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| <p style="text-align: center;"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p style="text-align: center;"><b>CABINET</b></p> <p style="text-align: center;"><b>4 NOVEMBER 2019</b></p>   |          |
| <p><b>IMPROVING MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS IN HAMMERSMITH &amp; FULHAM</b></p>  |   |
| <p><b>Report of the Cabinet Member for Children and Education – Councillor Larry Culhane</b></p>   |   |
| <p><b>Open Report with Exempt Appendix</b><br/> <i>Appendix 2 of this report is exempt from disclosure because it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</i></p> |   |
| <p><b>Classification</b> - For Decision<br/> <b>Key Decision:</b> Yes</p>  |   |
| <p><b>Consultation</b><br/> The Director of Children’s Services and relevant teams within Children’s Services have been consulted when drafting this report.</p>   |   |
| <p><b>Wards Affected:</b> All</p>  |   |
| <p><b>Accountable Director:</b> Lisa Redfern, Interim Director of Children’s Services</p>  |   |
| <p><b>Craig Holden</b>, Commissioning and Transformation Lead, Children’s Commissioning</p>  | <p><b>Contact Details:</b><br/> Tel: 07795 127385<br/> E-mail: craig.holden@lbhf.gov.uk</p> |

## 1. EXECUTIVE SUMMARY

- 1.1. Hammersmith & Fulham’s Child and Adolescent Mental Health Services (CAMHS) provide multi-disciplinary assessment, and therapeutic and psychopharmacological interventions for children and young people up to the age of 18 years.
- 1.2. Under the previous three borough arrangement, all CAMHS contracts were commissioned via the CAMHS Joint Commissioning Manager on behalf of the local authorities and relevant CCGs. This changed in 2018 as a result of the move toward sovereign borough arrangements, and dissolution of Section 75 arrangements governing the Children’s Services Joint Commissioning Team

and their activities. As such, responsibility for contracts is now based on funding source, be it CCG, Local Authority or jointly funded. We are therefore now working to regularise Hammersmith & Fulham Council's position regarding those contracts for which it has retained funding and responsibility, whether independently or jointly.

- 1.3. Hammersmith & Fulham Council is committed to maintaining an effective early intervention offer for our children and young people that prevents needs escalating and mental health problems becoming entrenched. This includes interventions that can be easily accessed, building confidence and supporting self-management. Also, an easy to navigate system delivered by joined up, multi-agency services.
- 1.4. Accordingly, we intend to use the next 18 months to maximise the quality and value for money of our CAMHS offer, including leveraging £1.75m in recently awarded Trailblazer funding. This includes expanding partnerships to promote emotional wellbeing and mental health in schools, enabling access to the right support in the right place at the right time, and supporting children and young people with emerging needs. We will target our Trailblazer design work to maximise assistance for children and young people who:
  - Are located in areas of highest levels of need and deprivation
  - Have higher than average rates of managed moves or exclusions
  - Have higher than average rates of special educational needs and disabilities
- 1.5. H&F's CAMHS provision is central to our drive to create a compassionate council, ensuring that no child is left behind, while offering value for money to residents.

## **2. RECOMMENDATIONS**

**It is recommended that Cabinet:**

- 2.1. Notes and ratify the decision to directly award the following Child and Adolescent Mental Health Services (CAMHS) contracts:
  - A contract for Looked after Children for a two-year period from 1<sup>st</sup> April 2018 with West London NHS Trust at a cost of £380,083 with provision for a one-year extension;
  - A contract for Early Intervention Community Mental Health Services for a one-year period from 1<sup>st</sup> April 2019 with West London NHS Trust at a cost of £210,932 with provision for a one-year extension;
  - A contract for the Meanwhile Parental Health Project for a two-year period from 1<sup>st</sup> April 2018 with Central North West London NHS Trust at a cost of £163,784 with provision for a one-year extension.

2.2 Delegates the decision to approve a one-year extension in respect of the two contracts with West London NHS Trust to the Director of Children's Services in consultation with the Cabinet Member for Children and Education.

### **3. REASONS FOR DECISION**

3.1. Approximately 34,000 children and young people live in Hammersmith & Fulham, making up 18% of the population, with 28,000 attending schools in the Borough. One in ten children, or three young people in every school class, are at risk of experiencing poor mental health at some point<sup>1</sup>.

