Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 20 February 2024 at 10:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

1	Minutes of last meeting held on 16 January 2024	3 - 14
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below)	
4	Nottinghamshire Mental Health Support Teams in Schools	15 - 36
5	Revised Health Scrutiny Regulations and Guidance	37 - 40
6	Work Programme	41 - 48

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 993 2670) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
Tuesday 16 January 2024 at 10.00am

COUNCILLORS

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

Mike Adams
Sinead Anderson
Callum Bailey
Steve Carr - **Apologies**
David Martin
John 'Maggie' McGrath
Nigel Turner
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

None

OTHER COUNCILLORS IN ATTENDANCE

Councillor John Doddy

OFFICERS

Martin Elliott - Senior Scrutiny Officer
Noel McMenamin - Democratic Services Officer
Katherine Harclerode – Democratic Services Officer

ALSO IN ATTENDANCE

Rose Lynch	–	Nottingham and Nottinghamshire ICB
Victoria McGregor-Riley	–	Nottingham and Nottinghamshire ICB
Dr Pavni Lakhani	–	Chair, Local Dental Network, Nottinghamshire
Dr Tarun Sharma	–	DHU Healthcare
Susan Williamson	–	DHU Healthcare
Liz Cowley	–	Nottingham and Nottinghamshire ICB

Prior to proceedings, the Chairman asked the Committee to observe a minute's silence to mark the sad passing of Martin Gately. The Chairman noted that Martin served with distinction as Health Scrutiny Lead for many years and also worked closely with Health and Wellbeing Board colleagues. Martin was remembered as a professional, approachable and conscientious officer who would be sadly missed by all who knew him.

1 MINUTES OF THE LAST MEETING HELD ON 12 DECEMBER 2023

The minutes of the last meeting held on 12 December 2023, having been circulated to all members, were taken as read and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Councillor Steve Carr – Other reasons
Sarah Collis – Nottingham and Nottinghamshire Healthwatch

3 DECLARATIONS OF INTEREST

Councillor McGrath declared a personal interest in agenda item 4 (Access to NHS Dental Services) and in agenda item 5 (NHS 111 Service Performance in Nottinghamshire), as his daughter worked as a nurse for the NHS.

Councillor Eddy declared a personal interest in agenda item 4 (Access to NHS Dental Services) and in agenda item 5 (NHS 111 Service Performance in Nottinghamshire), as her husband works as an NHS Community Nurse.

4 ACCESS TO NHS DENTAL SERVICES

Rose Lynch – Senior Commissioning Manager, NHS England, Midlands (East); Victoria McGregor-Riley – Commissioning Delivery Director; and Dr Pavni Lakhani – Chair of the Local Dental Network, Nottinghamshire, attended the meeting inform the Committee of progress in respect of improving access to NHS dental services. Following on from discussions at its March 2023 meeting, the Committee requested this item to be presented for scrutiny with a view to discussing further the current state of access to NHS dental services nationally and within Nottinghamshire, and the proposed approaches to addressing these challenges.

Rose Lynch, Victoria McGregor-Riley, and Dr Pavni Lakhani delivered a presentation to the meeting on the approach being taken by the ICB to address issues and barriers to access to NHS dental services.

The presentation include a map of the locations of various NHS Dental Services that are delivered within Nottinghamshire. Challenges to access that Dental Services face nationally and within Nottinghamshire were described. National progress of proposed dental reforms was noted, as well as local progress in Nottinghamshire. Prevention efforts and proposals, including fluoridation of drinking water as a public health measure, were noted. Timelines of dentistry recovery following the pandemic were presented, including the transfer of responsibility for dentistry from NHS England to the ICB from March to July 2023.

Recovery initiatives were described including two ongoing initiatives that were carried over into 2023/24: Community Dental Services Support Practices and Intermediate Minor Oral Surgery (IMOS). Further initiatives added in 2023/24 focussed on delivery of dental treatment and care to individuals who are vulnerable due to multiple deprivation and/or homeless via a mobile dental unit.

A graph of the numbers of new patients seen April 2022 to November 2023 was presented, along with a detailed description of next steps. These collaboration strategies to improve access would be informed by the forthcoming Oral Health Needs Assessment (March 2024):

- The role of Integrated Care Boards to commission services at the system level specific to the needs within Nottinghamshire.
- Place-based collaborations on oral health improvement.
- Communications campaigns by NHS Communications Team to communicate the challenges to access.
- Engagement with local Healthwatch colleagues to receive intelligence on local concerns or difficulties of patients in accessing NHS dental services.
- Strategic leadership and expertise of Consultants in Dental Public Health
- Collaboration with the East Midlands Primary Care Team to identify local areas and a targeted approach to specific issues.
- Local Dental Network (LDN) Chairs collaboratively working with Managed Clinical Networks at place and neighbourhood level, Integrated Care Systems, Consultants in Dental Public Health, Commissioners and Health Education England to ensure optimum provision of care for patients.
- Primary Care - Getting it right first time (GIRFT) to find and share best practice and reduce unwarranted variation in ways of working in Primary Care.

The Chairman thanked the presenters and sought clarification regarding a recent experience of phoning three local practices which according to the NHS website were accepting new patients and learning that the information on the website was not up to date. The Chairman also sought to understand the wording on the website regarding new patients being accepted 'by referral only,' and requested an update as solutions to issues around GP referrals for dentistry and online information were developed.

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

- Additional assurance was sought in respect of access to NHS Dental Services by Children who are encountering challenges to access.

- Further details were sought regarding the methodology for estimating the annual patient backlog of appointments.

- Additional information was requested in respect of how worsening health inequalities were being addressed as a matter of urgency, as 20% of five-year-olds in Nottinghamshire had significant tooth decay. Further assurances were requested around engagement with dental services among three-year-olds.

- A potential opportunity to partner with family hubs was noted.

- Accelerating the review of the dental contract was welcomed, specifically as it was felt that there were currently areas of Nottinghamshire where there were not enough dental practices to meet the needs of local residents.

- Further assurances around long term workforce development were requested.

- The feasibility of alternative delivery models for dental services was suggested as an area for further consideration.

- The desire for plans for dentistry provision to be included in the planning process for new housing estates and developments was expressed.

In the response to the points raised, Rose Lynch, Victoria McGregor-Riley and Dr Pavni Lakhani advised:

- Current discussions sought to ensure that information online was kept up to date in respect of practices that were taking on new patients. Although it had been mandated that practices keep the information online updated as to whether they were taking on new patients, this status could change quickly from one day to the next. A challenge was finding a solution which was user friendly and also did not add to the pressures on dental practices.

- Where practices had already fulfilled their contractual capacity to take on new NHS patients, there could be the option to see patients privately. It was acknowledged that, for some patients, this was not an affordable option. Therefore, the ICB was seeking to address this access issue through flexible commissioning to increase Units of Dental Activity (UDAs) and incentivise seeing more NHS patients. A solution would require collaboration with local providers.

- As an example of a referral-only contract, some general practices may refer a young patient to Community Dental Services (CDS) for an assessment. If the patient needed additional support, the CDS could refer the patient to a child-friendly support practice.

- It was noted that GPs did not frequently refer patients to dental services; GPs usually either prescribed antibiotics or referred a patient to emergency services. This was something that the ICB was currently working to address with Primary Care so that dentistry cases were referred to dental providers.

- A key aim was working with dentists to recall patients in line with the National Institute for Health and Care Excellence (NICE) recall guidance, rather than recalling a patient routinely every six months. This would ensure capacity remained available for new patients and for patients in need of urgent dental care.

- Currently public health reminders are shared with practices to prompt them to update data which is shared with the Secretary of State. The wording of online resources had been reviewed to ensure the information reflected online is consistently user friendly and relevant. Healthwatch colleagues also monitored provider updates as part of their efforts to help signpost patients.

- In collaboration with Health Education England, ongoing work with dentists enhanced confidence and ability of practitioners to treat very young patients. Work was prioritised by urgency and with a view to expanding capacity for more patients with higher levels of dental care need. One of the ways to do this was by developing 'skill mix' within practices, so that more practitioners see adults as well as children. Child friendly support practices were commissioned expressly to ensure that children have options in addition to CDS.

- Parents were encouraged to take their children to the dentist by age 1, a message reinforced by health promotion teams in Nottingham and Nottinghamshire. These teams engaged with members of the wider health care workforce who then visit parents to deliver early interventions. This approach was designed to facilitate effective signposting. Early years oral health promotion within schools was also very important.

- Flexible commissioning would be informed by the Oral Health Needs Assessment in an effort to support more access by the youngest patients. The responsibility for commissioning prevention schemes sat with the local authority; therefore, collaboration was vital to an integrated approach. Prevention initiatives sought to reduce future access issues caused, for example, by the long term physiological and emotional impact of early extractions.

- Clarification was provided regarding the figures around access across the Midlands Regions. The figure was based on 24-month recall data compared with pre-pandemic levels. This data was used to derive the estimated appointment backlog.

- Because dental laboratories sat outside the NHS, commissioners did not have a direct link to the laboratories which did not hold an NHS contract. They were seen as independent businesses. When work stopped during the pandemic, the statistical impact of this was not directly available for this reason. However, the reason the ICB started engaging with members of the wider health sector was because of the pandemic. Although independent businesses did not hold an NHS contract, they played what was recognised to be an important upstream role in the provision of all care services.

