Should we be aiming to Combine Compassion and Governance in Higher Education settings?
Identification of Risk

Identified as “high risk”

Identified as “low risk”
“I’ve got one of yours here.”
Which one?
Anyone can experience emotional distress or mental health problems. The important thing is to know that you can get through tough times and know how to seek support. Emotional intensity will pass and those stresses that are building your emotional intensity can be heard and resolved. This will pass, and this will get better.

Here are some resources that you might want to access in order for you to gain some immediate support and immediate hope.

Staying safe if you’re not sure life’s worth living- to share hope, compassionate advice, practical ideas & links for people in distress [http://www.connectingwithpeople.org/StayingSafe](http://www.connectingwithpeople.org/StayingSafe)

U Can Cope 22m film and online resources - for people in distress and those trying to support them to share hope, useful strategies and national organizations for support [http://www.connectingwithpeople.org/ucancope](http://www.connectingwithpeople.org/ucancope)

**Feeling on the edge: helping you get through it**
A leaflet designed for people in distress attending the Emergency Department following self-harm or with suicidal thoughts.

**Feeling overwhelmed: helping you stay safe**
A leaflet for anybody struggling to cope when bad things happen in their life.

**U Can Cope**
A leaflet designed to help young people develop the ability to cope with difficulties

Please feel free to pass on these links to a family member or a friend who is in distress or who experiences feelings of self-harm, suicide or struggles to cope.
<table>
<thead>
<tr>
<th>Element of Safety Plan</th>
<th>Immediate Plan</th>
<th>Long Term Plan</th>
</tr>
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<tbody>
<tr>
<td>Reasons for living</td>
<td></td>
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<tr>
<td>Identify distress triggers</td>
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<tr>
<td>Safe environment</td>
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<tr>
<td>Activities to lift your mood</td>
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<tr>
<td>Calming activities</td>
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<td>Distracting activities</td>
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<td></td>
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<tr>
<td>Contact for general support/ distraction</td>
<td></td>
<td></td>
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<tr>
<td>Specific suicide prevention support</td>
<td></td>
<td></td>
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<tr>
<td>Professional support</td>
<td></td>
<td></td>
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<tr>
<td>Emergency contact details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal commitment to implement safety plan</td>
<td></td>
<td></td>
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</tbody>
</table>
• www.stayingsafe.net
• https://www.stayingsafe.net/training-materials
You are not alone
2. Do Something Nice for Yourself Today
A Reflection of the Student Experience on Mental Health and Wellbeing

Helder Costa (President: Wellbeing, YOUR SU)
Sunderland University
Pressures and Expectations
Did you know?

56% Are concerned about mental health (including stress and anxiety)

67% Are concerned having enough money to get by
Did you know?

66% of our students agree that the University cares about their mental health and wellbeing!
Student Perspective: Experiences and Feedback

• “I have used the wellbeing team at the university (...) She even phoned me a few weeks after my appointment to make sure I was okay and still coping (...) showed me all the possible features on SilverCloud that I could access(...).”

• “I feel that the services are too much in a office and would be better for me if I saw them around the campus more often. (...) Its just no well known enough!”

• I can say that my buddy was (and still is) really helpful. He show me the city, took me for a coffee, introduce me his friends, helped me with shopping and to settle down in the accommodation as well. We are in touch every day. I am really thankful for him and for this 'buddy' opportunity.
Student Perspective: Experiences and Feedback

• “Not sure if there is any support groups happening at the moment, if not this is a great way for students to be able to open up about how their feeling to others in a safe space”

• “Advertise the mental wellbeing services a lot more maybe via more posters in toilets for example or dotted around the university buildings and libraries”

• “Reach out. Make sure that people are aware of what to do if they are in that position.”
STUDENT MENTAL HEALTH & WELLBEING CONFERENCE
Supporting Staff to Support Students

The University of Sunderland

barbara.lawton@cwmt.org
About the Trust

CWMT was established in 1997 in memory of Charlie Waller, who ended his life through suicide while suffering from depression.
Our Vision

Our vision is of a world where people understand and talk openly about depression, where young people know how to maintain wellbeing, and where the most appropriate treatment is available to everyone who needs it.
Our Aims

The CWMT aims to:

• Equip young people to look after their mental health.