3.2. Access rates to CAMHS services and level of investment are now monitored by NHS England as part of a move to broaden reach and uptake of early intervention services. Our community services are a vital part of this early intervention piece as they specifically pick up lower level mental health needs.<sup>2</sup>

3.3. Hammersmith & Fulham Council and our partner CCG have recently secured Trailblazer funding to provide Mental Health Support Teams in local schools for two years beginning September 2019. This £1.75m award (£0.90m in Year 1 and £0.85m in Year 2) will enable the introduction of 15 staff supporting 16,000 children and young people in areas of higher health inequalities, and those with special educational needs and disabilities.

3.4. The Mental Health Support Teams will increase equality of access to mental health services by working in areas of socioeconomic inequality, crime and with higher rates of BAME children and young people; also in schools where pupils have more complex needs – such as Special Educational Needs and Disabilities and emotional and behavioural disorders. The teams will support 25 educational settings, including 18 priority settings identified through consultation across primary, secondary, 6th form, special schools and alternative provision.

3.5. A review undertaken in 2015 as part of the CAMHS Transformation plans for H&F recommended the following: adoption of the Thrive model which replaces the previous tiered system with a needs-based model consisting of five categories: getting advice, getting help, getting more help, getting risk support and thriving. Also:

- Co-location of CAMHS staff with Early Help/schools teams
- Greater emphasis on delivering mainstream and universal services including accessible community-based provision
- Multiple access points to provide initial advice and support, review of needs and risk, and signposting

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<sup>1</sup> Based on national and London averages.

<sup>2</sup> The national target is to hit 34% access rate by 2019/20. In H&F in 2017/18, 46% of children with a diagnosable mental health conditions were seen for treatment. Source: North West London Clinical Commissioning Groups Children and Young People's Mental Health and Wellbeing Local Transformation Plan 2015-2020, October 2018 Refresh

- Integrated pathways that draw support to the child rather than diagnostic/process driven
- Increased access to online resources

(See Appendix 1 for service redesign timetable.)

#### **4. PROPOSAL AND ISSUES**

##### **4.1 Child and Adolescent Mental Health service (CAMHS) in Hammersmith & Fulham comprise the following services:**

- A multi-disciplinary borough-based Looked After Children CAMHS team that is co-located with the Council's Looked After Children's Teams at Cobbs Hall. Also an early intervention community CAMHS service, joint funded with North West London CCG, providing services means early help and targeted services to children and young people (0-18), both of which are delivered by the West London NHS Trust.
- A parental health project to improve child/parent relationships and parenting, and reduce safeguarding concerns, delivered by Central North West London NHS Trust.
- An online counselling service for adolescents ('Kooth') delivered via an app, provided by Xenzone. This service is showing particular early success in reaching H&F's BME children and young people.
- A principal social worker within the H&F Contact and Assessment Team, seconded to CAMHS to undertake social work for complex cases with mental health issues.
- A post within the H&F educational psychology service that provides support in schools.

(See Appendix 1 for further service detail).

##### **4.2 Plans regarding provision will be bolstered by CAMHS-specific Trailblazer funding (Para 3.3). Two Mental Health Support Teams will be developed to work directly in schools and colleges, outreaching to vulnerable groups of pupils. The teams will complement the services described above, meeting low-to-moderate levels of need via 1-1 and group-based activities in schools, and providing extra support to teachers. Trailblazer funding is contingent on providing ongoing area spend and access data on CAMHS to NHSE, and cannot be used as substitution funding for existing services already being commissioned. (See Appendix 1 for indicative timetable of H&F Trailblazer implementation).**

##### **4.3 In the coming months officers will be working with all of our CAMHS providers to ensure that they are making a positive difference to the mental health of children and young people in Hammersmith & Fulham. This means delivering on the following core requirements:**

- Providers establish a stronger community presence, with a premium on visibility and accessibility of services.
- Services work to maximise their connection to other providers within the provision. This includes closer working with H&F's in-house teams including transition services, Looked After Children, Family Service and Child Protection, and Contact and Assessment teams.
- H&F's children and young people feel involved in service development, with co-production activities designed to strengthen the offer and build on individual and community assets.
- Services collect and report on meaningful outcomes that provide a clear indication of the difference they are making in the lives of the children and young people served. This is an acknowledged area requiring improvement across the services.

