
LEICESTER CITY HEALTH AND WELLBEING BOARD

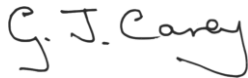
Date: THURSDAY, 24 SEPTEMBER 2020

Time: 10:00 am

Location:
VIRTUAL MEETING - VIA ZOOM

Members of the Board are summoned to attend the above meeting to consider the items of business listed overleaf.

Members of the public and the press are welcome to attend.



For Monitoring Officer



MEMBERS OF THE BOARD

Councillors:

Councillor Vi Dempster, Assistant City Mayor, Health (Chair)

Councillor Piara Singh Clair, Deputy City Mayor, Culture, Leisure and Sport

Councillor Sarah Russell, Deputy City Mayor, Social Care and Anti-Poverty

Councillor Elly Cutkelvin, Assistant City Mayor, Education and Housing

Councillor Danny Myers, Assistant City Mayor, Policy Delivery and Communications

City Council Officers:

Martin Samuels, Strategic Director of Social Care and Education

Ivan Browne, Director Public Health

2 Vacancies

NHS Representatives:

John Adler, Chief Executive, University Hospitals of Leicester NHS Trust

Professor Azhar Farooqi, Co-Chair, Leicester City Clinical Commissioning Group

Angela Hillery, Chief Executive, Leicestershire Partnership NHS Trust

Dr Avi Prasad, Co-Chair, Leicester City Clinical Commissioning Group

Frances Shattock, Director of Strategic Transformation, NHS England and NHS Improvement

Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Group

Healthwatch / Other Representatives:

Harsha Kotecha, Chair, Healthwatch Advisory Board, Leicester and Leicestershire

Lord Willy Bach, Leicester, Leicestershire and Rutland Police and Crime Commissioner

Chief Superintendent, Adam Streets, Head of Local Policing Directorate, Leicestershire Police

Andrew Brodie, Assistant Chief Fire Officer, Leicestershire Fire and Rescue Service

Kevan Liles, Chief Executive, Voluntary Action Leicester

Kevin Routledge, Strategic Sports Alliance Group

Mandip Rai, Director, Leicester, Leicestershire Enterprise Partnership

STANDING INVITEES: (Non-Voting Board Members)

Richard Lyne, General Manager, Leicestershire, East Midlands Ambulance Service NHS Trust

Professor Bertha Ochieng – Integrated Health and Social Care, DeMontfort University

Professor Andrew Fry – College Director of Research, Leicester University

Information for members of the public

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, City Mayor & Executive Public Briefing and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

Dates of meetings and copies of public agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk, from the Council's Customer Service Centre or by contacting us using the details below.

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Wheelchair access – Public meeting rooms at the City Hall are accessible to wheelchair users. Wheelchair access to City Hall is from the middle entrance door on Charles Street - press the plate on the right hand side of the door to open the door automatically.

Braille/audio tape/translation - If you require this please contact the Democratic Support Officer (production times will depend upon equipment/facility availability).

Induction loops - There are induction loop facilities in City Hall meeting rooms. Please speak to the Democratic Support Officer using the details below.

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- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey, **Democratic Support on (0116) 454 6356 or email graham.carey@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

For Press Enquiries - please phone the **Communications Unit on 454 4151**

PUBLIC SESSION

AGENDA

NOTE:

NOTE: Live Stream of Meeting - Members of the public and press can follow a live stream of the meeting on the following link:

https://www.youtube.com/channel/UCddTWo00_gs0cp-301XDbXA

An archive copy of the webcast recording will normally be available on the council's website within 48 hours of the meeting taking place at the following link: -

<http://www.leicester.public-i.tv/core/portal/webcasts>

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed at the meeting.

**3. MENTAL HEALTH AND EMOTIONAL RESILIENCE
ISSUES ARISING FROM COVID 19**

(Pages 1 - 62)

4. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chair to invite questions from members of the public.

5. ANY OTHER URGENT BUSINESS

6. DATES OF FUTURE MEETINGS

To be confirmed.