• Help people to recognise the signs of depression in themselves and in others so they know when & how to seek help.

• Ensure expert and evidence-based help is available, when needed.
What we do: information & training

By providing resources and training for people working or studying in a variety of settings including:

• Schools.
• Universities and colleges.
• Workplaces.
• Healthcare.
What we do: conduct research & train therapists

• By funding the Charlie Waller Institute (CWI) at the University of Reading.

• Here, Professor Shirley Reynolds, Director of CWI, oversees an extensive programme of training for CBT therapists and research to identify which treatments are most effective.
What we do: in colleges & universities

• Provide training for students and staff to promote resilience and mental wellbeing.

• Deliver sessions for staff about common mental health conditions & how to respond appropriately if they are concerned about a student or colleague.

• Produce booklets, posters and online material for students & staff.
Free information booklets

Free resources for parents, professionals and students interested in mental and emotional wellbeing
Developing ongoing relationships with partner institutions, rather than one-off visits.

Working in partnership with colleges and universities to develop bespoke resources and training for their particular institution.

Evidence-based/informed resources.

Project supported by Universities UK and the Assoc. of Colleges
Support for mental health at Sunderland
Student support services

• University of Sunderland Student Wellbeing Service.

  https://sj.sunderland.ac.uk/wellbeing/counselling-and-mental-health/services-for-students/

• A multi-disciplinary team of health professionals with a diverse range of skills to support students.

• Wellbeing practitioners available to advise staff if they have concerns about a student’s mental health.
What the student service offers

• Initial assessment of holistic support needs.
• Mental wellbeing support and referral to counselling team member where appropriate.
• Signposting to other Student Journey support services, e.g. city space exercise on referral, chaplaincy across the faiths.
• Signposting to other community, statutory and third sector services, such as Social Services, NHS, Drug & Alcohol Services, etc.
Support for staff supporting students

‘No individual staff member should ever assume responsibility for addressing a student’s mental health concerns however everyone is responsible for responding to behaviours which give cause for concern’ (Guidance for Staff Supporting Students, University of Sunderland)
What’s available

Written/on-line Guides

• Guidance for staff supporting students exhibiting behaviours that may give cause for concern
• When to Refer [https://sj.sunderland.ac.uk/gateway/whentorefer/students/](https://sj.sunderland.ac.uk/gateway/whentorefer/students/)
• CWMT general guides [https://www.cwmt.org.uk/college-uni-resources](https://www.cwmt.org.uk/college-uni-resources)
• MIND A-Z Guide to mental health [https://www.mind.org.uk/information-support/a-z-mental-health/](https://www.mind.org.uk/information-support/a-z-mental-health/)

On-line learning

• CWMT e-learning modules [https://www.cwmt.org.uk/e-learning](https://www.cwmt.org.uk/e-learning)

Workshops and Staff Development

• Bespoke e.g. Faculty Away Days
• General e.g. Managing Difficult Classroom situations/Managing Challenging Conversations/
• Targeted e.g. ASIST, Mental Health First Aid

Our community

• Student Wellbeing Service
• Health Champions (and Mental Health First Aiders)
• Colleagues/peers/managers
What’s planned

- More CWMT workshops—Faculty Away Days and student-facing staff
- Creating CWMT on-line materials (and promote CWMT self-directed learning)
- Self-care and looking out for others – for all staff
- ASIST (Applied Suicide Intervention Skills) training for Security, Wellbeing and Accommodation teams
- Dedicated web landing page on wellbeing for staff and students
- Wellbeing Strategy 2019-2021

Your ideas and thoughts
- Previous roadshows
- Contact Staff Development (staff.development@sunderland.ac.uk) or Health, Safety and Environment (hse@sunderland.ac.uk);
- Conference feedback
- Stress and Wellbeing Group (for staff) and/or Student Mental Wellbeing Group
Personal Support for Staff

