Service Specification Mental Health Support Teams (Schools and Colleges)

Service Specification No.	
Service	L21-16 Mental Health Support Teams for Schools and Colleges
Commissioner Lead	Julia Westaway, NHS Morecambe Bay CCG
Provider Lead	TBA
Period	1st September 2022 to 31st August 2027
Date of Review	N/A

1. Population Needs

Over half of mental health conditions start by the age of 14 and 75% start by age 18 and it is often the case that children and young people don't get the help they need, as quickly as they should. As a result, mental health difficulties such as anxiety, low mood, depression, conduct disorders and eating disorders can stop some young people achieving what they want in life and making a full contribution to society (Future in Mind, 2015).

In England today, one in six school-aged children has a mental health problem. This is an alarming rise from one in ten in 2004 and one in nine in 2017.(NHS Digital, 2020). Children and young people with mental health problems are more likely to have negative life experiences early on, which can damage their life chances into adulthood. Emotional disorders are the most common disorder among adolescents, experienced by 11% of those aged 11–19 years. (MHCYP survey 2020). There is clear evidence that early interventions can prevent problems escalating and can have major societal benefits. Many more children and young people will also benefit from support for mental health and wellbeing needs that would not reach the threshold to be a 'diagnosable mental health' problem. In the main, the MHSTs are intended to support these children and young people and help prevent more serious problems developing by providing them with low intensity support for mild/moderate difficulties, focusing particularly on low mood, anxiety, and behavioural difficulties.

We know that early intervention can prevent problems escalating and have major societal benefits; therefore, the MHSTs programme aims to put schools and colleges at the heart of efforts to intervene early and prevent problems escalating.

1.1 National/local context and evidence base

Morecambe Bay

Morecambe Bay CCG is located in the North West of England. The CCG footprint also forms Morecambe Bay Place Based Partnership (replacing the Morecambe Bay

Integrated Care Partnership) and is part of the Lancashire and South Cumbria Integrated Care Partnership. The CCG has a membership of 35 member GP practices and serves a patient population of approximately 348,200, which includes a children's population of approximately 49,100 (aged 5 – 18yrs), across a range of both urban and rural communities. Currently, there are 8 Integrated Care Communities or Neighbourhoods in Morecambe Bay; Barrow & Millom; Mid Furness; Grange & Lakes; Kendal; East; Carnforth; Bay; and Lancaster. The main NHS service providers in the CCG area includes Lancashire and South Cumbria NHS Foundation Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, North Cumbria Integrated Care Trust and North West Ambulance Service NHS Trust. The CCG sits within both the Lancashire County Council footprint and Cumbria County Council footprint. Local authorities that fall within the area are Barrow-in-Furness Borough Council, South Lakeland District Council, and Lancaster City Council.

Although Morecambe Bay covers a large geographical area the population largely (approximately 62%) resides in the larger towns of Morecambe, Kendal, Ulverston and Lancaster city itself; a further 22% are living in smaller towns and the remaining 16% scattered across the more rural areas.

Morecambe Bay covers a total area of 310 square kilometres and much of the area is challenged by its rurality and poor transport links. The distances across the Bay and the spread of healthcare services across the three localities are challenging. The Bay straddles busy roads including the M6 which runs through the centre and other main tourist routes into the Lake District national park. This creates additional challenge from seasonal volumes of traffic and also as the Lake District national park brings a substantial number of tourists into the Bay each year.

Deprivation measures show that whilst Barrow-in-Furness and Lancaster are two of the more deprived districts in England; South Lakeland is at the other side of the scale and amongst the least deprived districts in England (based on the IMD 2015 average score). However we must be aware that often those facts can mask pockets of deprivation and affluence and by the nature of the age profile for South Lakeland we recognise substantial health challenges from the age demographic. Whilst 45% (164,059) of the population live within some of the most affluent lower layer super output areas (LSOAs) in England (IMD 2015 quintiles 4 & 5), 32% (116,092) are living within some of the most deprived (IMD 2015 quintiles 1 & 2).