## 5. OPTIONS AND ANALYSIS OF OPTIONS

- 5.1. **Do nothing (not recommended).** This is not a viable option because governance approval is required to support funding of this important provision. Services listed in 4.1 are currently being delivered by providers at cost and on a rolling basis. Failure to meet commitments for these services could risk reputational damage to the Council, likely legal challenge, and destabilise existing services for a widely acknowledged at-risk group of residents.
- 5.2. **End current arrangements at end of financial year 19/20 and re-procure services for 20/21 (not recommended).** This option would not afford officers the opportunity to initiate a proper tendering process; nor to implement a review of the service that provides appropriate efficiencies while maintaining an effective, client centred CAMHS offer for our most vulnerable residents. Furthermore, due to the specialist nature of these services, it is unlikely that alternative providers to the existing NHS health trust market could be identified within the timeframe.
- 5.3. **Approve payment for the above services up to 2019/20 and delegate authority to the Director for Children's Services to extend by one year (recommended).** This is the recommended option because it will maintain service stability in terms of this important current offer. Additionally, it will provide sufficient time to develop a high quality, co-produced CAMHS offer that leverages the new Trailblazer funding; the intention being to maximise collaboration between providers and other stakeholders to deliver the best outcomes for children and young people with mental health support needs.

## 6. CONSULTATION

- 6.1. Relevant service managers and heads of service have been consulted on, and are in agreement with, the recommendations set out in this report. This

includes Heads of Service within Children's Services as well as the Service Managers within Family Services.

## **7. EQUALITY IMPLICATIONS**

- 7.1. It is not anticipated there will be any direct negative impact on groups with protected characteristics, under the Equality Act 2010, by the approval of recommended option.
- 7.2. The proposals outline the continuation of important services to vulnerable young people in the borough.
- 7.3. *Implications completed by: Fawad Bhatti, Policy & Strategy, tel. 07500 103617.*

## **8. LEGAL IMPLICATIONS**

- 8.1. This report requests Cabinet to note and ratify the decision to direct award the contracts listed in table 1 at paragraph 4 above. The contracts fall under Schedule 3 Social and Other Specific Services under the Public Contracts Regulations 2015 ("PCR 2015"). The current threshold for contracts under the PCR 2015 is £615,278. For all three contracts, the direct award being requested for ratification together with the proposed one-year extension falls under the threshold, though it should be noted that for the Looked After Children service, this threshold is close to being reached. Where the threshold is not exceeded, only a small portion of the PCR 2015 is applicable. The main consequence is that the council is not obliged to hold an EU compliant procurement competition before awarding these below-Threshold Contract.
- 8.2. The council is nonetheless still required to comply with the general Treaty on the Functioning of the European Union (TFEU) principles of transparency, equal treatment, non-discrimination and proportionality. Accordingly, undertaking a procurement competition would be encouraged in order to adhere to these principles.
- 8.3. The Contract Standing Order (CSO) 10.2b requires the use of existing framework arrangements or to otherwise seek public quotations via the Council's e-tendering system. This has not occurred in relation to these contracts. Normally for a direct award a waiver of the usual tendering requirements would have been applied for before the contracts were entered into, but this was not done on this occasion and so there is a breach of Contract Standing Orders in relation to these direct awards. As a matter of local government law, a decision cannot be made retrospectively to cover something that has already been implemented, hence the recommendation is in the terms of "note and ratify" rather than "agree".
- 8.4. Cabinet is also requested to delegate the decision to extend the contracts with West London NHS Trust beyond April 2020 for a duration of one year. The value of the proposed extension for each contract exceeds £100,000 and therefore is a Cabinet decision in accordance with CSO 20.3, unless Cabinet

delegates this decision to the relevant director in consultation with the relevant Cabinet Member in accordance with CSO 17.3.1.

*Implications provided by: Hannah Ismail, Solicitor, Sharpe Pritchard LLP, external legal advisers seconded to the Council tel. 0207 405 4600*

## **9. FINANCIAL IMPLICATIONS**

- 9.1. Sufficient budget and provision is in place for commitments for 2019/20 and outstanding amounts for 2018/19 financial year.
- 9.2. A financial assessment and credit check has not been undertaken for services proposed to be provided by National Health Service organisations.
- 9.3. A credit check should be requested for the expenditure to be made with Xenzone before contract award.