- Silvercloud: [https://sj.sunderland.ac.uk/wellbeing/silvercloud/](https://sj.sunderland.ac.uk/wellbeing/silvercloud/)
- University Occupational Health Service – including self referral
- Telephone counselling, email and chat support through Education Support Partnership [www.education support partnership.org.uk/services-individuals](http://www.education support partnership.org.uk/services-individuals)
- Mindfulness Sessions – with Chaplaincy
- HR Policies, Advice and Guidance

Also: When to Refer [https://sj.sunderland.ac.uk/gateway/whentorefer/staff/](https://sj.sunderland.ac.uk/gateway/whentorefer/staff/)

To find out more
[https://services.sunderland.ac.uk/hr/forstaff/supportandwellbeing/stressandmentalwellbeing](https://services.sunderland.ac.uk/hr/forstaff/supportandwellbeing/stressandmentalwellbeing).

Advice on:
- Support to help you cope
- How to identify stress
- What can I do about stress?
- Stress and Wellbeing Group
- Personal Resilience
- Charlie Waller Memorial Trust
Supporting Students’ Mental Health
Outline for the session

• The spectrum of mental health.
• Common mental health conditions.
• Responding to students in distress.
• Discussion of case material
• Useful resources.
Keeping Mental Health in Mind: e-Learning

Currently 6 free e-learning sessions aimed at non-specialist staff in HE settings

Peer reviewed with the sector with evidence-based content

International recognition of excellence, with many institutions in the UK now using them as mandatory training for non-specialist staff

Now being re-written for an FE audience.
On line learning

• These e learning modules are available to staff at the University of Sunderland.

• http://learning.cwmt.org.uk/
What CWMT does for students

• Give talks at student led events and conferences.
• Run workshops for students on topics such as building resilience, managing anxiety, etc.
• Train student union reps and peer mentors to appropriately support students experiencing mental health difficulties

• Website for students on depression & mental health.
Students Against Depression

Free mental health resource for all students
Averages around 10,000-15,000 unique visitors per month
Information, signposting and free, downloadable resources to support self-care strategies
Supporting students

https://www.studentsagainstdepression.org/
Fundraise for CWMT

Fundraising for CWMT not only brings in money to help us continue our work – it also raises awareness of depression and what people can do to take care of their mental wellbeing.

www.cwmt.org.uk/fundraise

www.cwmt.org.uk/workplace-fundraising

call: 01635 869754 or email: admin@cwmt.org
STUDENT MENTAL HEALTH & WELLBEING CONFERENCE
Background to the study...

- The survey was developed as a result of
  - An increase in the number of students accessing wellbeing services
  - Increase in Mental Health (MH) problems among students nationally
  - Universities UK call for all universities to ensure their provision of student MH support mechanisms meet the needs of their students
Aims of the study:

- The overarching aim is to understand the MH issues our students face and to better tailor wellbeing support mechanisms:
  - Identify the prevalence and nature of MH issues
  - Identify the awareness and take-up of wellbeing services
During 2017-18

........a questionnaire that included:

- Questions on:
  - background information
  - current MH
  - awareness of and take up of University wellbeing services

- Kessler 6 Psychological distress (Kessler et al. 2002)
- General help seeking questionnaire (Wilson et al. 2005)
- Academic self-efficacy scale (Chemers et al. 2001)
Results
(from 314 students)

- The Kessler 6 is used to identify nonspecific psychological distress.
- Allows classification to the level psychological distress

- Of our respondents:
  - 24% were in the normal range
  - 37% were in the moderate range
  - 39% were in the severe range
Our data followed the usual trend in terms of:

- A higher proportion of females were in the severe range (44% compared to 26%).

- The incidence of severe psychological distress was higher in non-heterosexual students.
# Kessler Level of Distress by level of study:

