



Department
for Education

Higher Education Mental Health Implementation Taskforce

HE-NHS Partnerships: Case Study Template

Project Overview:

In its [first report](#), the HE Mental Health Taskforce indicated that it would develop guidance to encourage the development of HE-NHS partnerships, noting the positive impact of joint services in those regions that have developed them.

The purpose of this guidance will be to outline different approaches to HE-NHS partnerships. Particular attention will be given to the design and delivery of these services, how they have overcome common challenges in HE-NHS collaboration, how they complement and coordinate with existing services, and what impact they have had on students, inter-organisation ways of working, and the wider health system.

Case Study Template:

From examination of existing literature, we have identified a number of topics which are commonly cited as obstacles in the development of joint HE-NHS partnerships. We would like to address these topics in the guidance. In particular, we will outline how different partnerships have overcome these challenges. This will support the sharing of learning and practice to inform the development of joint HE-NHS services elsewhere.

Listed below are a number of questions which pertain to these specific topics, as well as a short rationale describing the challenge and what we hope to achieve by addressing it. For each topic, we have outlined questions to help guide your response. These should be viewed as prompts for reflection, and we understand you may not be able to address each point in your response.

These questions are produced from the perspective of a HE provider. However, we would encourage you to collaborate with your local NHS partners as you respond to these points. A copy of this template has also been shared with all NHS Regional Mental Health Leads.

In considering the points below you may wish to share existing literature (e.g., an evaluation of your service) alongside your response.

1. Background:

We would like to understand the specific context, challenges and implementation environment which underpinned the development of your partnership. We will seek to understand if existing HE-NHS partnerships have emerged from specific or shared contexts and challenges.

- What was the situation which necessitated a change in how you collaborated with the NHS?
- Prior to any change, how, if at all, had your university collaborated with the NHS to provide services for students?
- What, if anything, was ineffective about the previous way you worked with the NHS?
- How were these previous ways of working ineffective?
- Who was impacted by the previous ways of working?
- What were you as a higher education provider hoping to achieve by working with the NHS?

2. Engaging with NHS Partners:

We recognise that a significant challenge for HEPs is initiating conversations with the NHS, engaging the right people who can make strategic decisions, and outlining a persuasive case for joint HE-NHS services for students. We would like to understand the steps you took to achieve this and any challenges you faced along the way.

- What steps did you take to work with NHS colleagues to initiate change?
- How did you work with NHS colleagues to initiate change?
- How did you encourage NHS colleagues to acknowledge this problem/situation as a shared challenge that required a shared solution?
- What, if anything, did you have to overcome to work more collaboratively with the NHS?

3. Model of Care – Design and Delivery:

We would like to understand the overall model of care of your service/partnership, the rationale behind the design of this model, and the specific components needed to deliver it.

- How would you describe your overall collaborative model of care with the NHS in the area of student mental health?
- How did you design your model of care?
- What distinguishes this model of care from what came before or what already exists?
- How does this model of care integrate with NHS and HEPs' services, including referral pathways and criteria?
- What specific components make up your model of care? (e.g., specific interventions or services?)
- What specific population is the model of care designed for? (e.g., who is and is not eligible for care?)
- What was needed to implement this model of care? (e.g., workforce and funding requirements?)
- What, if any, are the limitations of this model of care?
- How do you plan to address these limitations in your model of care with the NHS?

4. Data Collection and Sharing:

Data can play an important role in making the case for specific NHS services for students as well as joining up care for individual students. However, data on students is rarely collected by the NHS or shared between HEPs and the NHS. We are keen to understand if this is something you have addressed in your partnership.

- What role, if any, does data sharing play in the implementation of your model of care with the NHS?
- What data sharing is essential to support the implementation of your collaborative model of care with the NHS?
- How did you decide on what data to collect?
- How did you implement data sharing between the NHS and your institution?
- What do you use these data for in your model of care?
- What, if anything, did you need to overcome to collect and use data between the NHS and your institution?
- What, if any, are the limitations to your current data sharing arrangements?
- What, if any, are the benefits sharing data between the NHS and your institution?

5. Support for Specific Groups:

The Taskforce has heard that HEPs are seeing increased demand for support by particular groups of students who have specific challenges and needs. Examples include international

students, students with neurodiversity, and students with eating disorders. We are keen to understand if this is something your institution has observed, whether you have developed specific support for particular student groups, and whether this is reflected in your joint service/partnership with the NHS (e.g., through a specific pathway).

- Have you observed specific groups of students needing support, and if so, what are these groups?
- Has your institution developed support for these particular groups?
- Does your joint service with the NHS have a particular support pathway for these groups?
- If not, are you considering this for future development of this joint partnership?

6. Impact:

Demonstrating the positive impact of a service is an important tool in building the case for more collaboration between HE and the NHS. It is also an important factor in encouraging sustainable funding models for these services, rather than time-bound funding. We recognise that impact may be demonstrated tangibly (e.g., decreased presentation by students to A&E) but also intangibly (e.g., improved cross-organisation ways of working). Please use this section to describe the impact that your service has had.

- What outcomes are important to evaluate your model of care?
- How did you decide to use these outcomes?
- How do you know your model of care is contributing to changes in these outcomes?
- What impact has the implementation of your model of care had on students and their use of NHS services?
- How has the implementation of your model of care changed how the University/NHS operates (e.g., clarity around boundaries, developing shared language, improving knowledge of services on offer and criteria for access)?
- How the implementation of your model of care changed how you work with between organisations?
- What, if any, limitations are there to your approach to evaluating your model of care?
- What informed your approach to evaluating your model of care?

7. Main Learning Points and Next Steps:

A key objective of this guidance will be to describe how HE-NHS partnerships have overcome similar challenges in potentially different ways, as well as describing the different

models of care and the rationale behind these differences. We hope that this will instigate action between HE and NHS, and act as a helpful reference point in early conversations between decision-makers. Thinking about your experience, please use this section to outline any key points, suggestions, or recommendations that you think would be helpful in enabling us to achieve these objectives for the guidance.

- What needs to happen at a national or regional level to improve outcomes for the students you support in your model of care?
- If your model of care was implemented by another university what are the most important components?
- What is specific about your setting which other universities need to consider if implementing your model of care?
- How would you do things differently if you did it again?
- If you were to encourage other HEPs to adopt your service what would be the key points for them to consider?
- What should the target audience of this guidance be? How might we best engage these groups?

Thank you for your engagement with this work,

Higher Education Mental Health Implementation Taskforce

FOR REFERENCE ONLY: Indicative project timeline

March:

- First subgroup meeting – **5 March**.
- Taskforce receives draft Template for discussion – **7 March**.
- Sharing template/engaging with identified partnership models – **w/c 11 March**.

April:

- Mid/late-April – deadline for responses by partnership models.
- Subgroup meets again to reflect on responses – **late-April**.

May:

- Taskforce receives draft guidance for discussion – **31 May**.
- Taskforce agrees next steps for consultation and publication of guidance.

© Crown copyright [2024]