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### Health and Social Care Scrutiny Board (5)

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**Time and Date**

10.00 am on Wednesday, 10th April, 2019

**Place**

Committee Room 3 - Council House

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**Public Business****1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 3 - 8)

(a) To agree the minutes of the meeting held on 13th February, 2019

(b) Matters Arising

**4. NHS Long Term Plan** (Pages 9 - 32)

Presentation by Rachael Danter, System Transformation Director, Better Health Better Care Better Value, who has been invited to the meeting for the consideration of this item

**5. Task and Finish Group on Mental Health Support to University Students**  
(Pages 33 - 40)

Report of the Task and Finish Group Chair, Councillor Gannon

**6. Work Programme 2018-19 and Outstanding Issues** (Pages 41 - 48)

Report of the Scrutiny Co-ordinator

**7. Any other items of Public Business**

Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

**Private Business**

Nil

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Martin Yardley, Deputy Chief Executive (Place), Council House Coventry

Tuesday, 2 April 2019

Notes: 1) The person to contact about the agenda and documents for this meeting is

Liz Knight, Governance Services, Council House, Coventry, telephone 7697 2644, alternatively information about this meeting can be obtained from the following web link: <http://moderngov.coventry.gov.uk>

2) Council Members who are not able to attend the meeting should notify Liz Knight as soon as possible and no later than 9.00 a.m. on Wednesday, 10<sup>th</sup> April giving their reasons for absence and the name of the Council Member (if any) who will be attending the meeting as their substitute.

3) Scrutiny Board Members who have an interest in any report to this meeting, but who are not Members of this Scrutiny Board, have been invited to notify the Chair by 12 noon on the day before the meeting that they wish to speak on a particular item. The Member must indicate to the Chair their reason for wishing to speak and the issue(s) they wish to raise.

Membership: Councillors F Abbott (By Invitation), R Ali (By Invitation), K Caan (By Invitation), J Clifford, D Gannon (Chair), J Innes, D Kershaw, R Lakha, R Lancaster, T Mayer, C Miks, D Skinner and D Spurgeon

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR if you would like this information in another format or language please contact us.

**Liz Knight**

**Telephone: (024) 7697 2644**

**e-mail: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)**

**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.00**  
**am on Wednesday, 13 February 2019**

Present:

Members: Councillor D Gannon (Chair)  
Councillor J Clifford  
Councillor J Innes  
Councillor D Kershaw  
Councillor R Lakha  
Councillor T Mayer  
Councillor C Miks

Co-Opted Member: David Spurgeon

Other Representatives: Sue Davies, Coventry and Rugby CCG  
Altaz Dhanani, Coventry and Rugby CCG  
Andrea Green, Coventry and Rugby CCG  
Ruth Light, Coventry Healthwatch  
Fiona Lowe, Coventry Local Pharmaceutical Committee  
Dr Sarah Raistrick, Coventry and Rugby CCG  
Danny Roberts, South Warwickshire Foundation Trust

Employees:

V Castree, Place Directorate  
M Greenwood, People Directorate  
L Knight, Resources Directorate

## **Public Business**

### **39. Declarations of Interest**

There were no declarations of interest.

### **40. Minutes**

The minutes of the meeting held on 19<sup>th</sup> December, 2018 were agreed as a true record. There were no matters arising.

### **41. NHS Prescription Ordering Direct Service - Response to Letter Dated 20th December, 2018**

Further to Minute 33/18, the Board considered a joint report of Andrea Green, Sue Davies and Ataz Dhanani, Coventry and Rugby Clinical Commissioning Group (CCG) which provided a response to a letter sent by the Chair, Councillor Gannon requesting further information on the NHS Prescription Ordering Direct (POD) Service. Andrea Green, Sue Davies and Altaz Dhanani attended the meeting for the consideration of this item along with Dr Sarah Raistrick, Coventry and Rugby

CCG, Fiona Lowe, Coventry Local Pharmaceutical Committee and Ruth Light, Healthwatch Coventry.

The report provided additional information on the following issues:

- The cost of the Prescription Ordering Direct service
- The business case and rationale for the POD
- Why the business case and rationale had been removed from the previous report considered at the last Board meeting on 19<sup>th</sup> December, 2019
- The number of users each quarter since the service started
- Whether there had been an increase in the number of NHS 111 calls as a result of the POD
- Whether pharmacies had had to increase the number of emergency prescriptions
- The lessons learnt from the summer.

Members were informed that during 2017/18 the cost of the POD service for each patient who could access the service was an annual cost of £7.14 per patient. The savings achieved had exceeded the investment by £1.4m and were achieved by reduction in wasted medication.

The report set out the rationale for introducing the service. The CCG held a Prescribing Waste Summit in July 2012 which identified the need to target waste from repeat medications. A Working Group was subsequently established to consider options to address this and the principle of the POD approach came from this group. The POD project was first tested as a 'proof of concept' with 2 GP practices. This was followed by a full pilot service involving 12 practices. The report detailed the results of the pilot using comparator data. The rationale was also based on patient feedback from a patient survey where 77% of patients who responded rated the service as excellent. Attention was drawn to the fact that in March 2016 there was a waiting list of practices wanting to join the POD as the additional benefits of the service became apparent from the Practices in the pilot.

The report highlighted the gradual increase in the number of users of the service in each quarter since 2015 with the number of calls rising from 6827 to 129856.

Andrea Green reported that evidence just received indicated that any increase in the number of NHS111 calls were not as a result of the POD. Evidence of this would be provided for members in due course

The report indicated that the CCG had not received any information to indicate an increase in the number of emergency prescriptions issued by community pharmacies since the introduction of the POD service. Fiona Lowe informed that the main issues related to requests for emergency prescriptions at weekends and bank holidays which were usually a result of patients not allowing enough time to have their prescriptions processed.

Lessons learnt from the summer 2017 were outlined. The service needed to improve the prediction of call volumes when adding new GP practices since the pace of take up of the service when a practice joined the scheme had increased. This had led to service users experiencing longer waits. In response the service had increased the pace of recruitment; advised patients of the busiest times and

alternatives; improved access; implementing repeat dispensing; and providing reminders.

Dr Sarah Raistrick informed of the benefits of the service to her GP practice, emphasising that the POD service was only one of a number of ways that their patients could obtain prescriptions.

Members raised a number of issues in response to the report and responses were provided, matters raised included:

- Clarification and more information about the costs of the service
- The details about the potential number of service users
- How confident were the representatives that all GP practices provided a number of options for patients to obtain their prescriptions
- What more could be done to ensure that GPs were promoting the POD service but also providing other opportunities for their patients to get their prescriptions
- Concerns about the how the emphasis on partnership working within the new NHS ten year plan would conflict with any compulsory competitive tendering exercise
- Further details about the evidence to support the benefit of the POD service
- The importance of using digital technology
- Concerns about the problems some patients face when using the telephone including 'hard to pronounce' medications
- Concerns about elderly patients who would not be able to use digital services and the importance of engaging with such patients
- A suggestion to hold an amnesty in the city affording residents the opportunity to hand over any unused medicines
- Further details about the future of the service
- Support for the Community Pharmacy Steering Group
- The importance of having a consistent approach about the POD service offer and the importance of appropriate training for all employees including temporary staff.

**RESOLVED that:**

**(1) The contents of the report be noted.**

**(2) The information on the increase in NHS111 calls and the evidence that this is not related to the introduction of the Prescription Ordering Direct service be circulated to Members in due course.**

**(3) The details on patient satisfaction with the service be circulated to Board members.**

**(4) The Board endorse the partnership working being undertaken by Coventry and Rugby CCG and Healthwatch on the coproduction of the future system.**

## 42. **Adult Social Care Digital Improvements**

The Board considered a briefing note and presentation of Mark Greenwood, Head of Business Systems and Continuous Improvement which provided an update on the digital improvements underway across the Adult Social Care service. Information was also provided on the digital work that was being delivered, in collaboration with health partners, to support improvements in integration and efficiency across the Coventry and Warwickshire health and care system. Danny Roberts, South Warwickshire Foundation Trust, attended the meeting for the consideration of this item.