<table>
<thead>
<tr>
<th>K6 Group</th>
<th>Foundation Year</th>
<th>First Year</th>
<th>Second Year</th>
<th>Third Year</th>
<th>Fourth Year</th>
<th>Masters Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Normal</td>
<td>1 (5%)</td>
<td>22 (21%)</td>
<td>6 (11%)</td>
<td>22 (29%)</td>
<td>8 (57%)</td>
<td>17 (38%)</td>
</tr>
<tr>
<td>Moderate</td>
<td>9 (45%)</td>
<td>36 (34%)</td>
<td>23 (42%)</td>
<td>28 (37%)</td>
<td>4 (29%)</td>
<td>16 (36%)</td>
</tr>
<tr>
<td>Severe</td>
<td>10 (50%)</td>
<td>47 (45%)</td>
<td>26 (47%)</td>
<td>25 (33%)</td>
<td>2 (14%)</td>
<td>12 (27%)</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>105</td>
<td>55</td>
<td>75</td>
<td>14</td>
<td>45</td>
</tr>
</tbody>
</table>
Our new survey involves some modification, including:

- It will ask about MH issues evident before coming to university (and if this has worsened whilst at university).
- It will explore the impact of MH problems on students’ academic experience.
- It will incorporate a measure of ‘belonging’ and a measure of wellbeing.
- It will recruit more participants!
THE IMPACT OF WORKING AND CARING COMMITMENTS ON STUDENTS' ACADEMIC PERFORMANCE AND WELLBEING

Helder Costa (President: Wellbeing)
Nicola Edwards (Representation Officer)
Presentation Outline

• Research Background: From School to University
• Research Key Findings: The end of the “Traditional Student”
• Recommendations: Developing a Leading University in the new Educational Environment
• Next Steps
Research Background

The University of Sunderland student body is, due to its background, specially threatened by financial and caring pressures.
DID YOU KNOW?

49%

Have missed University due to work commitments
DID YOU KNOW?

55% OF THE STUDENTS WORK OVER 16HRS A WEEK

52% WORK WITH IRREGULAR SHIFT PATTERNS
Students Comments

"IT IS DIFFICULT TO KEEP UP WITH EVERYTHING (...) MY MENTAL HEALTH SUFFERS DRAMATICALLY DUE TO CONSTANT STRESS."

Students are failing to keep up with the demands of the academic and professional world and their mental health is being negatively affected!

"THERE IS A LACK OF UNDERSTANDING WITHIN THE UNIVERSITY OF THE REALITY OF STUDENTS' LIVES."

The "traditional" University student no longer exists.

"I NEVER TOLD A LECTURE WHY I AM OFF BECAUSE I AM TOO SHY."

The privacy of the student life must be kept at all times.
What can we do?

Among others, we can:

• Condensate the Timetable
• Consistent Timetable throughout the Degree
• Creation of a “Self-Certification” Policy
• Abolish the 40% cap on reassessments
• Rethink the Extension Policy
Words to think about

“The world as we have created it is a process of our thinking. It cannot be changed without changing our thinking”

Albert Einstein
Student mental health & wellbeing at the University of Sunderland: challenges, responses and aspirations

Oliver Pritchard, Deputy Director, Student Journey
University context

The University:
- 12420 “on campus” students Sunderland/London
- 6771 “off campus” UK and Overseas
- High % regional, local and WP students
- Mixed cohort of 18 -21, “mature”, International, both on-campus and “commuters”

University Student Support Services:
- Wellbeing* - Disability Support
- Student Support Fund - Student Financial Guidance
### Mental health – (some) facts and figures

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>50% who experience a mental health issue start before the age of 15</td>
</tr>
<tr>
<td>9.2%</td>
<td>9.2% of the general population report generalised anxiety disorder or depression</td>
</tr>
<tr>
<td>90%</td>
<td>90% of UK students report feeling anxiety</td>
</tr>
<tr>
<td>7.3%</td>
<td>7.3% of the general population report self-harming</td>
</tr>
<tr>
<td>50.3%</td>
<td>50.3% of UK students report self-harming</td>
</tr>
<tr>
<td>20.6%</td>
<td>20.6% of the general population report having suicidal thoughts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>14%</td>
<td>14% of students accessing Wellbeing</td>
</tr>
<tr>
<td>12%</td>
<td>12% of students accessing wellbeing</td>
</tr>
</tbody>
</table>

Source: The Guardian 2017; Mind 2017; Insight Network/DIG IT 2018
Challenges (2)

