

Greater Manchester Health and Care Board

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Date: 9 November 2018

Subject: Mental and Emotional Wellbeing in Education Settings Programme

Report of: Warren Heppolette, Executive Lead Strategy and System Development, GMHSC Partnership

SUMMARY OF REPORT:

This report and the accompanying presentation provide an outline framework by which Greater Manchester Health & Social Care Partnership (GMHSCP) is overseeing the delivery of the Mental and Emotional Wellbeing in Education Settings Programme.

KEY MESSAGES:

The Greater Manchester (GM) Mental Health (MH) programme team are overseeing the implementation of the GM MH strategy, within which there is a significant focus on Children & Young people (CYP) services. A key priority of the CYP programme is based on delivering greater support to our education sector within GM.

A driving force of the GM MH strategy is the urgent need to shift the emphasis of care to prevention, early intervention and resilience. To realise that ambition the GM MH programme is in the process of implementing two transformational programmes across our education settings in GM.

The first programme, Mentally Healthy Schools (delivered in partnership by VCSE, education and Health), prioritises investments in our schools and colleges. We have recently completed a six month Rapid Pilot in 31 schools across Greater Manchester have been the first to benefit from specialist support for both pupils and teachers. Students have been supported to build their confidence and reach their full potential; coached in key life skills such as growing their self-esteem, learning creative thinking skills and coping strategies for challenges.

Each school has a nominated lead for mental health trained to understand and spot the signs of mental health issues in children and young people such as anxiety and stress. Teachers have also been supported to work more effectively with children and young people experiencing mental health problems. In addition, they have had support and consultation directly with a specialist mental health team who provide advice, information and support schools to access appropriate services if needed, in a timely way.

The next phase of the programme will be extended to further education (FE) colleges in GM. This area remains a key focus as we have more than 50,000 of our 16-18 year olds attending FE colleges. The offer to our FE colleges also needs to be tailored accordingly, whereby we seek to commission appropriate MH providers who have both specialist experience and knowledge of delivering services within post 16 education settings.

The second programme is based on transforming MH provision for Higher Education students across GM. The work has been inclusive of the wider partnership including our four universities (and the Royal Northern College of Music), VCSE partners and students themselves.

A detailed proposal has been produced which, at its heart, attempts to deliver across the following key themes:

- A prevention and Mental Health resilience model
- Improving access to assessment and treatment for higher education students with Significant Mental Illness
- Integration of existing services/ good practice with new provision
- Creation of a uniform screening and assessment service
- Establishment of clear referral criteria
- Facilitation of co-working
- Provision of clinically effective treatment
- Facilitation of planned discharge

Both of these programmes are explicitly linked to the perinatal, school readiness and life readiness work and serve to enhance a coordinated pathway for our CYP from birth to adulthood.

PURPOSE OF REPORT:

Both the report and presentation provide a progress update on the GM Mental and Emotional Wellbeing in Education Settings Programme, including achievements to date, ambitions and ongoing priorities.

RECOMMENDATIONS:

The Greater Manchester Health & Care Board is asked to:

- Note the progress to date on the Mental and Emotional Wellbeing in Education Settings Programme and endorse the approach outlined.

CONTACT OFFICERS:

**Warren Heppolette, Executive Lead Strategy and System Development,
GMHSC Partnership**

warrenheppolette@nhs.net

Zulfi Jiva, Head of Cross Cutting Programmes, GMHSC Partnership

zulfi.jiva@nhs.net

1.0 MENTALLY HEALTHY SCHOOLS PROGRAMME

- 1.1. The Government has stated that children and young people's mental health is a priority area. We know that half of all mental health conditions are established before the age of fourteen, a further 75% before the age of eighteen. Early intervention can prevent problems becoming chronic, long term and disabling into adulthood and therefore have major societal benefits.
- 1.2. Schools and colleges can, and do, play a vital role in building resilience and mentally healthy communities and in identifying mental health needs at an early stage. Schools and colleges can also play a key role in referring some children and young people to specialist support and working with others to support those experiencing problems.
- 1.3. The delivery of the commitments set out in the Green Paper which was published in December 2017 will represent a major expansion to support for children and young people's mental health and build on the commitments already set out in Implementing the Five Year Forward View for Mental Health.
- 1.4. As part of the Government's commitment for additional funding to implement the Green Paper ambitions they set out the next stages of the national process including the recruitment of trailblazer pilot sites. After some negotiations with the National Team responsible for overseeing the implementation the Green Paper GM has been selected as the forerunner of the trailblazer sites.
- 1.5. The Green Paper proposals require GM to invest in the development of MH Support Teams. These teams would access training courses as designed by HEE for an evidence-based curriculum, building on the existing Children's Wellbeing Practitioner courses. The expectation is that the recruitment of the trainees for the teams would begin in the autumn of 2018. The teams will be fully trained over the course of the coming year and so will be able to be operationally deployed from the end of 2019. Plans to implement these teams will inform the workforce plan accompanying the long-term plan that the NHS England is developing.
- 1.6. GM stakeholders are broadly supportive of this approach on the principle that establishment of the support teams will strengthen the foundation for essential resilience within an overly stretched Children & Young People (CYP) mental health workforce in GM by ensuring the configuration of these MH support teams includes workforce from across the system that will be trained. Furthermore, it has been agreed that the GM MH Programme will set up an inclusive Programme Board (including Salford University, HEE and

key GM stakeholders) to closely oversee the development and subsequent deployment of the teams.