The briefing note indicated that Adult Social Care provided personal support that helped people to live their lives as independently as possible. Over the past two years the service had been seeking ways to improve the support provided through the implementation of digital improvements. These improvements had included:

- The introduction of self-assessment tools and an information directory Social Worker and Occupational Therapists appointment booking system
- Digital customer feedback methods
- Assistive technology opportunities including Brain in Hand and Just Checking
- Enabling access to the adult social care case management system for NHS staff working at UHCW, this access which supports staff when making discharge decisions, improving efficiency and patient support

The latter is an example of the work underway across Coventry and Warwickshire to enhance patient support. As part of the Better Health, Better Care, Better Value programme partners from across health and social care were exploring ways to improve services through the introduction of digital innovations. This work was being overseen by the Digital Transformation Board, a group of practitioners and technology leads.

The work of the Digital Transformation Board included:

- The introduction of Voice Recognition (VR) to support clinicians improve the time it takes to record case notes
- Rollout of remote consultation technology to improve opportunities for patient and clinician interaction
- Promotion of the wider use of the information sharing software, known as Docman
- Development of a shared care record across Coventry and Warwickshire

The Board were informed that the shared care record would introduce a number of improvements that would support patient flow. This included interoperability of systems across organisations; increased opportunity for the public to access information held about them; and greater mobile flexibility for the workforce.

The Board noted that Adult Social Care was continuing to identify digital changes that would improve customer experiences and workforce efficiencies. Initiatives included: improvements to our customer front door by exploring the use of automation, self-service and enhanced connection with third sector agencies; the introduction of pre-paid cards; financial assessment self service; supported self-assessment and self-reviews; housing with care and primary care remote consultations; and voice recognition for social workers. Work was also

commencing on looking at the opportunities to use digital applications to support the delivery of adult social care.

The presentation provided further information on these new initiatives.

Members raised a number of issues in response to the report and responses were provided, matters raised included:

- The importance of staff having the right skills and confidence to be able to use the new technology including appropriate support
- Future developments to help with care needs including the use of robots
- The partnership working with the two local universities on new developments
- Support for the development of a shared care record across Coventry and Warwickshire
- Concerns about the marginalised groups in the city not having access to new technology or the necessary skills to be able to access new systems
- Further information about the complexities of introducing shared records such as data protection.

**RESOLVED that the progress on the use of technology to support Adult Social Care and the further developments planned be noted.**

**43. Work Programme 2018-19 and Outstanding Issues**

The Board considered their work programme for the current municipal year.

**RESOLVED that:**

**(1) The Work Programme be noted, including the Board's invitation to participate in the Coventry Health and Wellbeing Strategy event on 6<sup>th</sup> March, 2019.**

**(2) An item on the 10 Year Plan for the NHS be considered at the Board meeting on 10<sup>th</sup> April, 2019.**

**44. Any other items of Public Business - Recent Visit to UHCW**

The Board discussed their recent visit to University Hospitals Coventry and Warwickshire (UHCW) which took place on the afternoon of 30<sup>th</sup> January, 2019. The Chair, Councillor Gannon indicated that he had already written to the Chief Executive, Andy Hardy, to thank him for his hospitality.

**RESOLVED that:**

**(1) The Board's appreciation of their informative visit to UHCW on 30<sup>th</sup> January to hear about their outstanding services and the innovative work currently being undertaken be noted.**

**(2) The suggestion that the improvement methodologies being used at the hospital be implemented across the wider health economy and partners in the city be endorsed.**

(Meeting closed at 11.55 am)





Coventry City Council

## Briefing note

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**To: Health and Social Care Scrutiny Board**

**Date: 10<sup>th</sup> April 2019**

**Subject: NHS Long Term Plan**

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### **1 Purpose of the Note**

1.1 To introduce the attached presentation which outlines the NHS Long Term Plan.

### **2 Recommendations**

2.1 The Health and Social Care Scrutiny Board are recommended to:

- 1) Consider the information in the presentation
- 2) Identify recommendations for the relevant Cabinet Member

### **3 Information/Background**

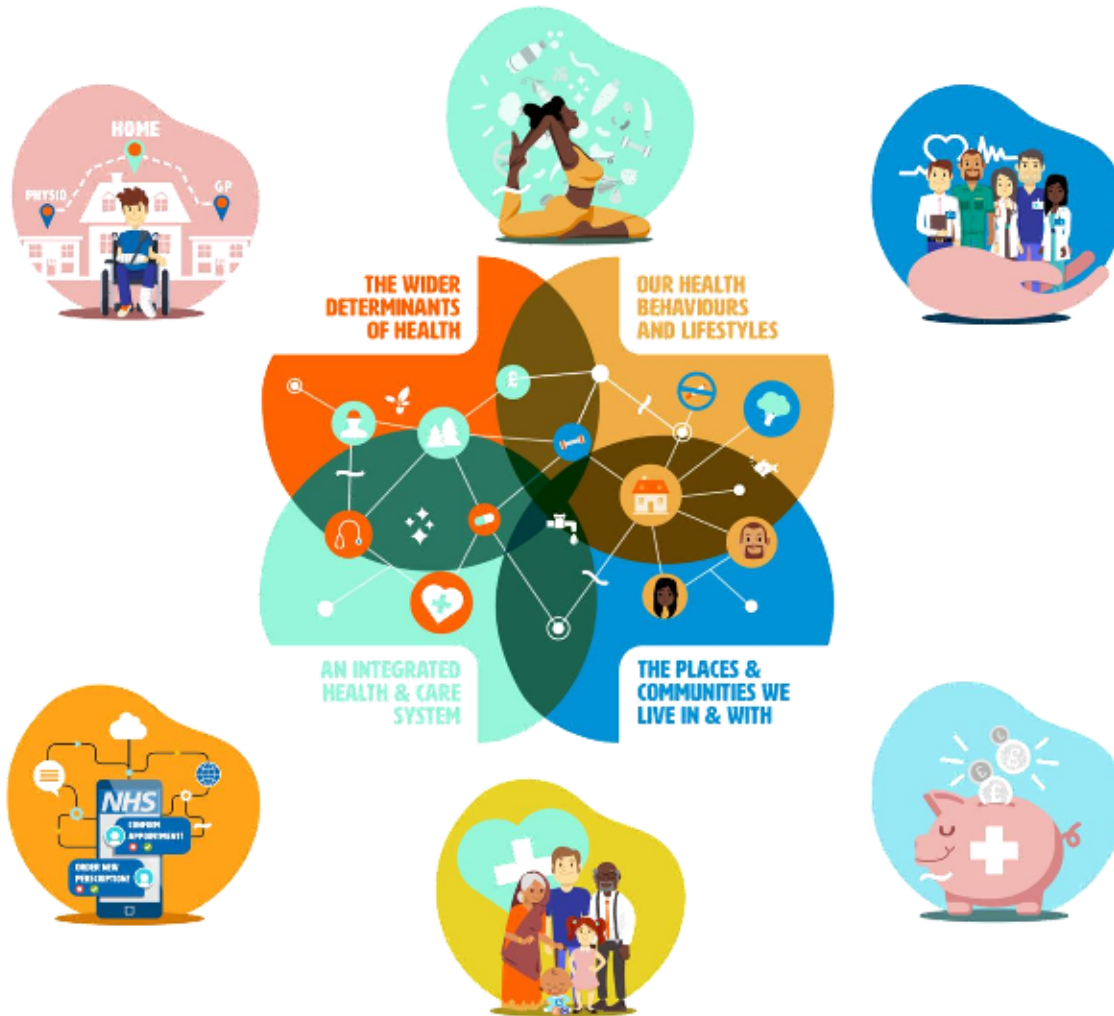
3.1 At their meeting in February 2019, the Board requested information on the NHS Long Term Plan.

3.2 Rachael Danter, System Transformation Director, Better Health, Better Care, Better Value, has produced the attached presentation and will be at the meeting to present it.