Prevalence of mental health conditions in the Morecambe Bay area are similar to the England rate. Suicide rates are significantly higher than average in Lancashire and South Cumbria, particularly in Barrow in Furness. Depression rates are slightly above the England rate across the Lancashire and South Cumbria area. The hospital admissions for self-harm for children age 10-14yrs are worse than the national average for both Lancashire and Cumbria.

GP data taken from Aristotle shows the prevalence of all age mental health issues as recorded on GP registers within Morecambe Bay. This has been converted to a rate of number per 1000 patients and then arranged by ward. The ward with the highest rate is in Morecambe, Barrow has several wards with rates in the top five and a ward with the 6th highest rate is in Lancaster. One of the Kendal wards is tenth and Arnside is 18th on the

ward list out of the 58 wards recorded. This shows that the mental health needs of the population are spread across the region and are partly but not wholly concentrated on the highest population counts or most severe deprivation.

Across all MB CCG patients, 10.2% have a recorded mental health issue (Inc. depression). Amongst patients with certain long term conditions, this proportion increases substantially. For example, 21.2% of patients with epilepsy have a recorded MH issue. LTC (long term condition) combinations with high numbers in Morecambe Bay include hypertension with depression (5.6k patients). However patients with diabetes or asthma also had an increased risk of comorbid depression. *BHCP - Long Term Conditions Statement, May 2021.*

The existing two MHSTs cover the Barrow Peninsular High Schools and the Morecambe and Heysham school system with the new third team expected to cover High Schools across the Morecambe Bay footprint.

Please see appendix 1 for schools covered by each team.

2. Implementing the 3 core MHST functions is expected to achieve a number of positive outcomes nationally:

a) Better mental health and wellbeing amongst children and young people with improved quality of life for children, young people and their families and carers, including better functioning in all aspects of life and greater continuity in education, leading to better educational outcomes and improved long-term job prospects

b) A reduction in mental health problems extending into adulthood, leading to a reduction in the associated financial and social costs of mental health care across the lifespan

c) Education settings feel better equipped and supported to provide support to children and young people to look after their own mental health and encourage children and young people to seek help if required, gaining a better understanding of their mental health and wellbeing needs

d) An improvement in appropriate referrals (to NHS CYPMH services) through improved identification of need and assessment, and by addressing emerging problems that would otherwise escalate and lead to children and young people requiring treatment from NHS CYPMH services

e) A more positive experience for children and young people and parents/carers with improved knowledge and confidence in dealing with mental health issues

f) Reduce stigma and normalise mental health and emotional wellbeing, whilst addressing the barriers for children and young people accessing support

g) Evidence a reduction in referrals to specialist services by providing early intervention support

h) Contribute to reducing school exclusions through addressing children and young people's emotional wellbeing needs

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	**x**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**x**
Domain 4	**Ensuring people have a positive experience of care**	**x**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**x**

2.2 Local defined outcomes

Thriving / coping:	• Increase in the number of young people knowing how to access support.
	• Increase in the resilience of school communities based in deprived communities. Measured by Wellbeing and Resiliency Questionnaires with school population at various intervals.
	• Increase in the use of web based guided self-help materials. (eg Kooth)
	• Reduction in the number of applications for an EHCP with SEMH as the primary need, however there may be an increase initially.
	• Increase in number of parents feeling they know how to access support and can access it easily, evidenced by web based survey such as Survey Monkey.
	• Increase in school staff feeling supported and increased confidence.
Getting Help & Getting More Help:	• Numbers of young people being seen for interventions by MHSTs.
	• Outcomes for Young People seen by MHST evidenced by use of a paired outcome measure (SDQ/ CORS).
	• Reduced number of referrals being rejected by CAMHS.
	• Increased number of school/college staff trained in trauma-informed approaches
	• After a potential initial increase in referrals to specialist mental health service we expect there will be a longer term trend of reducing referrals. The number of first presentation (i.e. CYP not known to specialist service) self-harm admissions are also expected to reduce.
Risk Support	• Numbers of CYP accessing a lead worker from within the MHST, where this is appropriate to their needs.

