

NHS-university partnerships:

Working together for student mental health

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About this briefing

This briefing includes:

- **Information on university-NHS partnerships** that are developing new mental health service models for students.
- **Five case studies** of partnerships in five city hubs that emphasise the importance of co-design of care with student 'users', focus on data sharing and managing risk, measuring outcomes and evaluating services.
- **Information on sharing good practice** for universities that want to develop partnerships and to exchange learning.

Context

Growing concern about the mental health of young people in the UK is reflected in the student population, with a four-fold increase in disclosures of mental illness by UK applicants since 2010 – and the actual number is likely to be much higher.¹ The increasing demand and increasingly complex cases have put significant pressure on university mental health support.²

Gaps in care

As described in our guidance, *Minding our Future* (2018), students continue to find it difficult to access NHS mental health services. They're reporting gaps in care between the support provided by their university and NHS care, between support during term-time and support at home and between children's and adult mental health services.

The Covid-19 pandemic has exacerbated these difficulties with record referrals to already stretched NHS mental health services.³ Research published in January 2022 by Student Minds indicated that 52% of students felt isolated and 64% said their mental wellbeing has been affected by the pandemic.

A commitment to students

The NHS Long Term Plan (2019) set out a 'new approach to young adult mental health services for people aged 18–25' and additional funding. It included a specific commitment to students 'to build the capability...of universities to improve...access to mental health services [...], including focusing on suicide reduction, improving access to psychological therapies and groups of students with particular vulnerabilities.'⁴

¹ UCAS (2021) <https://www.ucas.com/corporate/news-and-key-documents/news/450-increase-student-mental-health-declarations-over-last-decade-progress-still-needed-address>

² Thorley, C. (2017). *Not By Degrees*. London: IPPR. <https://www.ippr.org/research/publications/not-by-degrees>

³ Open referrals reached 420,314 in February 2022, the highest number since records began in 2016 NHS Digital (2022) *Mental Health Services Monthly Statistics* <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>

⁴ NHS Long Term Plan (2019) <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

Partnerships

The OfS-funded Student Mental Health Partnerships Project aimed to develop new models of partnership between universities and NHS to provide joined-up mental health care for students that:

- removes barriers and gaps in the care provided
- offers more appropriate support
- reduces waiting times
- improves service efficiencies

The five case studies of regional partnerships are intended to help universities and NHS develop and establish their own local partnerships and to inform national policy makers working across education, public health and mental health.

Key learning from the five hubs includes the importance of co-design of care with student 'users', the role of designated 'boundary spanners', a focus on data sharing and managing risk and measuring outcomes and evaluating services.

Sharing good practice

- **A Student Services Partnerships Evaluation and Quality Standards** (SPEQS) toolkit developed by Sheffield and UCL provides initial practice examples of 'what works' for university and NHS services looking to develop partnerships.
- **National Learning Collaborative**, open to all university-NHS partnerships to share learning and spread good practice. We invite all emerging partnerships to share good practice.

Case study 1: Greater Manchester

The Greater Manchester universities mental health service opened in September 2019. The service aims to provide proactive support and interventions to students to enable them to have a fulfilling university experience and achieve their ambitions.

Who are your partners?

- University of Manchester
- Manchester Metropolitan University
- University of Salford
- University of Bolton
- Royal Northern College of Music

What should we know about your local setting?

Of the 115,000 university students within Greater Manchester, 70% are age 24 or younger. This is significant because 75% of chronic adult mental illness is thought to start before the age of 18.

What is your partnership aiming to address?

The partnership supports students to help them to succeed and manage their mental health problems. Students with complex mental health needs are referred by their university counselling and wellbeing services.

The service model has identified a need in student mental health that traditional service models based on criteria would not have accepted.

We've found that therapy needs to meet the needs of people with combinations of life-limiting difficulties and interpersonal difficulties, as well as difficulties with functioning and elevated risk of self-harm. Some of the students accessing the service have had these problems since childhood and have low motivation to change.

The service is not a replacement for existing services or pathways, such as eating disorder support or early intervention in psychosis. Students requiring a [Care Programme Approach \(CPA\)](#) would also continue to access mainstream adult services.

The service does not provide an urgent or crisis pathway for students. All students' needs are considered individually taking an [i-THRIVE model](#) approach.

What does your partnership look like?