- Clarification was provided in respect of the collection of data pertaining to five-year-olds due to the collection of this data as part of the national epidemiology report. Further regarding Nottinghamshire's youngest patients was offered in a future report subject to the findings of the Oral Health Needs Assessment.

- It was observed that drinking water fluoridation, as a prevention measure, would not address the imminent issues regarding access and significant tooth decay among very young children. Therefore, oral health engagement with families was ongoing through health visiting and health and wellbeing hubs.

- The Oral Health Needs Assessment forthcoming in March 2024 was expected to highlight the areas of high need, which would be used to direct targeted energy and funding toward the areas that need it.

- Central Government having acknowledged the challenges associated with the current NHS dental contract, professionals within the field likewise voiced concerns. Reforms were being introduced; however, changing the contract would take time. Meanwhile, a positive impact could be made for Nottinghamshire through flexible commissioning, to achieve as much as possible within the limitations that were in place due to the contract.

- Flexible commissioning could influence a percentage of the overall provision, dependent on contract constraints and take-up by local practices. To maximise the impact of this, outreach to vulnerable patients would be based on the Oral Health Needs Assessment.

- The Local Dental Network were keen to be involved in any local initiatives where dentistry might play a role in the shorter term. The ICB were taking a proactive approach during the intervening time until the contract is reviewed.

- Nonrecurrent funding did not allow long term planning and for that reason was less appealing to practices. The preference of practices was to ensure financial viability to deliver care over time. The risk associated with recurrent funding was instating permanent service provision in locations that may not be in the areas where there is highest need over time. Integration and collaboration would be necessary to create flexible solutions that were still financially viable for dentists.

- Currently the Local Dental Network and the ICB were examining ways of incentivising the workforce in all areas of the profession, seeking to make dentistry an attractive prospect to newcomers to the workforce, and, specifically to work within Nottingham and Nottinghamshire. This sometimes involved offers around reskilling and upskilling as seen in the development model adopted within Primary Care. Offers in other areas such as mentoring and peer support were also being considered.

- The benefits package and career progression, including training and development, were important parts of the decision to work in the profession. This was derived from feedback from engagement with professionals and stakeholders, which would be ongoing in respect of the impact of flexible commissioning. Insights garnered by local and regional teams involved in workforce transformation would be included in the next update.

- It had been raised that new housing estates and developments required additional dentistry provision, but the requirement for regeneration programmes to incorporate provision for primary care services did not include dental service provision.

The Chairman thanked Rose Lynch, Victoria McGregor-Riley and Dr Pavni Lakhani for attending the meeting and answering members' questions.

RESOLVED 2024/01

1) That the presentation, including information in respect of recovery following the pandemic and the collaborative approach to flexible commissioning, be noted.

2) That a further update be received regarding activity informed by the forthcoming Oral Health Needs Assessment.

5 NHS 111 SERVICE PERFORMANCE IN NOTTINGHAMSHIRE

Dr Tarun Sharma and Susan Williamson – DHU Healthcare and Liz Cowley – Nottingham and Nottinghamshire ICB attended the meeting to provide a progress report on the performance of the NHS 111 Service in Nottingham.

Dr Tarun Sharma, Susan Williamson and Liz Cowley made a presentation to the meeting which outlined the achievements and performance of the service. The presentation highlighted that the Service had been the first CQC Outstanding rated 111 Service in the country. A summary of the call process and highlights regarding performance figures were provided. These figures included the prevalence rates of various 'dispositions' which identified the pathway determined by the 111 Health Advisor after completing the triage process with each caller. For example, a caller may be in need of emergency department, primary care, or dentistry. The Service average for speed of answering calls was around thirty seconds, compared to the national average of 120 seconds. Abandonment rates for Nottinghamshire had been 2.7 percent for 2023.

The Service strove for continual improvement and aimed to signpost the patients to the right care the first time. Health advisors were trained for eight weeks prior to taking any calls, and the Service was always recruiting, especially in preparation for winter pressures. The planning process for winter pressures, which ramps up in the late summer, was described in detail. Some events cannot be foreseen; however, plans were in place to ensure the Service could respond to the levels of calls received. This ensured the Service was prepared for peak call volumes in December 2023 and early January 2024, which had not approached the overall record call volumes of 18,000 calls per day.

The Chairman thanked the presenters and expressed interest in seeking a further breakdown of calls from various parts of Nottinghamshire, with a view to identifying how service delivery may be received differently across various districts. The desire to know more about call backs and the effectiveness of pathways was expressed. The performance of the website and app were also noted as relevant areas for possible future scrutiny.

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

- The service was commended for being among the best in the country. Members thanked the Service for answering the calls and recognised the importance of the Service as a front door and safety net. It had been noted that GP services and emergency services at times direct patients to ring 111.

- Additional information was sought regarding the messaging around when it was appropriate to ring 111. Some individuals called 999 when they should ring 111, whilst others ring their GP when it would be appropriate to ring 111. The importance of clear, simple messaging around use of the 111 Service was emphasised. Further details regarding communications work around this were requested.

- Members sought additional data regarding the amount of time that elapses prior to a caller receiving a call back, particularly for calls regarding children who become ill after 6.30pm, with a view to informing service commissioning and public messaging. Further detail was also requested regarding waiting times for a call back depending on the hour of the day, and the relative demand during various hours of the day and night.

- More information was requested regarding how information collected was being used to address health inequalities.

- Information on how many people who had rung 111 regarding access to dental care was requested.

- Further clarification was requested regarding disconnected calls and unsuccessful call backs.

- Members also sought additional assurances around workforce recruitment and development.

- Members expressed concerns about the pressure on the service which was integral to NHS service delivery.

In the response to the points raised, Dr Tarun Sharma, Susan Williamson and Liz Cowley advised:

- The Service was commissioned at a county level. Data could be compiled by patient postcode, although the service was currently commissioned to report on county-wide data. Data could also be presented by GP surgery. Where several surgeries served a district, these could be combined to provide indicative figures for the district. It was noted that some calls are fielded for other areas of the country.

- Historic activity levels informed Service commissioning, to ensure sufficient staff levels to handle all the incoming calls. The pathways information would

likely provide insight into the needs that exist and could aid Members in understanding how different areas may use the service differently.

- Utilising service data to address health inequalities was supported by Place based Partnership working and could be included in a future report.

- The Nottinghamshire teams provided feedback which informed the national messaging, although there were limitations around how much this messaging could be tailored locally.

- In respect of disconnections and abandonment rates, there are many reasons a caller may decide to put down the phone or choose not to continue with a call or a call back. The team fielded calls where the person was on the phone during a developing emergency. Calls were prioritised by urgency, yet 111 received increasing numbers of calls regarding dental care, refused prescriptions, and GP surgeries that could not be reached by phone. 111 was not the correct service for these calls, which required a clinician to negotiate to resolve the situation.

- Any call relating to a person under age five was automatically a high priority. It would be rare for one of these calls not to receive a call back from a clinician. The same was true for the elderly.

- Data relating to dental services was collected and regularly reviewed. Data could also be presented by age and by symptom. Distributions were examined by the clinical teams to assess how these calls are being handled. These breakdowns are available.

- Data could be broken down by hour of the day, and there were noticeable peaks, with 10-11 am and 5-6 pm being daily peak times. This is evenly distributed across the week.

- After triage, it was sometimes discovered that the individual had called 111 when they were unable to speak with their GP. This increased the workload of the 111 team, and often led to a negotiation which took time. Team members were cognizant of prioritisation of urgent and emergency calls, but no calls were turned away. This was the reason many people called 111, even when their issue was not within the remit of 111.

- The aim of the Service was to work with communications colleagues to get the messages out when there is a critical incident and to help people know which service would be the right service to contact in their situation. Whenever possible, the Service worked to tailor communications in different localities to suit this purpose. Occasionally, callers might make the wrong choice, often based on previous experience, repeating a choice that worked previously. During the COVID-19 pandemic, 111 was made the single point of contact, and this messaging continues.

- It remained important for the general population to understand the distinctions between urgent, non-urgent, and emergency situations. Sometimes callers required support with making those distinctions.

- 25 percent of calls required involvement from an emergency department or an ambulance. Many people called 111 because they do not want to bother the ambulance. That is why the triage questions asked first about any difficulty breathing or significant blood loss.

- The 111 training was described as intense and was heavily audited, both live and in retrospect. The 111 team members were required to have at least a 90% pass rate. They received calls from frustrated patients, and they had very good communication skills to negotiate these situations. There was an emotional toll which resulted in high attrition within the role. Many team members used this role as a springboard to a health career because they gained so much knowledge. They had access to a clinical line and could get clinical advice within seconds, with some situations where they were required do so where there was a known health condition, for example. NHS pathways changed regularly due to new pathways and new clinical outcomes. Information was fed back from 111, and pathways were adjusted if there was a risk.

- The 111 Services utilised all platforms to deliver national and local communications. NHS England had recently adopted Nottinghamshire's local communications around winter pressures. 111 received the same kinds of calls that 999 received in addition to the non-urgent 111 calls.

The Chairman thanked Dr Tarun Sharma, Susan Williamson and Liz Cowley for attending the meeting and answering members' questions.

RESOLVED 2024/02

1) That the comments of Members on the information in respect of NHS 111 Service delivery and performance be noted.

2) That an update including a further breakdown of data be submitted to a future meeting, to be developed in consultation with the Chair and Health Scrutiny Lead.