Number of Referrals for 1-1 Wellbeing Support

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of referrals</th>
</tr>
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<tbody>
<tr>
<td>2013/14</td>
<td>465</td>
</tr>
<tr>
<td>2014/15</td>
<td>484</td>
</tr>
<tr>
<td>2015/16</td>
<td>666</td>
</tr>
<tr>
<td>2016/17</td>
<td>884</td>
</tr>
<tr>
<td>2017/18</td>
<td>1109</td>
</tr>
<tr>
<td>2018/19</td>
<td>1289</td>
</tr>
</tbody>
</table>

Number of referrals
Concerns, risks and approaches

In May 2019 Wellbeing Service reported on a “snapshot” of student risk:

- 187 open/active student cases
- 24% indicated a significant risk
- 11% indicated a serious and imminent risk
- 65% indicated no apparent or immediate risk

Over the year 2018-19
- 12% “felt suicidal” at first referral
- 28 students referred to the Crisis Team
- 5 students taken to A&E for Psychiatric assessment
- 4 students detained under the MH Act (Section 2)
A response model

The Inter-Relationship of Mental Health States

- Depression
  - Heartbroken, sorrowful, demoralized, grieving, mournful, despairing
- Mental Disorder/Illness
- Mental Health Problem
  - Upset, annoyed, sad, unhappy, disappointed, disgusted, angry, bitter, blue, down, sorry, glum, forlorn, disconsolate, distressed, despondent, dejected, pessimistic
- Mental Distress
- No Distress, Problem or Disorder

source: TeenMentalHealth.Org
**Inputs**

- 7.13 FTE
  - 125 student-enrolled licences
  - 20 Student journey
  - 20 student engagement
  - 60 group workshops and sessions
  - 40 student-led workshops and sessions

**Outputs**

- 94 students increased their understanding
- 80 increased engagement
- 60 group workshops and sessions
- 40 student-led workshops and sessions
- 46 increased support in the form of workshops
- 28 increased the number of volunteers
- 210 participated in workshops aimed at reducing stress
- 14 employed creative methodologies
- 264 additional volunteers
- 5 participants increased their participation

**Impacts**

**Qualitative Impacts**

- "Without your help, I don't know how I would have coped. The support you provided was invaluable. Thank you from the bottom of my heart."
- "The support I received was second to none. You were always there when I needed you."
- "Thank you from the bottom of my heart for being there. You saved my life."

**Quantitative Impacts**

- 100% survey respondents satisfied
- 12% satisfaction with services
- 55% continuing engagement
- 29% increased confidence
- 56% increased knowledge

**2018/19 Student Support Services**

**Wellbeing**

**Value and Impact Reporting**

**University of Sunderland**
Support Wellbeing

Environment

Student Mental Health
Summary Principles/”Aspirations”

- Acknowledge the media and policy focus on HE and HE students; but have a voice, be ready to challenge
- Collect, understand, respond to our data: demand, risk and impact
- Be confident and clear in our duty of care
- Focus our resource on complexity and risk as/if needed
- Nurture and embed emotional resilience and skills
- Work closely and increasingly with NHS partners
- Support our staff to support students, appropriately
- Clearly communicate, positively, our support offer to students, their families and supporters.
Thank You
University Mental Health Conference

23/10/19

Partnerships & pathways – best practice and opportunities
Gail Kay

Project Director: Mental Health Work stream

North East and North Cumbria Integrated Care System (ICS)
Aims

- Provide an overview of the North East and North Cumbria ICS mental health work stream
- Update on our joint working arrangements to support student health and wellbeing
ICS Mental Health Work stream

The ICS mental health work stream arrangements have provided a governance framework to support the successful development of the regional work plan by;

- Ensuring that best practice and learning is shared across agencies
- Duplication is lessened
- Resources are shared to improve efficiency and effectiveness
- Impact is monitored

Our Vision:
Sustainable, joined up high quality health and care services that maximise the mental health and well-being of the local population
Why is change needed?

- Unequal distribution of wealth, good housing and good jobs drives inequalities in health and wellbeing and the region suffers disproportionately from poverty.
- The North East has some of the highest rates of mental illness in England.
- Half of mental health problems are established by the age of 14, 75% by 24 years.
- 1 in 4 adults are diagnosed with mental ill health at some stage in their life.
- There is a significant inequality gap within communities across our localities, more people from our deprived communities die younger and their quality of life is worse than what it should be when compared to the local, regional and English averages.
Why is change needed?