*Implications completed by: Tony Burton, Head of Finance for Children's Services and Education, 07909 004710 Implications verified Emily Hill, Assistant Director, Corporate Finance, Tel. 020 8753 3145.*

## **10. IMPLICATIONS FOR LOCAL BUSINESS**

- 10.1 There are no implications for local businesses.

*Implications verified Albena Karameros, Economic Development Team, Tel. 020 7938 8583*

## **11. PROCUREMENT IMPLICATIONS**

- 11.1 The author of the report is requesting Cabinet approval:
  - i) For a waiver of Hammersmith & Fulham Contract Standing Orders (CSO's) to allow for the retrospective direct awards of the following three contracts:
    - a) to West London NHS Trust for the provision of a CAMHS service for Looked After Children. The contract would have a retrospective start date of 1<sup>st</sup> April 2018 and an initial duration of two years with an option to extend for a further one year. The contract would have a maximum value over three years of £605,743;
    - b) to West London NHS Trust for the provision of an Early Intervention Community CAMHS service. The contract would have a retrospective start date of 1<sup>st</sup> April 2019 and an initial duration of one year with an option to extend for a further one year. The contract would have a maximum value over two years of £421,864; and
    - c) to Central North West London NHS Trust for the provision of a Meantime Parental Health Project. The contract would have a retrospective start date of 1<sup>st</sup> April 2018 and an initial duration of two years with an option to extend

for a further one year. The contract would have a maximum value over three years of £245,676.

- ii) That the decision to exercise the one-year extension options in respect of the two contracts with West London NHS Trust be delegated to Director of Children's Services in consultation with the Cabinet Member for Children and Education.

11.2 The services to be provided under the proposed contracts fall under the category of Social and other specific services as defined by Chapter 3 Section 7 and listed in Schedule 3 of the Public Contracts Regulations 2015 ("the Regulations"). CSO 10.2 classifies contracts with values of £605,743, £421,864 and £245,676 as "Medium Value" (£25,000 to below £615,278) and requires that if it is not possible to "call off" the service from an existing framework agreement then public quotations should be sought using the council tendering portal (capitalEsourcing) and the Government's Contracts Finder portal.

11.3 CSO Section 3: Waivers and Exemptions provides for the requirement to expose a service to commercial competition to be waived if one of five grounds are satisfied:

*A prior written waiver to these CSO's may be agreed by the Appropriate Persons if they are satisfied that a waiver is justified because it is in the Council's overall interest.*

It is considered that the author of the report has demonstrated that a waiver of the CSO's is in the Council's overall interest.

11.4 CSO 3.1 defines the *Appropriate Persons* to agree waivers with an estimated contract value of £100,000 or more as the appropriate Cabinet Member(s) and the Leader of the Council.

11.5 CSO 3.2 states that all waivers with an estimated value of £25,000 and more, and the reasons for them, must be detailed in a report either to the appropriate Cabinet Member or the Cabinet. This report satisfies this requirement.

11.6 On the basis that the waiver is approved the contracts, having values in the range of £100,00 to below £5,000,000 and not having been the subject of a Cabinet approved Procurement Strategy and Business Case, should be awarded by Cabinet (CSO 17.3).

11.7 In the event the waiver of the Contract Standing Orders is approved, and the direct award of contracts are made the awards must be published in Contracts Finder, the three contracts must be formally executed in accordance with CSO 19 and the contract details entered on capitalEsourcing.

11.8 As referred to in 11.2 above the services to be provided under the proposed three contracts fall under the Regulations' definition of Social and other

specific services. Such services are only subject to the provisions of the regulations when they exceed the financial threshold of £615,278. Accordingly, the contracts having values of £605,743, £421,864 and £245,676 do not fall under the Regulations and the contracts are classified as “unregulated”.