3) That consideration be given to how 111 service data may inform the Health Scrutiny work programme.

6 WORK PROGRAMME

The Committee considered its Work Programme, discussing timescales for future areas for consideration by the Committee. The Chairman advised that there would be a further update on current Maternity Service provision, either in June or July 2024. Members emphasised the importance of contacting the families to ensure they are aware of the scrutiny discussion.

Members requested additional details around the definitions constituting critical incidents, and the Chairman suggested that a briefing note be requested in respect of this topic.

The review of school readiness was in initial stages, with the first meeting to be scheduled shortly.

The Chairman noted that the forthcoming item in respect of Mental Health Services Support to Schools had been requested and would be scheduled in consultation with partners.

RESOLVED 2024/03

1) That the Work Programme be noted.

2) That further consideration be given to the timescales of requested items for scrutiny in consultation with Chairman and Scrutiny officer.

The Chair noted the continuation of the new start time of 10.00am for future meetings and closed the meeting at 12.52 pm.

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

20 February 2024

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAMSHIRE MENTAL HEALTH SUPPORT TEAMS IN SCHOOLS

Purpose of the Report

1. To consider a report and presentation from Public Health and Nottinghamshire NHS Healthcare Trust representatives on the roll-out and delivery of the Mental Health Support Teams (MHSTs) in Schools programme.

Information

2. The development and roll-out of MHSTs across England has been part of a national drive since 2018-19 to provide additional early mental health intervention for children and young people in a school or college setting. It is intended that the work of MHSTs complement rather than duplicate universal mental health support service offer for children and young people, with a focus on addressing mild to moderate mental health issues and preventing these from escalating.

3. The Committee has requested the opportunity to consider the work being delivered through the Mental Health Support Teams in Nottinghamshire schools. This was prompted by an action identified within the 2022-2023 Nottinghamshire Plan which was to: 'take every opportunity to expand our Mental Health Support Teams for Schools in Nottinghamshire and undertake an evaluation of the service in 2022-23. This will ensure that children and young people are able to get early help and support to meet their emotional and wellbeing needs'.

4. The report explains existing and planned MHST activity in Nottinghamshire, coverage across districts, how MHST is delivered and how it interacts with other mental health services, how health inequalities are addressed and the successes, challenges and impact of MHSTs to date.

5. Katharine Browne, Senior Public Health Commissioning Manager, and Nottinghamshire Healthcare NHS Foundation Trust representatives Kazia Foster and Carl Jones will attend the meeting to introduce the report and respond to the Committee's questions. Maxine Bunn, Service Delivery Director at Nottingham and Nottinghamshire Integrated Care Board, will also be in attendance.

6. The Committee will wish to understand service uptake levels where there is access to MHSTs, and also understand further how the service might be expanded in 2025 and beyond.

RECOMMENDATIONS

That the Health Scrutiny Committee:

1) consider and comment on the information provided; and

2) determine whether any further information was required for the Committee's consideration.

Councillor Jonathan Wheeler
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire Healthcare NHS Foundation Trust
NHS Nottingham and Nottinghamshire Integrated Care Board
Nottinghamshire County Council

Nottinghamshire Health Scrutiny Committee
Nottinghamshire Mental Health Support Teams in Schools
February 2024

1. Context

It is known that half of all mental health conditions are established before the age of fourteen, and early intervention can prevent problems escalating and have major societal benefits. Informed by widespread existing practice in the education sector and by systematic review of existing evidence on the best ways to promote positive mental health for children and young people.

The national ambition and approach to delivering MHSTs is outlined in a number of government papers and plans (Long Term Plan, 2019 and the 2017 Green Paper for Transforming children and young people's mental health). The key focus of the Green Paper was to put schools and colleges at the heart of our efforts to intervene early and prevent problems escalating. Mental Health Support Team (MHST)s are part of these efforts, designed to help meet the mental health needs of children and young people in education settings.

Under the Long Term Plan, a commitment was made to ensure mental health services continued to receive a growing share of the NHS budget, with funding growing by at least £2.3bn a year by 2023/24. This included funding for the MHSTs, with the total number of MHSTs mobilised expected to reach around 400, covering an estimated 3 million children and young people (around 35% of pupils in England), by 2023.

Development of MHSTs enables more children and young people to benefit from support for mental health and wellbeing needs that would not reach the threshold to be a 'diagnosable mental health' problem requiring specialist support. In the main, MHSTs are intended to support these children and young people to help prevent serious problems developing by providing them with low intensity support for mild/moderate difficulties, focusing on low mood, anxiety and behaviour difficulties.

To support the development of MHSTs, national operating principles have been developed which advise:

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

2. Summary of Nottinghamshire County Mental Health Support Teams in Schools

In partnership with Nottingham and Nottinghamshire Integrated Care Board the Children's Integrated Commissioning Hub, worked with partners across health, education and social care to secure additional NHS England transformation monies to commission MHST's throughout Nottingham and Nottinghamshire.

By January 2025 there will be 14 MHSTs mobilised across the City and County with 9 of these being within Nottinghamshire. Table 1 shows the Nottingham and Nottinghamshire MHST mobilisation plan and coverage.

Table 1: Nottingham and Nottinghamshire MHST Mobilisation

Wave	Coverage	Training and mobilisation period	Fully operational
Wave One	Gedling (1 MHST) Rushcliffe (1 MHST)	January 2019 – December 2019	December 2019
Wave Two	Nottingham City (2 MHSTs) Mansfield and Ashfield (1 MHST)	September 2019 – August 2020	November 2020
Wave Three	Newark and Sherwood (1 MHST) Broxtowe (1 MHST) Bassetlaw (1 MHST)	January 2021 – December 2021	January 2022
Wave Four	Nottingham City (1 MHST)	January 2022 – December 2022	January 2023
Wave Five	Nottingham City (1 MHST)	September 2022 – August 2023	September 2023
Wave Six	Nottingham City (1 MHST)	January 2023 – December 2023	January 2024
Wave Seven	Mansfield and Ashfield (1 MHST) Gedling (1 MHST)	September 2023 – August 2024	September 2024
Wave Eight	Newark and Sherwood (1 MHST)	January 2024 – December 2024	January 2025

Within Nottinghamshire, MHSTs are delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHT). Each MHST is expected to typically cover a population of approximately 7000 – 8000 children and young people, across an average of 10-20 settings supporting children and young people aged 5-18 across Primary, Secondary, Special and Further Education settings. By January 2025 it expected that approximately 45% of schools and 72,000 children and young people across Nottinghamshire will be supported by an MHST. Table 2 shows percentage of Nottinghamshire schools covered, by locality.

Table 2: Percentage of schools covered by MHSTs by January 2025

Locality	Total number of schools in the locality	% of schools supported by MHSTs
Bassetlaw	49	12%
Broxtowe	43	49%
Gedling	56	63%
Mansfield	48	29%
Ashfield	49	24%
Newark and Sherwood	52	87%
Rushcliffe	48	46%
Nottinghamshire County	345	45%

Initially NHS England selected areas which were eligible for MHSTs. Once the local partnership (health, education and social care colleagues) have been able to identify schools the following data has been used to ensure a targeted roll out of MHSTs. This has included:

- Deprivation data
- Number of children and young people eligible for free school meals
- Number of children and young people on child protection plans
- Number of safeguarding assessments (S47) initiated
- Children in care and looked after children

As MHSTs have mobilised and schools have become more knowledgeable about the offer and support available, NHT have been able to create a waiting list of interested schools across Nottinghamshire. Therefore, for Waves seven and eight, schools have primarily been identified from the waiting list, whilst ensuring consideration of the factors above. This ensures good school engagement from the start, which in the past has provided some challenges to mobilisation.

3. MHST Delivery Model

MHSTs consist of senior clinicians, Cognitive Behavioural Therapists and Education Mental Health Practitioners (EMHPs).

Whilst there is some flexibility for MHSTs to be shaped to meet local need, clear operational guidance has been published by NHS England to guide developments. This states that MHSTs will have three distinct core functions:

1. **Delivering evidence-based interventions for children and young people with mild to moderate mental health problems**

MHSTs carry out intervention alongside already established provision such as counselling, educational psychologists, and Public Health Nurses, therefore building on the support already available and not replacing it. Each MHST provides:

- Individual face to face/virtual work, for example, effective, brief, low intensity interventions for those experiencing anxiety, low mood, friendship issues, emotional regulation needs or behaviour difficulties, based on up-to-date evidence
- Group work for children and young people, students or parents for conditions such as self-harm and anxiety

- Group parenting classes to include low intensity group approaches to issues around conduct disorder and/or communication difficulties.

MHSTs work closely with the senior mental health lead, education staff, children, young people and families and carers to:

- Help them better understand their own mental health and wellbeing and to advocate for themselves, for example through delivering or participating in dedicated assemblies, lessons or all staff meetings
- Provide or offer regular consultations and/or supervision for senior mental health leads to discuss children and young people where there may be emotional or mental health needs and agree next steps
- Provide or support training for a range of staff in schools and colleges to build their confidence and knowledge in identifying and responding to mental health and wellbeing concerns
- Support peer networks/families of participating schools or colleges to share practice, develop action plans and address key challenges
- Help pupils and student engage in meaningful activities such as sports, leisure and social groups, and activities that focus on recovery and mental wellbeing, including those that build resilience and encourage self-care
- Prevent developing or emerging mental health problems from deteriorating into more complex conditions
- Liaise and co-ordinate with other services who may be involved in the child or young person's care.