3. *Scope*

To run the existing MHST service currently within Morecambe Bay with one MHST covering Morecambe and Heysham school system and a further team covering the Barrow Peninsular High Schools. Please see appendix 1 for schools covered by each team.

To also further establish one new MHST within Morecambe Bay working across High Schools. Please see appendix 1 for schools covered by each team. New services are required to be fully operational within 12 months of the Education Mental Health Practitioners (EMHPs) commencing training that is scheduled to start September 2022 for Wave 7, the new team is expected to be fully operational by the end of September 2023.

MHSTs provide extra capacity for early intervention and ongoing help within educational settings.

Purpose and Core Functions:

Mental Health Support Teams are intended to:

- Deliver evidence-based interventions for mild to moderate mental health and emotional wellbeing needs
- Support senior mental health leads in education settings to develop and introduce their whole-school or whole-college approach to mental health and emotional wellbeing
- Providing timely advice to staff and liaising with external specialist services so that children and young people can get the right support and remain in education.

The following sets out some guiding principles that are built into the programme. The principles and the core functions are set out in more detail in the MHST Manual,.

The MHST Principles are:

1. There should be clear and appropriate local governance involving health and education.
2. MHSTs should be additional to, and integrated with, existing support.
3. The approach to allocating MHST time and resources to schools and colleges should be transparent and agreed by the local governance board.
4. MHST support should be responsive to individual schools' and colleges' needs, not ‘one size fits all’.
5. Children and young people should be able to access appropriate support all year (not just during term time).
6. MHSTs should co-produce their approach and service offer with users.
7. MHSTs should be delivered in a way to take account of disadvantage and seek to reduce health inequalities and educational disadvantage.

Hours of Operation

The Provider will ensure that:

- The hours of operation will be locally agreed with the Health, Local Authority and Education multi-agency steering group and will be flexible to suit the needs of children and young people.

- Children and young people can access appropriate support all year whilst considering agreements for term breaks (e.g. home visits, running groups and workshops, linking with the voluntary and community sector)

- Appropriate cover is provided for annual leave and sick leave and there are sufficiently qualified staff at all times

Staffing Base

The Provider will be required to provide a base for the MHSTS to operate from, and also provide a suitable community base for practitioners to support those CYP who prefer a community setting rather than a school setting for interventions. However, as a part of the service specification it is expected that the practitioners will support children, young people, families and professionals within the educational settings who have signed-up to participate in the programme.

3.1 Aims and objectives of service

- Provide additional integrated support to ensure that children and young people can access appropriate support all year round
- Use outcomes and experience measures within interventions with children and young people
- Deliver face-to-face (or virtual if appropriate), either in individual or group support, evidence-based interventions to a minimum of 500 children and young people per team per year for mild-to-moderate mental health and emotional wellbeing issues, once the Education Mental Health Practitioner (EMHP) training has finished
- Flow activity data via the Mental Health Services Data Set to contribute towards the access targets and other emerging performance frameworks
- Be fully operational within 12 months of contract start date
- Use outcomes and experience measures within interventions with children and young people
- Work in collaboration and evidence good working relationships with key stakeholders (e.g. School Nurses/Educational Psychologists, Primary Care and PMHW)
- Liaise with external specialist services for children and young people requiring specialist support as and when appropriate
- Evidence the involvement of children, young people and their families in the design and set up of MHSTS and throughout the ongoing service improvement via co production
- Contribute to reducing school exclusions through addressing children and young people's emotional wellbeing needs
- Contribute to Education and Health Care Plans, Multi-disciplinary Team meetings and planning of individual packages of care where required for CYP with SEND or additional needs using the service. Please see Addendum 1.

Distinguishing features of NHS Morecambe Bay MHSTs are that the provider will also ensure that:

- Young people with challenges such as autism are appropriately supported with their emotional and mental health needs, recognising that systems often fail to provide appropriate support for them
- Develop a trauma-informed workforce in order to adequately support CYP with ACEs and looked after CYP.
- Offer support to ensure good staff wellbeing/resilience in the schools we are working with.
- Access to the service for young people who are out of school or home schooled is established and maintained.
- Strong partnerships are established locally with PMHW and ICCs and the MHSTs.