*Implications completed by: Tim Lothian, Procurement Officer, 020 8753 5377*

## **12. IT IMPLICATIONS**

- 12.1. No IT implications are considered to arise from this report as it requests approval to make retrospective direct awards for the Child and Adolescent Mental Health Services (CAMHS) listed in the report. Should this not be the case, for example, by requiring new systems to be procured or existing systems to be modified; or, should this change, IT Services should be consulted.
- 12.2. IM implications: (the) Privacy Impact Assessment(s) (PIA) for any personal data processing activities affected as a result of extending these contracts will need to be updated to reflect any changes to the way that data is processed and stored as a result of these extensions (for example, in the provision of the online counselling service *Kooth*). This will ensure all potential data protection risks are properly assessed with mitigating actions agreed and implemented. Mitigations could include contract data protection and processing schedules or information sharing agreements as appropriate and (Cloud) Supplier Security Checklists (CSSQs) to ensure the systems used by the partners/any third parties comply with H&F’s regulatory and information security requirements. If (a) PIA(s) is/are not yet in place to cover the relevant data processing activities, one/these will need to be completed.
- 12.3. Any contracts listed in this report will need to include H&F’s data protection and processing schedule if this is not yet the case. This is compliant with the General Data Protection Regulation (GDPR) enacted from 25 May 2018.
- 12.4. All suppliers listed in the report will be expected to have a Data Protection policy in place and all staff will be expected to have received Data Protection training.
- 12.5. *Implications verified/completed by: Tina Akpogheneta, Interim Head of Strategy and Strategic Relationship Manager, IT Services, tel 0208 753 5748.*

## **13. RISK MANAGEMENT**

- 13.1 Being ruthlessly financially efficient means that the service is evaluated on criteria including delivery against the council values. Here needs and expectations of a service are met and are in accordance with creating a compassionate council. Working collaboratively with partners is also a key consideration and the intention is to build on progress made over the last two years, in conjunction with our CCG partners, to ensure that H&F’s CAMHS offer ensures an effective response across these categories.

13.2 Future modelling intentions for these services will reflect H&F's adoption of a zero-based budgeting model as there currently are some finance budget pressure risk of around £25k. These will need to be considered in future efficiency savings.

*Implications completed by: Michael Sloniowski Risk Manager, tel 020 8753 2587, mobile 07768 252703.*

**LIST OF APPENDICES:**

Appendix 1 - Hammersmith & Fulham CAMHS Provision – Service Descriptions

Appendix 2 - Exempt

## Appendix 1

### Hammersmith & Fulham CAMHS Provision – Service Descriptions

#### *LAC CAMHS*

The service is available to looked after children and those with disabilities on the edge of care identified as vulnerable, experiencing emotional distress and/or mental ill health, up to the age of 21. This includes 'step up' and 'step down' support for children from other CAMHS services. Services include protecting placement stability and helping children through stages of transition in their journey through the care system. The team also has a role in providing oversight, and review of those looked after children who require services from out of borough/independent CAMHS.

#### *Early Intervention Community CAMHS*

Joint funded with North West London CCG (at £205k and £201k respectively), the team provides services to children and young people (0-18) living in H&F. Presenting problems that are treated include mood disorders; self-harm; eating and anxiety disorders; ADHD; behaviour and anger problems; sleep problems; school-based problems; severe learning difficulties and school refusal where mental health concerns have been identified.

#### *The Meantime Parental Health Project*

Based at The Masbro Centre and consisting of one senior family psychotherapist working 4 days a week (0.8). Key functions include assessment and development of parenting support plans that improve child/parent relationships and parenting, and reduce safeguarding concerns. Also advocacy for parents subject to a child protection plan, ensuring that they are empowered to contribute to planning and reviews. Priority is based on need and risk, with Child Protection cases holding priority.

#### *Kooth*

An online counselling service for adolescents delivered via an app, the service allows young people to access confidential help, advice and support from qualified counsellors via their phones. This is in line with NHS England's goal of enabling children, young people, parents and carers to access high quality and reliable online information and support. It shows great early promise in reaching BME children and young people.

#### *A principle social Worker – Contact and Assessment Team*

This is a specialist principle social worker within the Contact and Assessment Team, seconded to CAMHS to undertake social work for complex cases with mental health issues. This includes situations where children may be in need of protection, accommodation or care provision. Duties include advising on safeguarding issues, treatment and consultation regarding child protection issues, and linking work in relation to children who are looked after by Hammersmith & Fulham.

#### *Educational Psychology Service*

Provides whole-school mental health support through the EP Core Offer which is allocated to all schools. Includes critical incident support, whole school mental health training, training to Special Educational Needs Coordinators and Learning Support

Assistants to deliver the Emotional Literacy Support Assistants programme. The EP service also works closely with CAMHS and the Cheyne Child Development service to provide post diagnostic support for children who are diagnosed with Autism Spectrum Disorder.