- 1.7. However, adoption of this strategy alone as planned in other national trailblazer sites does not take into account the work that GM has undertaken locally through the Mentally Healthy Rapid Pilot over the last six months. Importantly, the GM model has included making use of skilled staff from 3rd sector community and social voluntary sector agencies – thereby expanding the available resource base to deliver the Green Paper ambition.
- 1.8. Through this approach, the GM MH programme has recently delivered on a six month rapid MH pilot in 31 primary, secondary, special education needs and pupil referral unit schools across the region. The rapid pilot has been designed to address two of the key reforms within the Green paper which are as follows:
 - We incentivised every school and college to identify a designated senior lead for mental health to oversee the approach to mental health and well-being. All children and young people’s mental health services are identifying a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
 - We funded new mental health support teams, supervised by NHS children and young people’s mental health staff (CAMHS), to provide specific extra capacity for early intervention and ongoing help. The work has been managed jointly by schools, colleges and the NHS. These teams are linked to groups of primary, secondary schools and colleges. They provided interventions to support those with mild to moderate needs and supported the promotion of good mental health and wellbeing.
- 1.9. GM has aligned the Rapid Pilot to the Green paper reforms by:
 - Developing the GM foundation for whole system and whole school approach to be able to navigate from prevention to prescription in a standardised way and aligned to the thrive model
 - Delivering the pilot in partnership with VCSE and education to offer mental health, wellbeing & resilience leadership training (designated MH leads in each school) and classroom Mental health, wellbeing & resilience training to schools including youth mental health first aid and the importance of staff wellbeing with a focus on prevention and promotion of good emotional health (a school’s social prescribing initiative).

- Working In partnership with specialist CYP MH services to deliver rapid advice, consultation and signposting.
 - Commissioning prospective: independent evaluation to include schools experience of training and consultation support, confidence levels pre and post pilot in managing MH issues, Local referrals to specialist CAMHS pre and post pilot. Parent and YP stories - the 360 feedback.
- 1.10. The third reform of achieving a four week waiting time for access to specialist NHS children and young people’s mental health services has been separately tackled by the GM MH programme team with the agreement across the 10 CAMHS Local Transformation Plans with additional investment of a GM-wide CAMHS core service specification (including a 4-week target for first appointments and subsequent access to at least 2 further treatment sessions within 8 weeks or a school term period), Crisis Care Pathways and enhanced support for target populations (including those presenting with ADHD, LD/Autism and Eating Disorders).

2.0 UNIVERSITY STUDENT MENTAL HEALTH PROGRAMME

- 2.1. GM has one of the largest student populations in the UK with 100,000 HE students at the four Universities of Bolton, Salford, Manchester Metropolitan and University of Manchester, representing 10% of the resident population.
- 2.2. It has been reported that 75% of chronic adult mental illness starts before the age of 18 (Future in Mind, 2015), just as many students transition to higher education and the 18-25 age range sees the first onset of many significant mental illnesses, including psychosis, first episode of depression, eating disorders and emerging Personality Disorders.
- 2.3. Despite this clear need and opportunity, HE students are currently poorly served in relation to mental health provision. University timescales lead to most psychological treatments beyond step two IAPT services effectively not being available as referral timescales and waiting lists mean students have returned home, dropped out or moved across treatment boundaries.
- 2.4. To attempt to address this issue a task force was formed comprising of the four universities in GM, GMHSCP, a number of voluntary sector partners including student bodies, the student voice and clinical leads to identify what works well, what are the gaps and challenges to current structures and provision and to propose a solution.
- 2.5. The task force has designed an integrated, single pathway and hub for all HE students within GM (Appendix A). The proposed care pathway draws on

the iThrive framework in seeing service organisation and design as needs and choice based rather than limited to diagnostic category or severity:

- Information and signposting (Getting Advice)
- Goals focused evidence informed and outcomes focused interventions (Getting Help)
- Extensive treatment (Getting More Help)
- Risk management and crisis response (Getting Risk Support)

2.6. The new treatment pathway will:

- Emphasise a high quality prevention and MH resilience model
- Ensure university provision is effective and resourced
- Improve access to assessment and treatment for HE students with Significant Mental Illness (SMI)
- Integrate existing good practice with new provision
- Create a uniform screening and assessment process
- Establish clear referral criteria
- Facilitate co-working
- Provide clinically effective treatment and
- Facilitate planned discharge
- Take into consideration exam times which are a particularly challenging times for universities with mental health when demand is and will be significantly higher on the service
- Ensure university staff that are affected by suicides are catered for within the service provision

2.7. Broadly, the proposed pathway will operate within the context of GM based initiatives to improve wellbeing for all and alongside this each university will develop a whole university approach to supporting wellbeing for all, including the built environment, opportunities for social and community contact, availability of healthy eating options etc. This will map onto the Thrive component of the iThrive framework with whole population initiatives to support wellbeing and aid prevention.

3.0 RECOMMENDATIONS:

3.1. The Greater Manchester Health & Care Board is asked to:

- Note the progress to date on the Mental and Emotional Wellbeing in Education Settings Programme and endorse the approach outlined.

APPENDIX A

