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

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**Time and Date**

10.00 am on Wednesday, 2nd February, 2022

**Place**

Diamond Rooms 1 and 2 - Council House

Please note that in line with current Government and City Council guidelines in relation to Covid, there will be reduced public access to the meeting to manage numbers attending safely. If you wish to attend in person, please contact the Governance Services Officers indicated at the end of the agenda.

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**Public Business****1. Apologies and Substitutions****2. Declarations of Interest****3. Minutes** (Pages 5 - 12)

- (a) To agree the minutes of the meeting held on 1st December 2021
- (b) Matters Arising

**4. Integrated Care System**

Presentation by Phil Johns, Coventry and Warwickshire CCG who has been invited to the meeting for the consideration of this item along with Rose Unwins, Coventry and Warwickshire CCG

**5. Mental Health and Suicide Prevention Transformation Programmes**  
(Pages 13 - 32)

Briefing note of the Interim Director of Public Health and Wellbeing, report from Warwick University and presentation from Coventry University

The following representatives have been invited to the meeting for the consideration of this item:

Dr Diane Phimister, Coventry University Group Lead for Mental Health

Vickie Rybinski, Coventry University Mental Health Advisor

Dr Hannah Friend, Director of Wellbeing & Safeguarding, University of Warwick

Esther Meininger, Head of Wellbeing Support, University of Warwick

Eleanor Cappell, Community Mental Health Transformation Programme Lead, Coventry and Warwickshire Partnership Trust

Marie Nicholls, General Manager, Community Mental Health, Coventry and Warwickshire Partnership Trust

6. **Work Programme 2021-2022** (Pages 33 - 36)

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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Julie Newman, Director of Law and Governance, Council House, Coventry

Tuesday, 25 January 2022

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7697 2644 Email: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)

Membership: Councillors J Birdi, J Clifford (Chair), T Khan, R Lancaster, G Lloyd, A Lucas, A Masih, E Ruane, and D Skinner and D Spurgeon (Co-opted Member)

By invitation: Councillors K Caan, G Hayre and M Mutton

**Public Access**

Please note that in line with current Government and City Council Covid guidelines, there will be limited public access to the meeting to manage numbers attending safely.

Any member of the public who would like to attend the meeting in person is required to contact the officer below in advance of the meeting regarding arrangements for public attendance. A guide to attending public meeting can be found here:

<https://www.coventry.gov.uk/publicAttendanceMeetings>

**Liz Knight**

**Tel: 024 7697 2644 Email: [liz.knight@coventry.gov.uk](mailto:liz.knight@coventry.gov.uk)**

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**Coventry City Council**  
**Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 2.00 pm on Wednesday, 1 December 2021**

Present:

Members: Councillor J Clifford (Chair)  
Councillor J Birdi  
Councillor R Lancaster  
Councillor G Lloyd  
Councillor A Lucas  
Councillor A Masih

Co-Opted Member: David Spurgeon

Other Members: Education and Childrens Services Scrutiny Board (2)  
Councillors: P Akhtar, J Innes and S Keough,  
S Hanson and K Jones (Co-opted Members)

G Hayre, M Mutton, K Sandhu and P Seaman, Cabinet and Deputy Cabinet Members

Employees:

B Atkins, Public Health  
A Cole, Disabilities and Autism  
V Castree, Law and Governance  
V DeSouza, Public Health  
L Gaulton, Director of Public Health and Wellbeing  
L Knight, Law and Governance  
J Reading, Adult Services

Other Representative: H Stephenson, Coventry and Warwickshire Partnership Trust

Apologies: Councillors F Abbott, J Blundell, B Gittins, E Ruane,  
R Simpson, D Skinner, C Thomas and A Tucker

## **Public Business**

### **18. Declarations of Interest**

There were no declarations of interest.

### **19. Minutes**

The minutes of the meeting held on 29<sup>th</sup> September, 2021 were agreed as a true record. There were no matters arising.

## 20. **Coventry and Warwickshire All Age Autism Strategy 2021-2026**

The Board considered a briefing note of Alison Cole, Senior Joint Commissioner for Disabilities and Autism, concerning the Coventry and Warwickshire All Age Autism Strategy 2021-2026, a copy of which was set out at an appendix to the briefing note. Members of the Education and Children's Services Scrutiny Board (2) attended the meeting for the consideration of this item along with Councillors K Sandhu and P Seaman, Cabinet Members for Education and Skills and Children and Young People. Councillor M Mutton, Cabinet Member for Adult Services and Councillor G Hayre, Deputy Cabinet Member for Public Health and Sport also attended for this item. Helen Stephenson, Coventry and Warwickshire Partnership Trust was also in attendance.

The briefing note indicated that Local Authorities and CCGs had statutory responsibilities to support autistic people. In recognition of these statutory responsibilities and the inequalities faced by autistic people, the Coventry and Warwickshire Collaborative Commissioning Board approved the development of a joint all age strategy for autistic people. This was a joint five-year strategy owned by Warwickshire County Council, Coventry City Council and NHS Coventry and Warwickshire Clinical Commissioning Group.