Leicester, Leicestershire and Rutland - Mental Health through Covid-19

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Leicester City Health and
Wellbeing Board

24th September 2020

Item 3

The Impact of Covid

What is the impact of Covid on Mental Health in Leicester's communities?



How have Covid driven innovations made a difference to patients and partners



Have we ensured that these innovations and service improvements are working together to have the maximum impact on Leicester's communities?



How do we support the development of community based Mental Health services which meet the needs of neighbourhoods and people across Leicester?

The Impact of Covid

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Feedback from system partners

LPT

- Increased acuity of presenting patients
- Increased number of presenting patients, previously not known to services
- An initial reduction in referrals
- Some capacity limitations within the community and crisis teams
- Impact of infection and prevention requirements on bed capacity
- Need to transform outpatient-based services and embrace digital alternatives

NHSEI

- Increase in demand for MH services

Adult Social Care

- Some people are requiring practical, rather than formal support
- Some of those who were coping, are now requiring additional help
- Increased numbers of MH Act assessments

Healthwatch

- People with new diagnoses, particularly Long term Conditions or cancer, are feeling worried about being able to access treatment
- People are feeling more anxious and experiencing more stress, especially if they are lonely

Police

- The demand on services support those experiencing MH issues or those who are vulnerable, has increased
- Some indication that there has been a corresponding decrease in missing persons
- Early (unconfirmed numbers) suggest a potential increase in suicides and a change in demographic of those completing suicide

Police & Crime Commissioner

- Potential increase in Child Sexual Abuse and abuse related to internet usage
- Young people are suffering with increased stress and anxiety, related to the future, lack of uncertainty and keeping well

UHL

- An increase in people not previously known to MH services, presenting to A&E with MH issues and/or self-harm
- An increase in acuity of patients presenting to A&E with MH issues
- A change in demographic of patients presenting to A&E with MH issues

University of Leicester

- No change in student numbers expected to register in September 2020
- Increased demand on student welfare and support services, focussed on the Hardship Fund

All Partners

- Covid has had a significant impact on all staff groups
- Staff are anxious about returning to work or not being able to return to work safely when they are struggling to work from home
- Many staff have had to juggle work with home-schooling and other significant carer responsibilities, increasing levels of fatigue across the workforce
- Anxiety and stress levels have increased, driven by:
 - Changes in work patterns and unstructured days
 - Increased working hours and workloads
 - Concern for safety
 - The wearing of PPE (particularly for long periods or if unfamiliar)
 - The loss of a sense of team

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But....

- Some reductions in sickness absence associated with more flexible working options
- A re-energised focus on collaborative working to understand and respond to MH needs within communities

Discussion - The Impact of Covid

What is the impact of Covid on
Mental Health in Leicester's
communities?

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Local Innovations to Meet Demand

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Clinical Provision – Leicestershire Partnership NHS Trust

**Gordon King, Director of Adult Mental Health
Leicester Partnership Trust (LPT)**

Pre - Covid...

Progress

STEP up to GREAT Mental Health

Staff launch of the implementation phase of transformation

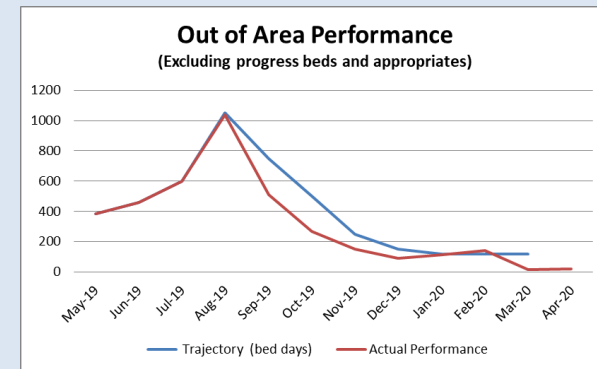


Inpatient Grip and Flow

Large reduction in Out Of Area (OOA) placements

Agreed plan for reducing dormitories

Plan to turn dormitories into single rooms



Key Challenges

Waiting Times, caseloads & capacity

- Capacity limitations in crisis & community
- High caseloads / waits in some teams