2. **Supporting the senior mental health lead in each education setting to introduce or develop their whole school/college approach**

The MHST whole school approach (WSA) works to ensure mental health and wellbeing is "everyone's business" growing a culture of engagement from the entire school community. WSA work is the bedrock of MHST service delivery as it supports increased awareness and therefore early identification of mental health and wellbeing needs for children and young people. This work takes place with the whole school community and needs are identified by a start of academic year group audit, carried out to highlight areas of need and tailor the workshops offered to meet this need.

The MHSTs engage several approaches in support of WSA delivery, including professional consultation, advice, and support, clinically led courses/workshops and school assemblies. The MHSTs use a hybrid model of delivery where either remote courses/ workshops/ assemblies (Microsoft Teams) or in person courses/workshops are delivered to improve access and uptake of support opportunities for children, young people, and their families.

The table below shows the number of hours of WSA delivered by MHSTs to schools and the number of school staff, young people and their families who have been supported. The MHSTs offer of remote workshops has significantly boosted this and allows the service to expand its reach and makes the workshops more accessible to parents who would not be able to attend in person. This work is in addition to treatment-based groups and 1:1 work. The MHSTS routinely receive positive feedback from teaching staff and parents and carers.

Table 3: Nottinghamshire MHST Whole School Approach Hours (without referral)

Year	Hours	Number of School Staff Supported	Number of Parents & Children Supported
2021	111	150	774
2022	800	1802	8661
2023	1191	2702	15599

3. **Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people get the right support and stay in education**

MHSTs work with the education settings and utilise their expertise to help and advise them to provide the required levels of support for children and young people and to help them stay safe in education. This includes:

- Ensuring schools/colleges understand the role and scope of the MHST and when external/specialist support may be required
- Support settings to make appropriate referrals to specialist services and other external support and where requires facilitate onward referral to ensure children and young people receive appropriate support as quickly as possible
- Facilitating smooth transition from and to specialist services
- Being aware of the wider local offer for children and young people's mental health and how to access these if required.

4. Mental Health Support Teams in Schools: Workforce

MHSTs are typically made up of 8 Whole Time Equivalents (WTEs); including 4 WTE Education Mental Health Practitioners (EMHPs), 3 WTE senior clinicians/higher level therapists, 0.5 WTE team manager and 0.5 WTE admin support.

MHSTs represent a major expansion in the Children and Young People Mental Health workforce and has made a significant contribution to increasing the workforce by 39% nationally from 2018 to 2021. Locally across Nottinghamshire County this equates to an increase of approximately 72 whole time equivalents including admin support.

EMHPs are a new role implemented by the roll out of MHSTs and represent the majority of the MHST workforce. EMHPs play a vital role in supporting and working with education to identify and manage issues related to mental health, and work with them to improve access to mental health services.

The Nottinghamshire MHST continues to evolve to the national model whereby there has been the development of 'Senior EMHP' roles within the service, to support with the ongoing development and retention of the EMHP workforce. Additionally, some of the EMHPs have been successful in their career progression and have undertaken CBT training and consequently are now working in the service as CBT therapists.

Some of the main operational challenges have been around recruiting EMHPs. Initial recruitment was completed at a national and regional level, where recruited staff accessed the training but and then left the service to undertake qualified EMHP roles closer to where they lived, or where they have chosen to live following the completion of their courses. Some have also progressed to higher academic courses after a brief time in the role. As the national funding has previously been used to train those staff members it has left no funding to train additional EMHPs. It has also been hard to recruit qualified EMHPs into the service given that the role is still quite new. In many ways the EMHP offer is a 'career starter' which with academic attainment can lead to career progression. The EMHP role is an integral role in the MHST team and is vital to the delivery of the service model.

Locally NHT have successfully been awarded attrition EMHP placements with local universities hosting further trainee EMHPs within the service which has supported the vacancy fill. As a mature service Nottinghamshire MHST can facilitate clear development and retention planning for EMHPs within the service; however more support is required at a national level to increase the EMHP workforce opportunities and we will continue to work with National and Regional colleagues to strengthen the model.

5. Health Inequalities and MHST

An important function of the MHST is to offer preventative and early mental health support to children and young people, to improve their outcomes. Routine outcome measures (ROMs) are used to inform service provision, ensuring that the service meet young people's needs and address health inequalities.

Data analysis undertaken by the team have found service user outcomes are not statistically different across different ethnicities or genders.

Deprivation has an impact on children's outcomes in MHST, with the most deprived children improving less than those less deprived. When looking at age, younger children (KS3 age) improved less than older children. These patient groups are independent of each other and there is no significant overlap (KS3 children are not also exclusively most deprived). System work is working to identify how changes in practice can help address these inequalities.

6. MHST Waiting Times

As a service the aim is not to have waiting times for any young person requiring support, but at times workforce capacity can impact this. There are mitigating programmes in place to ensure that no child/young person waits without support. Within MHST's a 'waiting well' programme is utilised for any young person who waits more than 6 weeks. The process provides a clinical contact at 6 weekly intervals, with a 'check in' and where risk is assessed. The team then determined appropriate materials that can be provided as a guided self-help intervention which can include access to 'Silver Cloud' an on-line self-directed support digital platform as an interim measure. Families can contact the MHST as necessary if there are any concerns or deteriorations. As the MHST's are part of the wider CAMHS 'family' of services, transitions for young people requiring 'more help' or 'risk support' have an established pathway. The average time a young person currently waits for treatment is 7.83 weeks.

7. Whole School Approach

Supporting education settings to develop and implement their own whole school or college approach is a key function of an MHST.

All schools and colleges have statutory duties relevant to mental health and wellbeing, around curriculum, SEND, safeguarding and behaviour. Schools and colleges can help prevent mental health problems by promoting wellbeing and resilience as part of an integrated whole school/college approach that is tailored to the needs of their children and young people.

The Department for Education (DfE) and Public Health England (now the Office of Health Inequalities and Disparities part of DHSC) have published guidance on Promoting children and young people's mental health and wellbeing (2008; 2021) which sets out eight principles of a whole school or college approach to promoting mental health and wellbeing which, if applied consistently and comprehensively, will help contribute toward protecting and promoting children and young people's mental health and wellbeing. The eight principles are:

- Leadership and management that supports and champions efforts to promote emotional health and wellbeing
- Curriculum, teaching and learning to promote resilience and support social and emotional learning
- Enabling student voice to influence decisions and involve students in the co-production and embedding of their whole school approach
- Staff development to support their own wellbeing and that of students
- Identifying need and monitoring impact of interventions to measure effectiveness of interventions their students receive
- Working with parents/carers and wider communities to ensure a culture of wellbeing
- Targeted support, working with mental health provision in the local area to develop knowledge and understanding to make appropriate referrals
- An ethos and environment that promotes respect and values diversity and able to articulate a plan to embed within the school/college environment

The DfE also developed a range of initiatives to support settings to put in place a whole school/college approach and outlined schools' and colleges' roles in supporting and promoting mental health and wellbeing. This includes:

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school and college population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos
- Identification: recognising emerging issues as early and accurately as possible
- Early support: helping pupils to access evidence based early support and interventions
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

To support the Whole School/College Approach, all schools linked to a MHST have been required to identify a Senior Mental Health Lead (SMHL), who is the key link between the school and the MHST.

Nottinghamshire also have a Whole School Approach Mental Health Lead working across Nottinghamshire to support schools with this work and to deliver the Senior Mental Health Lead Training. This role strives to have a strategic overview of WSA across each district and

aims to support schools who currently do not have an MHST and to ensure work is not duplicated and appropriate resources, support and consultation are signposted to.

The SMHL training is delivered by the WSA Mental Health Lead under the NottAlone brand and provides localised WSA training, support, and resources. The WSA Mental Health Lead delivers the training with their Nottingham City counterpart with support from colleagues from Tackling Emerging Threats to Children Team (TETC) and the Educational Psychology Service (EPS).

8. Senior Mental Health Lead Training:

Alongside the roll out of MHSTs the DfE encouraged all education settings to identify and train a senior mental health lead who will implement and sustain a whole school/college approach. To note this is a non-mandatory role and individual education settings can shape this role according to their needs and staffing arrangements.

To support this strategic role, the DfE have and continue to offer grant funding for a senior member of school or college staff to access quality assured training to implement an effective whole school or college approach to mental health and wellbeing in their setting. This is being offered to all eligible schools and colleges by 2025. Locally, this training is delivered by the Nottingham City and Nottinghamshire County Whole School Approach to Mental Lead.

The SMHL NottAlone training comprises of 2x full day training sessions and three workshops related to staff wellbeing, coproduction and embedding mental health in the curriculum. The training also offers 2x 2 hour supervision sessions for leads to have ongoing support with their role and an opportunity for peer support.

The training also tasks leads with completing a Mental Health Audit to explore and reflect on their current WSA practice and to identify areas of improvement. The audit is based on the 8 principles of emotional health and wellbeing to WSA: Emotional Wellbeing 8 Principles (nottalone.org.uk). The training takes places over the course of an academic year and leads are encouraged to work together on their audits and have the offer of additional support from the WSA lead, additional time out of training, to complete throughout the year.