The team consists of:

- five band 7 (advanced nurse/nurse practitioner) mental health nurses providing clinical case management
- five clinical psychologists (including a band 8 consultant) providing assessment, group and individual therapies
- a mental health practitioner supporting discharge
- a consultant psychiatrist providing diagnostic and medication reviews
- two part-time GP trainees and clinical psychology/counselling trainees on placement
- an operational manager and administrator (with receptionist and medical secretarial input)

What impact has the partnership had?

A detailed evaluation of the service by the Greater Manchester health and social care partnership found that the service was having a significant positive impact on students, including reduced use of NHS urgent care mental health services (including A&E). An evaluation of the service by student ambassadors funded by the Office for Students (OfS) has also had very positive initial findings. Between September 2019 and December 2021, the service received 843 referrals.

What did you learn?

We found that:

- Referrals peak between September and December.
- The students referred to the service present with complex mental health needs, often with ongoing risks.

- Common themes include histories of neglect and abuse through childhood and adulthood, drug and/or alcohol misuse, and severe mental illness (eg, bipolar disorder, psychosis, self-harm and suicidal ideation).
- Students are frequently showing symptoms associated with complex trauma, including difficulties with attachments and emotional regulation.

How does the partnership share data between universities and NHS?

We have agreed key performance indicators (KPIs) that are shared at Board and operational levels. An area that needs development is data sharing from university counselling and wellbeing teams within the partnership.

How has the partnership improved risk management for universities and the NHS?

We've seen risk management improve in the following ways:

- Attendance at Greater Manchester's hospital emergency departments fell by 18.6% in the six months after referral. This equates to at least 55, and up to 74 fewer A&E visits compared to six months prior to the service opening.
- Referrals for follow-up support also fell by approximately 9.2%, equating to at least 21 and up to 26 fewer referrals to liaison mental health support.
- There were up to eight fewer referrals for home-based treatment.

Waiting times for assessment and intervention are an ongoing challenge for the service. The complexity of student cases means that staff capacity can be stretched because the discharge rate is significantly lower than anticipated.

What's next?

The service has been granted funding for a further two years before transitioning to use recurrent funding streams.

Areas of development for the service include:

- developing trauma informed services
- implementing a structured clinical management pathway for some students
- offering specialist support for students with autism spectrum condition (ASC) and attention deficit hyperactivity disorder (ADHD)
- developing a pathway for students with dissociative identity disorder to access appropriate support
- influencing existing pathways to meet students' mental health needs based on need and not criteria
- implementing an effective discharge pathway for students

Case study 2: Liverpool

This project links the University of Liverpool and Liverpool John Moores University with primary and secondary healthcare provision.

Who are your partners?

- The University of Liverpool
- Liverpool John Moores University
- Mersey Care NHS Foundation Trust
- Brownlow Health (a large group of GP practices)
- The Innovation Agency

What should we know about your local setting?

The University of Liverpool (a Russell Group university, with 28,000 students) and Liverpool John Moores University (a post-1992 university, with 25,050 students) are both located in Liverpool City Centre.

At the start of the project, there were strong working relationships between Liverpool's universities. There were also initial relationships between the universities and the Mersey Care Trust and Bronlow Heath, which has a GP practice on the University of Liverpool campus. These relationships were key to designing the project.

What is your partnership aiming to address?

The aim of the project was to develop seamless referral pathways for students and pilot new clinical interventions based on campus to support high risk students. The partnership would use shared protocols and practice where appropriate, as well as clear risk management strategies with defined roles and responsibilities.

The project aimed to address the following challenges:

- Both institutions provided extensive funding and provision for mental health services, but demand for these services was ever increasing, with a growing number of students in crisis.

- Students engaged with university and NHS services, but there was limited to no communication between these services. This resulted in disjointed approaches to care, students falling through the gaps, risk of student disengagement with services, deterioration in mental health and increased risk.
- Partners recognised an urgent need for an integrated, stepped care approach to develop effective support for students.
- Extensive process mapping was undertaken to understand the issues that existed with referral systems and gaps in service.

What does your partnership look like?

The project governance included a steering group with senior representatives from all partners, student representatives and the clinical commissioning group. The steering group set the direction for the project and provided a link to developments in the local health economy. The governance structure made existing relationships between individuals more formal. The future role of the steering group is being considered.

From the outset, we wanted to design pathways and interventions which worked for students across Liverpool and for the NHS. The two universities, being the largest of five universities and colleges in the city, had capacity to drive the project. We aimed to pilot approaches that could be scaled-up for other higher education providers in Liverpool. While other providers in Liverpool are not formal partners, they have all had access to the new student liaison service, and have expressed an interest in being involved in any future service which is developed from this project.