Care Planning & documentation

- Increased coproduction needed
- Increased need for collaborative care planning
- Increase service user & family voice in transformation

Sustaining quality improvement

- Challenge maintaining the wide-range of improvements across services

Managing through Covid-19

Key Changes

Central Access Point (CAP)

- All age 24/7 direct contact point for mental health help
- Moving to phase 2 of jointly running CAP with VCS

Mental Health Urgent Care Hub (MHUCH)

- All age urgent mental health assessment and support outside of Emergency Department (ED)

Isolation wards and inpatient flow

- Established two isolation wards
- Temporary reduced beds
- Further reduction in out of area placement

Community Rehab

- Established a community transitory team
- Reduced rehab beds

Maintaining majority of community activity

- Adopted virtual and digital approaches
- Maintained majority of community activity
- Strong business continuity preparedness and Infection Prevention Control (IPC)

Managing through Covid-19

Quality and IPC

Flexing workforce

- Staff covering roles, services and new initiatives
- Matching staff to roles to minimise risk to their health

Maintaining patient safety

- Least restrictive practices and enhanced monitoring
- Increased management of new environmental risks

Supporting patient experience

- New methods of communication with patients, carers & visitors

Maintaining patient care

- Adapting practice to over 50 IPC changes affecting approaches to patient care

Additional Challenges

Increased Acuity

Widening gaps

Limitations in virtual working

Reduced Productivity

Snapshot of data

	Accepted Referrals	Seen Face to Face	Seen Video Conferencing	Seen NON face to face	Overall change in activity
Adult and Older People mental	- 268 -23%	- 1,744 -60%	24	1,727 602%	7 0%
FYPC-CAMHS	- 54 -33%	- 459 -70%	23	406 251%	- 30 -4%
IAPT	-1,159 -66%				- 170 -14%

- Referrals down across most services
- Overall activity has mainly been maintained
- Inpatient flow significantly improved (zero out of areas placements and operating reduced beds)
- Specific activity notably reduced for example
 - Assessments (negatively effecting Waiting times across adult, older people and children and young people (CYP) community services)
 - Face to face dependent work (e.g. memory assessments, primary care SMI physical health checks)
 - ECT (anaesthetist diverted to UHL)
 - IAPT performance (associated with reduction in referrals)

5 Point Recovery Plan

Evaluate

- Quarterly evaluation of key changes
- CAP, MHUCH evaluated well with partners and service users

Sustain

- Establishing plans to sustain positive new changes.
- Using MHIS and realignment of existing service resource

Recover

- Objectives & trajectories being set for each key area
- Recovery plans aligned to Transformation
- Programme of restoration of face to face being established

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Surge (& need analysis)

- Working with North Commissioning Support Unit for surge modelling
- Local surveying to understand better understand of impact and service gaps associated with BAME and other groups
- LLR Mental Health system data group to increase depth of analysis
- Joint working between LPT & IAPT provider
- Analysis and system collaborative focused on suicide prevention

Transform

- Step up to Great Mental Health - accelerating 4 key pathways
- Making necessary changes in line with national model including inpatient environment improvements
- Starting groundwork for public engagement
- Working across system to put in place Mental Health Investment Standards (MHIS)

Key priorities

Top 3 priorities

Recover and Restore

- Deliver 5 point plan to improve performance and deliver coverage of services
- Increase preparation for surge and altered demand related to National incident and wider impacts

1 Transformation

- Accelerate transformation plans in adult/older people and CYP facilitated by MHIS, capital and strategic procurement
- Agree and deliver plans with support of HOSC and clinical senate

Increase engagement and partnership working

- Further strengthen engagement and partnership around plans, ongoing service development and delivery
- Strengthen governance to promote partnership working and whole system coordination
- Invest in voluntary sector to improve service offer
- Target widening inequalities

Quality and Safety

- Planned joint approach to quality visits
- Recognition there are issues with embedding learning from incidents
- Planned joint support using critical friend approach, particularly in recurrent incident quality themes

Discussion – Service Integration

How have these innovations made
a difference to patients and
partners?