At present, 109 County Schools have attended the NottAlone Senior Mental Health Training. The WSA lead with support from the School Health Hub Coordinator from the TETC Team have created a database of SMHL's for all County Schools with a view to have an overview of which settings have not yet engaged, schools who have been trained by another provider or schools where the SMHL has left meaning another member of staff has the opportunity to attend training. The WSA lead has encouraged settings to sign up to future training opportunities and signposts to the relevant DFE funding.

9. Mental Health Support Teams in Schools: Funding

NHS England has funded MHSTs from central budgets to date. This has now been incorporated into recurrent ICB baselines. This will ensure that all mobilised MHSTs will continue to be recurrently funded by Nottingham and Nottinghamshire ICB as part of the baseline mental health budget. The total cost to deliver the county MHSTs is currently £2,311,728 per year. This represents a significant increase in funding within children and

young people's emotional health and wellbeing services locally. The CB is awaiting confirmation from NHS England on future bidding opportunities.

10. Provision for schools without a Mental Health Support Team

Whilst significant progress has been made in developing the MHST offer across Nottingham and Nottinghamshire, it is acknowledged that this currently reaches 45% of schools within Nottinghamshire County and therefore a number of schools and children and young people do not have access to MHST support.

Work will continue to review how the MHST offer can be increased further, however alternative early intervention support is also available to schools across the local area. Information on this provision is available via the Nott Alone Website.

11. Mental Health Support Teams: Evaluation

The MHST model represents a new way of working between schools and mental health services. Therefore, following agreement with partners, it was agreed to commission a local evaluation of MHSTs to support further developments.

Nottingham Trent University was awarded the contract and is scheduled to conclude their evaluation in April 2024. A full evaluation report will be available at that point and shared with stakeholders across the ICS.

The evaluation aims to answer the following questions:

a) What impact are the MHSTs and Whole School Approach having on mental health outcomes for children and young people?
b) How are the main principles of the Whole School Approach contributing to these outcomes?
c) What is the cost effectiveness of the MHSTs and the Whole School Approach?
d) What is staff's experience of the MHSTs and delivering the Whole School Approach and to what extent has the Whole School approach been effectively delivered?
e) How could the model be improved further.

The DfE also undertake a yearly MHST School and College survey with the most recent being conducted between 5th May 2023 and 30th June 2023. A local Nottinghamshire County site report is produced and key headlines from this survey show:

- 84% of schools/colleges are very satisfied/satisfied with the direct intervention that the MHST provides for pupils/students or families. This is in line with the national percentage of 84%.
- 88% of schools/colleges are very satisfied/satisfied with the support the MHST provides to support the school/college to improve or develop a whole school/college approach to mental health. This is higher than the national percentage of 73%.
- 88% of schools/colleges are very satisfied/satisfied with how the MHST advises and liaises with the setting, pupils/students or parents/carers to access the right support from external specialist services. This is higher than the national percentage of 79%.
- 91% of schools/colleges agree that the MHST has provided better mental health and wellbeing support than would otherwise have been available. This is higher than the national percentage of 85%.

- 94% of schools/colleges agreed that working with the MHST has improved the overall school/college approach to promoting positive mental health and wellbeing. This is higher than the national percentage of 79%.
- 74% of schools/colleges agreed that working with the MHST has strengthened senior leadership's buy in to promoting mental health and wellbeing. This is higher than the national percentage of 77%.
- 81% of schools/colleges agreed that working with the MHST has improved understanding in their setting of how and when to access external support. This is higher than the national percentage of 77%.

12. MHST Successes, Impact and Challenges

Child and Adolescent Mental Health Services Mental Health Support Team Department for Education service evaluation 2022/2023

The Department for Education (DfE) conducted a national MHST site survey, which included all Nottinghamshire MHST schools in May 2023 to gather feedback and review schools who used the MHST. 33 schools responded, which is a 31% response rate (national response rate was 22%). See appendix A for the full survey.

The survey reported that Nottinghamshire MHSTs perform consistently similar to, or better than the national average across all areas, including understanding of the programme. This report also highlighted the positive impact of the MHST from the perspective of our local schools.

According to the survey, 91% of education personnel "strongly agreed" or "agreed" that the MHST implements and improves their whole school approach offer to promoting mental health and wellbeing in their school, as well as delivering effective direct interventions to children/young people in their school and that working with the MHST has improved the overall school/college approach to promoting positive mental health.

Areas for development included the buy-in from senior leadership within schools and the time needed to complete the training required for the mental health lead role by teachers. It is important to note that this feedback is based on 31% of respondents (n=33) locally, nationally the average survey completion was at 22%.

Challenges

Delivering a health service in a school setting provides challenge in that there are peaks and troughs of activity, but the team have adapted well to the use of Microsoft Teams for remote sessions and use of health centres, CAMHS clinic spaces and youth centres to ensure 52 week a year provision.

One area which has been highlighted as an area of difficulty is in gaining support within the school senior leadership teams about the importance of the mental health lead role in Senior Mental Health Leads do not always have sufficient time, pay and leadership roles in schools to have the impact they would like. The offer of training is being shared with governors to encourage them to advocate for this role, alongside working with regional DfE colleagues to support.

Successes

Following inception in 2019 as the first MHST to go live nationally the Nottinghamshire MHST services have grown exponentially. It has been regarded regionally as a centre of excellence, being chosen as the DfE location for their chosen regional visit from the Children and Families Minister.

The Nottinghamshire MHSTs are an established service now in 104 schools with an additional 45 coming on board as part of the site expansion in September 2024 and then a further 15 in January 2025.

The MHSTs have been intentional in involving young people and their families in service development – working alongside youth co-production and engagement group MH2K in the initial stages of the project and now have several young people champions who have helped design and develop a logo, marketing materials, education sessions with teaching staff and in relating to their peers. The team are also looking to explore the option of peer mentors as part of future recruitment.

The services have produced a high-quality booklet to be given to all children in MHST primary schools and are currently working alongside champions to develop emotional literacy and resources for secondary schools.

There is a well-established Mental Health Lead network of teachers who attend half termly meetings, which allow them to receive support as they undertake the Mental Health Lead role and provides them with updates and support for their own wellbeing.

The team have promoted emotional literacy and understanding via assemblies, videos recorded on our websites and embedding the offer as part of the curriculum. Schools can see how the MHST's can come in and deliver sessions around body image etc in place of teaching staff as part of the curriculum.

This has been well received by schools as the MHST's embed themselves into the school community. The MHST's attend parents' evenings, school fairs, and hold parent engagement events. In addition to this the team train and equip teachers in their understanding of common mental health needs in children and the signs to look for to ensure referrals are received as early as possible.

The MHST's have worked with teachers to develop the local referral form, to minimise their paperwork and offer consultation to teachers to ensure that they are not unnecessarily completing referrals when signposting would be more effective. The development of link workers for schools and referral co-ordinator has been key in this.

Nationally the Nottinghamshire MHST were shortlisted for an award in the Nursing Times in the Childrens Service Category. Locally MHSTs were finalists for the ICS Awards, within the Lord Lieutenant's Partnership category. In addition, the MHSTs also had a key role in contribution to the NottAlone partnership which led to the successful National Local Government Chronicle award in 2022.

Please see an example of feedback received below.

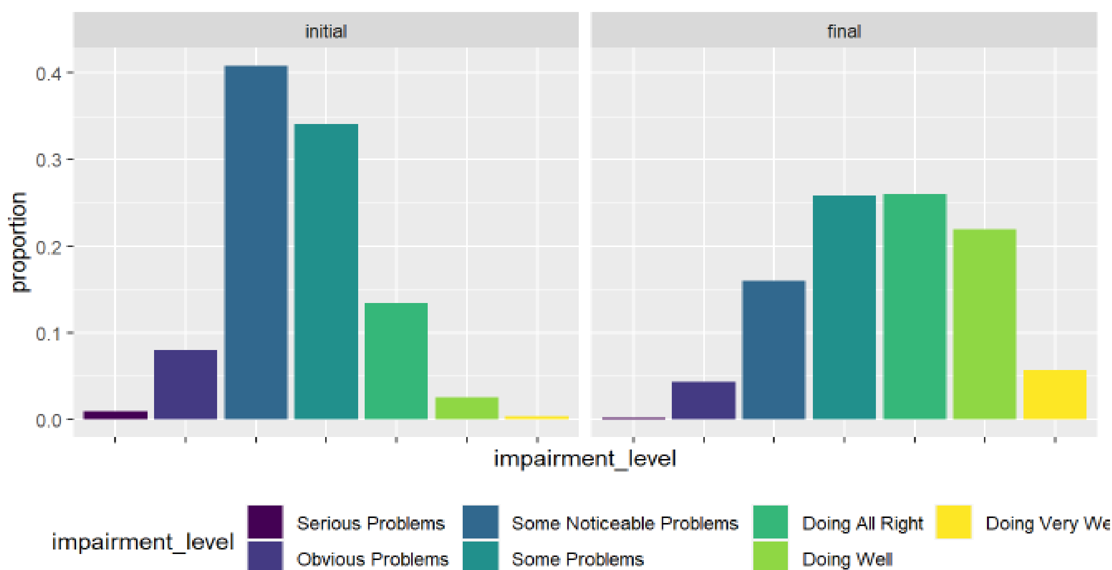
"This service works with students who need low level interventions which are usually tolerated until they become medium or high intensity which is too late. The areas covered are the most common areas of mental health which have the biggest impact on daily life and functioning of children. The speed of interventions is fast so the students receive the help needed much quicker and are better able to establish healthy ways of managing their mental health. For the pastoral team, reassurance and guided expertise is offered which we are proud to pass on to parents. This provides validation which has not been present before. We really are appreciative of the service and only hope this continues."
School Feedback

MHST Data and Impact

The below is data for approximately 80% (n=995) of children and young people/ families who have completed outcome measure rating scales at the start and end of their involvement with the MHST from 2021 to current day.

