

## Mental Health Support Teams and Education Setting Memorandum of Understanding

School Name	On Roll Number	Expected Number of Referrals per year	Date Completed
High Littleton	186	10	29.1.26
<b>Head Teacher Name and email</b>	Gareth Griffith ggriffith@highlittleton.mnsp.org.uk	<b>Senior Mental Health Lead name and contact</b>	Claire Richardson senco@highlittleton.mnsp.org.uk

### Purpose

The purpose of this Education setting agreement is to set out the principles of how both parties will work together to implement the Mental Health Support Teams (MHSTs) in Bath and North East Somerset (B&NES) and Wiltshire.

The document sets out the key principles and responsibilities of each partner organisation, namely Education providers and Oxford Health NHS Foundation Trust, with respect and reference to our further commissioning commitments with NHS England (NHSE) the Department of Education (DfE) and University of Exeter, our Training Provider.

### Introduction

Implementation of this agreement will support delivery of the following national policies that underpin children's rights with regards to safeguarding and emotional wellbeing.

- Green Paper on Transforming Children and Young People's Mental Health Provision, 2018

- Behaviour and discipline in schools, 2016
- Working together to safeguard children, 2018
- Children's Act, 1989
- SEND Code of Practice, 2015
- Children and Families Act, 2014
- NICE Guidance, 2009
- NICE Quality Standard, 2019
- Ofsted Framework 2019

The MHST service offers individual, group and parent-led low intensity cognitive behaviour therapy (CBT) interventions to children aged 5 years to 18 years with mild to moderate mental health difficulties. They also work in schools to provide whole school approaches that include groups, assemblies and classroom based activities around promoting positive mental health. Additionally, MHST's provide training to education staff on recognising and supporting children with low mood and anxiety.

Your allocated Education Mental Health Practitioners (EMHP's) will be allocated approximately 2000 pupils from between 3 and 5 schools depending on the total on roll figures. Your EMHP will discuss with you how much time they can provide to your school to deliver individual interventions and Whole School / College Approach work, this may be dependent on the school's availability of appropriate rooms. The MHST will complement your existing provision aimed at providing early intervention support for children with mild to moderate emotional and mental health needs in line with the adoption of the I Thrive framework approach. The EMHPs are employed by Oxford Health NHS Foundation Trust Child and Adolescent Mental Health Service (CAMHS).

**Key working together principles:**

- We will adopt a leadership role that supports and champions emotional wellbeing in children and young people.
- We will contribute to an environment that promotes and respects values of diversity and where necessary, challenge those that do not.
- The curriculum, teaching and learning will promote resilience and support social and emotional learning.
- We will enable the students' voices to influence our decisions in service design and ensure that we use best practice principles of engagement and co- production.
- We will promote staff development opportunities to help support staffs' knowledge and skills in supporting children and young people with emotional health and wellbeing concerns.

- We commit to working with parents and carers as partners to support emotional wellbeing of children and young people.
- We will identify and offer targeted support to children and young people in need of emotional wellbeing support.
- We commit to evaluating the interventions we offer to better understand outcomes and effectiveness on children's mental health.

By signing this Education setting agreement we agree to collaborate with each other and our partner agencies, to promote the emotional, health, wellbeing and resilience of children and young people.

### **Working together to support Children and Young People**

Children and young people (CYP) and parents/carers will be involved at all stages of the whole school approach programme for example by: validating schools' self-audits, in the co-design and co-delivery of this initiative, and in the evaluation. We welcome nominations from your school to be part of this.

### **School's responsibilities**

The schools participating in the programme will: (please tick when complete)

- Have a Senior Mental Health Lead (SMHL) who will provide leadership in the implementation of the range of mental health interventions in their schools
- Provide suitable accommodation in school for group and one to one intervention's for CYP, parents/carers. Rooms must be suitable for the CYP / parent / carer to receive support in a safe environment; it must be a room which will not be interrupted due to the usual function of the room such as a breakout room and must not be a room where others can overhear the conversation to enable confidentiality is kept. Practitioners will unfortunately cancel sessions if the room does not meet these requirements.
- Inform the EMHP of any events or in service days which will affect the ability to deliver an intervention. Children and young people are likely to receive better outcomes from having an intervention delivered weekly.
- Provide administration support when appropriate, such as booking confidential and appropriate rooms to deliver interventions, and give full access to Wi-Fi.

Work with our partners and commissioners in the programme to ensure they have access to speak to staff, children and their parents. This may include attending the MHST Steering Group meeting.

Use existing school accommodation to deliver mental health staff training for their own school or group of schools

Support their SMHL to attend any training provided by the Department of Education

Support the SMHL to work with the EMHP to help identify children and young people who would benefit from MHST support.