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Scrutiny Co-ordinator  
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# Our vision for population health



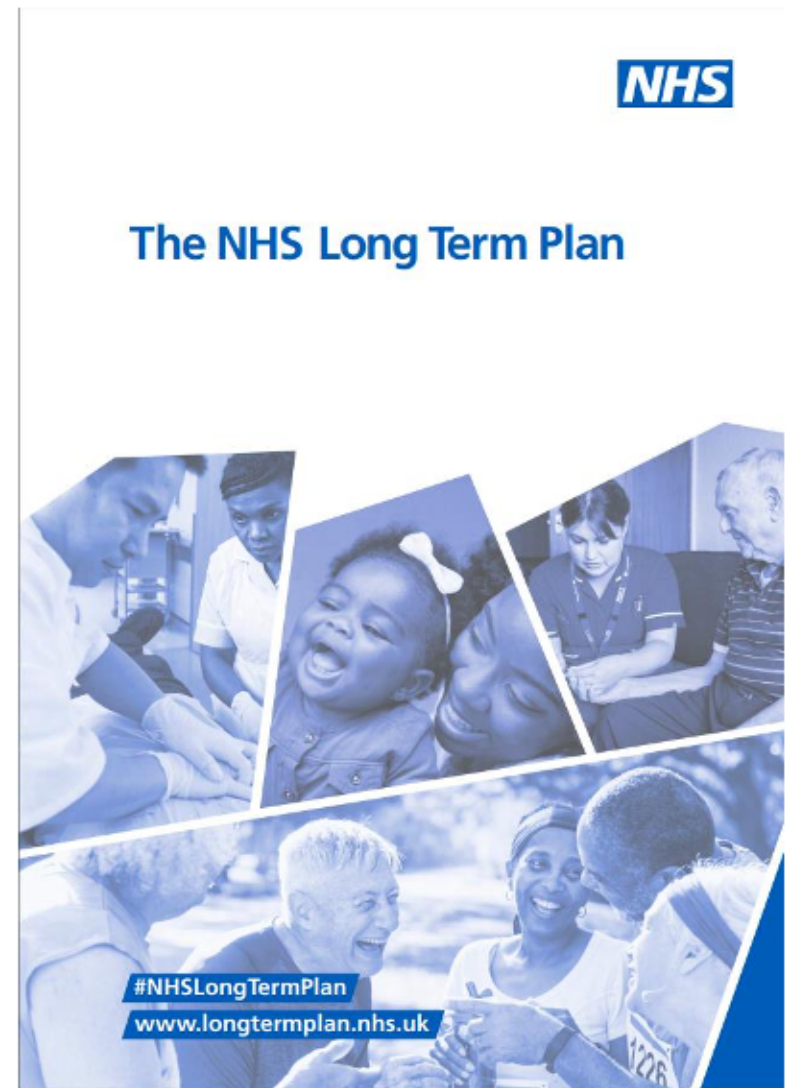
# The NHS Long term plan

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## What is the long term plan?

- ✓ It sets an agenda for the next ten years
- ✓ It shows how the NHS will spend additional funding – an average increase of 3.4% a year
- ✓ It is based on what the public and NHS staff think the NHS needs
- ✓ It is built on work already underway, both nationally and locally
- ✓ It is about making the NHS better - by focusing on a number of core things that can make a real difference to the health and wellbeing of our population
- ✗ It is **not** the STP by another name

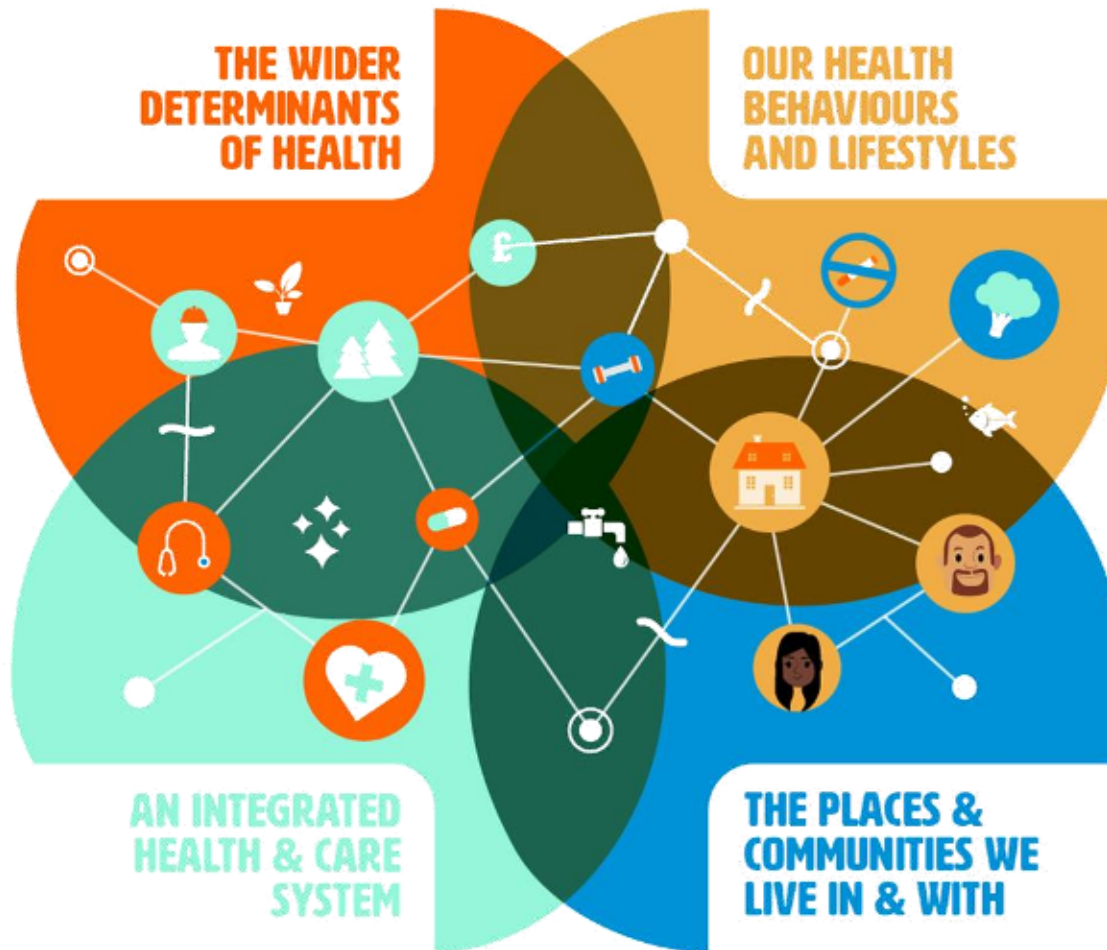
More information is available at [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk).



# Understanding the bigger picture

Wider determinants of health, such as income, wealth, education, housing, transport and leisure are the most important driver of health

We need to join up services to support the needs of our patients, especially those with long-term conditions



Our health behaviours and lifestyles are the second most important driver of health and include smoking, drinking alcohol, diet and exercise

Our local environment is an important influence on our health behaviours, and social relationships and community networks impact on mental health

# What will the long term plan deliver for patients?

Over the next ten years we will improve the care people receive by:

1. Making sure everyone gets the best start in life
2. Delivering world-class care for major health problems
3. Supporting people to age well



# Making sure everyone gets the best start in life

## Giving everyone the best start in life

- Through better maternity services, including a dedicated midwife looking after a mother throughout her pregnancy.
- By joining up services from birth through to age 25, particularly improving care for children with long term conditions such as:
  - Asthma
  - Epilepsy
  - Diabetes
- By revolutionising how the NHS cares for children and young people with poor mental health with more services in schools and colleges.



# Delivering world-class care for major health problems

## Delivering world-class care for major health problems to help people live well

- With faster and better diagnosis, treatment and care for the most common killers, including cancer, heart disease, stroke and lung disease, achieving survival rates that are among the best in the world.
- Supporting families and individuals with mental health problems, making it easier to access talking therapies and transforming how the NHS responds to people experiencing a mental health crisis.





# Supporting people to age well

## Helping people to age well

- With fast and appropriate care in the community, including in care homes, to prevent avoidable hospital admissions for frail and older people.
- By significantly increasing the numbers of people who can take control of their healthcare through personal budgets.