This shows a clear improvement from initial assessment to final assessment in terms of functionality of young people using the service and demonstrates effectiveness of MHST intervention.

Graph 1- MHST Improvement Data



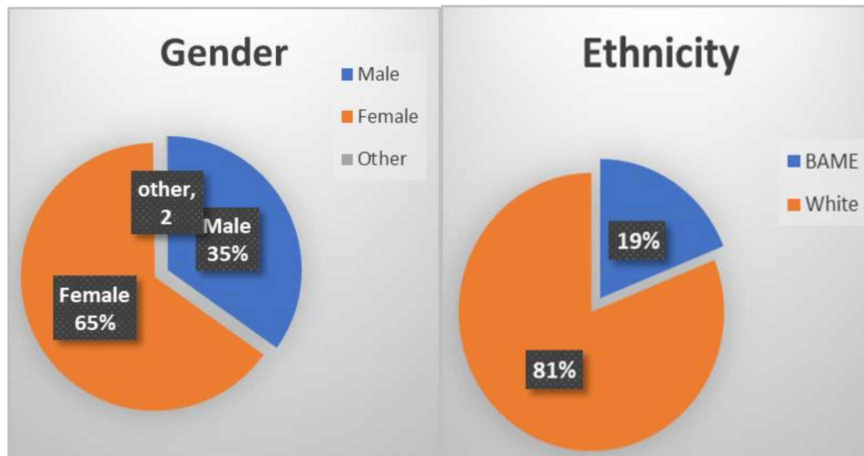
Source: NHT data

Outcome Data within MHST

Routine Outcome Measures (ROMs) are embedded throughout MHSTs. These clinical tools are utilised to map presenting difficulties and to evaluate progress towards a young person's identified goals over the course of treatment. ROMs are often captured via questionnaires completed by young people and/or their family and/or the therapist. Information is gathered throughout their treatment and at the commencement and conclusion of therapy, which provides 'paired data' to determine the effectiveness of a therapeutic intervention or otherwise.

MHSTs have the highest performance in relation to data completeness for ROMS than any other team within NHT and will continue to improve completeness.

Graph 2- Demographics of children and young people within MHSTs



Source: NHT data

Appendix A

Department for Education Nottinghamshire MHST site report

Contributors

Katharine Browne, Senior Public Health and Commissioning Manager, Childrens Integrated Commissioning Hub and Public Health- Nottinghamshire County Council and Nottingham and Nottinghamshire ICB

Nichola Reed, Public Health and Commissioning Manager, Childrens Integrated Commissioning Hub and Public Health- Nottinghamshire County Council and Nottingham and Nottinghamshire ICB

Natalie Deacon, Whole School Approach Mental Health Lead, Tackling Emerging Threats to Children Team, Nottinghamshire County Council

Hannah Yates, Deputy Head of Transformation, Mental Health Services, Nottinghamshire Healthcare NHS Foundation Trust

Sarah Bonney, Service Clinical Lead, Nottinghamshire Healthcare NHS Foundation Trust

Rachel Towler, Operational Manager – Mental Health Specialist Services Directorate, Nottinghamshire Healthcare NHS Foundation Trust

Beckey Berney, Mental Health Support Team Lead, Nottinghamshire Healthcare NHS Foundation Trust

Sarah Kinsey, Operational Team Lead, Mental Health Support Team, Nottinghamshire Healthcare NHS Foundation Trust

Carl Jones, CAMHS Service Manager, Specialist Services Directorate (Mental Health), Nottinghamshire Healthcare NHS Foundation Trust

Rebecca Keating, Advanced Clinical Practitioner -CAMHS, Clinical Director – CAMHS, CYP Transgender Health, Eating Disorders and Perinatal Mental Health, Nottinghamshire Healthcare NHS Foundation Trust

Nottinghamshire

Department for Education Mental Health Support Team School and College Survey
The survey was conducted between 05 May 2023 and 30 June 2023.

To help you to use the data report, we have included contextual data on the number of responses (settings) on which the reports are based; and the corresponding response rate (the number of settings that responded as a percentage of the total number of settings that were sent the survey).

Please, exercise caution when using the data in these reports, particularly when there are small numbers of responses. Please also note that these reports are based on the responses received to the voluntary survey and will not necessarily be representative of the experiences of all of your settings.

Note: Percentage agree is the percentage of those who responded that they either "Strongly agree" or "Agree". Other response options were: "Neither agree nor disagree", "Disagree", and "Strongly disagree". Percentage satisfied is the percentage of those that responded they were either "Very satisfied" or "Satisfied". Other response options included: "Neither satisfied nor dissatisfied", "Dissatisfied", and "Very dissatisfied".

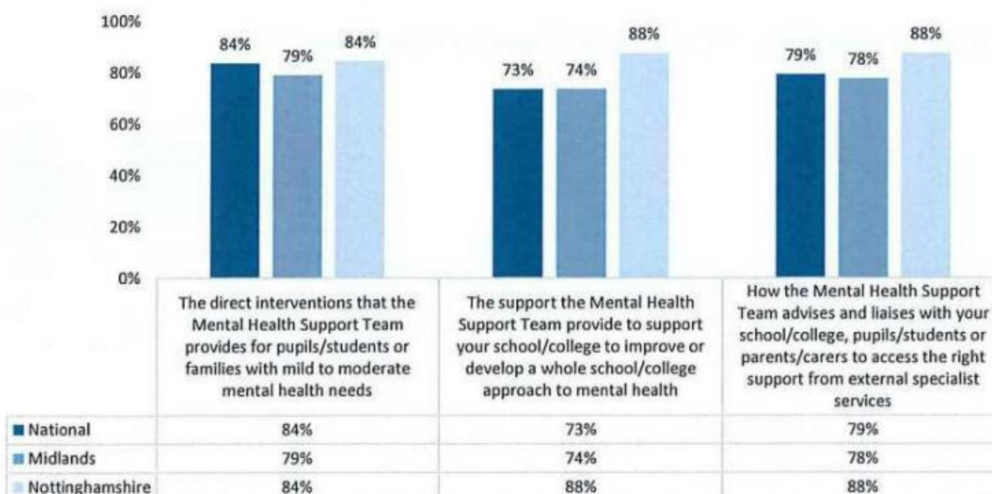
Response Rates

Geography	Total finished	Response rate
National	1442	22%
Midlands	229	23%
Nottinghamshire	33	31%

Understanding of the programme

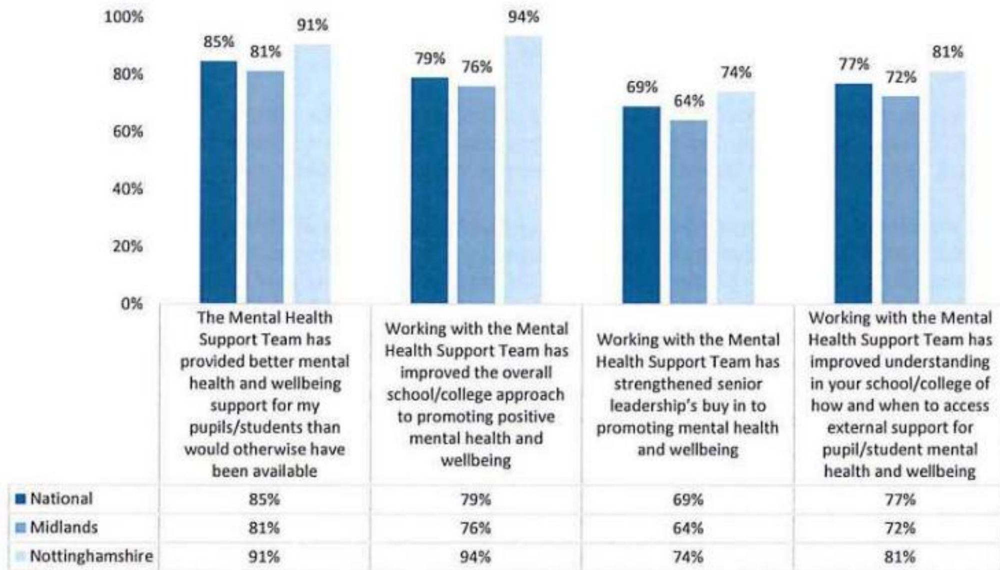
	Percentage agree		
To what extent do you agree or disagree that your school/college is clear on:	National	Midlands	Nottinghamshire
The aims and objectives of the Mental Health Support Team programme	94%	94%	94%
The support the Mental Health Support Team provides in terms of interventions for children and young people	91%	89%	91%
The support the Mental Health Support Team provides in terms of implementing or improving a whole school/college approach to mental health	83%	82%	91%
The reason(s) for changes to the offer available to you from your Mental Health Support Team	62%	58%	63%

Percentage of settings satisfied with stated aspects of Mental Health Support Team provision



	The direct interventions that the Mental Health Support Team provides for pupils/students or families with mild to moderate mental health needs	The support the Mental Health Support Team provide to support your school/college to improve or develop a whole school/college approach to mental health	How the Mental Health Support Team advises and liaises with your school/college, pupils/students or parents/carers to access the right support from external specialist services
National	84%	73%	79%
Midlands	79%	74%	78%
Nottinghamshire	84%	88%	88%

Percentage of settings that agree that the Mental Health Support Team had impact on...