The Strategy built on the previous joint commissioning plan developed by Warwickshire County Council and Coventry City Council in 2017. The Boards were informed that publication of the local strategy was delayed while the national strategy was being developed, however, work had continued to work towards delivery of the strategy in the meantime. Significant progress had been made since the previous joint commissioning plan to develop diagnostic pathways for adults and children; pilot new support services for autistic people pre and post diagnosis and those in mental health crisis; improve support for young people in education with communication and sensory needs; and deliver autism training for parents, carers and the wider workforce. However, autistic people continued to experience inequalities due to gaps in services and support, hence the need for the strategy.

The autism strategy had been informed by a range of co-production and mapping activity which was completed in 2019 and 2020 with experts with lived experience and key professionals, which was undertaken to build our shared understanding of the experience of autistic people of all ages and their families in accessing support appropriate to their needs and getting a formal diagnosis of autism. An accessible and easy read version of the strategy was being developed and would be published following sign off of the Strategy.

The Board noted that the strategy gave overarching objectives for the next 5 years. These would be delivered in a co-ordinated way across Warwickshire and Coventry and some elements would be delivered differently in the different places to take account of the different services and communities across the area.

In line with the Coventry and Warwickshire Special Educational Needs and Disability (SEND) and Inclusion Strategies, the Autism Strategy emphasised the importance of promoting inclusive practice and supporting young people to access their full potential through education. Delivery of the strategy would therefore be

aligned with the Warwickshire SEND change programme and the Coventry SEND Strategy 2019 to 2022 'Lifting the Cloud of Limitation'.

Reference was made to the new national Autism Strategy (2021-2026) launched in July 2021 which built on the previous national Strategy's pre-existing duties placed on commissioners and service delivery providers in relation to adults; and through the SEND Code of Practice in relation to children and young people. Overall, there was close alignment between the local and national strategies, although the priorities were described differently between the two documents.

A year 1 strategy delivery plan had been developed to describe activities that have been initiated while waiting for the publication of the national strategy. Priorities identified within this plan were funded and were deliverable. The year 1 plan focussed on reducing waiting times for a diagnosis and pre and post diagnostic support, as well as reducing the numbers of autistic people admitted to Mental Health hospitals. In year 2 priorities would reflect the wider scope beyond health, social care and education.

In reflecting on the national strategy priorities, there was the opportunity to strengthen the focus on workforce development in the local delivery plan for year 2, building the links with education, criminal justice, and public health as well as with the two Councils and CCGs own employment practices in promoting the employment of autistic people. For example, greater consideration needed to be given in the local delivery plan to improving the experience of autistic people in accessing public transport and advocacy services and improving support in and environments of services working with autistic people.

The briefing note set out the following five main priority areas of the Autism Strategy along with the key objectives that had been developed for each area:

- i) Support autistic people and people with social, communication and emotional health needs to help themselves pre and post diagnosis
- ii) Reduce inequalities for autistic people and make Coventry and Warwickshire autism friendly places to live
- iii) Develop a range of organisations locally with the skills to support autistic people
- iv) Develop the all age autism specialist support offer, including redesign of the diagnostic pathway to address waiting times for a diagnosis
- v) Co-produce, work together and learn about autism.

The briefing note also set out a summary of the key activities for year one under these five priorities.

Members questioned the officers on a number of issues and responses were provided, matters raised included:

- Support for the All Age Autism Strategy, including the support of the three Cabinet Members present for the consideration of this item
- What difference would the Strategy make to a primary school teacher with an autistic child in their class
- A request for details about the length of time associated with the long waiting lists for assessment

- What informal support was available for teachers and parents when a child was on the list awaiting assessment
- Details about the partnership working between agencies who support adults with autism and how could these organisations work better together in the future
- Information about the financial implications of providing a service that meets aspirations
- Further information about the numbers of autistic children in hospital and care and the importance of schools making adjustments to support pupils to remain in school
- Concerns about young people and adults with more complex needs who, due to a backlog in the system, were unable to access specific support and were often not known to the Team. Such cases were often picked up at a time of crisis
- Expectations for future funding of the service.

**RESOLVED that:**

**(1) Contents of the briefing note and presentation be noted.**

**(2) Cabinet be informed that the Board supported and endorsed the strategy.**

**21. Director of Public Health's Annual Report 2020-2021**

The Board considered a briefing note and presentation of Liz Gaulton, Director of Public Health and Wellbeing which presented the Director of Public Health's Annual Report 2020-2021, 'Connecting through Covid-19 – Making a difference by working together in unprecedented times'. A copy of the report was set out at an appendix to the briefing note. Councillor M Mutton, Cabinet Member for Adult Services and Councillor G Hayre, Deputy Cabinet Member for Public Health and Sport attended the meeting for the consideration of this item along with Councillor P Seaman, Cabinet Member for Children and Young People.

The report focused on the value of relationships and connecting with people and communities. It offered a reflection on the city's approach to engagement and working with communities through the pandemic and demonstrated how this had shaped the Covid-19 response, recovery and ongoing defence.

The briefing note highlighted that the One Coventry approach and values had been at the heart of the way the Council had worked. The pandemic had shone a light on the engrained health inequalities that existed in Coventry. Covid-19 had led to 682 deaths in the City by September 2021 and caused long-term health problems which affected the day-to-day activities for thousands of residents. The Covid-19 lockdowns and restrictions had disrupted the daily lives of all 379,000 Coventry residents. The Director's report brought together data that showed the impact of Covid-19 and provided an overview of the Council's strategy on communications and engagement. It demonstrated how services and the Council's response was guided by community-led activity.