3.2 Service description/care pathway

The Provider will ensure that each of the MHSTS support and work with a range of educational settings who have been selected and participating in this scheme to deliver the following core functions:

1. Deliver evidence-based interventions for children and young people who present with mild-to-moderate mental health issues within educational settings, including

    i. Individual face-to-face work
    ii. Group work
    iii. Group parenting support classes

2. Help children, young people, families, and carers to:
    i. Understand their own mental health and emotional wellbeing and to advocate for themselves
    ii. Utilise assets in the education setting/community (e.g. parent support groups)
    iii. Promote meaningful activities to support positive mental health and emotional wellbeing (e.g. sports, social groups)
    iv. Prevent developing or emerging mental health/emotional wellbeing problems from deteriorating into more complex conditions
    v. Liaise and coordinate support with other services who may be involved in the child or young person's care
3. Support the senior mental health lead in each school or college to introduce or develop their whole school or college approach:

    a. Follow the 8 principles set out in the Public Health England Promoting Children and Young People's Emotional Health and Wellbeing A whole school and college approach document
    b. Map what provision is already in place and what the gaps are in the educational setting
    c. Provide targeted help as agreed with the lead to address these gaps

d. Assess what training needs there are across the setting and establish where the MHST can provide this training and help to identify external opportunities if more appropriate

4. Give timely advice to school and college staff and liaise with external specialist services to help children and young people to get the right support and stay in education:

5. Work as part of an integrated referral system with community and specialist services to ensure that children and young people who present with more complex needs or may require a more intensive intervention receive appropriate support as quickly as possible

- Build upon any support already in place and provide additional support where needed
- Ensure that MHST support is easily accessible by schools and the process for requesting support is not onerous for schools
- Support children and young people who are awaiting specialist support and ensure smooth transition from specialist services
- Support key education staff to understand the complex needs of children and young people and support them to implement recommendations in the educational setting

6. Support children and young people who are transitioning during key milestones, due to an increase in reported mental health and emotional wellbeing needs at these key milestones, which includes the following:

    a. Primary to secondary
    b. Secondary to further education
    c. Managed move or step-out to a pupil referral unit
    d. Children/young people attending a pupil referral unit and reintegration into a mainstream setting
    e. Managed move between educational settings
    f. Children/young people attending mainstream education moving to elected home educated and returning children, if appropriate
    g. Child mental health services to adult services
    h. During key life transitions, such as young people living independently or leaving foster care placements

7. Attend and connect with partners working as part of the Team around the school network and attending locality Education Partnership Boards as required, to improve outcomes including to avoid exclusions and support children and young people to remain in, or reintegrate with, education settings.

8. Attend and support the Children Looked After Multi-Agency Meeting to provide support to children and young people who are looked after

9. Ensure there is a dedicated Education Mental Health Practitioner (EMHP) supporting each of the educational settings to provide information, advice, guidance, and interventions

10. Provide support early to children and young people to prevent mental health and emotional wellbeing issues escalating to requiring more intensive support

11. Work closely with the identified senior mental health lead in each educational setting and key members of staff to identify children and young people with emerging mental health and emotional wellbeing needs who may require support

12. Support all children and young people across Morecambe Bay (within the geography covered by the MHSTs) from identified vulnerable groups, this may involve supporting children and young people outside of a traditional educational setting

13. Work in a flexible and responsive approach to ensure the needs of children and young people are met

14. Find creative and flexible ways to engage those children and young people who are hard to reach and do not engage with traditional services

15. Be flexible to meet the needs of each educational setting taking into consideration the make-up of each setting

16. Regular communication should be offered to parents / carers throughout the waiting process, e.g. phone check in for parents / carers to get advice and information. Also to prevent them thinking that they are on a waiting list, when in fact they have actually been discharged.

17. All children and young people who are the subject of assessments or ongoing interventions must be offered opportunities to be seen alone and away from their parents and carers by professionals and their wishes and feelings ascertained and recorded (taking into account their age and level of understanding).