What impact has the partnership had?

The Liverpool model presents a real solution to local partnership working across universities and NHS services. Establishing and testing the model has embedded a greater understanding of inter-organisational cultures and pressures, supporting stronger relationships and partnership working. The partnership has worked to make extensive improvements in communications, services and student safety and support.

All teams involved have brought about change. For example:

U-COPE Self Harm Clinical Service: This service provides Psychodynamic Interpersonal Therapy (PIT), which aims to support patients experiencing self-harming behaviours and offers a 6-week intervention, with opportunities for follow-up care.

Between September 2020 and October 2021 168 students have been referred into the UCOPE service; 74 from University of Liverpool, 51 from Liverpool John Moores, 33 from GPs and 10 from NHS services.

Liaison service: This service is a pilot activity delivered by project clinical staff who act as a point of contact between NHS and university staff and services. Urgent care services will inform the service about a student who is in distress or needs a follow-up. The service will then contact the student to offer a brief intervention and to refer them to relevant services.

Between October 2020 and October 2021, 348 individual students have been contacted, resulting in over 459 liaison actions across five Liverpool higher education providers. Although there are still multiple referral routes into NHS and university services, the liaison service enables students to navigate these services more effectively.

Psychotherapy webinars: A series of interactive workshops attended by students on topics identified by students about anxiety, eating disorders, depression, suicide prevention, and more.

U-CAN psycho-social education skills groups: These groups were designed for the student population, following a co-production process with students. They provide an additional early intervention offer for 30 students to address low-level concerns and support self-management skills for long term mental health and wellbeing.

Online therapies: Flexibility was needed during the Covid-19 pandemic due to demands on NHS services and universities rapidly adapting to meet the needs of students.

However, this meant that online therapies, previously unavailable to students, were offered as well as in-person therapy.

What did you learn?

1. Identifying senior staff to champion the partnership in each organisation is critical.
2. Investing time in understanding the cultures of the partners and systems ensures effective delivery. Partners need to examine their own assumptions about cultures, structures and working practices and be prepared to admit a lack of knowledge about other organisations.
3. Regular communication about the aims of the partnership, as well as operational activities and challenges, is important. Informal contact as well as formal meetings enhance understanding and ensure potential issues are identified early on. For example, the requirement to achieve ethical approval from multiple partners took far longer than originally anticipated and caused some delay to the implementation of services.
4. We need to allow additional time to setting up the partnership services, such as recruitment and setting staff up with equipment and systems access. We had difficulties, for example, with recruiting the clinical team within Mersey Care Trust due to a local skills shortage that resulted in changes to our delivery model.
5. Co-production with students has been invaluable. Students are best placed to know what they need. We've worked with students through focus groups, getting feedback, recruiting a year in industry placement student, and employing six student content creators.

How does the partnership share data between universities and NHS?

A new field to record student status on Mersey Care's patient record system identifies students within the Mersey Care system. This improved data will provide a clearer picture of the needs of students across the city region and inform future NHS planning.

The clinical staff are part of Mersey Care and can access Mersey Care systems and share information, with student consent, with the universities. However, it has not been possible to provide a systems solution to data sharing. Service user data reports are generated manually, sometimes resulting in delays. This lack of system integration has made it difficult to track students between services. Further work is needed here.

Bespoke referral forms for the U-COPE service ensure the clinical team receive necessary student data which is then easily inputted into NHS systems. It's been important to have staff employed by the NHS provider for the region, as they can access NHS systems to get an overview of students' current situations and reduce waiting times.

How has the partnership improved risk management for universities and the NHS?

The student liaison service has led to improvements in NHS services identifying student users, and students receiving a follow-up in a timely manner. The service also attends multidisciplinary team meetings at each university, where care pathways are agreed for students with complex needs. Although it was originally only offered to University of Liverpool and Liverpool John Moores University students, other providers also wanted access, demonstrating a clear need for this service across the city.

What's next?

The Liverpool model is currently being considered locally by providers and NHS leaders for long-term funding to extend the service and secure its future. Nationally, other healthcare providers and universities are also considering adopting the model or elements of the service.

Currently, we're planning to extend the Liverpool model to all higher education providers and further education students in Liverpool. Discussions are taking place as to how the funding for these services will be split between NHS and higher education partners. This is an ongoing process which will be concluded by July 2022.

Case study 3: North London

The partnership was led by University College London (UCL) and coordinated by the PsychUP for Wellbeing programme, based in the UCL academic clinical psychology department.

Who are your partners?