As residents learnt to live with Covid, the report offered recommendations for improvement and future practice. These recommendations augmented and looked to consolidate the good practice that had taken place over the last 12 months. The



pandemic had required a different approach to be taken to engagement which had heavily relied upon true partnership working in an unprecedented way. The Board noted that the relationships built during the pandemic, laid firm foundations for future growth and joint work.

The report also provided an update on the progress made on the recommendations in the 2019-20 report 'Resetting our Wellbeing'.

The report set out the following five recommendations:

i) Harness the work of the Community Messengers approach established during our Covid-19 response, as an ongoing method of working with communities and a central component of engagement for public health and wider programmes.

ii) Build on the engagement structures created and strengthened during the pandemic such as the Places of Worship and Community Centre Network, and grass-roots community organisations who were funded to support COVID-19 response efforts. Further understand the reach of these community organisations and networks to enable the targeting of work in areas with limited availability of community resource.

iii) Strengthen the existing relationships with GPs, other health professionals and those working with populations at higher risk of a range of poorer health outcomes due to inequality, deprivation, ethnicity and underlying health conditions – building upon the work started through the Vaccinating Coventry Programme.

iv) Embed the partnership approach to maintaining local Covid-19 defence, led by Coventry City Council's Public Health working collaboratively with UK Health Security Agency and in partnership with the wider Council and 'One Coventry' partners. Embed the partnership approach to maintaining local Covid-19 defence, led by Coventry City Council's Public Health working collaboratively with UK Health Security Agency and in partnership with the wider Council and 'One Coventry' partners.

v) Establish strong Covid-19 recovery workstreams with 'One Coventry' partners and communities to embed a robust and coherent recovery for the City, with the aim of building a better future for all.

The briefing note provided examples of some of the work that was currently underway to support the achievement of the report's recommendations including a menu of legacy ideas from the excellent engagement work which was being explored with the community messengers; and building on engagement structures with work starting on mapping and explaining the reach of community organisations and community groups across the city. Work was ongoing on a web-based system to store the information.

The presentation provided an overview of the report and gave the Board an update on the impact of Covid 19 in the city from 1 April 2020 to 31 March 2021. An Impact A-Z of Covid was set out. The presentation also highlighted the population health approach to the Covid-19 defence and detailed the focus on engagement and work with the local communities including the community messengers. The Board were updated on sharing good practice and guidance;

outbreak management; engagement with the vulnerable cohorts; support to schools and early years; and vaccinating the city.

Members questioned the officers on a number of issues and responses were provided, matters raised included:

- Support for the excellent report
- Support for all the successful partnership working
- Concerns about the lack of availability of GP appointments and the need to notify patients of the option of getting a GP referral to the pharmacy for some prescribed medications
- The need to communicate what other support could be provided by pharmacies
- What was the current position for receiving support from health visitors
- Concerns about the impact on A and E arising from the lack of GP appointments
- What was being done to counter the negative messages around Covid vaccinations and boosters
- Would new vaccines be needed to deal with new strains of Covid-19
- Information on the Covid recovery, including what was being done to protect the most vulnerable

The Chair, Councillor Clifford, referred to the Liz Gaulton, Director of Public Health and Wellbeing, who was about to leave the City Council. The Board placed on record their thanks and appreciation to Liz for all her work undertaken during her time as the city's Director of Public Health and wished her well for the future.

**RESOLVED that:**

**(1) The progress on recommendations from the 2019-2020 Director of Public Health's Annual report be noted.**

**(2) The findings from the 2020-2021 Director of Public Health's Annual report be noted.**

**(3) The recommendations from the 2020-2021 Director of Public Health's Annual report be endorsed.**

**(4) The work of health visitors in the city, including the impacts of Covid on the service, to be considered at a future meeting.**

**(5) Engagement be undertaken with colleagues at Coventry and Warwickshire CCG regarding communications to residents about the support that can be provided by local pharmacists following referrals from GPs.**

## **22. Work Programme 2021-2022 and Outstanding Issues**

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

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

There were no additional items of public business.

(Meeting closed at 3.40 pm)

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Coventry City Council

## Briefing note

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

**Date: 2 February 2022**

**Subject: Mental Health and Suicide Prevention Transformation Programmes**

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

- 1.1 To provide an update to the Board on the progress made on the recommendations of the scrutiny review undertaken on suicide prevention (July 2018) and the subsequent task and finish group report on mental health support for students (April 2019).
- 1.2 To update the Board on the implementation of the Coventry and Warwickshire community mental health transformation programme 2021-2024.

### **2 Recommendations**

- 2.1 That the Board endorses the proposal to develop a single Coventry and Warwickshire Suicide prevention strategy by the Autumn of 2022.
- 2.2 That the Board notes the progress to date on the work to support student's mental health led by Coventry and Warwick Universities, and supported by projects such as the PODs community connections for 18–25-year-olds in secondary mental health services.
- 2.3 That the Board notes the progress against the implementation of the community mental health transformation programme.