18. Provide a base for the MHSTS to meet regularly as a team and also to work from for when a young person wishes to access the service outside of their school premises.

19. Provide opportunities for professional development as and when appropriate for the MHSTs

Parent/Carer Support

20. Support parents and carers when their child is presenting with a mental health or emotional wellbeing need
21. The parents / carers of all children and young people who are the subject of assessments and / or ongoing interventions must be offered opportunities by professionals to be seen alone and away from their children so that their input and views on their child's difficulties can be understood and recorded
22. Deliver child and parent/carer workshops
23. Deliver and organise peer support groups for parents and carers

24. Organise parent participation in wellbeing activities
25. Engage with already established groups within the education setting (e.g. parent support groups)

Training

- Deliver teacher mental health education and psychoeducational training through:
- Group workshops providing:
    - Psychoeducation on general mental health
    - Individual training sessions with educational professionals
- Workshops or general psychoeducation sessions around mental health delivered to:
    - Children/young people
    - Parents/carers
    - Other family members

- **Cross agency network activities**
    - Hold a launch event for all educational settings involved in the MHST and other key organisations working with schools/colleges
    - Establish a local quarterly meeting with key stakeholders and ensure agreement of Chair from within the group.
    - Attendance at any relevant NHS Lancashire & South Cumbria events and any regional/national networks

Partnership Working

- The Provider will work with other key stakeholders and organisations to work towards creative solutions in a collaborative manner

- Develop an extensive calendar of support for children and young people during non-term time to ensure continuity of engagement. Utilise existing arrangements offered at educational settings and local family hubs working in a creative and innovative manner.

- Work flexibly and creatively to meet the needs of children, young people, families, educational settings, and key stakeholders. Including providing 1:1 appointments in whatever setting best suits the needs and preferences of the child.

- MHSTS to share information and data with key stakeholders whenever appropriate to ensure professionals supporting children and young people in educational settings are aware of the activities being undertaken in each setting and where appropriate develop information sharing agreements.

- Develop and maintain relationships with services and organisations across Morecambe Bay (within the geography covered by the MHSTs), including the following but not exclusive to:
    - School Nursing
    - Educational Psychology
    - Primary Care
    - Special Advisory Service
    - Special Educational Needs

- Lancashire Safeguarding Children Partners
- Cumbria Safeguarding Children Partners
- Local Specialist Mental Health Services (Children's and Adults)

- There must be a strong emphasis upon working in partnership with key stakeholders through a whole system approach, including attending local strategic planning group for children and young people.

- Ensure a coordinated approach is used with other key stakeholders to avoid duplication and best use of local resource

- Carry out interventions alongside already established provision, such as counselling, educational psychologists, and school nurses to build upon the menu of support available

- Establish a mechanism for educational settings to work together and to disseminate learning across the system (e.g. through existing or new networks)

- Work alongside specialist services to ensure a smooth transition between levels of interventions

Data and Outcomes

The Provider will:

- Support and facilitate the requirements set out by NHSE for evaluation and outcomes as stated in the guidance
- Flow data via the Mental Health Services Data Set (MHSDS) and it is the Providers responsibility to access this system and any other performance frameworks developed
- Use outcomes in treatment and submit good quality data via the MHSDS
- Assist educational settings to partake in the national evaluation informed by NHSE, which includes, but not exclusive to the following:
    - Surveys
    - Data collection from:
        - Designated senior mental health lead
        - Wider schools' staff
        - Mental health services staff
        - Children and young people
        - Parent/carers
    - Case studies
    - Qualitative research

- Provide on-going performance monitoring data and management information about activities as per the performance measures and assessments

3.3 Population covered

The population covered by the service includes all children and young people aged 5-18 years who are on roll at an educational setting that has signed up to take part in the

programme. It also includes those children within the geography covered by the MHSTs whether or not they are on a school roll.

The Provider will ensure the MHSTS also support parents and carers of children and young people covered by a team.

Educational settings that have been identified within the MHSTs include Primary Schools, Secondary Schools, PRUs, Special Schools and Further Education establishments.

