



---

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

**Date: 2 February 2022**

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

---

## **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