### **3 Background and Information**

- 3.1.1 **Coventry Suicide Prevention Strategy 2016 -2019 Forward Plan-** The recommendations of the health and social care scrutiny board, July 2018 were taken forwards through the Coventry Suicide Prevention steering group. In January 2020, the Coventry Health and Wellbeing Board reviewed the delivery of the suicide prevention strategy due to its expiry in November 2019. As the strategy, vision and strategic priorities remained current, the Board approved a refreshed action plan for 2020 - 21.
- 3.1.2 In addition to the strategy, NHS England funding from the national suicide prevention programme was awarded to Coventry and Warwickshire between 2018 – 2021 to respond to prevalence rates that were above the national average. End of programme video available here  
<https://www.youtube.com/watch?v=3Cyrw2dwitk&t=10s>

- 3.1.3 Most recent Suicide data shows that the rates in Coventry dropped slightly from 2017 – 2019 at 10.6 per 100,000 (England 10.1) to 2018 – 2020 at 10 per 100,000 (England 10.4).
- 3.1.4 Legacy activity from the strategy and NHS England funding programme has now been devolved to the Coventry and Warwickshire suicide prevention steering groups. Local strategies, partnership arrangements and action plans are currently being reviewed
- 3.1.5 Consultation with the respective Coventry and Warwickshire suicide prevention multi agency steering groups during November and December 2021 identified that many of the partners were duplicating resources in both areas with a recommendation to develop a single Coventry and Warwickshire Suicide Prevention Strategy to:
- Provide an overview of the national / regional context
  - Outline the shared strategic ambitions for suicide prevention (e.g., zero suicide approach / suicide-safer communities, coproduction etc)
  - Reflect system, place (city and county) and local priorities
  - Outline mechanisms for delivery, impact, and governance
  - Acknowledge the role and contribution of all system partners (health, LAs, public sector bodies, VCSE and private sector) in delivering the ambitions of the Strategy

## 3.2 Coventry University – Student Mental Health Support Update

- 3.2.1 Over the last 2 years Coventry University has been part of a local system response set up to improve access to University, community, and NHS mental health support for students. The University implemented a Covid response and contributed to the delivery of mental health and suicide prevention plans across Coventry and Warwickshire.
- 3.2.2 A health and wellbeing strategy and a recently refreshed mental health strategy drives the Universities approach. As part of this, the University submitted a funding bid to the Office for Students last year to develop and expand culturally appropriate mental wellbeing support for international students and those from minority ethnic backgrounds (57% of the student population).
- 3.2.3 The current wellbeing services provide access to counsellors that offer short term solution focused appointments supporting various issues such as anxiety, depression, relationship/family issues, grief/loss, self-confidence, motivation, stress management, life decisions - *Sessions are collaborative and aim to empower the student to find their own ways forward/solutions*
- 3.2.4 A team of Mental Health Advisers support students with a mental health diagnosis, those who are worried about their mental health and those that present with risk. The Mental Health Advisers':
- Provide ongoing support to students if needed or one-off advice sessions
  - Liaise with GP's, Community Mental Health Teams, and other local/national support providers
  - Discuss and put in place reasonable adjustments and work with academic faculties
  - Provide support to staff who are working with students that are struggling with mental health
  - Signpost to appropriate external support agencies (IAPT, crisis team, MIND)
  - Work closely with University Protection service and emergency services
  - Make urgent contact with students that present as high risk

### 3.3 Warwick University - Student Mental Health Support Update

3.3.1 In 2018-2019, prior to the Health and Social Care Scrutiny Board report from the Task and Finish Group on Mental Health Support to University Students in April 2019, the University of Warwick had already undertaken a review of its mental health and wellbeing provision for students. The process of implementing the outcomes led to a re-structuring of University wellbeing services to better meet needs. These changes were implemented in time for the 2019/2020 academic year.

3.3.2 The investment in student Wellbeing is £2.7million and the review and re-structure responded to feedback from students, such as dissatisfaction with waiting times and confusion about access points and equipped the University to better respond to the changing and growing demands. The benefits of the re-structure:

- Improved accessibility through a single triage point: a same day response by a wellbeing professional; the average wait time last academic year was under 15 minutes.
- Vastly reduced waiting times for therapeutic interventions – an average 2-3 week wait
- c100 hours a week more therapeutic intervention time.
- Enhanced and increased clinical provision to include psychologists
- New collaborations with the NHS to jointly manage high risk and complex cases.
- A co-location of services to a central point on campus to improve physical accessibility.
- The introduction of Mental Health Nurse roles - act as the main liaison with statutory services to support end to end care, and ensure risk is not inappropriately held by the University.

3.3.3 In addition, the University had begun developing its [Wellbeing Strategy](#) which was fully scrutinised by Warwick's governing boards and given final approval by the University Council on 20 May 2020. It is now in second year of implementation, has a strong focus on Prevention and is published on the university website. It supports the principles for a whole University approach, as set out in the Universities UK StepChange framework for mentally healthy universities, and the principles within the Student Minds University Mental Health Charter.

3.3.4 It should be noted that the average spend per student, as cited in the 2019 Task and Finish Briefing note as being £11.92 per student is incorrect, and was, in fact, never accurate. The correct figure is approximately £90 per student.