If the MHST is not available in all schools across the area, and if there are not sufficient referrals being made to the MHST after support has been received to identify children and young people. The MHST may withdraw the offer of support.

The SMHL will complete a referral form, ensuring consent and the young person voice is captured, for individual CBT, targeted and universal groups and will send this through to the MHST to be processed.

Maintain their current investment in the support of resilience of children and young people. The introduction of the MHST will complement rather than substitute existing support for each setting.

Support participation through involving children and young people and their parents/carers with service design and evaluation.

Both parties have a responsibility to safeguard children and young people. Please see the safeguarding section below.

## **NHS Provider Responsibilities**

- All providers of mental health services for children commit to working in partnership with schools, other providers, the Integrated Care Board (ICB) and the local authority in developing and delivering integrated pathways and models of care for children that promotes resilience and prevents escalation of mental health conditions.
- Where appropriate providers will collaborate with other providers in the delivery of care and share information to ensure that care is seamless.
- Providers will collaborate with other partners to ensure that children, young people, parents and carers are involved in the development, delivery and review of their services, e.g. through surveys, user forums or design groups in a coordinated way.
- Obtaining consent from parents/carers and CYP to deliver targeted interventions, based on clinical assessment and need.
- Obtaining consent for recording of trainee EMHP interventions, where relevant.
- Providing publicity materials, service information and guidance to education settings.
- Sharing with education settings any CAMHS policies and procedures, particularly around safeguarding, data protection, clinical governance and quality assurance.
- Obtaining enhanced DBS checks for all MHST members and providing letters of assurance to all Schools involved in the initiative.
- Delivering evidence-based interventions in line with the National Institute for Health and Care Excellence (NICE) alongside following the internal CAMHS processes with our care pathways, care plans and risk assessments.
- Sharing with the school data related to referrals and anonymised data on outcomes to demonstrate effectiveness.
- Sharing relevant, individual information with the education setting where there is service user consent and/or a risk to the CYP/others in line with safeguarding policies and procedures.
- Keeping the same member of staff in place for the duration of interventions, where possible and rescheduling, where possible, the delivery of interventions that have had to be cancelled due to unforeseen circumstances, such as staff sickness.
- Supporting the school to work towards embedding a whole school approach within the education setting.
- Assuming ultimate responsibility for the governance, service and staff management and ensuring that overall progress is reported into the appropriate forums.

## **Safeguarding**

The MHST workforce follows the Oxford Health NHST Trust safeguarding policy and procedures but will work alongside the education setting as it is expected there will be similarities in all aspects of ensuring a child is safe.

If there is a safeguarding incident or a disclosure of risk requiring immediate action the school/college and CAMHS safeguarding lead will be alerted simultaneously. The school will be expected to work alongside us in following the safeguarding guidance received. There will be agreed actions on the joined-up responsibilities to raise safeguarding incidents with the Local Authority and what next steps are required.

If there is a difference of opinion about the management of a safeguarding incident between the two parties, guidance will be sought from the Local Authority and action will be taken in accordance with that advice.

It is the responsibility of the school to manage CYP mental health emergencies/crises and to make referrals into CAMHS with children in their school. The exception to this is if a young person has an open referral to the MHST, the EMHP will assume responsibility for this referral.

Both the EMHP and the School will refer to their own documentation processes to record the safeguarding guidance given and their decisions, especially in respect to what has been agreed regarding sharing information.

Please note that we offer confidentiality to young people and information will not be automatically shared, especially if we are requested not to share it, and we have assessed a child to be competent in making this decision. In these cases, we can offer full assurance to Education staff that the EMHP will be seeking appropriate safeguarding and clinical supervision and will only offer confidentiality within Oxford Health's safeguarding thresholds and guidance.

## **Dispute Resolution and Escalation**

It is anticipated that differences of opinion in respect of MHST or school practice will be negotiated and resolved collaboratively via routine communication and review processes involving the relevant MHST and school staff. Where this has not proved possible, the MHST manager will meet with the SMHL to discuss. If the issue remains unresolved a meeting will be convened with the Head Teacher, Academy Trust Representative, the MHST Manager and Service Manager.

Referral numbers are regularly reviewed from individual schools. Whilst the MHST is delivering a service to less than 100% of schools in B&NES or Wiltshire, if a school has not engaged with whole school / college approach and referrals have not been received, plus regular attempts at engaging with the mental health lead or senior leadership team have not resulted in improved engagement, the issue will be taken to the Integrated Care Board, Department of Education and the Head of Education Commissioning to discuss withdrawal of the service.

