

COUNCILLORS

Jonathan Wheeler (Chairman)
Bethan Eddy (Vice-Chairman)

Mike Adams
Sinead Anderson
Callum Bailey
Steve Carr
David Martin

John 'Maggie' McGrath
Nigel Turner
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

None

OTHER COUNCILLORS IN ATTENDANCE

Councillor Tracey Taylor

OFFICERS

Katharine Browne – Senior Public Health and Commissioning Manager
Martin Elliott - Senior Scrutiny Officer
Noel McMenamin - Democratic Services Officer
Katherine Harclerode – Democratic Services Officer

ALSO IN ATTENDANCE

Maxine Bunn	–	NHS Nottingham and Nottinghamshire ICB
Louise Randle	–	Nottinghamshire Healthcare NHS Foundation Trust
Carl Jones	–	Nottinghamshire Healthcare NHS Foundation Trust

1 MINUTES OF THE LAST MEETING HELD ON 16 January 2024

The minutes of the last meeting held on 16 January 2024, having been circulated to all members, were taken as read and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

None

3 DECLARATIONS OF INTEREST

In the interests of transparency, Councillor McGrath asked it to be recorded in relation to agenda item 4 (Nottinghamshire Mental Health Support Teams in Schools) that his daughter was studying nursing.

In the interests of transparency, Councillor Eddy declared a personal interest relating to agenda item 4 (Nottinghamshire Mental Health Support Teams in Schools) that her husband was previously a Community Staff Nurse in Nottinghamshire.

In the interests of transparency, Councillor Welsh asked it to be recorded in relation to agenda item 4 (Nottinghamshire Mental Health Support Teams in Schools) that she was in the process of becoming a governor of a Nottinghamshire school.

In the interests of transparency, Councillor Wilmot asked it to be recorded in respect of agenda item 4 (Nottinghamshire Mental Health Support Teams in Schools) that a close relative was a head teacher at a Nottinghamshire school.

Cllr Turner stated that he had disclosed an other registerable interest as he was an unpaid director of a Nottinghamshire Academy Trust, and agenda item 4 invited Members to discuss Nottinghamshire Mental Health Support Teams in Schools. As the item did not directly relate to his other registerable interest, he was able to participate in the meeting.

Councillor Adams stated that he had disclosed an other registerable interest as he was a governor of a Nottinghamshire Academy, and agenda item 4 invited Members to discuss Nottinghamshire Mental Health Support Teams in Schools. As the item did not directly relate to his other registerable interest, he was able to participate in the meeting.

In the interests of transparency, Councillor Martin asked it to be recorded in respect of agenda item 4 (Nottinghamshire Mental Health Support Teams in Schools) that a close relative was a teacher at a Nottinghamshire school.

4 NOTTINGHAMSHIRE MENTAL HEALTH SUPPORT TEAMS IN SCHOOLS

Consideration was given to a presentation by Louise Randle, Head of Transformation, Mental Health Services, Nottinghamshire Healthcare NHS Foundation Trust (NHT); Carl Jones, CAMHS Manager, NHT; and Maxine Bunn, Associate Director of Commissioning Mental Health and Community, ICB. They were joined by Katharine Browne, Senior Public Health and Commissioning Manager, NCC. The presentation outlined the provision of mental health support delivered by dedicated Mental Health Support Teams (MHSTs) within schools. Following on from discussions at its April 2023 meeting, the Committee requested this item to be presented for scrutiny with a view to discussing access to support under the current model of delivery as well as the impact of the work within Nottinghamshire schools.

The presentation elaborated on the following points:

- Coverage of MHSTs activity to provide support for a range of mental health needs experienced by children, with support for anxiety being the most prevalent need.
- This support was provided in addition to other Services such as the 0-19 Service offer and Child and Adolescent Mental Health Services (CAMHS), which are Nottinghamshire wide.
- Nottinghamshire had been the first to mobilise MHSTs to provide support within schools. Nottinghamshire had not been invited to bid at the last round because the teams had already been mobilised successfully.
- Bassetlaw secondary schools had had access to a resilience and mindfulness training package which was already providing some support when the MHST service was being commissioned.
- The local ambition was one hundred percent coverage, and there would be future opportunities to increase the coverage as part of targeted efforts responsive to levels of deprivation.
- As part of the whole-school approach, MHSTs also offer support to colleagues with safeguarding assessments, free school meals and other support offers that were available.
- The Service integrated emotional intelligence into the school environment through peer mentoring, provision of Mindfulness Based Cognitive Behavioural Therapy, an anxiety course tailored for Special Educational Needs, and provision for Special Schools.
- Meetings with schools were held to determine what offer would be best for the needs within the particular school.
- There was also an offer for very young children.
- The holistic, co-production approach to supporting parents outside of school meant that feedback received improved the effectiveness of the Service.
- There were direct links with community CAMHS which provided support to young people and to the staff who support students within schools. This allowed the Teams to identify needs and direct individuals to the right pathway for their need.
- The Child Outcome Research Consortium assessment of the impact of the Service and examples of positive feedback received regarding MHST case studies were described.