### **3.4 The POD - Community Connections Project (Funded by NHS Charities Together, UHCW)**

3.4.1 The Pod (Local Authority) project involves 1:1 intensive work by a dedicated worker with students (18-25) in secondary mental health services for up to 40 weeks, funded for 12 months from September 2021. The project has been effective because the officer sits within The Pod team so has a supportive professional infrastructure, a unique knowledge base, an established working relationship with sector experts, and authentic connection with the City. Being located 1 day a week at Coventry University with the Wellbeing Team has also been pivotal as has created traction for social activism, debate, and a greater cognizance of the individual and societal impacts of mental ill health.

#### **3.4.2 Impact and Outcomes Summary**

- 11 young people have started the project so far, with a target to work with approximately 18 over the course of the project.
- On referral, four were living in insecure housing, four were estranged from family, one had no recourse to public funds, one was facing forced withdrawal from their course and three were detained under the Mental Health Act. There were also significant safeguarding issues regarding exploitation and hate crime, risks stemming from substance misuse and sex work, and high risk of suicidality.
- The work so far has involved 7 statutory Strengths and Needs Assessments started, 5 Direct Payments started, and in 5 instances cases have involved social advocacy. The citizen who was being forced to withdraw from their course has been able to continue their studies and of the three detained under the Mental Health Act, two have been supported through discharge and one has been referred to work with an Independent Mental Health Advocate.
- Through social brokerage, one citizen is researching options for a song writing mentorship and guitar lessons, one has started crafting a zine (publication) about mental health stigma in schools, one citizen is trying martial arts classes and another is aiming to broaden his professional network through accountancy mentorship schemes.
- This project has also enabled the worker to hot desk from the university one day a week and cultivate a stronger relationship between The Pod and Coventry University's Wellbeing Team. In addition, there is work to explore holding activism workshops for students at The Pod Café in collaboration with the Student's Union.

### **3.5 Coventry and Warwickshire Community Mental Health Transformation Programme**

3.5.1 Across Coventry and Warwickshire, we are implementing a ground-breaking, once in a generation transformation programme of Adult Community mental health services.

3.5.2 Key principles are a new community-based offer to include greater access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and co-existing substance use, enabling individuals to have greater choice and control over their care, and to promote meaningful recovery.

3.5.3 Key patient cohorts are those with a Severe and Enduring Mental Illness (SMI) who need Early Intervention in Psychosis (EIP) and complex mental health difficulties associated with a diagnosis of 'personality disorder', mental health rehabilitation and adult eating disorder.



3.5.4 Project outcomes are:

- The new model will provide people with SMI with easier and faster access to **services delivered at neighbourhood level by a range of partners** across health, social care, and voluntary, community and social enterprises (VCSE).
- Access to care will be broadened, **moving away from risk, diagnosis, and care clusters**, to quicker access to interventions.
- The model will be **trauma informed**.
- Waiting access time standards will be established to aid and promote recovery.
- People will not need to repeat their story as **integrated care records** will be core to the model.

3.5.5 As part of transforming services, there will be a named point of contact for all people open to Community Mental health services, moving away from the term Care Coordinator. Experts by experience have led on developing a 'Living well' plan, to replace the Care Programme Approach (CPA) care plan, this will include a person's holistic needs, including cultural, spiritual, emotional, physical, and mental health strength and needs. A strengths-based approach will be developed to reviewing the living well plan led by experts by experience.

3.5.6 Currently our Community mental health teams are aligned to place, we currently have roles supporting our liaison workers in Primary Care Networks (PCNs), and these professionals are strengthening relationships to develop a streamlined Multi-Disciplinary Team (MDT) approach across primary and secondary care, with named individuals including Psychiatrists, therapy, and nursing leads for each PCN, to support the MDT process.

3.5.7 For the residents of Coventry, the multi-agency MDTs have been established. Using a Quality Improvement approach Rethink Mental Illness has developed a Partnership between several VCSE Partners, CWPT, Compassionate Communities, Mental Health Liaison Workers, Social Prescribers, Occupational Therapists, District Nurses, GP's, WM Police Vulnerable Person's Officer, Coventry City Council Vulnerable Person's Coordinator, CWPT Dimensions and a Housing Provider to hold monthly Multi-Organisational MDTs for patients from four PCNs across Coventry.

3.5.8 Navigation PCN, PCN North, Unity and GP Connect are meeting next week to align and coordinate the support to people with SMI across Coventry and prevent the issue of silo working in the Voluntary Sector and to prevent Clinicians, Service Users and their Carers having to navigate different services across the City and be constantly signposted between services and having to tell their story repeatedly.

3.5.9 The aims of the Multi Agency MDTs are to: share information to increase the safety, health and well-being of adults with Mental Health Issues in Coventry; ensure multi agency working and multi-agency effective communication and to encourage integrity, openness, and honesty between agencies; and foster trust amongst all the partners.

3.5.10 The partners come together monthly with PCN's to discuss referrals and formulate support package as a partnership so that everyone is aware of the support being offered to clients. They work in partnership, meeting the client's holistic needs including wider determinants of health alongside Clinicians and other partners. This supports a more streamlined coordinated offer to clients in partnership with Clinicians.