Local Innovations to Meet Demand

System partners

Adult Social Care

- Change the focus from traditional services, to hands-on assistance
- Community based advice, sign-posting and support
- Multi-agency support (reduction in reliance on primary care)

Healthwatch

- Improving patient involvement in service change and innovation
- A focus on improving access to help and services at the point of crisis

19 Police

- Increased the PAVE and Triage Care service offer including operating hours
- Move to a single team model of service delivery and understanding of demand for MH related services
- Working with primary care to increase proactive risk management and suicide prevention
- Crown and Magistrate court increased screening and identified of key vulnerabilities
- Supported developing pathways of urgent care accessing MHUCH to reduce impact on ED and reducing need for 136 detention

Police & Crime Commissioner

- Accessing emergency MoJ funding to bolster online therapeutic support for domestic abuse and sexual violence victims
- Submitting a bid to the Child Sexual Abuse Support Services Transformation Fund to provide wrap around support for victims and their families
- Providing a £100k Covid-19 grant fund, which is partly being used to address mental health concerns, particularly amongst the elderly and young people
- Committed to extending the Suicide Bereavement Service contract for a further 12 months

UHL

- Supporting of the MH Urgent Care Hub pathways
- Partnership approach to case de-briefs and learning from complex cases
- CORE 24 MH pathway within Adult and Children's A&E

University of Leicester

- Increase accessibility to the student Welfare services and Hardship Funds
- Multi-agency planning and response to the potential challenges post-2020 registration

Discussion – Meeting the New Need

Have we ensured that these innovations and service improvements are working together to have the maximum impact on Leicester's communities?

The Role of Neighbourhoods and Primary Care Networks (PCNs)

- New teams of Social Prescriber Link Workers, employed by PCNs and working in partnership with other care co-ordination and care navigator professionals
- PCNs working with partners to understand Mental Health needs specific to their communities e.g. University PCNs, working with Universities and digital service providers to provide bespoke support and opportunities for proactive care and prevention
- From April 2021, PCNs can access funding to employ their own Mental Health practitioners and Wellbeing Coordinators
- As part of the LLR Step up to Great Mental Health transformation programme, partners have started the conversation with PCNs, patient groups, community groups and Voluntary Sector members to understand local need and potential solutions

Discussion – Meeting the New Need

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How do we support the development of community based Mental Health services which meet the needs of neighbourhoods and people across Leicester?

Item 3

Supporting people with mental health issues during the Covid-19 pandemic

Sarah Morris and Ruth Lake

Social Work Teams

There are 1499 people open to Leicester City's Adult Mental Health social work teams, of whom 766 do not have a formal support package. These people are either being supported directly by social workers or care management officers, or remain open to the teams because, although they don't currently require support it is recognised that due to their mental health issues they may do so in the future and it is best that any future support be provided by the team that knows them best and whom they know they can contact if they have any concerns.

Adult Mental Health teams provide this professional support, rather than formal, paid support on a higher level than other service areas as it is recognised that people with mental health issues may require emotional and practical support on an ad hoc basis rather than regular, formal support with specific tasks daily or weekly. This intermittent support can often involve linking people in with other agencies or supporting them to do so themselves.

The Covid pandemic has highlighted this need. Workers within teams have spent a lot of time on the telephone simply talking to and listening to people. This connection with other people has been vital for people whose mental illness has been further impacted upon by the current situation, the anxieties and social isolation that this brings. Some people who were receiving formal support packages are now receiving less of this (as the groups they were attending have stopped or they do not want their provider coming into their home). Adult Social Care is in regular contact with providers and has provided guidance on how providers can continue to support people; whether this be through regular phone contact or supporting people to go out of their property to get fresh air and take exercise. However, there have also been new referrals to Adult Social Care, people who were managing their mental health independently prior to the pandemic but now require some additional support.