# How do we make this vision a reality?

To ensure that the NHS can achieve the ambitious improvements for patients, the NHS Long Term Plan also sets out actions to overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:



Doing things differently



Preventing illness



Tackling health inequalities



Supporting our workforce



Making better use of data and digital technology



Spending this extra investment wisely

# Doing things differently

## What does this mean?

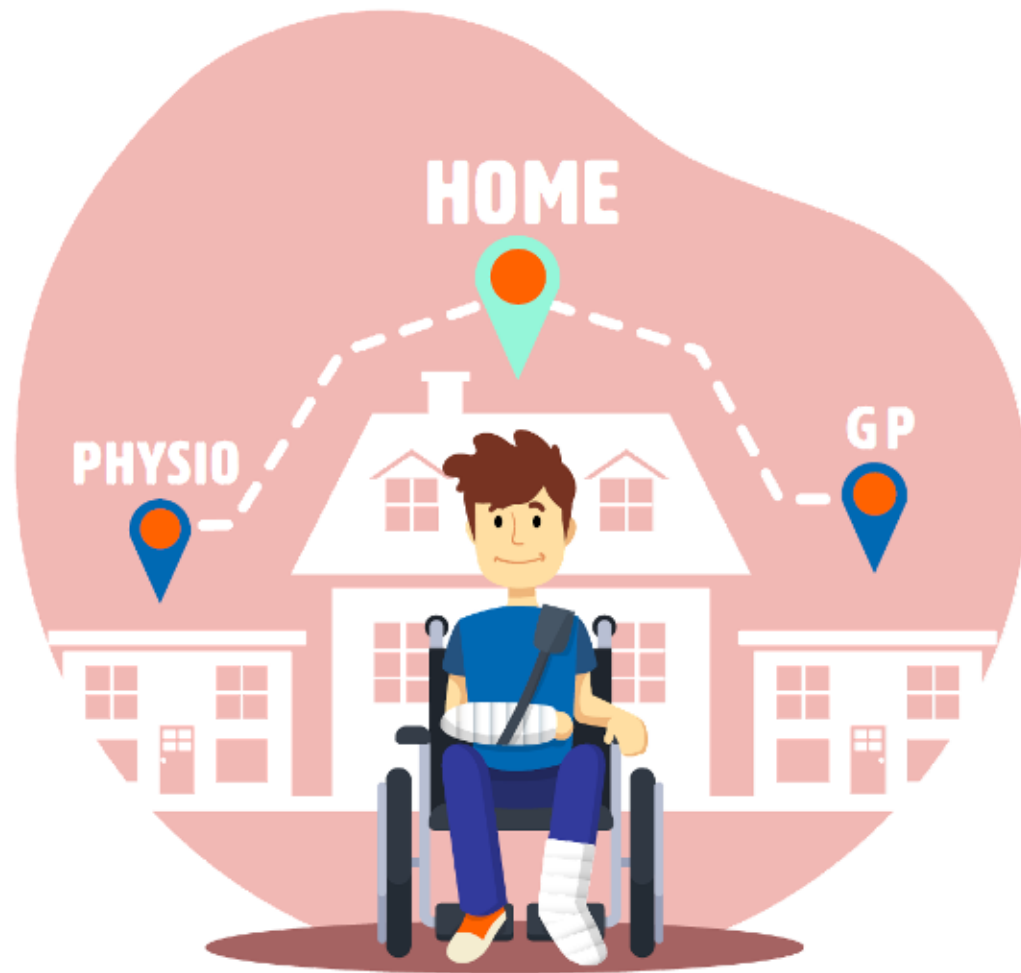
- Give more people control over their own health
- Giving everybody the right to use technology to talk to their GP if they want to
- Supporting GP practices to offer more services nearer to where people live
- Helping people use services in their community to improve their health and wellbeing
- Making sure people get the treatment they need easier and faster so they don't always need to go to hospital
- Making sure people who need to go to hospital don't have to stay longer than they need to and can go home without delay when they are well enough



# Joining up services

## Page 20 What we've done so far

- OPAT (Outpatient parenteral antimicrobial therapy) – patients trained to administer IV antibiotics at home in South Warwickshire
- Out of Hospital services providing care in the community, including Care Navigators now embedded in Place Based Teams
- Extended access to GP services including evenings and weekends to the population of Coventry & Warwickshire
- Access to NHS 111 online providing urgent healthcare advice to ensure patients receive timely medical care
- Designation of Urgent Treatment Centres across Coventry and Warwickshire to provide alternative offer to A&E. This includes the Walk-in Centre in Coventry, Urgent Care Centre in Rugby, George Eliot Hospital and the Minor Injuries Unit in Stratford
- Introduced Consultant Connect system allowing GPs to speak directly with hospital consultants reducing unnecessary referrals



# Preventing illness

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## What does this mean?

The NHS will increase its contribution to tackling some of the most significant causes of ill health, including support for people to:

- Stop smoking
- Achieve and maintain a healthy weight
- Overcome drinking problems
- Avoid Type 2 diabetes
- With a particular focus on the communities and groups of people most affected by these problems

# Preventing illness

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## What we've done so far

- Year of Wellbeing 2019 across Coventry and Warwickshire
- National Diabetes Prevention Programme to help prevent Type 2 diabetes
- Funding to develop suicide prevention and reduction schemes in Coventry and Warwickshire
- Roll out of place based JSNAs – Joint Strategic Needs Assessments
- First Contact Practitioner pilot - providing direct access to physiotherapy for musculoskeletal conditions



# Making care better and tackling health inequalities

## What this means

- Care is safer than ever; with more people surviving cancer, heart disease, managing long-term conditions and surviving childbirth
- Despite all this, we still need to get even better at looking after people with diabetes, cancer, poor mental health, dementia
- We also want to focus on children's mental health, heart and lung conditions, learning disabilities and autism
- We need to make sure people's health isn't worse because of
  - Where they live
  - Their background
  - What services and treatments they can get
  - Not having very much money
- We need to continue to work with specific groups who are vulnerable to poor health



# Making care better and tackling health inequalities

## What we've done so far

- Introduction of the Continuity of Carer model in maternity services
- Development of Coventry and Warwickshire Maternity Voices Partnership to feed local views into the local maternity system
- £300,000-plus funding from NHS England will support specialist perinatal mental health services provided across the area
- £700,000 transformation funding from the West Midlands Cancer Alliance to ensure that best practice is followed with four key tumour sites (lung, colorectal, prostate and upper gastrointestinal) and for living with and beyond cancer
- Implementation of frailty assessment models within A&E departments.
- Implementation of ambulatory care pathways across Coventry and Warwickshire.





# Supporting our workforce

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## What does this mean?

- Improve staff work/life balance
- Provide more opportunities for people to move into senior positions
- There are more people wanting to go to uni to study nursing and medicine, but not enough places
- We need to make the times and days staff work more flexible
- We need to help staff learn and develop their skills
- We need to encourage more people to volunteer to support the NHS

# Supporting our workforce

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## What we've done so far

- Working with schools and colleges to promote careers in health and care through work experience opportunities
- Creating opportunities for staff to further develop their careers e.g. the development of Nursing Associate role
- Formed the Coventry & Warwickshire Apprenticeship hub to increase and enhance the opportunities for apprenticeships
- Supporting and developing new roles e.g. Advanced Clinical Practice
- Established new models to support learning in practice
- Delivery of a range of leadership and skills development to meet identified learning and development needs
- Providing a range of activities to support staff well being

# Making better use of data and digital technology

## What does this mean?

- We want everybody to be able to use services from their computer, tablet or phone if that want to
- We want to support people and their families and carers to look after their own health better
- We want to support doctors and other health professionals to be able to make some decisions better and faster by giving them improved access to information related to a patient's direct care
- Improve the planning and delivery of services through greater use of analysis of patient and population data