- This inequality increases for those with mental illness, life expectancy is 20-30% less than the rest of the population, the gap in the North East and North Cumbria is higher than the national average.
- There is an ageing population in North East and North Cumbria - in people over 65 years 7% have dementia, 28% have depression - the rate of depression is higher than the England average.
- Suicide is the leading cause of death for men aged 15 – 49, among women aged 20-34, suicide is the most common cause of death.
- Only 8% of people on CPA are in employment.
- Poor mental health can drive a 50% increase in physical care costs.
Mental Health ICS Priorities

The 7 priority work streams are:

- Child health
- Zero suicide ambition
- Employment
- Optimising Health Services
- Long term conditions and persistent physical symptoms
- Older people
- Improving the physical health of people in receipt of treatment for a mental health or learning disability condition

Mental Health Priorities

The socioeconomic and human costs associated with mental ill health are well publicised and the priorities identified by the mental health work stream focus on addressing health inequalities and delivering parity of esteem to prevent illness, promote wellbeing and improve the outcomes for people who experience mental ill health.
# Our Delivery Plan

- **Principles** – Shared values
- **Purpose** – (sense making) What are we trying to achieve? Clearly defined objectives
- **People** – (communication) Who needs to be engaged in the process?
- **Practicalities** – (infrastructure) for example, money, estate, IT
- **Positive Impact** – evaluation of outcomes and learning lessons culture
- **Precautions** – risk identification / learning from experience - literature review themes
Scoping joint working opportunities

- Building on work and relationships already in place between the University and our local and regional services
- Needs led models of care
- Relationships
  - Closer links with Therapies Training Clinic (PTTC) and NHS
  - Public Health links
- Links with senior university staff / Senior NHS staff
- Liaison - appointing a member of the trust to have responsibility for student mental health
- Mapping existing provisions
- Different university provisions for student mental health offered within the north-east
- Staff training - Identify training opportunities which could be led by NHS staff and delivered to the university e.g. around common sense confidentiality and zero suicide ambition
- Psychoeducation - identify ways to work together on the content and/or delivery of a programme of psychoeducation
- Funding opportunities
- Clear referral pathways for different issues
- Establish operational points of contact
- Shared objectives
- Develop pathways into secondary or tertiary care for students with mental health difficulties whose needs cannot be adequately met by the university
- Public Health links
- Building on work and relationships already in place between the University and our local and regional services

Join our Journey
North East and North Cumbria
Practical considerations

- Communication between NHS and University. How do we raise concerns and pass on recommendations?
- How do we promote and facilitate early help seeking behaviours and also promote a positive culture re mental wellbeing?
- Transition between services/joint working between services in “home town” and “university town”
- Fitness to study; implementation of positive practice e.g. HEOPS guidelines for fitness to study with an eating disorder
- Fitness to practise issues; confidentiality and boundaries
- University as an employer: responsibility for staff / staff welfare
Ideas to action

Regional meeting – jointly informed action plan

- Complex needs definition
- Crisis definition
- Supporting students who do not seek help
- Fitness or support to study policy
- Positive practice framework
- Information sharing
- NHS reporting arrangements – is student status / university contacts captured?
- Support for staff
Implementation

- Sub regional working groups / Allocation of tasks
- Named SPOC to progress locality joint working arrangements
- MDT approach
- Cultural aspects / relationship building
- System links and awareness raising
- Review and update of draft action plan; locality focus
- Sharing developments
- Reviewing progress / challenges to progress
Impact

- Evaluation arrangements
- Research opportunities
- Regional progress review / learning event
Successful implementation
Informed and engaged service users and other stakeholders
Informed, secure and engaged workforce
Effective system leadership
Clear vision and plan
Relational infrastructure
People inform purpose
People find practical solutions

Summary
Thank you

MAKE NEW FRIENDS

Join our Journey
North East and North Cumbria

success
gail.kay@ntw.nhs.uk

https://nhsjoinourjourney.org.uk/