- The partnership approach taken by the teams was also outlined, including stakeholder engagement, collaboration with Nottingham City to ensure equity between coverage areas, and the MHST role in the NottAlone Partnership.
- Next steps for continued delivery and future expansion were also noted.

The Chairman thanked the presenters and noted the work that had been done and the feedback describing the positive impact of the Service. The Chairman also expressed concern regarding schools that had not yet engaged with the Service.

In the discussion that followed, members raised the following points and questions:

- Additional details were sought in respect of awareness of the offer among parents.
- Further details were sought regarding any difference in uptake between maintained schools and the academy trusts.
- Given the positive impact of the programme, assurances were requested regarding the long-term financial provision for the programme.
- Further assurances were requested in respect of sustained financial investment in the programme to support recruitment and retention.
- Members emphasised the importance of colleges and universities understanding the impact and prioritising mental health support.
- Members expressed awareness of the importance of expediting the roll out of MHSTs to other schools due to the lifelong positive impact on lives.
- Accelerating the timescales for expansion of the coverage of the MHSTs was welcomed, specifically as it was felt that there were currently areas of Nottinghamshire where young people could benefit from the additional support offered by MHSTs.
- Members requested more information around how the criteria for multiple deprivation or JSNA data for Nottinghamshire informed decisions around mobilisation of MHSTs to schools in areas of greatest need.
- Further context was desired regarding the rationale for Nottinghamshire's having not being invited to bid at the most recent opportunity.
- Further figures were sought regarding the numbers of students with access currently and projected by 2025.
- Concern was expressed regarding the long-term emotional effect of bereavement on young children.

- Further detail was requested in respect of how the teams respond when young people are experiencing more than one mental health issue.
- More details were requested around why some schools had not taken up the offer, leading to uneven distribution across Nottinghamshire.
- It was felt that a letter from the Chairman to the Secretary of State could request additional funding in view of the profound positive impact of the programme thus far and the need for expansion.
- Further information was sought in respect of protections in place to prevent harmful labelling of students.
- More details were requested regarding integration of the programme, as priorities around children's mental health were included in local strategies.
- Members requested to be made aware of programmes that were available in their local areas, for example, during the summer. In view of the low uptake in the summer holidays, it was felt that Members could advise residents of changes in availability.

In the response to the points raised, Maxine Bunn, Carl Jones, Louise Randle and Katharine Browne advised:

- Engagement of schools with the programme was on a voluntary basis. Some academies showed growing interest in the MHSTs after observing the positive impact of the work with children and through the whole-school approach. Educational psychologists had played a key role in enabling the wider impact of this work.
- Some schools had been released from the provision where the Service was not desired, creating capacity for other schools that were keen to participate.
- Health and education teams worked together to understand barriers to provision and access. This would inform further expansion and lead to further positive impact. For example, the Community Mental Health Transformation included a piece of work with Nottingham Trent University to discuss pathways regarding wellbeing and mental health.
- NHS England had determined the initial areas reached by MHSTs. The families and schools taking part in the trailblazer had also informed the rollout of the programme. The ICS had then been able to consider the plan scores alongside intelligence that had been gathered regarding the needs within schools.

- Additional rollouts of the programme would be prioritised around deprivation. Each wave of implementation was designed to reach out to approximately 8000 children rather than to a set number of schools. Further figures regarding the numbers of children served within the locality divisions were offered.
- In respect of funding, NHS England sought to ensure a consistent approach to children and young people's mental health that strengthened links to resources. NHS England then handed off to the ICB the delivery of the programme. NHS England determined the timing and location of the services invited to bid for the funding that was available.
- If further funding was not obtained from NHS England, there would be consideration by the ICB to determine how best to deliver and expand the programme in line with the mental health priorities locally. The importance of reaching children as early as possible to provide support was acknowledged.
- In respect of recruitment and retention, the training offer for qualifications for members of the MHSTs was a particular draw to prospective team members joining the programme. However, it was more difficult to recruit to roles for very experienced practitioners. There had been turnover after the pandemic; however, there were now more assistant roles. Further initiatives regarding recruitment were welcomed.
- A new wave of the operation next year would raise the coverage to 87 percent in the rollout area, but to address health inequalities, this coverage needed to be available across Nottingham and Nottinghamshire, including in the primary schools and comprehensive schools. It was noted that Mansfield, Ashfield and Bassetlaw would be prioritised for future expansion of provision.
- Nottinghamshire had not been invited by NHS England to participate in the most recent bidding round because other areas had lower coverage than Nottinghamshire. NHS England was actively working with those areas to establish coverage to achieve greater equity of access across England.
- Nevertheless, further opportunities were being sought to expand funding locally. Resources available to schools where there were not Mental Health Support Teams yet in the school were described, including the NottAlone scheme. More Teams in more areas would be rolled out upon funding availability.
- When a child presented with more than one issue affecting their wellbeing or mental health, the whole school approach was the model that provided support responsive to multiple needs. The programme acknowledged that anxiety was part of being human and that schools were sometimes challenging environments. The Teams worked to create environments where worries and questions were freely expressed without judgement. The peer mentoring scheme encouraged young people to speak with other

young people about how they felt. Teams provided a safety net of overview to ensure peer mentorship discussions focussed on outcomes.