Generally, such people have not required a traditional support package, but instead have needed assistance with arranging accommodation, food or linking in with health services. Sometimes this can be resolved by supporting the person to consider what options are available in their local community or by signposting them to support that is available. However, Adult Social Care has had to arrange and fund B&B accommodation or even residential care for people who wouldn't generally be assessed as requiring Adult Social Care support but who are accepted as being vulnerable due to the current situation. This has included people who, due to their mental illness, have been unable to adhere to social distancing rules and so cannot remain in hostels, who have been unable to access general needs housing due to the closure of the Housing register or whose family have not been able to continue to provide support to them at this time. There have also been fewer accommodation options available to people being discharged from hospital.

Housing and Adult Social Care managers have met to discuss these issues and Adult Social Care have provided Housing colleagues with a list of those people who require housing, with Housing agreeing to include these people within their new pathway to restart the Housing register.

Support available through Contracted Providers

More broadly in relation to a wider support offer for those we may not have a statutory duty to we have in place a contract for Mental Health & Wellbeing Recovery Service (MHWRS) with Richmond Fellowship for the 'Life Links' service. This is an Open access service available to anyone in Leicester City that requires low level mental health support. This service is joint funded with the City CCG.

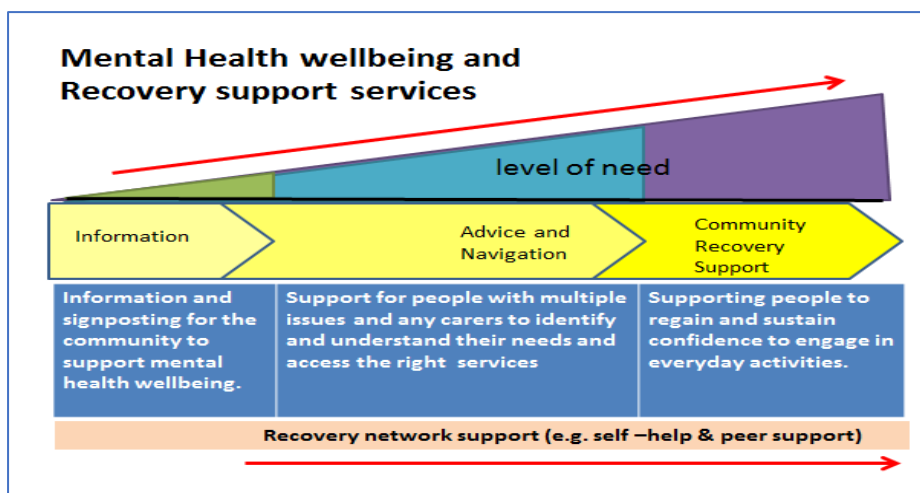
The intention behind the service is to build mental health wellbeing and recovery within local communities through the provision of information, advice, navigation and community recovery services, working in partnership with other providers and mainstream resources.

The objectives of the service include:

- a) Increase understanding of common mental health disorders across local communities and raise awareness of sources of support, with the purpose of challenging the stigma and discrimination associated with mental illness.
- b) Provide support to people experiencing mental health distress who require advice and information on mental health and wellbeing services in the locality.
- c) Enable individuals to maintain and improve their mental health wellbeing, or recover from mental illness, through better use of community resources.
- d) Promote independence by building individuals' emotional, social and economic wellbeing, through better access to self-help strategies, peer support and mainstream services.
- e) Become an integral part of the wider local mental health and social care system, developing effective relationships with and pathways into existing services.

The Figure 1 below summarises the approach used by the provider to deliver the service:

Figure 1: Service Approach



The current MHWRS providers should offer an information and signposting service for the locality population. Information should be easily accessible and available via multiple routes e.g. a drop-in service, user-friendly website, telephone and other technology solutions where possible. Providers should also have up to date information on a range of local and national services, tools and other resources that could support a person's mental health wellbeing (e.g. information on relevant wellbeing apps).