### **Evaluation**

The partners, such as the ICB board and MHST Steering Group will work together to ensure there is successful monitoring and evaluation of the programme to understand the impact of the interventions on children and young people.

The partners agree to participate, and provide data as required, in the following evaluations:

- Evaluation embedded as part of the CAMHS commissioned activity by the Integrated Care Board
- Evaluation of the training delivered by the University of Exeter
- Schools will engage fully with the monitoring and evaluation set out nationally by NHS England and Department for Education (DfE)
- NHS England service evaluations

**Mental Health Support Team Education Setting Agreement:**

Schools Designation Principal/Head Teacher or Chief Executive Officer of Multi-Academy Trust (MAT)

Name: *G GRIFFITH*

Signature: *[Handwritten Signature]*

Date:

*29/1/26*

MHST Team Manager or Deputy Team Manager

Name:

Signature:

Date:

## Appendix A: Full list of Governance Areas

### Safer Recruitment:

Offers of employment are made subject to satisfactory references, medical clearance, checks of qualifications, right to work checks and other checks as appropriate, such as asylum and immigration checks, Disclosure and Barring Service checks (for posts that are exempted from the provisions of the Rehabilitation of Offenders Act). The successful candidate will not be able to commence work until all checks have been completed. Members of staff will have ID badges on them at all times during school visits.

### Statutory / Mandatory Training

Oxford Health has aligned its Statutory & Mandatory training requirements with the Core Skills Training Framework (CSTF) developed by Health Education England and Skills for Health. The CSTF determines which subjects are a Statutory & Mandatory requirement for staff working in the NHS and by aligning to the CSTF we can provide consistency in training standards.

Other training that is carried out for a specific role is categorised as Essential Training.

Please see below details of the 11 courses contained within the CSTF and courses within each subject that form Statutory & Mandatory training requirements for Oxford Health staff. The level of training required will depend on individual roles and these can be viewed on your 'My Statutory & Mandatory Training' dashboard on the Learning & Development system.

1	Equality, Diversity and Human Rights	7	Prevent
2	Fire Safety	8	Conflict Resolution
3	Information Governance	9	Infection, Prevention and Control
4	Health, Safety & Welfare	10	Safeguarding Adults
5	Resuscitation	11	Safeguarding Children
6	Moving & Handling		

**Information Governance:**

Please find a link below to the Oxford Health Privacy notice

[Privacy Notice - Oxford Health NHS Foundation Trust](#)

All our electronic health records systems and communication systems are fully compliant with the statutory and mandatory expected process.

Please see these weblinks for more information:

[Data Security and Protection Toolkit \(dsptoolkit.nhs.uk\)](#)

[Data Security and Protection Toolkit: GDPR information - NHS Digital](#)

[DCB0160: Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems - NHS Digital](#)

[DCB0129: Clinical Risk Management: its Application in the Manufacture of Health IT Systems - NHS Digital](#)

In addition to these expectations we have a senior level Information Management Group and hold Asset Risk Registers to monitor and mitigate any risks. By far the greatest risk is “end user aberration” in other words how our colleagues use systems and process data. We have an ongoing focus on Information Governance training, which is mandatory for all Oxford Health Employees. We are currently meeting our mandated target for this training.

We are responsive to Subject Access Requests and meet the timeframe requirements for this.

**Safeguarding**

The Trust is committed to the well-being of all people using their services and takes the abuse of vulnerable adults and children very seriously; it is committed to dealing with this effectively. The Trust has a dedicated Children Protection Team and Adult Safeguarding Team who provide training, advice and support to all services.

The Trust works in partnership with Local Authorities to safeguard vulnerable adults and children. Each Local Authority has its own Safeguarding Adult Board and Safeguarding Children's Board made up of nominated Lead Officers from key organisations within each Local Authority.

The role of the Safeguarding Boards is to maintain and develop inter-agency frameworks to safeguard adults and children and to co-ordinate what is done by each Board Lead Officer to achieve this.

Welcome and Orientation:

Task	Date	Completed ( Y/N)
Introduction to Senior Mental Health Lead and any other relevant staff members, such as safeguarding lead.		
Tour of site		
Agree suitable room for EMHP work and discuss availability.		
Discuss welfare arrangements including toilets, refreshments, storage of personal belongings etc.		
Location of anything necessary for routine work e.g. photocopiers etc.		
Confirm temporary worker's emergency contact number(s) note medical conditions, allergies.		
Car parking arrangements / permit issued.		
Fire procedure, how to raise the alarm, and evacuation conduct, including fire exists and assembly points and named fire marshals		
First aid arrangements, location of box and identified first aider.		
Reporting incidents and accidents / Use of Safeguard system/ Raising concerns.		