- Imperial College London
- Students' Union UCL
- Imperial College Union
- iCope talking therapies service (Camden & Islington NHS Foundation Trust)
- Ridgmount GP Practice
- Imperial College Health Centre

What is your partnership aiming to address?

The partnership aimed to increase provision of NHS mental health care for students as well as to widen understanding and collaboration across sectors. The objectives were to:

- Set up a university-NHS liaison forum, bringing together professionals from a variety of settings to foster collaboration and shared learning across services.
- Develop the UCL Steps Model – a framework for organising mental health support according to need, in collaboration with students.
- Set up a university clinic within an academic psychology department, through which targeted interventions can be developed, evaluated and provided.
- Develop and pilot a student peer support initiative in collaboration with Students' Union UCL. This was in response to our research with students, who said they would like access to more peer support.
- Collaborate with colleagues at the University of Sheffield to develop a toolkit for partnership work between university and NHS services.
- Map staff understandings of student mental health pathways.

- Support a student-led consultation into students' views on key issues for partnership planning.

What does your partnership look like?

Delivering the partnership involved a team of coordinators, with strategic oversight provided by the PsychUP coordinating director and programme manager. Each coordinator was responsible for specific programme areas: research and evaluation, student engagement and care pathways. The staff team supported a much wider network of students, researchers, clinicians and trainees.

This approach has helped the partnership involve a diverse range of stakeholders and use the resources and expertise of the academic psychology department to benefit the wider university community.

What impact has the partnership had?

We've seen the partnership have an impact in the following areas.

1: Co-production has been central to the work of the North London partnership, with more than 110 students involved at varying levels. A further 100 students informed the IMPACTS (improving access to treatment and support) project and revised Steps Model. Student engagement has ranged from consultation activities to active roles in projects and leading on defined pieces of work.

Student views, experiences and ideas are continually fed into our programme. Wherever possible, we've compensated students for their time, in recognition of the importance of their input. Securing on-going funding is a priority for sustaining this work.

2. Closer collaboration: There's now closer collaboration with colleagues across the university, including with the academic clinical psychology department. This has improved access to important resources and expertise, links with NHS services, and relationships with staff and clinical trainees to provide high quality mental health care.

3. The new UCL university clinic has led to greater collaboration between NHS and university services, including providing services not previously available to UCL students, such as the new Club Drug Clinic.

Where services have been available and accessible previously, there is more collaboration and communication. For example, the involvement of the Improving

Access to Psychological Therapies (IAPT) programme with the students' union peer support pilot). A 'student' category was also added in referral details for IAPT.

4. **IMPACTS research** projects provide rich data about the experiences of a diverse range of student groups. Our student advisory board's research and evidence working group have reviewed and incorporated findings into the revised Steps Model.

What did you learn?

We found the Student Services Partnerships Evaluation and Quality Standards (SPEQS) toolkit provides initial practice examples of 'what works' for university and NHS services looking to develop partnerships, including in the areas of co-production with students, measuring outcomes and evaluating services and partnerships.

Academic clinical psychology departments are a valuable resource for those universities which have them. University clinics are a good way of increasing links between University and NHS services and harnessing the workforce where there are clinical training programmes.

Finally, peer-led research is a very useful approach for understanding the needs of the student population, and for gaining insights that might be missed by staff undertaking research. It also makes a big impact when sharing findings with the wider university community.

How does the partnership share data between universities and NHS?

No clinical student data has been shared between the universities and the NHS services involved. Instead, the partnership has encouraged sharing services and pathway-related concerns, eg through the regular university-NHS forum, to promote working together to solve problems.

A significant reason for data not being shared more freely is the ownership of clinical responsibility. All clinical services delivered through the university clinic have been offered as satellite NHS services. This has ensured that risk and other clinical considerations have been clearly contained.

There is information sharing between the university and a local IAPT NHS service as part of the peer support project. However, this only involves sharing basic personal details to direct students between peer support sessions and NHS psychoeducational workshops. Clinical data has not been shared in these exchanges.

How has the partnership improved risk management for universities and the NHS?

Clinical services delivered through the university clinic operate as satellite services of the NHS, so risk management follows NHS protocols. However, building relationships between university services and the university clinic will be essential as the clinic expands. Closer collaboration will help the partnership to develop risk management strategies in the future.

The peer support pilot was offered as a service under students' union UCL, with links to iCope. Where there might be concerns for a students' safety or the safety of others, university risk management processes were followed, in line with Students' Union policy. However, clear supervision and escalation processes were set up to ensure that peer supporters were able to discuss concerns for students' safety or the safety of others with supervising staff within the union, and take a shared decision on how to act on this.