### 3.5.11 Additional developments include:

- A Coventry and Warwickshire severe eating disorder pathway for adults, which is a total of 24.50wte
- Community Enablement Scoping Workshop held on 25 November 2021 with representation from **NHS England/Improvement** and system partners.
- Contracts issued and commissioned two VCSE infrastructure organisations (VCA and CAVA) to:
  - Promote an innovation pot (£200k in 21/22 increasing to £300k in 22/23 and 23/24) to VCSE providers to access funding with a targeted and specific focus to address local health and life inequalities including BAME communities, LGBTQIA+ communities.
  - Use local data to inform specific inequalities which will form the focus of 22/23 activities, including the Mental Health Joint Strategic Needs Assessment and the Coventry & Warwickshire Fingertips report produced by Rethink.
- Development of system wide training offer to support CMHT programme underspend.

## 4 Health Inequalities Impact

4.1 The community mental health and suicide prevention transformation programmes contribute to the Marmot principles;

- *Enable all children, young people, and adults to maximise their capabilities and have control over their lives*
- *Ensure a healthy standard of living for all*
- *Create and develop healthy and sustainable places and communities*
- *Strengthen the role and impact of ill-health prevention*

**Name of Author** Juliet Grainger  
**Job Title** Public Health Programme Manager  
**Organisation** Coventry City Council  
**Contact details** juliet.grainger@coventry.gov.uk

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

### **Response – University of Warwick January 2022**

#### Summary

In 2018 -2019, prior to the task and finish group, the University of Warwick had already undertaken a review of its mental health and wellbeing provision for students and was in the process of implementing the outcomes by re-structuring its wellbeing services to meet current and future needs. These changes were implemented in time for the 2019/2020 academic year.

The investment in student Wellbeing is £2.7million and the review and re-structure responded to feedback from students, such as dissatisfaction with waiting times and confusion about access points and equipped the University to better respond to the changing and growing demands.

The benefits of the re-structure:

- Improved accessibility through a single triage point: a same day response by a wellbeing professional; the average wait time last academic year was under 15 minutes.
- Vastly reduced waiting times for therapeutic interventions – an average 2-3 week wait
- c100 hours a week more therapeutic intervention time.
- Enhanced and increased clinical provision to include psychologists
- New collaborations with the NHS to jointly manage high risk and complex cases.
- A co-location of services to a central point on campus to improve physical accessibility.
- The introduction of Mental Health Nurse roles - act as the main liaison with statutory services to support end to end care, and ensure risk is not inappropriately held by the University.

In addition, the University had begun developing its [Wellbeing Strategy](#) which was fully scrutinised by Warwick's governing boards and given final approval by the University Council on 20 May 2020. It is now in second year of implementation, has a strong focus on Prevention and is published on the university website. It supports the principles for a whole University approach, as set out in the Universities UK StepChange framework for mentally healthy universities, and also the principles within the Student Minds University Mental Health Charter.

It should be noted the at the average spend per student, as cited in this Task and Finish Briefing note (£11.92 per student) is incorrect, and was, in fact, never accurate. The correct figure is approximately £90 per student.

## Recommendations

### **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.**

#### Comment:

As part of its Wellbeing strategy, the University of Warwick initiated a regular local partnerships forum, with many external statutory and voluntary partners, to strengthen collaboration and improve support for students. The group (and sub-groups which have developed from it) has focused on potential gaps in provision, such as ASD provision (particularly around transition), closer liaison between IAPT and the University Counselling and Psychology team in view of long wait for Psychology via NHS, creating clearer referral pathways, suicide prevention and post-suicide support. The group's membership and terms of reference are currently being reviewed to ensure it maintains focus and purpose.

### **2.4 To Coventry University and the University of Warwick:**

***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.***

#### Comment:

The service provision across the City (especially the wait for Psychology) was a significant factor in the outlined re-structure of service. In addition to the information above, the re-structure also introduced new Mental Health nurse roles. These colleagues act as the main liaison with NHS services and facilitate communication / ensure that risk is appropriately held by the relevant statutory teams.

A review has also been undertaken in 2021 on out of hours wellbeing provision, in collaboration with relevant external partners, such as the local Mental Health Access Hub, and Mental Health Matters, to ensure that there is a clear understanding of responsibilities and boundaries and highlight any gaps between the University's out of hours wellbeing services and statutory services' provision. As such, we now have an agreed process for out of hours wellbeing support, training university staff to signpost to external agencies for professional support.

***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.***

Comment:

A Warwick bespoke mental health training package has been developed by our Counselling and Psychology Intervention Team, encompassing both general mental health awareness, as well as a customised element for specific roles, such as the residential team, and our Community Safety team. Training is not offered to private accommodation providers.

***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.***

Comment:

Although disability disclosure is a personal choice, the University promotes a climate of positive disclosure. When students declare a disability on their UCAS or other application, information is shared with the Disability Team at offer stage. Admission decisions are separate to disability declarations. The Disability Team makes contact with offer holders at an early stage, pre-enrolment, to discuss their support requirements, including reasonable adjustments, and encourage continuing engagement with support for the duration of one's studies.