	The Mental Health Support Team has provided better mental health and wellbeing support for my pupils/students than would otherwise have been available	Working with the Mental Health Support Team has improved the overall school/college approach to promoting positive mental health and wellbeing	Working with the Mental Health Support Team has strengthened senior leadership's buy in to promoting mental health and wellbeing	Working with the Mental Health Support Team has improved understanding in your school/college of how and when to access external support for pupil/student mental health and wellbeing
National	85%	79%	69%	77%
Midlands	81%	76%	64%	72%
Nottinghamshire	91%	94%	74%	81%

Percentage of settings supported to develop elements of a whole school or college approach in the past 12 months

In the last 12 months, has the Mental Health Support Team helped your school develop or improve practices associated with any of the following principles of a whole school or college approach to mental health and wellbeing?	Percentage helped: National	Midlands	Nottinghamshire
Curriculum teaching and learning to promote resilience and emotional learning	32%	32%	53%
Enabling student voice in decision making	22%	22%	16%
Staff development to support their own wellbeing and that of students	41%	40%	44%
Identifying need and monitoring the impact of interventions	37%	38%	47%
Working with parents and carers	66%	56%	72%
Targeting support and appropriate referral	76%	76%	78%
An ethos and environment that promotes respect and values diversity	31%	32%	53%
None of these	9%	11%	3%

Percentage of schools that provide feedback & responsiveness to feedback

	National	Midlands	Nottinghamshire
Does your school/college provide feedback to the Mental Health Support Team?	89%	85%	75%
	Percent provide feedback		

MHST responsiveness to settings that provide feedback

To what extent do you agree or disagree that:	National	Midlands	Nottinghamshire
The Mental Health Support Team are responsive to feedback from my school/college	98%	96%	96%
	Percent agree		

Satisfaction with partnership working

To what extent are you satisfied or dissatisfied with:	National	Midlands	Nottinghamshire
How the school/college and the Mental Health Support Team work together to shape the support offer	92%	90%	81%
	Percent satisfied		

Referral processes

To what extent do you agree or disagree that:	National	Midlands	Nottinghamshire
The pathway or process for referring pupils/students into the Mental Health Support Team is fit-for-purpose for my school/college	80%	77%	94%
	Percent satisfied		

Governance

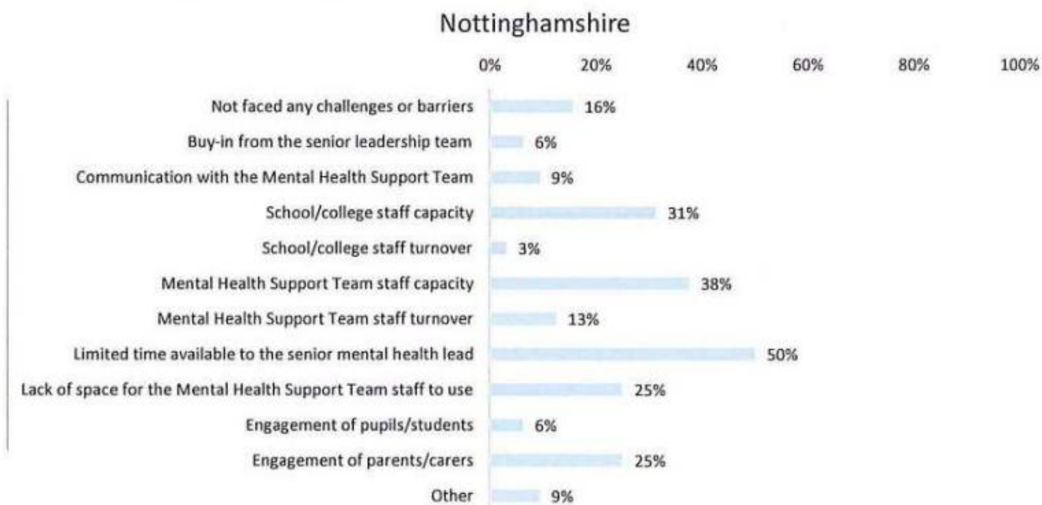
To what extent do you agree or disagree that:	National	Midlands	Nottinghamshire
There is ongoing and sufficient representation of the interests of my school/college in the local Mental Health Support Team governance arrangements	54%	54%	59%
	Percent agree		

School engagement and commitment

To what extent do you agree or disagree that your school/college:	Percent agree		
	National	Midlands	Nottinghamshire
Has senior leaders who are committed to making full use of the Mental Health Support Team support offer	94%	90%	94%
Has dedicated sufficient time and resource to work effectively with the Mental Health Support Team	85%	79%	71%
Is clear on how the Mental Health Support Team service fits into your whole school or college approach	89%	84%	91%
Has made school/college staff aware of the support offer of the Mental Health Support Team	92%	89%	88%
Has made pupils/students aware of the support offer of the Mental Health Support Team	80%	79%	84%
Has made parents/carers aware of the support offer of the Mental Health Support Team	88%	87%	88%
Provide opportunities for pupils/students to be involved in Mental Health Support Team delivery	57%	54%	53%

Challenges and barriers

The main challenges or barriers schools/colleges have experienced in being able to make full use of the Mental Health Support Team support offer in...

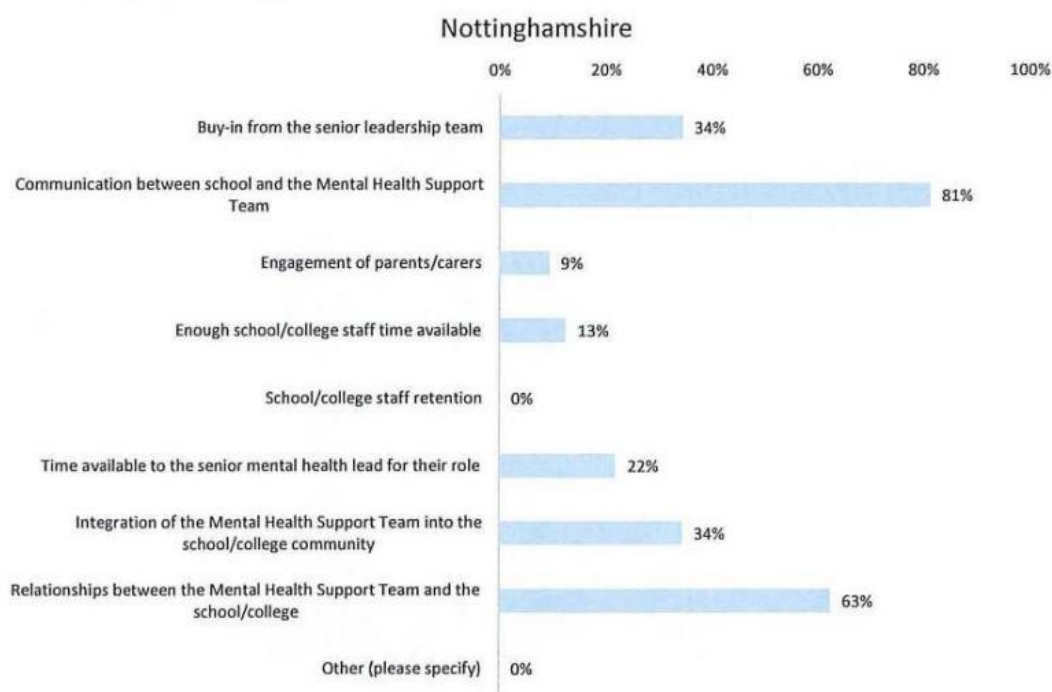


Nationally and Regionally, the main challenges or barriers schools/colleges have experienced in being able to make full use of the Mental Health Support Team support offer were...

	Percent experienced challenge		
What are the main challenges or barriers your school/college has experienced so far in being able to make full use of the Mental Health Support Team support offer? Please select up to 3 of the following options:	National	Midlands	Nottinghamshire
Not faced any challenges or barriers	15%	16%	16%
Buy-in from the senior leadership team	2%	2%	6%
Communication with the Mental Health Support Team	10%	10%	9%
School/college staff capacity	29%	28%	31%
School/college staff turnover	4%	4%	3%
Mental Health Support Team staff capacity	40%	38%	38%
Mental Health Support Team staff turnover	22%	22%	13%
Limited time available to the senior mental health lead for their role	27%	27%	50%
Lack of space for the Mental Health Support Team staff to use	21%	19%	25%
Engagement of pupils/students	4%	5%	6%
Engagement of parents/carers	24%	23%	25%
Other (please specify)	19%	19%	9%

Positive factors

The main factors schools/colleges have experienced in being able to make effective use of the Mental Health Support Team support offer in...