In the early phases of partnership development, we've found that following existing risk management approaches has minimised barriers to collaboration and encouraged a focus on relationship building.

What's next?

- The UCL University Clinic has secured further funding. Existing services based in the clinic, including the iCope talking therapies and Camden and North West London addictions satellite clinics, will continue and more services will be introduced.
- The university-NHS forum has received further funding.
- Additional funding from the OfS will allow us to develop a framework to support student-led initiatives, helping us to build on our peer support network.
- Imperial College London is developing guidance for staff based on the mapping project, and is considering further engagement with stakeholders.

Case study 4: Sheffield

Who are your partners?

- University of Sheffield (also co-lead OfS project evaluator alongside UCL)
- Sheffield Hallam University
- Sheffield's multi agency Psychology Board
- Sheffield Clinical Commissioning Group
- Sheffield Transformation service (STS)

What is your partnership aiming to address?

The objectives were:

- To work collaboratively with NHS and third sector partners to help meet the demand of a broad spectrum of student mental health needs.
- To work with trainee doctorate in clinical psychology students on placements to develop a new workforce that is trained and experienced in working with students.
- To develop cross-sector and multidisciplinary teams.
- To work with UCL and the OfS project university partners to evaluate partnerships and develop a toolkit.

The partnership aimed to address the following challenges:

- gaps in the transitions between services
- student demand for services
- sharing decisions about risk management
- navigating the complex NHS landscape and structures

What does your partnership look like?

Our partnerships fall into two main areas:

1. **Evaluation and research partnerships**: our research and evaluation team at Sheffield and UCL have led the evaluation of the OfS funded project exploring partnerships between higher education and NHS mental health services. This work includes the development of a research-informed toolkit on supporting and evaluating partnerships. These combined activities have involved developing our own partnerships with partners of the OfS bid, Clinical Psychology Unit and the Psychotherapy Evaluation and Research Lab @ Sheffield (PEARLS).
2. **NHS and local Partnerships**: We used existing Boards and structures to ensure that student mental health was consistently on the local agenda and to identify any gaps and areas for development. We have coordinated with Sheffield Hallam University to take a city-wide approach. The Boards include Sheffield Psychology Board, Student Mental Health Board, Sheffield Children's and Young People's Board.

The partnerships have developed over time because university support staff have been invited to wider NHS meetings and Boards. At an operational level, clinical staff regularly hold multidisciplinary meetings to discuss the handover of cases. Key staff roles include directors of student support services, clinical psychologists, psychiatrists, GPs, transformation staff, university support staff.

What impact has the partnership had?

We've seen impact in the following areas:

- Student mental health is now firmly on the NHS agenda at a local level, and this is evidenced by the minutes and presentations at Board meetings.
- The Sheffield Transformation Service is partly delivered through University of Sheffield's embedded health service. This has allowed us to establish a joint approach including co-location of transformation service staff with University of Sheffield mental health and psychological therapy staff with protocols to ensure seamless service delivery for students.
- We have specific staff through the transformation project that work specifically with the student population. We have IAPT workers who work with students across both universities in the city to offer workshop-style interventions with content that has been shaped by students.

- We have built stronger relationships across third sector mental health services, again using our membership of Sheffield Psychology Board as a way to do this. Internally, our mental health support services have formed an innovative partnership with our psychology faculty, including the clinical psychology department, leading to joint staffing of services.

What did you learn?

Given the pressures on NHS leaders and staff, using existing Boards and networks was more effective, rather than expecting engagement with new models.

Local buy-in (at both a strategic board level and delivery level), senior leadership commitment and university support were also important. The primary barrier we faced was maintaining and developing the partnership during Covid-19 when the NHS focus was to preserve life. Covid-19 also contributed to staff leaving and resulting in vacant posts and reduced capacity.

How does the partnership share data between universities and NHS?

We have built on existing confidentiality agreements, both internally and externally to our institution. In relation to risk, information is shared on a case-by-case basis and with informed consent from students. Overcoming barriers to sharing data relied on trust within the partnership and with students' trust in support services. Building relationships through networking and sharing premises helped to develop trust.

How has the partnership improved risk management for universities and the NHS?

Decisions about risk management have been made more pragmatically and efficiently by developing the partnership. We are in the process of establishing shared and trusted assessments across university and NHS services. Not having shared assessments was identified as a key barrier to risk management as students would repeat assessments which delayed their access to services. This work is a priority going forward.

