-up contact with students to prevent further escalation and to provide early identification of support requirements, liaising with the appropriate service (whether that is University, NHS or other) and supporting the step-up or step-down of students experiencing significant mental distress.</p> <p>The service is a preventative step, taking pressure off crisis services including ED and other secondary care services. Referrals to the Student Liaison Service will be made from university services, primary care services e.g. GP, 111, ambulance, police and secondary care services e.g. ED, AWP crisis teams. These services would identify students who would benefit from a rapid assessment and signposting/referral to the relevant treatment.</p> <p>The additional investment from the Healthier Together Matched Funding Grant would be used to implement these recommendations and to evaluate the effectiveness of the interventions.</p>
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**SYSTEM
TRANSFORMATION
BENEFITS**

Briefly set out the qualitative and quantitative benefits of the project, for example:

- how will project spending help to support transformation in the system
- what are the outputs that will be enabled in service terms

what level of additional activity will be delivered

The project will:

- Reduce the number of ED and crisis interventions amongst UWE and UoB students
- Improve the outcome of crisis interventions by ensuring early intervention; involvement of appropriate services and supporting step-up/step-down care
- Deliver coordination and continuity of care in a currently fragmented system
- Aim to reduce the number of suicide and near miss significant events amongst the student population

We would anticipate working closely with the ICPs and ICS and across Bristol One City Partners including acute trusts (ED departments), emergency services, primary care and third sector organisations including MIND, Zero Suicide Alliance and the Samaritans. We have working relationships with many of these organisations through existing partnerships.

The OfS project in Bristol has improved collaboration across universities and the NHS through a Practice Liaison Forum – but there remain gaps in communication between services, challenges with sharing data and information, and different organisational cultures which result in discontinuity of provision and risks of students falling through the gaps between services. A number of students are effectively held in limbo – requiring greater level of support than can be provided by the existing university MH services, but not able to be seen urgently by secondary NHS services.

The Student Liaison Service will build on learning from two years of the OfS project, addressing the identified gaps in provision and “locking in” collaboration between services through providing a service in partnership. The intended outcome of the service is a reduction in service drop out/ disengagement achieved by embedded multidisciplinary working between the Student Liaison Service and HEIs through formal MDT meetings and improved working relationships.

Early evidence from the first year of operation of the Liverpool model provides evidence that the service is decreasing demand upon secondary care services alongside an increased capacity to follow up on students most at risk of harm. Further evaluation to provide data to support this is still being carried out. The area Coroner for Liverpool has commended the service for its role in decreasing risks of suicide in the student population.

The proposed service creates an innovative solution, designed to promote **clinical excellence standards**, meeting the needs of the university student population. An early intervention approach to **prevention** is at the heart of the model, proactively seeking students who may otherwise fall through the gaps of services via the Student Liaison Service and targeting students who self-harm which we know to be an early indicator of suicide. The focus on **integration** ensures that each partner is able to carry out their role effectively with robust communication to enable the best possible outcomes for students and their mental health.

<p>KEY PERFORMANCE INDICATORS PROPOSED</p>	<p>What KPIs will the project use to ensure delivery of benefits. Can this data be collected routinely now?</p> <p>KPIS will be developed in consultation with colleagues in Public Health, both Universities and the OfS projects to include:</p> <ul style="list-style-type: none"> • number of referrals into the service, and number/hours of appointments offered • qualitative assessment of service user experience • assessment of reductions in NHS service use – comparative data are not available as no control group so we will consider options in consultation with colleagues above • explore using a clinical outcome measure, if appropriate e.g. the Liverpool service uses the patient-reported CORE measure before and after receiving support from the service <p>Around 350 students were referred to the Liverpool service in the first year of operation. The service was established with a similar level of investment to that proposed here, and for a similar sized student population in the city.</p> <p>Service evaluation will be a key component of the 2 year pilot. The driver diagrams developed through the OfS project provide a model to evaluate the impact and effectiveness of the service and improvements to care pathways for students. There are currently challenges with collecting and sharing data, partly because NHS systems are unable to identify students. The development of a partnership service will help to address this.</p> <p>Liverpool are committed to working with us on evaluation as we develop the model, sharing comparator data and lessons learned. A similar model is also being developed in Cardiff, and we will also be able to share learning with them.</p> <p>Within both universities we have considerable expertise in both service evaluation and the use of qualitative and quantitative data to evaluate health care interventions including colleagues at UWE with expertise in evaluating mental health services and members of the Mental Health in Young People research initiative at the Elizabeth Blackwell Institute within UoB.</p>