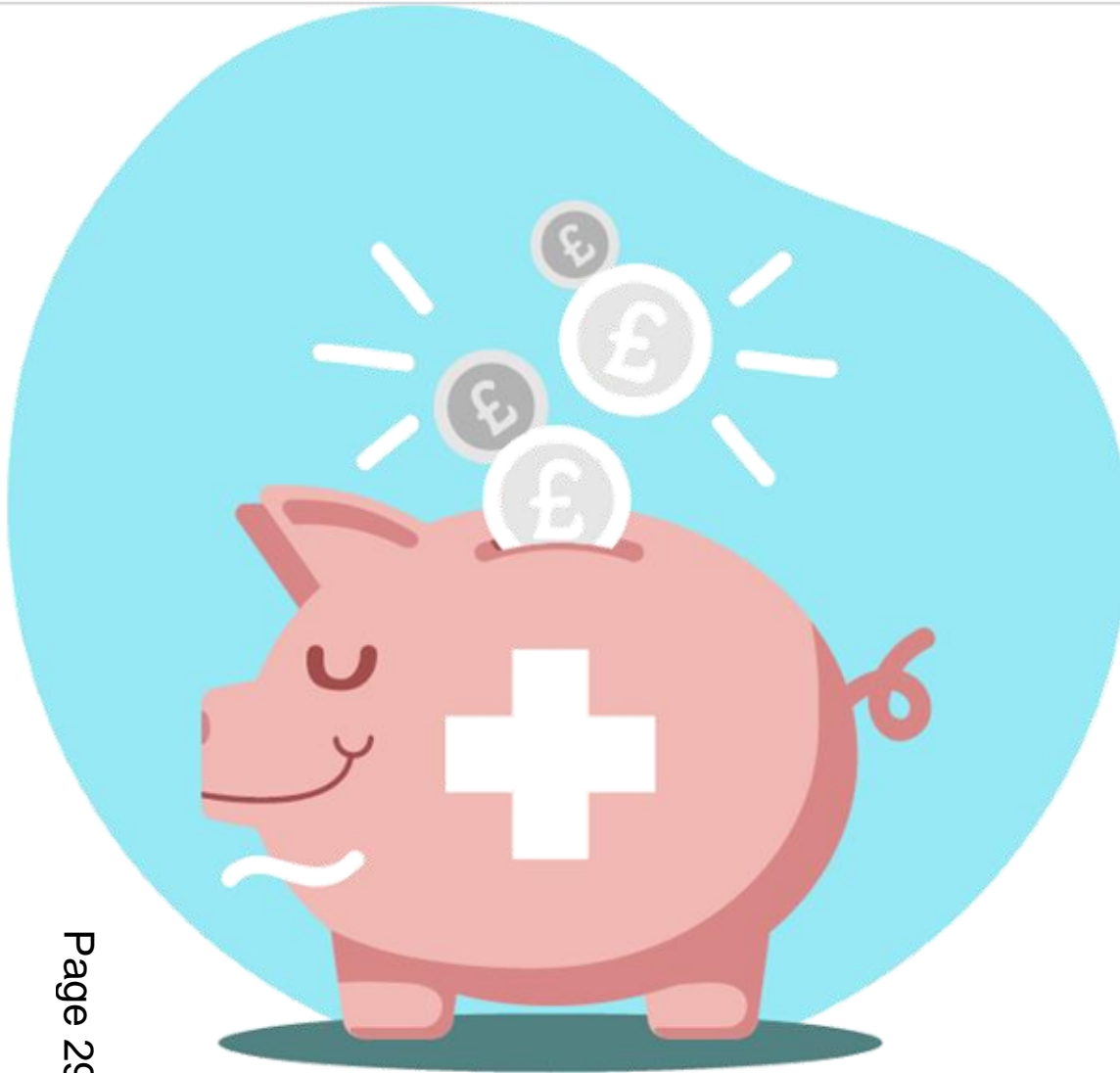
# Making better use of data and digital technology

## What we've done so far

- Out of Hospital teams in Warwickshire now have a single, shared patient record meaning they can work in a more agile and efficient with the ability to complete records without returning to base
- Health System Led Investment (HSLI) funding to:
  - Improve the digital maturity of the four NHS provider organisations
  - Increase productivity using tools such as voice recognition and electronic document management
  - Introduce remote video consultations
- Working on establishing a shared care record across the system so that all providers can access all data relating to a patient's care in one place
- Implementation of acute provider bed management systems to monitor and track capacity
- NHS 111 app in place and ability for NHS 111 to book appointments in to out-of-hours services



# Getting the most out of taxpayers' investment



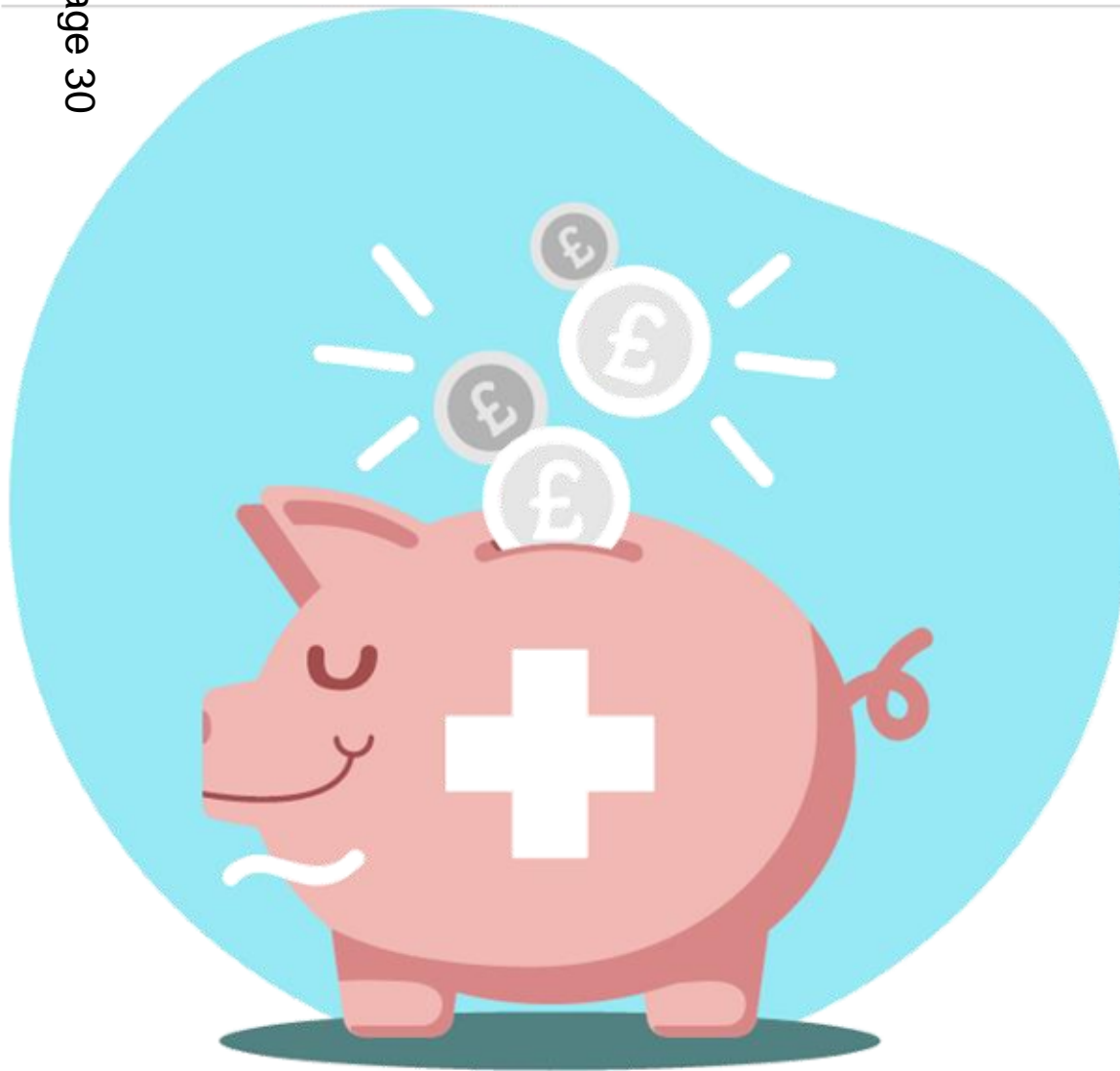
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## What does this mean?

- We need to ensure the NHS keeps up with more people needing to use it
- We need to look at spending more money on services in the community
- Making sure all local services take part in shaping the future
- Making sure the services we have are working as well as they can, reducing unnecessary duplication
- By doing these things, we hope we can save money which we can then spend on the services people need most

# Getting the most out of taxpayers' investment

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## What we've done so far

- System wide procurement of finance software leading to financial savings and better efficiency
- A total of £79,000 funding to 10 projects in South Warwickshire which will support a variety of groups including training young people in mental health first aid, supporting people living with dementia and their carers and encouraging physical activity

# What happens next?

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Develop the STP programme and our discussions around moving to an Integrated Care Systems (ICSs) now need to develop and implement their own strategies for the next five years.

These strategies will set out how we intend to take the ambitions in the NHS Long Term Plan and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work we have already been doing.



# What this means for staff, patients and the public

This means that over the next few months, staff, patients and the public will have the opportunity to help shape what the NHS Long Term Plan means for their area, and how the services they use or work in need to change and improve over the next few years



Local Healthwatch groups will receive national funding to support NHS teams in ensuring the views of patients and the public are heard, and Age UK will be leading work across a range of other charities to provide opportunities to hear from people with specific health needs.





Coventry City Council

## Briefing note

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**To: Health and Social Care Scrutiny Board (5)**

**Date: 10<sup>th</sup> April 2019**

**Subject: Task and Finish Group on Mental Health Support to University Students**

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### **1 Purpose of the Note**

- 1.1 To inform the Members of the Health and Social Care Scrutiny Board (5) of the outcomes and recommendations from the task and finish group on Mental Health Support to Students.