Nationally and regionally, the main factors schools/colleges have experienced in being able to make effective use of the Mental Health Support Team support offer were…

	Percent experienced positive factor		
What are the factors that have been most important in enabling your schools/ college to make effective use of the Mental Health Support Team support offer so far? Please select up to 3 of the following options:	National	Midlands	Nottinghamshire
Buy-in from the senior leadership team	44%	40%	34%
Communication between school and the Mental Health Support Team	74%	74%	81%
Engagement of parents/carers	24%	18%	9%
Enough school/college staff time available	13%	16%	13%
School/college staff retention	3%	2%	0%
Time available to the senior mental health lead for their role	24%	24%	22%
Integration of the Mental Health Support Team into the school/college community	30%	30%	34%
Relationships between the Mental Health Support Team and the school/college	70%	63%	63%
Other (please specify)	4%	5%	0%

Nottinghamshire County Council

Health Scrutiny Committee

20 February 2024

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE REVISED HEALTH SCRUTINY REGULATIONS AND GUIDANCE

Purpose of the Report

1. To inform the Committee of recent changes to the powers of the Secretary of State for Health in respect of intervening in the development of new proposals for reconfiguring health services, and to set out how these changes affect current health scrutiny arrangements.

Information and Advice

2. Since 2013, health scrutiny regulations have been in place, giving local authority health scrutiny functions the power to refer the reconfiguration of local health services directly to the Secretary of State for Health for their consideration. These powers are currently captured in the Committee's Terms of reference and in the Overview and Select Committee Procedure Rules within the Council's Constitution.

3. Since 31 January 2024, however, the Council's health scrutiny function no longer has the right to make a formal direct referral in this way. Rather, the Secretary of State for Health now has a broad and discretionary power to intervene or call in reconfigurations of local services, including when requested to do so by any individual or organisation, including Health Scrutiny Committees themselves.

4. Should the Secretary of State use their powers to intervene, then the local Health Scrutiny Committee will be advised and consulted accordingly. Any final decision taken by the Secretary of State arising from exercising these new powers will then have to be carried out by the relevant NHS commissioning body. However, the accompanying guidance to the revised regulations makes clear that the Secretary of State will only intervene as a last resort, and only when all available local methods to resolve issues have been exhausted. The statutory guidance on these new ministerial intervention powers can be accessed via the link below.

Reconfiguring NHS services - ministerial intervention powers - GOV.UK (www.gov.uk)

5. The Committee's remaining powers have not been affected by these changes. The Committee can still require NHS bodies to attend formal meetings, can obtain information from NHS bodies and require NHS bodies to have regard to Committee recommendations. The Committee's role as a statutory consultee on consultations remains in place, with health and care providers required to engage as they do currently. It also the case that NHS

commissioners will be obliged to inform the Secretary of State of any substantial reconfigurations of local health services.

6. It falls within the remit of the Monitoring Officer to make the necessary changes to the Constitution, as these changes arise from amendments to national legislation. The changes, once put in place, will be reported to a full Council meeting for endorsement.

Other Options Considered

7. The Secretary of State for Health's new powers came into effect on 31 January 2024 and the Council is required to amend its Constitution to reflect these changes. Continuing to operate under previous arrangements is not an option.

Reason/s for Recommendation/s

8. To ensure that the Committee is aware of recent changes to the Secretary of State for Health's powers in respect of the reconfiguration of health services, and that amendments are made to the Council's Constitution to reflect those changes.

.

Statutory and Policy Implications

9. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION

1) That the Committee notes the contents of the report.

Councillor Jonathan Wheeler
Chairman of the Health Scrutiny Committee

For any enquiries about this report please contact: Noel McMenamin, Democratic Services Officer 0115 993 2670

Constitutional Comments (KA – 12/02/2024)

10. As stated above in this report, due to statutory changes that came into effect from 31 January 2024, the provisions in the constitution relating to referral to the Secretary of State will need to be amended because new rules have been put in place in respect of the aspect of health scrutiny that relates to reconfigurations of local health services. Currently, under the Council's Constitution *(section 6, Part 1, Paragraph 6 – Health Scrutiny Committee – Terms of Reference)* the Health Scrutiny Committee (HSC) shall, amongst other functions,

refer any matter to the Secretary of State for Health in accordance with the Overview and Select Committee Procedure Rules. The Monitoring Officer will draft the necessary amendments to ensure that the terms of reference are in line with the statutory changes.

Financial Comments [PAA – 12/02/24)]

11. There are no specific financial implications arising directly from this report

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to Health Scrutiny Committee

20 February 2024

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider the Health Scrutiny Committee's work programme.

Information

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.

3. The Council's adoption of the Leader and Cabinet/Executive system means that there is now an Overview and Scrutiny function, with Select Committees covering areas including Children and Young People and Adult Social Care and Public Health. While the statutory health scrutiny function sits outside the new Overview and Scrutiny structure, it is appropriate to keep this Committee's work programme under review in conjunction with those of the Select Committees. This is to ensure that we work in partnership with the wider scrutiny function, that work is not duplicated, and that we don't dedicate Committee time unduly to receiving updates on topics.

4. The latest work programme as available at the time of agenda publication is attached at Appendix 1 for the Committee's consideration. The current Work Programme entries for the remainder of 2023-24 are indicative only at this stage, and require further finessing. The Health Scrutiny Lead will be in a position to provide an update at Committee. The Appendix also contains proposals to remove long-standing items in favour of scheduling items raised more recently by Committee members. The work programme will continue to develop, responding to emerging health service changes and issues (such as substantial variations and developments of service), and these will be included as they arise.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Considers and agrees the content of the work programme.

Councillor Jonathan Wheeler
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2023/24

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing /Update	External Contact/Organisation	Follow-up/Next Steps
20 June 2023				
Delivery of Diabetes Care in Nottingham and Nottinghamshire	Progress on delivery of diabetes services and update on demand trends	Scrutiny	Integrated Care Board	
Temporary Service Changes - Extension	To note the further extension of overnight closure at Newark Hospital	Scrutiny	Integrated Care Board	
25 July 2023 - cancelled				
Tomorrow's NUH Programme (TNUH)	Comprehensive consideration of the Programme, including next steps. Recommended to hold a single-item meeting			
12 September 2023				
Newark Urgent Treatment Centre		Scrutiny	Integrated Care Board/Sherwood Forest Hospitals Trust	
17 October 2023				
Nottingham University Hospitals Trust – Care Quality Commission Report		Scrutiny	NUHT/ Integrated Care Board	

Tomorrow's NUH – Proposal to Consult	Update on Programme and endorsement of decision to consult.	Scrutiny	Integrated Care Board	
14 November 2023				
East Midlands Ambulance Service	Performance and Winter Planning Arrangements			
12 December 2023				
Newark Urgent Treatment Centre –	Engagement Outcomes and Next Steps			
Tomorrow's NUH	Progress to Consultation			
16 January 2024				
Dentistry				
Performance of NHS 111 Service	performance			
20 February 2024				
Mental Health Services and Support in Schools	Overview of phased rollout of Mental Health Support Teams in Schools	Scrutiny	Nottinghamshire Healthcare Trust Nottinghamshire County Council	
Changes to Health Scrutiny Regulations	Information on revised Secretary of State powers and Implications for health scrutiny	Scrutiny	Nottinghamshire County Council	
19 March 2024				

Lung Health (stc)	Overview of work being carried out to address lung health health in Nottinghamshire			
16 April 2024				
14 May 2024				
18 June 2024				
NUH briefing – Update on Maternity Service provision.				
NHS 111 Service – Additional performance data as requested at January 2024 meeting				
16 July 2023				
Integrated Care Board – Policy Alignment across Nottinghamshire	To consider work being undertaken to ensure consistency of policy across the Nottingham and Nottinghamshire 'footprint'	Scrutiny	Further discussion required with ICB	

To be scheduled and potential alternative actions				
Health and Wellbeing Provision in Hucknall – Cavell Centre	Pause in development of Cavell Centres at national level in June/July 2023	Scrutiny	Holding position agreed at January 2024 meeting to consider when revised proposals from ICB/NHS England emerged	
Newark Hospital Urgent Treatment Centre			To be advised by ICB when proposals are ready for further consideration	
Sherwood Forest Hospitals Trust			Further discussion with SFHT to have focussed scrutiny report on areas where challenges are greatest	
Discharge to Assess (From Hospital) and Hospital Patient 'Flow'			First raised in 2022-23 - is now being considered by Adult Social Care Select Committee – propose remove from Work Programme	
Early Diagnosis Pathways	To consider access/timeliness of early diagnosis for cancer, CPOD etc, and to explore where disparities lie	Scrutiny	Long-standing item on the Work programme. Very broad area to scrutinise – need to focus on specific areas of concern	
Non-emergency Transport Services	An update on key performance.	Scrutiny	First raised 2022-23. In the absence of concerns raised, propose remove from Programme	

NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	First raised 2022-23. Propose receiving a briefing note on current Property Services issues.	
Frail Elderly at Home and Isolation	TBC –	Scrutiny	First raised in 2022-23. Issue lies more within Adult Social Care. Propose raise as possible future item for Adults Select Committee and remove from current Health scrutiny Programme	
Long Covid	Initial briefing on how commissioners and providers are responding to the challenges of Long Covid		Long-standing item on work programme. Issue has been considered at Health and Wellbeing Board. Propose circulating briefing note and consider removing from work programme.	
Mental Health in Bassetlaw and update on A&E Village development	To		To be scheduled once A&E Village development is completed	
Suicide – particularly among young men				
Health Inequalities			Requires further definition and focus in order to conduct meaningful scrutiny	