The provider will ensure the MHSTs also support all children and young people across Morecambe Bay (within the geography covered by the MHSTs) from identified vulnerable groups, including:

- Young carers
- Elected home educated
- Children looked after/Care leavers
- Children at risk of exclusion
- Excluded children/young people

Each MHST is expected to provide sufficient capacity to deliver services to a population of c.7000 to 8000 pupils, or between 10 and 20 education settings. This also includes non-mainstream 'settings' such as home school networks and work-based learning.

3.4 Any acceptance and exclusion criteria and thresholds

The model will operate as per NHSE MHST guidance and any acceptance and exclusion criteria and thresholds outside of this guidance must be agreed between all key stakeholders

3.5 Interdependence with other services/providers

Governance

Three main functions of governance need to be covered:

1. Operational: covers the structural management of the teams, including clear lines of reporting and how they function in line with education and mental health governance, the process for escalating any problems or issues

2. Quality assurance: ensuring the MHSTs are delivering consistent, high-quality mental health support, care, and interventions, with appropriate and adequate clinical supervision; ensure there are clear processes around data collection, record keeping, information sharing and managing complaints

3. Strategic: Developing and implementing a strategic plan for the service; monitoring key outcomes and implementing regular evaluations to allow for continued learning, innovation, and improvement. Oversight and governance of the MHSTs may be provided by a multi-agency oversight group or project board, representing a range of stakeholders across health, education, and community sectors. This could include: NHS CYPMH services, the VCSE sector, the local authority, Public Health England, school and college representatives or commissioners (including school governors, head teachers or

principals), Clinical Commissioning Groups (CCGs), representatives from already existing support services within education settings (such as the senior mental health lead or the safeguarding lead), local councillors who may be Mental Health Champions and representation from young people, parents and carers.

Multi-Agency Coordination

- Multi-agency oversight networks including the Steering group to be maintained and strengthened.

Integrated Referral System with Children and Young People Mental Health

- Relational referral liaison with LSCFT CAMHS services, MyTime, ACE, Kooth, and other services within Morecambe Bay that support children and young people's mental health and emotional wellbeing
- Clear pathways of support from the MHST and when this can step up or step down into other connected service provision
- Support children/young people discharged from services

Coordinate Peer Support/Mentoring

- Organising parent participation in wellbeing activity
- Inclusion of range of cultural influences
- Supervision to peer mentors
- Participate in and support existing peer support for parents
- Organise peer support for students
- Connect to other peer support programmes in Morecambe Bay and across Lancashire & South Cumbria NHS to share learning and integrate approaches.

4. Applicable Service Standards

Supervision Arrangements

- The Provider will need to comply with the supervision arrangements which have been set by NHSE as described below.

- The EMHPS will require weekly supervision and best practice states 1 supervisor to every 2 EMHPS. The below details selection criteria (pre-existing experience/competencies) for a supervisor:

- Supervisors will need to be experienced mental health professionals as evidenced by a minimum of 2-4 years working therapeutically within a Children and Young People's Mental Health Setting

- Ideally the supervisor will also have experience of delivering and supervising mental health approaches in education settings

- Supervisors will need to supervise two elements of EHMP practice:

    - Low intensity cognitive behavioural interventions
    - Whole school approaches to mental health in education settings

- Supervisors will need to demonstrate existing knowledge and competencies in both areas stated above

- Supervisors will be expected to have experience of delivering cognitive behavioural therapy informed supervision, ideally of practice related to education settings. A minimum of 2 years' supervisory experience in a children and young people's mental health setting post-qualification is desirable

- Training will be required for supervisors and therefore these staff will need to demonstrate the ability to study at a Post-Graduate level

Safeguarding

The Provider will:

- Cooperate with the local authority and representatives of the Lancashire or Cumbria Safeguarding Children Partners, the Safeguarding Adults Board and with any audit and review of compliance of all policies and procedures

- Ensure that all assessments encompass the consideration of safeguarding concerns and that should any issues be identified; these are acted upon in accordance with the local multi-agency procedures

- The Provider must ensure that the practitioners are compliant with mandatory safeguarding training

- All Practitioners will receive safeguarding training and relevant updates, which are appropriate to their role

- All posts working with children and young people will be subject to the enhanced disclosure of criminal records

- The Provider will have a clear policy for Safeguarding which includes action to take if there is an allegation against a person in a position of trust.