### **2 Recommendations**

2.1 The Health and Social Care Scrutiny Board (5) recommend:

2.2 To all partners:

- 1) That a local mechanism for co-ordination is established between NHS mental health services, universities, voluntary organisations and student unions who are providing different levels of support and care for students which would also include sharing and collection of data.

2.3 To the CCG and CWPT:

- 2) That services commissioned should be better tailored to student's needs. This could include ideas such as identifying a link consultant to lead on the work with the universities, GPs, Improving Access to Psychological Therapies (IAPT) and other mental health services. Students should be invited contribute to the design and development of the services.

2.4 To Coventry University and the University of Warwick:

- 3) That university services are commissioned with reference to other mental health services across the City to enable pathways to be identified and transition between services smoother.
- 4) That more training is given to academic and pastoral staff at the universities to recognise mental health issues and provide support and signposting to students. This should include a focus on accommodation staff, for example—wardens, life tutors and security staff who are available outside of office hours. This training should also be offered to private accommodation providers.
- 5) That admissions policies should enable the identification of existing mental health issues specifically as part of the admissions process to enable the university to provide any learning, pastoral and health support required. Assurances should be provided that this information will not prejudice the application.

- 6) That there should be additional focus on international students' mental health and wellbeing. There should be a cultural immersion scheme which should reflect different cultural attitudes to mental health and how to access health services.
- 7) That the findings of the task and finish group be reflected in the Mental Health and Wellbeing Strategies as part of their development, especially with reference to student voice and working alongside students.

#### 2.5 To NHS England:

- 8) To recognise that there is an issue where students move between CCG areas throughout the year, often mirroring the academic terms and that if they are receiving treatment or attending appointments this can be a specific issue. There should be more opportunities for sharing information between CCG areas more effectively.

#### 2.6 For Warwick University GP services:

- 9) That those who commission the service should consider the findings in this report when recommissioning in the future. The current setup is complicated, the building is not fit for purpose, and there are long waiting times to access a service.

### 3 Information/Background

- 3.1 At their meeting on 25<sup>th</sup> July 2018, following an item on Suicide Prevention, the Health and Social Care Scrutiny Board (5) established a task and finish group looking at the mental health support available to student in the city.
- 3.2 Membership of the group consisted of Cllr Gannon (Chair), Cllr Hetherington and Cllr Kershaw. Support to the group was provided by officers from Public Health.
- 3.3 Coventry has two major universities in the city, with a combined population of over 58,000 students<sup>1</sup>
- 3.4 Considering the number of students in the city, Members were concerned about a potential gap in mental health provision.
- 3.5 An article in the Daily Telegraph in January 2017<sup>2</sup> reported on a Freedom of Information request for information on how much universities are spending on mental health services for students. 40 universities responded and Warwick was ranked 33<sup>rd</sup> with an average spend of £11.92 per student compared to the highest at Oxford with £48.25 per head.
- 3.6 As part of Student Mental Health Day on 7<sup>th</sup> March 2019, an article in the Huffington Post investigated the increase in the number of students seeking support with mental health between 2012/13 and 2017/18.

*“Figures obtained by HuffPost UK through freedom of information requests show the number of students accessing mental health support at top unis increased by 76% on average between 2012-13 and 2017-18.*

*Underlining the sector's attempts to respond, comparable figures showed budgets for university mental health services rose by an average of 71% over the same time period.”<sup>3</sup>*

<sup>1</sup> Warwick - 26,531, 2017, Coventry - 31,690, 2016/17 (check sources)

<sup>2</sup> <https://www.telegraph.co.uk/education/2017/01/04/oxbridge-now-recognises-importance-mental-health-time-rest/>

<sup>3</sup> [https://www.huffingtonpost.co.uk/entry/universities-mental-health\\_uk\\_5c80053ee4b0e62f69e923a0](https://www.huffingtonpost.co.uk/entry/universities-mental-health_uk_5c80053ee4b0e62f69e923a0)

- 3.7 Coventry University wasn't included in the data, however the information for Warwick suggests they are in line with other universities included in the research.
- 3.8 The total expenditure of Wellbeing Support Services at the University of Warwick rose from 2012/13 £921,000 to £2,215,000 in 2017/18. The number of students who accessed mental health support at the University of Warwick broken down by academic year in 2012/13 was 382. In 2017/18 it was 1,970.
- 3.9 This suggests that there is a growing issue of student mental well-being, and with Coventry having two major universities in the city, this was of concern to Members of the Health and Social Care Scrutiny Board.

#### **4 Key lines of enquiry**

- 4.1 Members invited representatives from partner agencies, including Coventry University, the University of Warwick, Coventry and Warwick Students Unions, the Coventry and Rugby Clinical Commissioning Group (CRCCG), Coventry and Warwickshire Partnership Trust (CWPT), GP provision at Warwick University and Public Health. Adult Social Care were not included in the task and finish group.
- 4.2 The Members of the task and finish group identified the key lines of enquiry which guided discussions with witnesses:
- What do student presentations to mental health services look like?
  - What does the 18 to 25 presentations to mental health services look like? Please include demographic data.
  - What are issues are the 18 to 25 population are presenting with?
  - What services are the Clinical Commissioning Group commissioning? Are there any services specifically for University Students or the 18 to 25 age group?
  - Are there any performance gaps in the services commissioned and those provided?
  - What do the CCG commission regarding primary care and mental health, including the support delivered by GPs and the service pathways?
  - Could the CCG outline the work being undertake on reviewing the mental health strategy for the City? Please include information on the mapping exercise showing prevalence and need.
  - What are the CCG's commissioning intentions for Mental Health Services?
  - Both Universities have a significant population of Overseas Students. How do the CCG and CWPT respond to the needs of this group? Does this create additional pressures on services and how are these managed?
  - Could CWPT briefly outline to the panel the assessment process for students who are:
    - In crisis
    - Not in crisis
  - Could the commissioner and provider outline what happens to Coventry young people who go to university out of the City who return home, perhaps just over the holiday period, and require access to mental health support. If they are on the waiting list for services in the location of their university, what happens to

their position in the queue there? What are the barriers? Are they able to access support from CWPT?

## **5 Student experience**

- 5.1 The task and finish group met with a group of students from Warwick University, arranged through the Students Union. Five students attended the meeting which was held at the campus. Appendix A contains a summary of the main points that came from the group.
- 5.2 Coventry University were contacted but did not respond within the timescales of the task and finish group.

## **6 Current Provision**

- 6.1 Currently the provider of mental health services is CWPT, who are commissioned by the CCG. There is no service specifically commissioned for students, however students will have the same access to services as the general population.
- 6.2 Services are commissioned on a block contract and include a range of services from low level mental well-being to psychosis and self-harm. There are also specific services, for example, for eating disorders and personality disorders. IAPT (Improving Access to Psychological Therapy) is also available for people aged 16+. They also provide a street triage service along-side the police. CWPT also provide mental health crisis support, a preventative service, which has access to crisis bed and in-patient beds, with out of city provision if these are full.
- 6.3 There is recognition that demand for services outstrips supply and that waiting times for some services can be long. There is also recognition that there are some commissioning gaps for specialist services, such as the Eating Disorder specialist services which are not yet available locally. Both the commissioner and the provider (CCG and CWPT) are aware of issues with provision and have plans in place to support service development improvements, but commissioners have limited resources available to uplift services. To compound this issue, there are significant workforce gaps and even if additional resource was available, there is a shortage of trained and qualified mental health staff.
- 6.4 There is a Health Centre on Warwick campus with two practices, which students are encouraged to register with.
- 6.5 Coventry University have a Medical Centre in the city centre at The Hub, as well as access to another surgery in Radford.
- 6.6 Each of the universities also offer well-being and mental health support services to their students.

<https://warwick.ac.uk/students/supportservices/#healthwellbeing>

<https://www.coventry.ac.uk/study-at-coventry/student-support/health-and-wellbeing/>

## **7 Key Themes identified**

- 7.1 Following consideration of evidence provided Members identified the following themes:
  - There are no specific mental health services for students from commissioners and providers. Within a generic 18-25 NHS cohort it is difficult to identify students. Students do have specific needs, often being away from home, their support networks and being under stress to perform well on their course.