- It was understood that some children will not be presenting with mental health issues, and it was felt to be important to normalise real life. In view of the effects of current world events, broader research was required on the impact of social media on children and young people.
- Feedback from young people about their thoughts and views was required to be able to support them. Feedback from young people and teachers who had received training also helped ensure a consistent approach across the programme to promote young people's resilience and individuality.
- The importance of confidentiality to build and maintain trust in working with children was noted. Safeguarding from harm as part of looking after a child was also communicated. If concerns were present, a conversation with parents would happen, with the child invited to be involved. The law was clear that a child is still a child until age 18.
- The work with parents considered a variety of approaches, including a conversation and provided suggestions on how to manage a conversation for a better outcome. The work with parents was responsive to their observations and concerns and included workshops with and without the children present. This work helped parents reflect on their experiences as a key part of the broad partnership approach, the effectiveness of which was monitored through this feedback loop.
- Communication with parents was advertised across the parent groups, through schools and open events, with parents visiting the information stands to learn about the offer.
- Although the resilience offer within Bassetlaw secondary schools was no longer being provided, knowledge received through the training would have been retained. At the time of the discontinuation, engagement around the resilience offer had been overseen by the Bassetlaw CCG. Further details could be researched.
- The MHST was currently providing support in seven Bassetlaw schools. It was also noted that as much as twenty percent of this population moves schools each year. The programme had strong ties with Bassetlaw GP services. Proactive communications that were supportive to the population were present, especially across rural areas. Partners were cautious not to create confusion in the messaging around ongoing work.
- A mental health audit had noted that nationally a lower number of males access support than females; however, in comparison to other areas, Nottinghamshire had a higher rate of males accessing support than the national average. Some areas undertook targeted group work for males to try to encourage access. There were developmental and socially conditioned factors regarding readiness to engage with thoughts and

processes, but following the initial conversations, continuation of engagement was easier. Both male and female staff were involved in the programme delivery.

- During school holidays, the rate of referrals greatly reduced. A crisis team was still in place to provide support. There had been an offer during the school holidays, but, particularly during the summer holidays, this had not been taken up. Programmes such as Bassetlaw's were offered during the summer, but referrals dropped off.
- Through the police and through social care the more extreme cases were identified. Many of the most extreme cases unfortunately could not be anticipated, but the services were extremely responsive to needs of individuals. For example, forensic Child and Adolescent Mental Health Services included homes for children who had been involved in forensic investigations, and there were established inpatient services up to and including psychiatric intensive care.
- The pandemic had changed the pathway substantially. There had always been presentation of anxiety; however, this increased significantly after the pandemic, with investment from NHT and ICB to address this. Teams responded to a range of needs. Teams had noted that Children worried about the continued presence of COVID-19. It was expected that this would continue for the next 10 years or so, with the hope that there would not be more events like the pandemic.
- In response to points raised by Healthwatch Manager Sarah Collis, it was noted that the ICB were cognizant of the timing for refreshing the strategy which included an ongoing priority around mental health that had brought significant changes. Elected members and the strategic partnership groups met multiple times per year to coordinate the strategy locally, working with key system partners. In addition, a joined up, holistic approach had been established through the work with education colleagues.
- Assurances were provided that, even if further funding were unavailable from NHS England, ringfenced ICB funding for Mental Health was in place. It was acknowledged that there were many priorities to be funded from this ringfenced ICB funding, which could lead to longer implementation timescales for the MHST programme. Once national funding was known, the ICB would look at the gaps. Confidence was expressed that the investment could be made as needed within the current funding envelope.

The Chairman thanked Maxine Bunn, Carl Jones, Louise Randle and Katharine Browne for attending the meeting and answering members' questions and extended his thanks to the MHST colleagues for their work. The Chairman affirmed the need to continue working within the current funding envelope to expand equity of access to the programme and to establish greater engagement where there has not yet been readiness to take up the service offer.

RESOLVED 2024/04

- 1) That the presentation be noted.
- 2) That the Chairman write to NHS England to express the thanks and support of Members for the effective work of Mental Health Support Teams in schools, and to seek additional funding to expand the programme further.

5 WORK PROGRAMME

Consideration was given to a report and outline programme of scrutiny work, and further items which would be scheduled were noted. The Chairman noted that briefing notes had been included for points for information rather than scrutiny. Some items had been discussed and received robust examination in other forums such as the Health and Wellbeing Board.

Members suggested that consideration be given to access to antiretroviral treatment within Nottingham for immune compromised individuals. The Chairman noted that further information would be requested.

Members also requested additional scrutiny of vaccination uptake regarding the Measles/Mumps/Rubella (MMR) vaccine and mental health in rural communities. The Chairman noted that consideration would be given to the best way to consider these issues.

RESOLVED 2024/05

- 1) That the Work Programme be noted.
- 2) That consideration be given to how best to receive additional information regarding the issues raised by members.

The Chair thanked Members for attending and closed the meeting at 12.34 pm.

CHAIRMAN