4.1 Applicable national standards (e.g. NICE)

Standards and Quality Assurance

The Provider will have a clear set of internal Policies and Procedures to support practices and meet the requirements of legislation and local policy throughout the term of the contract as described within the specification.

The Provider will comply with legislation and standards and are responsible for adhering to any new relevant legislation or applicable National standards during the term of the contract.

Applicable National and Local Standards Set out in Guidance and/or Issued by a Competent Body:
Children Act (1989)

- Children Act (2004)
- NICE CG89 (2009) Child Maltreatment: When to Suspect Maltreatment in Under 18's
- NICE CG158 (2013) Antisocial Behaviour and Conduct Disorders in Children and Young People: Recognition and Management
- NICE NG134 (2019) Depression in children and young people: identification and management
- NICE QS53 (2014) Anxiety Disorders
- NICE CG133 (2011) Self-harm in over 8s: long-term management
- NICE CG159 (2013) Social anxiety disorder: recognition, assessment and treatment
- Working Together to Safeguard Children (2018)
- HM Government (2015) Revised PREVENT Duty Guidance for England and Wales. Guidance for specified authorities in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to have due regard to the need to prevent people from being drawn into terrorism.

Description	**Interventions an MHST might provide**	**NICE Guidanc reference**
Behavioural problems Persistent challenging behaviour (such as disobedience or aggression) and/or behaviour that seriously violates the rules of an individual's home or school. This is much more than ordinary childish mischief or adolescent rebelliousness.	● Work with other professionals who know the child (such as an educational psychologist, teacher or counsellor), adopting a needs-based approach to differentiate between classroom behaviour and what may indicate a diagnosable problem ● Link with behaviour policies and processes of the education setting on behavioural assessments and interventions ● Offer classroom-based emotional learning and problem-solving programmes (typically for children aged between 3 and 7 years) ● Work with families and carers around behaviour management ● Individual 1:1 Low intensity work with parents/carers	CG158
Conduct disorders Describes a range of serious emotional and behavioural problems	● Parent/carer training programmes (individual or group) ● Group social and cognitive problem-solving programmes ● Multimodal therapy (for ages 11-17) ● Liaise with, and signpost to, NHS CYPMH services for further assessment or interventions	CG158

Depression/low mood A mental health problem characterised by pervasive low mood, a loss of interest and enjoyment in ordinary things, and a range of associated emotional, physical and behavioural symptoms. Depressive episodes can vary in severity, from mild to severe.	● Group non-directive supportive therapy ● Provide advice around exercise, sleep, nutrition ● Individual Cognitive Behavioural Therapy (CBT) ● Group CBT ● Guided self-help ● Digital / computerised CCBT • Liaise with, and signpost to, NHS CYPMH services for moderate to severe depression	NG134
Generalised anxiety disorder An anxiety disorder characterised by persistent and excessive worry (apprehensive expectation) about many different things, and difficulty controlling that worry. This is often accompanied by restlessness, difficulties with concentration, irritability, muscular tension and disturbed sleep.	● CBT ● Parent led CBT ● Individual guided self-help ● Psychoeducational groups	QS53
Mixed anxiety and depressive disorder Characterised by symptoms of depression and anxiety that are not intense enough to meet criteria for any of the conditions described above but are nevertheless troublesome. The diagnosis should not be used when an individual meets the criteria for a depressive disorder and one or more of the anxiety disorders above – such people should be described as being comorbid for depression and the relevant anxiety disorder(s).	● Individual non-directive supportive therapy ● Provide advice around exercise, sleep, nutrition ● Individual or group CBT ● Individual guided self-help ● Psychoeducational groups	CG28 QS53
Self-harm Intentional engagement in behaviours that inflict injury or damage to one's body, such as cutting, burning and overdosing	● Liaise with NHS CYPMH services ● Psychological intervention specifically structured for people who self-harm – can include CBT, psychodynamic therapy or problem-solving elements	CG133
Social anxiety disorder (social phobia) Characterised by intense fear of social or performance situations, resulting in considerable distress which in turn impacts on a person's ability to function effectively in aspects of their daily life. Central to the disorder is the fear that the person will do or say something that	● Individual or group CBT; involve parents or carers to ensure effective delivery of the intervention	CG159

will lead to being judged negatively by others and being embarrassed or humiliated. Feared situations are avoided or endured with intense distress.