- Individual universities provide support, but this is not necessarily joined up with mainstream provision
- Pathways are not clear and need seamless service to help people access the right service faster
- Need for better co-ordination of stakeholders - an app to signpost or a one stop shop for example.
- There is no data set specifically for students. There needs to be an agreement by organisations that student presentations to services are collected. Public Health analysis of this data could be offered to support a future needs assessment and develop the evidence base.
- Crisis intervention generally and definitions of crisis by different partners. Also use of crisis when other services are full, puts additional pressure on these services.
- Issues of continuity of service between home and Coventry, where treatment has started before coming to university.

7.2 The evidence from the students as users of the service support these key themes (Appendix A). Additional themes from the students were:

- Lack of “student voice” in mental health services
- Pastoral support is inconsistent, patchy and not always appropriate
- Waiting times for all services are too long.

## **8 Universities Mental Health and Wellbeing Strategy**

- 8.1 Both Universities are in the process of developing Mental Health and Wellbeing Strategies. The findings and recommendations from the task and finish group should be considered as part of the development of these strategies.
- 8.2 Officers from Coventry City Council Public Health are supporting the universities with the development of these strategies.
- 8.3 Coventry University has applied for funding from the Office for Students to establish a physical and digital mental health hub to improve mental health outcomes for students. This is a partnership bid with CWMind and the It Takes Balls to Talk campaign, Unite students and Valley House. If successful funding will start from April 2019, activities must commence by September 2019 and span two full academic years, 2019-20 and 2020-21, with time in autumn 2021 for final evaluation and reporting.

## **9 Recommendations**

9.1 The Health and Social Care Scrutiny Board (5) recommend:

9.2 To all partners:

- 1) That a local mechanism for co-ordination is established between NHS mental health services, universities, voluntary organisations and student unions who are providing different levels of support and care for students which would also include sharing and collection of data.

9.3 To the CCG and CWPT:

- 2) That services commissioned should be better tailored to student's needs. This could include ideas such as identifying a link consultant to lead on the work with the universities, GPs, Improving Access to Psychological Therapies

(IAPT) and other mental health services. Students should be invited contribute to the design and development of the services.

9.4 To Coventry University and the University of Warwick:

- 3) That university services are commissioned with reference to other mental health services across the City to enable pathways to be identified and transition between services smoother.
- 4) That more training is given to academic and pastoral staff at the universities to recognise mental health issues and provide support and signposting to students. This should include a focus on accommodation staff, for example—wardens, life tutors and security staff who are available outside of office hours. This training should also be offered to private accommodation providers.
- 5) That admissions policies should enable the identification of existing mental health issues specifically as part of the admissions process to enable the university to provide any learning, pastoral and health support required. Assurances should be provided that this information will not prejudice the application.
- 6) That there should be additional focus on international students' mental health and wellbeing. There should be a cultural emersion scheme which should reflect different cultural attitudes to mental health and how to access health services.
- 7) That the findings of the task and finish group be reflected in the Mental Health and Wellbeing Strategies as part of their development, especially with reference to student voice and working alongside students.

9.5 To NHS England:

- 8) To recognise that there is an issue where students move between CCG areas throughout the year, often mirroring the academic terms and that if they are receiving treatment or attending appointments this can be a specific issue. There should be more opportunities for sharing information between CCG areas more effectively.

9.6 For Warwick University GP services:

- 9) That those who commission the service should consider the findings in this report when recommissioning in the future. The current setup is complicated, the building is not fit for purpose, and there are long waiting times to access a service.

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## Appendix A

### Warwick SU – summary of key points - 27<sup>th</sup> February 2019

#### 5 students attended, all SU officers

- Capacity of services - waiting times are long
  - (There is) "such a wait for the local team and IAPT that people were calling the crisis team which then meant there was a 2 week wait for the crisis team."
  - "An appointment is 1-2 months"
  - "The next available appointment (to book on line) is 29th April" (at 27th Feb)
- Poor or variable pastoral support
  - "Campus security is supposed to be trained in mental health - but they're not sufficiently trained. Don't feel comfortable calling campus security"
  - "residential life tutors are variable..." "some are great, some don't want to engage" "some want training, but this is blocked by the wardens"
  - "Members of staff have appalling views on mental health and the university doesn't do anything about that"
  - "Different approaches in different departments. Same with personal tutors"
- Lack of student voice
  - "only feedback I'm aware of is (after) a 45-minute meeting whilst waiting (for a service). (They) will ask how it went but no more than that"
  - "There is a trend that the University will wait for something to happen before acting - rather than listening to students"
  - "Wait for complaints and crisis point before doing anything"
  - "Services the university provides should meet student's needs"
  - Warwick has "half the Russell Group spending on student mental health" (£11.92 per student compared with Oxford £48.25)  
<https://www.telegraph.co.uk/education/2017/01/04/oxbridge-now-recognises-importance-mental-health-time-rest/>
- Lack of clear information
  - "well-being and advice services don't know what each other are doing"
  - "the (SU) advice centre provides independent advice but is not counselling. They can refer to well-being and counselling but that is university controlled"
  - "The SU get all sorts of requests for advice, but don't have the capacity and it is the University's responsibility"
  - "The first place is the GP...but for the average student this can be a complex thing...anything can happen in a day but there are long waiting lists. Once they have the courage to go and speak to someone, but don't feel their needs have been met, they won't go back. Then they fall under the radar, no data or contact"
  - "the average student needs help they can get, and know where to go"
  - "Warwick Sport - health and well-being co-ordinator - referral system where uses sport to help with mental health...social anxiety. Student led. It's one person (University staff) doing their own thing. Not really aware of how people are referred"
- GP and other NHS services
  - "there is a long wait to see a specialist, GP's are not properly trained (in mental health)"
  - "there is very little accessibility and guidance given to 1st years on signing up to the health centre, when they're thrown with information as an 18-year-old and don't know where to look"

## Appendix A

- "No information about who GP's are"
- "Needs to be more accessible, especially for students with previous health conditions, needs pro-activity from the University side, to be clear"
- "Allocated a pink or blue practice, but difficult to remember, doesn't match the practice name, so for other NHS services it doesn't match"
- "(Have to fill in a) repeat prescription form every time"
- "GP's can only refer to CBT, which isn't (always) suitable. There is no way of getting other therapy than by paying for it"
- "Cost of medical notes, extension to academic work, £20 for a medical certificate each time. Can't self-certify for the first week, still need a note"
- "simpler to stay registered on campus, already here for other things"
- "Only aware of services "referred via the University – but waiting times are prohibitive, travel costs"
- "They're (other services) are in Coventry because they don't have them on campus"
- Overseas students
  - "(They)"don't understand they system, know how to book appointments, what a GP can do and what is referred, especially with mental health"
  - "Knowledge of how to get help is an area - what other support is available"
  - "Raise awareness (of mental health) and tackling stigma within certain communities and cultures...some people may have reservations which isn't a helpful sign"
- Profile of mental health
  - "some people think awareness is the issue, but we actually need services to help people"
  - "Campaigns are good to access information about services, but once identified then you are stuck"
  - "very high profile - in all manifestos" (for SU elections)



Please see page 2 onwards for background to items

<b>25<sup>th</sup> July 2018</b>
- Suicide Prevention
<b>12<sup>th</sup> September 2018</b>
- Better Care, Better Health, Better Value Programme update
- University Hospitals Coventry and Warwickshire (UHCW) Care Quality Commission (CQC) Inspection Report
<b>19<sup>th</sup> September 2018</b>
- An overview of Adult Social Care performance, achievements and challenges including the Adult Social Care Annual Report 2017-18 (Local Account)
- Adult Safeguarding Annual Report 2017/18
<b>17<sup>th</sup> October 2018</b>
- CQC Action Plan update
- Director of Public Health and Wellbeing Annual Report
- Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents
<b>21<sup>st</sup> November 2018</b>
- A&E Performance
- Seasonal Pressures
- Maternity, children and young people's services
<b>19<sup>th</sup> December 2018</b>
- Prescription Ordering Direct Service (POD)
- Serious Adult Review (Private Item)
<b>30<sup>th</sup> January 2019 1.30pm to 4pm</b>
- UHCW Visit
<b>13<sup>th</sup> February 2019</b>
- Prescription Ordering Direct Service (POD)
- Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy
<b>9.30am 6<sup>th</sup> March 2019</b>
- Board Members have been invited to participate in the Coventry Health and Wellbeing Strategy event
<b>10<sup>th</sup> April 2019</b>
- NHS Long Term Plan
- Outcome of the Task and Finish Group on Mental Health Support to University Students
<b>2019/20</b>
- Integrated Care Systems
- Social Prescribing
- Community Pharmacies
- Primary Care
- Employment and Mental Health
- Improving Support – enablement approach for adults with disabilities
- Outcome of the CQC Local System Review Light Touch inspection
- Mental Health Issues and their impact on the health system
- HousingFirst
<b>Joint Health Overview and Scrutiny Committee – 20<sup>th</sup> March 2019</b>
- Stroke Services

