

# CAMHS Green Paper Mental Health Teams into Schools – Approach to the selection of schools for the pilot

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## 1. Background

The aim of this paper is to set out a rationale for identifying the schools/school partnerships that will be part of the Mental Health School Team Trailblazer (phase 1 & 2).

The NHSE Guidance setting out the approach to the delivery of the Green Paper stipulates broad criteria for achieving success. This includes having schools that can show evidence of a whole school approach to mental and emotional wellbeing. There is also a wider expectation that schools will be committed to having a mental health lead that will engage actively with the pilot and support the delivery.

Oxfordshire is bidding for an additional four teams in Wave 1&2 (2019-20) and are hoping to be successful. Each MHST is nationally prescribed to have capacity to

- Provide face to face, evidence based interventions for a defined population. For modelling purposes the estimated 500 CYP will receive evidence based interventions per 8000 students/pupils per team per year.
- Work with schools and college, on an individual and/or partnership level to support a whole school approach to mental wellbeing.
- Work as part of an integrated referral system with children's mental health services.

The original bid asked for funding for four teams for phase one, but NHSE scaled our proposal down to two teams, which covers a total pupil population of 16,000 with the chosen area being Oxford City. Following on from the decision at the CAMHS Assurance Board the next areas for consideration are the north and south areas of the county with the highest level of need. There is also a clear steer from NHSE that schools selected will have to be in areas with high levels of need and health inequalities and taking into account the needs of our most vulnerable children.

## 2. Proposed criteria for selecting schools to the pilot

Following discussion, the CAMHS Green Paper Delivery Board proposed the following criteria for selection as applied during phase one:

- Level of need and deprivation in an area based on JSNA

- Commitment from individual schools governing body (and identified lead)
- Commitment from school leadership teams and an identified mental health lead as point of contact for the Trailblazer.
- Commitment to working at school partnership level where it makes sense.
- An area covering 16,000 pupil population making the delivery of the teams financially and operational sustainable

### **3. Needs analysis**

The needs analysis that accompanied the original bid (see Appendix 1) shows that although Oxfordshire is a healthy and wealthy county there are significant areas where we see high levels of needs. Levels of deprivation, across a range of measures are highest in Oxford City, Banbury/Bicester and pockets of areas in the south of the county (Abingdon, Didcot, and Wantage). Equally vulnerability measures such as domestic abuse notifications, NEETs, LAC, are highest in those areas.

See needs analysis for further information.

### **4. Proposed schools selected based on criteria**

Based on the above requirements and selection criteria the CAMHS Green Paper Delivery Board proposed that phase two covers Banbury and Bicester in Wave one and the south of the county in wave two.

The Banbury and Bicester selected schools have a combined pupil population of 16,233 across all secondary and primary schools and the south of the county selected schools total 15,790 (see Appendix 2 for details). In terms of need and demand the above areas have shown to be the areas that overall has the highest levels of need and demand in relation to children.

In addition to meeting the above criteria it will be possible to deliver two teams in the north and two in the south and this makes the model financially sustainable as well as operationally.

Work has already taken place with schools in these areas in terms of whole school working and engagement with CAMHS overall. There is good evidence across the schools of engagement with the school in-reach teams. Further work is needed with partnerships and governing bodies, but this is the same for any area in the county

### **5. Conclusion**

It is the view of the CAMHS Delivery Board and the CAMHS Assurance Board that piloting further MHST in those areas offers the project the best opportunity of success and positive evaluation and greatest impact on improving health inequalities. There will be a national evaluation of all pilots in different areas of the country and the focus is on providing evidence that investment in early intervention will improve social, emotional outcomes in children and young people.

## Appendix 1



Appendix two Needs  
Assessment.docx

## Appendix 2



Wave 2 school  
Identification.pptx