General Data Protection Regulation

The Provider will be the joint data controller with the Authority and must meet all responsibilities under the General Data Protection Regulation.

The types of information which the Provider will be controlling:
Personal data

- Health information
- Safeguarding and public protection data
- Basic family details

4.2 Applicable local standards

To be worked through and agreed during Programme mobilisation

5. Applicable quality requirements and CQUIN goals

Collection of outcomes of evidence-based interventions (attached)

20210803 2021 MHST Data Handbook

5.1 **Applicable Quality Requirements (See Schedule 4A-C)** See attached document in 5 above

5.2 Applicable CQUIN goals (See Schedule 4D)

See attached document in 5 above

6. Location of Provider Premises

The Provider's Premises are located at:

TBA for the new wave 7 team

The Provider's Premises are located at: For existing Wave 2 teams:
6.1 The Service will have a permanent base which provides suitable accommodation for the MHSTs. The base will be accessible within Barrow or Morecambe and compliant with the relevant standards and legislation including:
Health and safety
Equality Act 2010

6.2 Clusters/schools
The two existing Wave 2 MHSTs are deployed across two clusters totaling around 20 schools and colleges. Each cluster covers schools with a pupil population of around

8,000 (or less). MHST staff will be required to travel to the service base and to any school within their cluster. In the event of staff absence, MHST staff may be required to cover other clusters within Morecambe Bay.
The provider will ensure that host schools/colleges will provide induction/orientation to:

- Premises/facilities/security
- Rooms/spaces for delivering interventions
- Local health and safety
- Key contacts

6.3 Community venues/domestic visits
Where the CYP or families/carers have a preference to receive a service outside of school premises/hours, the provider will:

- Access suitable community-based settings (assessed as a safe working environment/accessible to service users/respectful of confidentiality etc.)
- Provide domestic visits (pending risk assessment)
- Ensure effective lone working protocols (activity logs, check-ins, alerts etc.)

Each MHST is expected to typically cover a population of 7500-8000 children and young people, across an average of 20 settings.

26. Individual Service User Placement

The service will cater for all children and young people aged 5-18 years who are on roll at an educational setting that has been identified and signed up to take part in the programme. (children on exclusion from school are included).

The service will also support children who are home educated or are utilising a community education package if they are not within a setting, as long as they reside in the geographical area covered by the MHST and fit the age range. Paid for private provision is not included within this scope as those providers should already be providing emotional support to the children in their care.

The Provider will ensure the MHSTS also support parents and carers of children and young people registered at an educational setting participating in the programme

27. Workforce Recruitment Process

Due to timescales associated with the procurement process it will may be necessary for the successful provider to advertise and recruit to the B4 EMPH training places that start training September 2022 prior to the start of the contract date. The selection and interviews for these posts will include academic representation from Edge Hill University and Educational Psychologists from the respective localities. It is therefore a requirement that the successful provider will inherit these roles. Additional roles as per NHSE employment structure below must begin early when the successful provider has been appointed, there will also be a requirement to inherit these roles from the existing provider where they have been put into place.

Staffing per MHST
8 x WTEs (this may vary by locality) of which:

- 4 WTE EMPHs (Band 4 during training and Band 5 when qualified)
- 3 WTE senior clinicians (2x Band 6 and 1 x Band 7 supervisor practitioners)
- 0.5 WTE team manager (Band 8a)
- 0.5 WTE administration support (Band 4)

Addendum 1:

Microsoft Word 97
- 2003 Document

Appendix 1: School list

Microsoft Excel
97-2003 Worksheet