### *Specialist Behavioural Support*

Currently under design by H&F and the CCG, for proposed implementation in 20/21, within the existing budget envelope. The proposal is for specialist behaviour support for Children and Young People with Autism Spectrum Disorder (ASD) and/or Learning Difficulties (LD) who are at risk of inpatient psychiatric admission, or of being placed into residential care by social services. Involves implementation of positive behavioural strategies for reducing the occurrence of violent or risky behaviours, and allowing more children to remain supported in-borough and at home.

### **CAMHS Service Redesign – Indicative Timetable**

| <b>What</b>   | <b>When</b>               |
|---|---------------------------|
| <b>Phase 1 – Analysis and Service Review</b>  |                           |
| <ul style="list-style-type: none"> <li>• Mapping of existing pathway</li> <li>• VFM and outcomes of existing services</li> <li>• Needs, demand and usage profiling</li> <li>• Analysis of best practice models</li> <li>• Gap analysis</li> <li>• Co-production and stakeholder feedback</li> </ul>                       | Oct '19 – Feb '20         |
| <b>Phase 2 – Planning</b>   |                           |
| <ul style="list-style-type: none"> <li>• Establish understanding of current provision – is it strategically relevant, achieving outcomes? Risks associated with decommissioning.</li> <li>• Finalise decommissioning and commissioning intentions</li> <li>• Final development of new integrated service model</li> </ul> | Mar - Jun '20             |
| <b>Phase 3 – Implementation</b>   |                           |
| <ul style="list-style-type: none"> <li>• Development of contract documents</li> </ul>   | July – Aug '20            |
| <ul style="list-style-type: none"> <li>• Invitation to tender</li> </ul>  | Sept – Oct '20            |
| <ul style="list-style-type: none"> <li>• Tender submission and evaluation period</li> </ul>   | Sept – Oct '20            |
| <ul style="list-style-type: none"> <li>• Contract award</li> </ul>  | Nov – Dec '20             |
| <ul style="list-style-type: none"> <li>• Contract mobilisation</li> </ul>   | Jan – Mar '21             |
| <ul style="list-style-type: none"> <li>• Service commencement</li> </ul>  | Apr 1 <sup>st</sup> , '21 |

## Indicative Timetable for H&F Trailblazer Implementation

| <b>Month/Year</b> | <b>Milestone</b>   |
|-------------------|--|
| Aug 2019          | <ul style="list-style-type: none"> <li>Open recruitment for Clinical Team Lead and Senior Therapists / Psychologists<sup>3</sup> and Project Manager</li> </ul>  |
| Sep / Oct 2019    | <ul style="list-style-type: none"> <li>Project Manager interviewed and in post<sup>4</sup></li> <li>Interview for senior MHST posts (listed above)<sup>5</sup></li> <li>Join university interview panels for EMHPs</li> </ul>  |
| Nov 2019          | <ul style="list-style-type: none"> <li>Initial outreach with education settings by PM commenced to prepare them for Trailblazer delivery</li> <li>Open recruitment for Administrator</li> </ul>  |
| Dec 2019          | <ul style="list-style-type: none"> <li>Interview for Administrator</li> </ul>  |
| Jan 2020          | <ul style="list-style-type: none"> <li>EMHPs, Clinical Team Lead, Senior Therapists / Psychologists and Administrator in post</li> <li>Induction, training, shadowing (inc. existing EMHP delivery in West London and other HF Mind services) and supervision commenced</li> <li>Trailblazer Steering Committee established and operational (meeting quarterly)<sup>6</sup></li> <li>Support DfE baseline survey with education settings</li> </ul>  |
| Feb 2020          | <ul style="list-style-type: none"> <li>Develop service SOP, referral and assessment process, communication materials, SLAs etc. and share with stakeholders (education settings, GPs, CAMHS etc.)</li> <li>Meeting with 12 education settings (8 primary – 1 per EMHP and 4 secondary – 2 EMHPs in each) to agree service delivery and assess context, need and current provision</li> <li>Ongoing EMHP training, shadowing and supervision<sup>7</sup></li> <li>Open recruitment for Staff Wellbeing Adviser and WSA Adviser</li> </ul> |
| Mar 2020          | <ul style="list-style-type: none"> <li>Deliver training to 12 education settings on triage and referral of MH cases</li> <li>Support education settings to start identifying appropriate</li> </ul>  |