***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.***

Comment:

The preventative strand of our Wellbeing strategy includes measures to develop provision that is responsive to the changing nature of the University and its demographic, is accessible and reaches every member of the community. This includes our international student population, and as such, specific resources have been developed for international students, especially around transition and wellbeing.

All Wellbeing Support Services staff have undertaken multicultural orientation training, and bespoke training in cultural competence has been delivered to our Community Safety team.

***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.***

Comment:

Our Wellbeing strategy (as well as being aligned with the Student Minds University Mental Health Charter) was co-produced with Warwick students, and students are key members of the Student Wellbeing Strategy Group. Students remain a key stakeholder in the continuous improvement of our services and we are introducing a Wellbeing Operations and Engagement Group, alongside the existing Student Advisory Group with the specific intention of engaging the student voice.

### **2.5 To NHS England:**

***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.***

Comment:

This remains a major issue for our students, resulting in regular delays in specialist statutory care provision.

### **2.6 For Warwick University GP services:**

***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.***

Comment:

The waiting times for NHS psychological intervention, IAPT, Eating Disorder Service etc have further increased since this report. Furthermore, the recent increase in wait times for ambulance call-outs (especially for mental health crisis cases) leaves the University holding inappropriate risk.

Current challenges:

It should be noted that as well as the significant workforce gaps in the NHS, the Higher Education sector generally is facing the challenge of recruiting wellbeing professionals to their services.

Wellbeing Support Services

University of Warwick

Web: <https://warwick.ac.uk/services/wss>

Tel: 024 76575570

# Coventry University Support for Students Experiencing Mental ill Health

**Dr Diane Phimister  
Vickie Rybinski  
Helen Bogusz**

2<sup>nd</sup> February 2022

(OFS DMH16)

# Aims

## Overview of the service

### Response to recommendations from the Health and Social Care Scrutiny Board April 2019

**1.** That university services are commissioned with reference to other mental health services the City to enable pathways to be identified and transition between services smoother.

**2)** 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.

**3)** 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.

**4)** 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.

**5)** 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.

## 6) Questions



## Coventry University Group Student Support Overview:



1. Qualified counsellors that offer short term solution focused appointments supporting various issues such as anxiety, depression, relationship/family issues, grief/loss, self confidence, motivation, stress management, life decisions - *Sessions are collaborative and aim to empower the student to find their own ways forward/solutions*
2. A team of Mental Health Adviser's who support students with a mental health diagnosis, those who are worried about their mental health and those that present with risk

### The Mental Health Advisors':

- Provide ongoing support to students if needed or one off advice sessions
- Liaise with GP's, Community Mental Health Teams and other local/national support providers
- Discuss and put in place reasonable adjustments and work with academic faculties
- Provide support to staff who are working with students that are struggling with mental health
- Signpost to appropriate external support agencies (IAPT, crisis team, MIND)
- Work closely with University Protection service and emergency services
- Make urgent contact with students that present as high risk

That university services are commissioned with reference to other mental health services in the City to enable pathways to be identified and transition between services smoother

(note, we are not commissioned)

**Progress:**

- Partnership/liaison meetings (COViD response)
- Local Partnership meetings (Warwick/CUG/IAPT)
- Suicide Prevention Steering Group
- Meetings with CWPT
- Office for Students bid

**Challenges:**

- Communication/confidentiality

**Solutions:**

- Clear pathway identified and shared (OfS bid)



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.



### **Progress:**

- Connections Matter Micro site
- Mental Health and WB Zone
- Mental Health First Aid (2,500 students and circa 1000 staff)
- Zero Suicide Alliance training
- It Takes Balls to Talk
- Matrix under development to prioritise student facing staff (e.g. CURA success coaches)

### **Examples:**

- Online resource developed for all students with students
- Webinar – risk assessment and signposting
- Emotional Well-being plan
- Post-vention framework
- Meetings with accommodation providers across the city

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.

### **Progress:**

- Presence at open days
- Online induction
- Ongoing assurances and proactive contact throughout enrolment offered
- Out-duction process

### **Examples:**

- Success coaches (80 recruited to provide additional pastoral support)
- Emotional fitness plans



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 (note, we also consider 'home' students from different ethnic backgrounds)

### **Progress:**

- International Office training
- Work with CUSU and societies
- Office for Students bid
- Online learning resource
- Work with City of Culture
- C2025 – decolonisation of the curriculum

### **Examples:**

- Representative staff group
- Widening Participation Plan



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.

**Progress:**

- Co-creation
- Co-design
- Presence on HWB Action Group (CM)
- Health and Well-Being Strategy
- Mental Health Strategy reviewed and refreshed

**Examples:**

- Toilet door campaign
- Research



**Questions?**

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# Agenda Item 6

Health and Social Care Scrutiny Board Work Programme 2021/22 2<sup>nd</sup> February 2022