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Context</b>
<b>25<sup>th</sup> July 2018</b>	- Suicide Prevention	Scrutiny have asked to look at Suicide Prevention and understand how services are provided across the City to support those who are vulnerable. They would like to focus on how information about the services gets out, particularly to young men.	Liz Gaulton/ Jane Fowles	Request from Scrutiny
<b>12<sup>th</sup> September 2018</b>	- Better Care, Better Health, Better Value Programme update	To consider the work programme for the next 12 months and challenges and risks in achieving this.	Andy Hardy	Supports the Better Health, Better Care, Better Value Programme
	- University Hospitals Coventry and Warwickshire (UHCW) Care Quality Commission (CQC) Inspection Report	The CQC report was published on 31 <sup>st</sup> August. UHCW have been asked to present the summary findings.	Andy Hardy	Request from Scrutiny
<b>19<sup>th</sup> September 2018</b>	- An overview of Adult Social Care performance, achievements and challenges including the Adult Social Care Annual Report 2017-18 (Local Account)	An annual item to consider this report. To include feedback on new supervision regime as discussed at the meeting on 18 <sup>th</sup> October during the item on Workforce Development Strategy.	Pete Fahy	Organisational requirements - CCC
	- Adult Safeguarding Annual Report 2017/18	Annual Report received by the Board. In 2017/18, the Board requested the next report included information on the engagement strategy and contribution to the Board's work	Joan Beck/ Eira Hale	Organisational requirements - CCC

Health and Social Care Scrutiny Board Work Programme 2018/19

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer</b>	<b>Context</b>
		from Partners, for example probation and housing associations.		
<b>17<sup>th</sup> October 2018</b>	- CQC Action Plan update	To include presenting the performance dashboard.	Pete Fahy	Request from Scrutiny @ meeting on 26.04.18
	- Director of Public Health and Wellbeing Annual Report	To present information on the annual report for and feedback on progress from previous reports.	Liz Gaulton	Organisational requirements - CCC
	- Update on Report back from the Task and Finish Group on improving the quality of Housing and the Health and Wellbeing of Coventry Residents	To look at progress on the recommendations approved at the meeting on 31 <sup>st</sup> January 2018. Going to Cabinet 6 <sup>th</sup> March 2018 and review 6 months after that.	Liz Gaulton/ Karen Lees	Request from Scrutiny @ meeting on 31.01.18
<b>21<sup>st</sup> November 2018</b>	- A&E Performance	The Board would like an update on A&E performance figures, including feedback on how robust plans to improve performance over winter proved to be.		Request from Scrutiny @ meeting on 26.04.18
	- Seasonal Pressures	To look at the approach being taken by relevant partners across the Coventry system to plan for seasonal pressures including the NHS Winter Plan.	CCC/UHCW/ CCG/ CWPT	Request from Scrutiny
	- Maternity, children and young people's services	The Coventry & Warwickshire CCGs with colleagues from public health and the people groups in both Coventry & Warwickshire have undertaken some initial engagement with our populations to understand how people experience maternity, children and young	CCG	Request from CCG

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		people's services. The key findings of the engagement, alongside the data produced as part of the smart start programme and JSNA highlight the key issues to collectively address to give children the best start in life.		
<b>19<sup>th</sup> December 2018</b>	- Prescription Ordering Direct Service (POD)	To consider the POD which has been rolled out across the City, following feedback from Members and Healthwatch as to patient concerns.	Jenni Northcoate	Request from Scrutiny
	- Serious Adult Review (Private Item)	To consider the outcome of a recent Serious Adult Review	Pete Fahy/ Rebekah Eaves	Request from Scrutiny
<b>30<sup>th</sup> January 2019 1.30pm to 4pm</b>	- UHCW Visit	To visit UHCW for a tour and talk from the clinical staff who run some of the outstanding services and an overview of the innovative work being undertaken at UHCW.	Andy Hardy	Request from Scrutiny
<b>13<sup>th</sup> February 2019</b>	- Prescription Ordering Direct Service (POD)		Andrea Green	
	- Digital Strategy - Improved Customer Service – reviewing the customer journey and expanding use of digital technologies including Primary Care Digital Strategy	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny. To include opportunities to use digital platforms from across the health service and social care. Primary Care Digital Strategy identified 21.11.17	Marc Greenwood/ Health partners	Request from Scrutiny @ meeting on 13.09.17 & 21.11.17

Health and Social Care Scrutiny Board Work Programme 2018/19

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
9.30am 6 <sup>th</sup> March 2019	- Board Members have been invited to participate in the Coventry Health and Wellbeing Strategy event			
10 <sup>th</sup> April 2019	- NHS Long Term Plan	Racheal Danter has been invited to present an overview of the NHS Long Term Plan to the Board.	Rachael Danter	Request from Scrutiny
	- Outcome of the Task and Finish Group on Mental Health Support to University Students	Cllrs Gannon, Hetheron and Kershaw have been working with University and Health Partners to consider this issue. This report will feed back their findings and recommendations.	Jane Fowles/ Juliet Grainger/ Victoria Castree/ Gennie Holmes	Request from Scrutiny
2019/20	- Integrated Care Systems	To follow up on the item on Integrated Care Systems as discussed at the meeting on 7 <sup>th</sup> March 2018 at an appropriate time.	Gail Quinton/ Andrea Green	Request from Scrutiny @ meeting on 07.03.18
	- Social Prescribing	This item will explore the concept of social prescribing and feedback on the evaluation of the pilot which has taken place in the City.	Liz Gaulton	Request from Scrutiny
	Child and Adolescent Mental Health Services	To receive an update on the transformation plan including waiting times for assessment and treatment, services for Looked After Children and transition between children's and Adults Services. REFERRED TO SB2.	Matt Gilks/ Alan Butler	Supports the Better Health, Better Care, Better Value Programme
	- Community Pharmacies	Fiona Lowe, from the Chief Officer Coventry , Warwickshire and Herefordshire & Worcestershire LPCs, following on from work	Fiona Lowe	Partnership Working

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
		on POD in 18/19, has requested the Board consider a report on the potential of Community Pharmacies.		
	- Primary Care	An item to look at Primary Care, including the recruitment and retention of GPs and Supporting Self Care	Andrea Green	Request from Scrutiny 21.11.17
	Female Genital Mutilation	To receive an update at the appropriate time, on the partnership work being undertaken to address FGM. REFERRED TO SCRUCO	Liz Gaulton Cllr Caan	Organisational requirements – CCC
	- Employment and Mental Health	To consider the work being undertaken to improve the mental health of those living in the City to enable them to gain/maintain employment. This links to the work being undertaken by the WMCA Mental Health Commission.	Simon Gilby	Supports the Better Health, Better Care, Better Value Programme
	- Improving Support – enablement approach for adults with disabilities	Following discussion on the Adult Social Care Annual Report 2016-17 (Local Account) at the meeting on 13.09.17, this item was identified as a topic for scrutiny.		Request from Scrutiny @ meeting on 13.09.17
	- Outcome of the CQC Local System Review Light Touch inspection	Following the CQC Local System Review, which has been discussed on 26.04.18 and the associated action plan on 17.10.18, the CQC have announced they will be undertaking a light touch review to look at the progress which has been made on their recommendations.	Pete Fahy	Supports the Better Health, Better Care, Better Value Programme
	- Mental Health Issues and their impact on the health system	A detailed report on the issues and pressures relating to patients with mental health issues and their impact on the health system to be considered at a future meeting of the Board.		Meeting on 21/11/18

Health and Social Care Scrutiny Board Work Programme 2018/19

Date	Title	Detail	Cabinet Member/ Lead Officer	Context
	- HousingFirst	To consider support element of Housing First in detail.	Liz Gaulton/ Alan Quinlan	SCRUCO 12/12/18
<b>Joint Health Overview and Scrutiny Committee – 20<sup>th</sup> March 2019</b>	- Stroke Services	There is a proposal to change the way stroke services are provided across Coventry and Warwickshire. The Board will receive information on the proposals at the meeting and have the opportunity to feed into the consultation on the changes.	Andrea Green	Better Health, Better Care, Better Value Programme

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