

# North Somerset Health & Wellbeing Board

**Date of meeting:** Thursday 5<sup>th</sup> March  
**Agenda Item:** 10  
**Title of report:** Mental Health Support Teams (MHSTs)  
**Author:** Shaun Cheesman

## 1. Purpose of report

The BNSSG CCG have completed an Expression of Interest form (EOI), in partnership with other organisations, to establish a small number of Mental Health Support Teams (MHSTs) for Children and Young People across BNSSG. MHSTs form a part of the ambitions set out in 'Transforming children and young people's mental health provision: a green paper' and the NHS Long Term Plan.

The purpose of attending the Health and Wellbeing Board is to:

- i. explain the benefits of Mental Health Support Teams and the implications of setting them up; and
- ii. to seek approval for the EOI Form, which is due to be sent to the Regional Delivery Lead on 16<sup>th</sup> March

## 2. Recommendations

2.1 The Health and Wellbeing Board is recommended to endorse the EOI Form which is being submitted by the CCG, as high-level strategic support is required for the bid to be successful.

## 3. Details

3.1 Mental Health Support Teams are a new service that will:

- 1) deliver evidence-based interventions for mild to moderate mental health issues. The new teams will carry out interventions alongside established provision such as counselling, educational psychologists, and school nurses, building on the menu of support already available and not replacing it. A MHST will cover between 10 and 20 schools (8000 C&YP) and approximately 500 C&YP will receive evidence-based interventions
- 2) support the designated senior mental health lead in each education setting to introduce or develop their whole school or college approach

- 3) 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.

A broad coalition of partners including schools and colleges, local authorities, the NHS and voluntary sector providers are expected to collaborate with CCGs in steering and supporting local implementation and to embed the offer as part of the system wide local transformation plan for C&YPs mental health.

#### **4. Policy and Legal Implications**

- 4.1 If the EOI is successful, we will be expected to follow the guidelines set out in [‘Transforming Children and Young People’s Mental Health: Delivery of Mental Health Support Teams - Guidance Notes 2020-21.’](#) There should be clear and appropriate local governance involving health and education.

#### **5. Risk Management**

- 5.1 Experience in other parts of the country has shown that it is not easy to recruit to the senior roles required in each MHST – Initial work will be done to identify potential candidates and if it’s proving difficult, to liaise with ‘Off the Record’ in Bristol, who would offer support.

There is a risk of schools who are not involved in the initial pilot MHST feeling a sense of grievance, with the potential for damaged relations. It will be important to be very transparent about the reasons why certain schools have been chosen and to have a clear rationale.

#### **6. Finance and Resource Implications**

- 6.1 There is unlikely to be a financial cost to setting up a MHST as all the posts involved need to be additional to, and integrated with, existing support. NHS England requires a baseline of current investment from successful sites, to demonstrate how the new investment has created additional capacity to meet the needs of CYP.

The senior staff required in a MHST, to provide supervision and leadership, may need to be redeployed from existing teams. If this happens, the vacancies must be filled with fully trained staff or staff who require training; the cost of this will be met by NHS England.

There will be a need to house the new team, but the cost will be met within the money allocated for MHSTs.

Although there are no financial implications, the project will need resources in terms of existing staff time. For instance, successful sites will need to:

- Develop project plans within 9 weeks of being notified of whether they have been selected.
- Ensure that key staff are available to join a working group which will guide implementation. For instance, local education partners, MATs, the Further Education sector, Public Health, Education Psychologists (and other education specialists), school and college-based counsellors, school nurses, CAMHS and the voluntary sector.
- Participate fully in any proposed evaluation.
- Submit quarterly returns of routine management information for a time limited period

## **7. Equality Implications**

- 7.1 MHSTs must be delivered in a way which takes account of disadvantage and seeks to reduce health inequalities. The MHST programme falls under both the Public Sector Equalities Duty to have regard to promoting equality and the NHS Health Inequalities Duties to have regard to the need to reduce inequalities through delivery of services.

The MHST programme should, consequently, benefit groups of young people experiencing inequalities.

## **8. Climate Change and Environmental Implications**

- 8.1 The setting up of MHSTs will inevitably lead to increased carbon emissions as staff travel from school to school. All efforts will be made to ensure that schools chosen to be in a MHST are in close proximity to each other.

## **9. Engagement Undertaken or required**

- 9.1 There is a requirement for MHSTs to co-produce their approach and service offer with appropriate agencies, school staff and young people. Engagement with these groups will be part of the process.