Please see page 2 onwards for background to items

<b>23<sup>rd</sup> June 2021</b>
<ul style="list-style-type: none"><li>- Emotional Wellbeing and Mental Health Support to the Population of Coventry</li><li>- Community Mental Health Transformation</li></ul>
<b>14<sup>th</sup> July 2021</b>
<ul style="list-style-type: none"><li>- NHS Restoration</li><li>- Access to GP Services</li></ul>
<b>29<sup>th</sup> September 2021</b>
<ul style="list-style-type: none"><li>- Adult Social Care Annual Report and Key Areas of Improvement 2020/21 (Local Account)</li></ul>
<b>3<sup>rd</sup> November 2021 (items deferred to December)</b>
-
<b>1<sup>st</sup> December @ 2pm (moved from 8<sup>th</sup> December 2021)</b>
<ul style="list-style-type: none"><li>- All Age Autism Strategy 2021-2026</li><li>- Director of Public Health and Wellbeing Annual Report 2020-2021</li></ul>
<b>2<sup>nd</sup> February 2022</b>
<ul style="list-style-type: none"><li>- Integrated Care System (ICS)</li><li>- Update on Mental Health Support to University Students</li></ul>
<b>23<sup>rd</sup> March 2022</b>
<ul style="list-style-type: none"><li>- Report back of the Autism Task and Finish Group</li></ul>
<b>2022/2023</b>
<ul style="list-style-type: none"><li>- Primary Care including recruitment, retention and supporting self-care</li><li>- Drugs and Alcohol Overview</li><li>- Social Prescribing</li><li>- Health Sector Skills Development</li><li>- Step down care – from acute to community</li><li>- Child and Adolescent Mental Health (Joint with SB2)</li></ul>

<b>Date</b>	<b>Title</b>	<b>Detail</b>	<b>Cabinet Member/ Lead Officer/ Organisation</b>
<b>23<sup>rd</sup> June 2021</b>	- Emotional Wellbeing and Mental Health Support to the Population of Coventry	To scrutinise the emotional wellbeing and mental health support to the Population of Coventry with a focus on the emotional well-being and mental health support for children and young people.	Coventry and Warwickshire Partnership Trust/ Coventry City Council
	- Community Mental Health Transformation	To scrutinise community based mental health and emotional well-being services for the adult population of Coventry with an emphasis on restoration and recovery from Covid-19.	Coventry and Warwickshire Partnership Trust
<b>14<sup>th</sup> July 2021</b>	- NHS Restoration	Changes were made to NHS services to enable the management of the pandemic. This item will outline the process by which services will be restored across the sub-region.	Coventry and Warwickshire CCG
	- Access to GP Services	To scrutinise access to GP services. This includes appointment booking process and access to face to face care.	Coventry and Rugby CCG
<b>29<sup>th</sup> September 2021</b>	- Adult Social Care Annual Report and Key Areas of Improvement 2020/21 (Local Account)	To scrutinise the Adult Social Care Local Account 2020/21 and Adult Social Care Performance.	Cllr M Mutton/ Pete Fahy (CCC)
<b>3<sup>rd</sup> November 2021 (items deferred to December)</b>	-		
<b>1<sup>st</sup> December @ 2pm (moved from 8<sup>th</sup> December 2021)</b>	- All Age Autism Strategy 2021-2026	SB2 have invited for consideration of this item	Pete Fahy Cllr M Mutton

Health and Social Care Scrutiny Board Work Programme 2021/22

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
	- Director of Public Health and Wellbeing Annual Report 2020-2021	To present information on the annual report for and feedback on progress from previous reports.	Director of Public Health and Wellbeing/ Cllr K Caan
<b>2<sup>nd</sup> February 2022</b>	- Integrated Care System (ICS)	The NHS Long Term Plan has evolved into the development of ICS. ICS are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. Implementation of the ICS is due to take place in July 2022.	Phil Johns/ Rose Uwins
	- Mental Health and Suicide Prevention Transformation Programmes	To update on the outcomes of the 2019 Task and Finish Group on Mental Health Support to University Students.	Cllr K Caan/ Jane Fowles
<b>23<sup>rd</sup> March 2022</b>	- Report back of the Autism Task and Finish Group	SB2 and SB5 established a joint task and finish group in July 2021 to look at Autism and neurodiversity. This includes referral rates, support to families and the impact on education.	Victoria Castree
<b>2022/2023</b>	- Primary Care including recruitment, retention and supporting self-care	An item to look at Primary Care, including the recruitment and retention of GPs, Supporting Self Care and changes to service delivery post Covid-19.	Coventry and Warwickshire CCG
	- Drugs and Alcohol Overview	The Drug and Alcohol Strategy is due to end in 2020. Following the outcome of the CLear Assessment, the strategy will be revised and Members will feed into the revised strategy. Outcome of CLear Assessment and service user feedbacks (May/ June 2020).	Cllr Caan/ Director of Public Health and Wellbeing
	- 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.	Cllr Caan/

Date	Title	Detail	Cabinet Member/ Lead Officer/ Organisation
			Director of Public Health and Wellbeing
	- Health Sector Skills Development	Identified at the meeting on 14.07.21, Members asked to scrutinise work in the City by partners, including Warwick and Coventry Universities to train and retain health professionals in Coventry.	
	- Step down care – from acute to community	Identified on 14.07.21, Members asked to scrutinise the provision of step-down care, for when a patient leaves hospital but requires care at home to continue their treatment.	Coventry and Warwickshire Partnership Trust
	- Child and Adolescent Mental Health (Joint with SB2)	To include referral pathways, wait times, support whilst waiting for diagnosis and the impact of diagnosis on families and educators.	Coventry and Warwickshire CCG