VALUE FOR MONEY TO NHS	<p>Please describe how the project demonstrates value for money to the NHS compared to equivalent NHS expenditure</p> <p>Mental health difficulties amongst young people are growing in prevalence and data from both universities shows that the complexity, severity and risk of these issues amongst their students is rising. Both universities currently make significant investment in MH services for their students. However, universities are not providers of health care and those students with significant high risk health problems, including self-harm and suicide require clinical input from the NHS. The learning from the OfS project has indicated that the coordination of care provided to students at the interface of services contributes to delays, to students not engaging and indeed to escalation of risk and poorer health outcomes.</p> <p>By ensuring that students are identified as early as possible, their risk is assessed, and they are cared for at an appropriate level the potential for multiple referrals, re-referrals, frequent ED attendance and significant morbidity and adverse events including suicides will be reduced. The demand on NHS services will also be reduced in the short and potentially longer term.</p> <p>The cost of an ED attendance that doesn't require any additional treatment is estimated at £419 per person, rising to £722 should the patient further care in a non-specialist MH hospital (2020 data). The cost of a mental health bed is estimated at £429 per night and over £3000 per week (2017 data). Therefore, taking the Liverpool referral rate of 350 students per year and estimating each student referred had an ED attendance avoided that would likely provide a saving aligned to the HT Matched Funding Grant.</p> <p>There is a wider value for money issue for those students who are supported to be able to continue and complete their course without repeated years or suspensions. In societal terms the benefits include the future contribution of these students to the economy and, given the number of health care students at UWE and UoB to the NHS workforce.</p>	
EXIT STRATEGY	<p>At the point grant funding ends what would be the next steps? Eg. project stops, request for future ongoing funding, savings delivered</p> <p>This project will be time limited and supported by an evaluation of the benefits and costs. This will inform next steps including the provision of services by both universities and the commissioning of services to be provided by the NHS/third sector.</p>	
INTERDEPENDENCIES	<p>Is the project aligned or dependent on another HT Programme Area? Which Healthier Together Steering Group would you propose sponsoring the project? (Mental Health & Learning Disabilities; Integrated Care; Children & Families; Population Health & Inequalities; Digital)</p> <p>This programme is closely aligned to the Community Mental Health Framework and work of the MH steering group.</p>	
PRIORITISATION ASSESSMENT:	<p>Please score each facet below and provide a narrative justification for the score. These will be used to prioritise spending.</p>	
	Score	Narrative

Alignment with system priorities	1 Strong alignment To 5 no alignment 1	Improving MH and reducing suicide are key priorities within NHS LTP and the HT system is focussed on delivering the CMHF. Young people's MH is a high priority, and our local student population is around 60,000.
Risk of recurrent costs to the NHS	1 Negligible risk To 5 very high risk 1	The intention of this programme is to improve efficiencies and reduce costs. If improvements are identified these would be addressed through transformation and system change. The universities already invest in this area and will continue to do so.
Impact on health inequalities	1 Significant positive impact To 5 negligible positive impact 2	Inequalities addressed by this programme are inequalities in Mental Health and Race Equality and MH impacts. The local student community is mixed in terms of socio – economic backgrounds. Financial and economic anxieties play a large part, along with a range of other behavioural and social issues including alcohol and drug use. Students from BAME backgrounds describe difficulties in accessing health care and perceived structural inequalities in local services, The intervention for students would benefit other YP, with potential links to our night-time economy.
Measure of project risk/ maturity/ uncertainty	1 Risks well defined & managed To 5 Significant risks & uncertainties 1	High level of maturity. This programme is building on a two-year Office of Students co – designed research programme. Relationships are well established, and models utilised successfully elsewhere.
TOTAL	6	

<p>VALUE ASSESSMENT</p>	<p>Briefly outline how the project supports the goals of Value Based Health & Care:</p> <p>Allocating resources efficiently across our system so that we achieve the overall best possible outcomes</p> <ul style="list-style-type: none"> • At present there are inefficiencies in delivery, and poor outcomes arising from gaps and bounce in the system • This programme is focused on achieving pathway improvements and improving outcomes <p>Identifying and improving the outcomes and experience that matter to people</p> <ul style="list-style-type: none"> • The programme has been co-designed with students and YP • Priorities for the OfS project were identified by students with lived experience and student representatives for wellbeing at UWE and UoB have been involved in shaping the findings and recommendations of the OfS project. • Students will continue to be involved in the next phase including advising on delivery and evaluation of the student liaison service <p>Commissioning and delivering effective services that avoiding overuse of low value interventions (unwanted or not cost-effective) and underuse of high value interventions (deemed cost-effective but not taken up by those who would benefit)</p> <ul style="list-style-type: none"> • The programme would improve pathways, achieving better outcomes, reducing inefficiency and new ways of working • The project will be supported by an economic evaluation
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