In addition, the providers work with local mental health networks to undertake activities to promote mental health wellbeing within the locality, targeted at people who are most likely to be experiencing mental health problems or who are at risk of requiring additional support to manage their mental health needs.

This includes such aspects as:

- Advice and Navigation
- Community Recovery Support
- Peer Support and mentorship

Referrals can be made by GP's / Social Workers / CPN's but people can also self refer. Open access service for information and advice and navigation but mental health diagnosis required for community recovery support.

The Information, Advice and Navigation elements of provision are open access to the general public, and people can be referred by health and social care professionals or community and faith organisations. People may request face to face appointments where they feel they would benefit from more in-depth support.

Referrals for the Community Recovery Support come from health or social care professionals or by self-referral. The Provider is expected to use their professional judgement to determine which individuals are deemed suitable for Community Recovery Support. The Provider will request permission from the individual to obtain supporting information from the General Practitioner or a Health and Social Care Practitioner about their diagnosed mental health problem, and to gather information

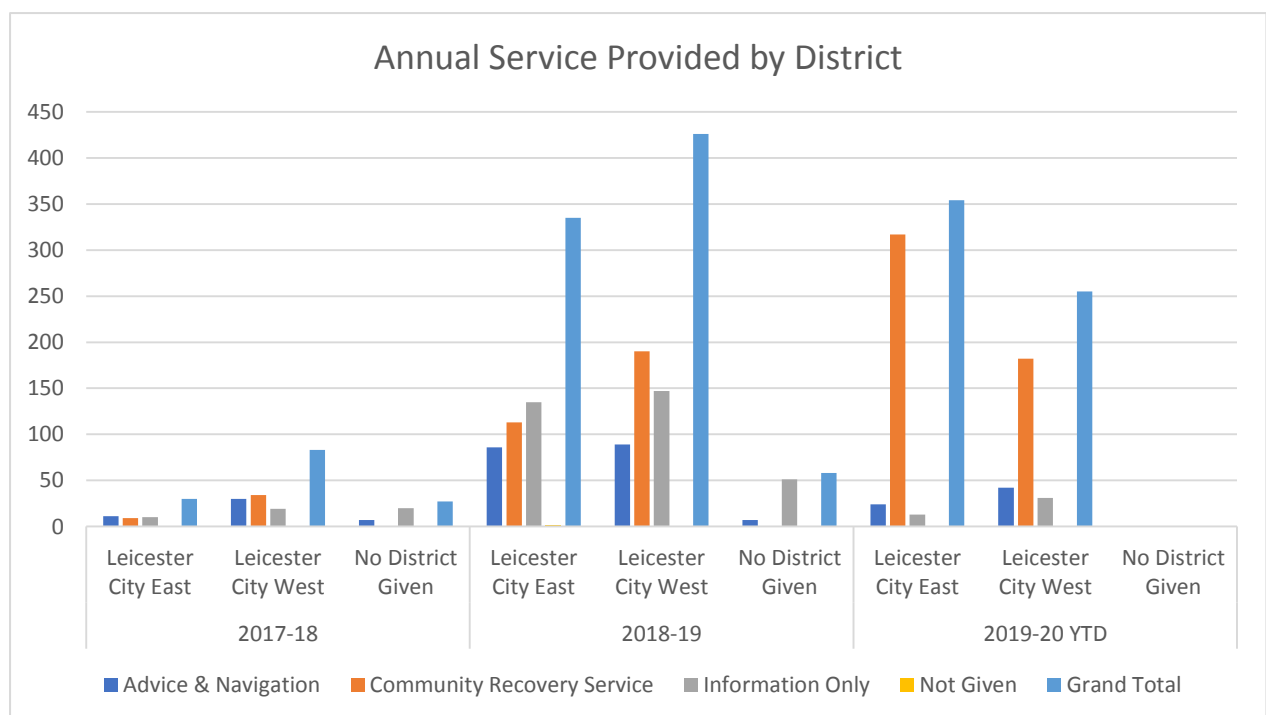
about any risks in order to refer into the service. The service may refuse provision of support if this permission is denied.