<sup>3</sup> Learning from West London Trailblazer is that it takes at least 4 months to recruit for senior therapeutic / psychological posts

<sup>4</sup> Learning from West London Trailblazer is project start-up is an intensive time and PM is required in post ahead of service delivery, in order to prepare for effective project start-up. Project initiation funds to be used to cover PM post Sep 2019 – Aug 2020

<sup>5</sup> If these posts are not recruited in time for Jan 2020, senior therapists / psychologists in West London Trailblazer team may support with supervision, as EMHPs under that team will only require supervision bi-monthly / monthly by that stage and/or temporary support may be drawn from agency staff

<sup>6</sup> To include H&F CCG, HF Mind, HF Mencap, Kooth, LA Education, LA Family Support, CAMHS, School Nursing, Healthy Education. School HeadTeacher, CYP and parent/carer representatives to be included shortly after

<sup>7</sup> Learning from Trailblazer in West London is that most EMHPs have not had therapy themselves and so have not developed self-reflective practice so a lot of time needs to be dedicated to this to promote more effective therapeutic delivery. Supervision is required for 1-1.5 hours weekly per EMHP, as well as weekly group supervision

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|          | <p>EMHP training cases</p> <ul style="list-style-type: none"> <li>• Start screening, triage and assessment process, ready to start delivery in summer term</li> <li>• Interviews for Staff Wellbeing Adviser and WSA Adviser</li> <li>• Education setting forum established and operational (meeting quarterly)<sup>8</sup></li> </ul>  |
| Apr 2020 | <ul style="list-style-type: none"> <li>• EMHPs and senior therapists / psychologists start clinical delivery in education settings after Easter holidays</li> <li>• EMHP time in placement with HF Mind increased from 2 (Jan – Mar) – 3 days per week (Apr – Dec)</li> <li>• Staff Wellbeing Adviser and WSA Adviser in post and start assessing 12 education setting needs and developing action plans</li> <li>• Quarterly report submitted to NHSE and monthly access data flowed to MHSDS</li> </ul> |
| May 2020 | <ul style="list-style-type: none"> <li>• Staff Wellbeing Adviser and WSA Adviser start delivering interventions in 12 education settings</li> </ul>   |
| Jun 2020 | <ul style="list-style-type: none"> <li>• Start scheduling service delivery for academic year 2020/21<sup>9</sup></li> </ul>   |
| Aug 2020 | <ul style="list-style-type: none"> <li>• Focus on service content refinement, MHST CPD and other service development</li> <li>• Deliver interventions in schools that have ongoing activities in summer, as well as to local youth groups<sup>10</sup></li> <li>• Content development with HF Mencap for staff and parent interventions around SEND / LD</li> <li>• Content development with National Education Union for staff wellbeing interventions</li> </ul>  |
| Sep 2020 | <ul style="list-style-type: none"> <li>• Start service delivery for academic year 2020/21</li> </ul>  |
| Oct 2020 | <ul style="list-style-type: none"> <li>• Start meeting with second cohort of education settings to agree service delivery and assess context, need and current provision – ready for Jan 2021</li> <li>• Start up-skilling school nursing team on EWMH support, triage and referral</li> </ul>  |
| Nov 2020 | <ul style="list-style-type: none"> <li>• Deliver training to second cohort of education settings on triage and referral of MH cases</li> <li>• Support second cohort of education settings to start identifying suitable cases for referral to MHSTs</li> </ul>   |
| Dec 2020 | <ul style="list-style-type: none"> <li>• MHSTs fully operational and all education settings engaged</li> </ul>  |
| Jan 2021 | <ul style="list-style-type: none"> <li>• EMHPs start delivery full-time (5 days per week)</li> <li>• Service delivery in second cohort of education settings</li> </ul>   |

<sup>8</sup> To include 12 education settings initially and then add other education settings, as interventions are rolled out to include them as well

<sup>9</sup> Learning from previous delivery is that it is very difficult to schedule service delivery at the start of the academic year because education settings are so busy so pre-scheduling is important to utilize time effectively

<sup>10</sup> HF Mind has delivered to Scouts, Action on Disability, Cadets and other youth groups over the holidays

|          |   |
|----------|---|
|          | commenced – all education settings receiving services                               |
| Mar 2022 | <ul style="list-style-type: none"><li>• Final report / evaluation to NHSE</li></ul> |