What's next for the partnership?

Our partnership is reasonably sustainable as we are using existing Boards and structures. We will also ensure that there is good handover from any changes at senior staff level.

Our sustainability will be supported by our involvement with the [University Mental Health Charter](#) and the development of our own mental health strategy.

The research clinic will continue to evaluate the impact of partnerships and will shape future direction of partnerships and services.

Case study 5: Bristol

This partnership brings together the universities and NHS secondary mental health teams in Bristol to improve working relationships and culture between university support services and NHS colleagues, and address poor outcomes for students accessing mental health support.

Who are your partners?

- University of Bristol
- University of the West of England (UWE)
- Avon and Wiltshire Partnership
- Bristol Students' Union
- The Students Union at UWE
- West of England Academic Health Science Network

What is your partnership aiming to address?

When established, the five priorities of the Bristol hub were:

1. **Information sharing:** improving understanding of higher education/NHS mental health support available and how they work together.
2. **Pathways and infrastructure:** creating a bespoke student referral and care pathway.
3. **Language and culture:** establishing common language around risk and referrals.
4. **Research:** increasing knowledge of student's experience of care pathways and consistency with NHS and referral data.
5. **Student engagement:** creating a student experience forum.

While these priorities remained central to the project's work, a mid-point review took place in autumn 2020. The review re-shaped the focus for the second year around:

1. Researching student and practitioner experience
2. Creating a single information trail for students accessing university and NHS mental health services
3. Reducing barriers from pathways and referral processes
4. Creating a consistent student experience

What does your partnership look like?

The partnership was structured as three levels of meetings:

- A steering group chaired by a pro vice-chancellor and vice-chancellor of each university, senior directors from other partners, the council, Public Health, and local Clinical Commissioning Group
- An operational group of managers from the above services
- A practitioner liaison forum comprised of practitioners from university and higher education settings.

This structure made sure that any issues at a practitioner level could be flagged with senior colleagues, as well as providing strategic direction and updates to practitioners. The meetings were coordinated by the project manager with administrative support. Student representatives were involved at both steering and operational group levels, to ensure students were represented.

What impact has the partnership had?

Improved connections and collaboration between the universities and the NHS is main achievement of the partnership. This improvement has also led to better mutual understanding of services, risk management, and referral issues.

Other key achievements include:

- Regular meetings of university and NHS practitioners (at a practice liaison forum) take place to share information and good practice. There have also been several mutual shadowing and training opportunities between institutions to improve wider understanding of each other's roles and remits. Referrals are being made and handled more consistently.
- The operational group and steering group ensure that issues raised by the Practice Liaison Forum are escalated appropriately.
- Student leads with agreed roles have been identified for NHS services. Student leads in crisis teams have details of university contacts for serious concerns.
- A Bristol partnership representative has been invited to join local working groups for mental health.
- Agreement for ward information packs to be shared with local NHS teams to give students contact details for NHS and university services, and to encourage students to share information with universities. This complements the resource packs put together for community services to ensure that any students being supported by NHS services could also connect with support services with each university.
- Student-led research projects have taken place at UWE and University of Bristol.

What did you learn?

Organisational cultures and shared understanding are so important when working across institutions. Developing and maintaining positive relationships can improve joint working to support students. Working collaboratively with other universities has strengthened our ability to raise student issues with local partners including commissioners of services. There is definitely strength in numbers.

One of the biggest barriers was the Covid-19 pandemic, which has limited the potential involvement from the students' unions, and, on a larger scale, from NHS partners.

How does the partnership share data between universities and NHS?

Both universities now have a secure NHS email address to help with referrals. Unlike other regional partnerships from this project, the Bristol partnership did not introduce or embed a service and has therefore had less data sharing considerations.

How has the partnership improved risk management for universities and the NHS?

Through the practice liaison forum, space is provided to discuss anonymised cases or referral issues. Training has also been provided by both universities to NHS partners about how each of them respectively manages and quantifies risk. This has helped understanding and improved risk management. One key barrier is that both universities use slightly different systems when measuring risk. After initial attempts to streamline approaches, we decided instead to help external partners better understand the language we use.

What's next for the partnership?

Both universities have agreed to support continuing the practice liaison forum due to the strong benefits that it brings to both NHS and university services.

Within the final project report, a recommendation has been made to set up a working group. This group will develop a proposal that would embed this collaboration further within the existing structures, through a model that was developed in the Liverpool partnership from this project.

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