These services are free to eligible individuals and people are not be expected to contribute towards support from any Personal Budgets they may be receiving.

In 2019/20, the main source of referrals have been people self referring into the service (42%). This has remained the main source of referrals since the contract commenced. Other referral sources include other VCSE organisations, social workers, Job Centre Plus officers and GP's.

Generally, the service is able to see someone within 5 days of initial contact for community recovery support.

The table below shows the numbers of interventions across the different service categories over the lifetime of the contracts. This demonstrates more focus on community recovery support as the services have developed and staff at Life Links have confirmed that most people request face to face support.



In addition, Life Links has an Advisory Group (made up of people accessing the service), which ordinarily meets quarterly to discuss ideas for service improvements and creates peer support opportunities. Volunteers (including former and current people accessing the service) are then able to participate in setting up and delivering peer support groups, aiding their own recovery journey

Multi agency planning for the future

Leicester City Council is working with Health and voluntary sector colleagues to develop a 'pathfinder' site within the City that will aim to provide much more joined

up support to people requiring mental health support within the community, via their GP service and through that community (alongside rather than purely via professional services).

The Public Health Team is also working with colleagues across the East Midlands to develop a model for planning the mental health 'surge' that is predicted to follow the Covid-19 pandemic; to understand the numbers and the sort of support that people might require.

Item 3

Healthwatch

As we are not provider we're not able to fully respond to all the questions, here's our report;

Brief report for Health and Wellbeing Board –
Healthwatch Leicester and Healthwatch Leicestershire

What issues have you identified in relation to mental health and emotional resilience due to COVID-19?

- Increased anxiety and stress due to lack of treatment and support for long term conditions or new acute need
- Overall increase of stress and anxiety of Covid-19 lockdown – isolation anxiety
- Anxiety and stress due to lack of access to treatment (Breast cancer screening)

What are you currently doing to address these issues and support the local community?

Patient representation at LPT – Supported through our volunteer Advisory board member Mark Farmer, Healthwatch is working with LPT to facilitate more effective patient involvement and engagement. Mark will be chairing the Peoples Council, which is being set up at the moment, which will oversee and review the involvement of patients in service review and ensure more effective co-design.

Online engagement activity – During lockdown we have held a number of online coffee sessions which have covered topics such as CAMHS support service – Kooth. We are also working with LAMP to hold similar sessions to understand the issues faced by MH service users. These will continue whilst we plan to re-engage with the public on a face-to-face basis.

Work priorities – A substantive work priority for Healthwatch this year is around the patient experience of accessing Mental Health services at Crisis. This will seek to show what is the level of understanding for the public on where to go when they require urgent help with their mental health. We are working closely with LPT to ensure our work will have the greatest impact.

What issues do you foresee arising in the future in relation to mental health and emotional resilience?

Some issues would be –

- Potential induced agoraphobia due to ongoing PH messaging
- Increased anxiety and stress due to furlough and possible loss of employment
- Increased anxiety and stress due to conflicting PHE/Local PH messaging

What plans do you have to tackle these issues?

NA – Not a mental Health provider.

Item 3

<p><u>PROJECT TITLE:</u> Mental health and psychological resilience in Leicester City: a focus on the COVID-19 pandemic and rehabilitation phase</p>
<p>On 11th March 2020, the WHO declared the COVID-19 pandemic. The UK has experienced one of the highest recorded death tolls from Covid19 in Europe. This has caused significant community anxiety especially amongst at-risk populations, i.e. the elderly, black and minority ethnic groups, those with underlying health conditions, socially disadvantaged communities and health carers. The ten-week pandemic lockdown, along with enforced shielding and social distancing protocols (with the later continuing indefinitely post pandemic), will have impacted upon community resilience. It is, therefore, essential to obtain a more in-depth insight into how communities are coping with this new psychosocial complexity. This is an important community enquiry, because prior to the pandemic, Leicester City Health and Wellbeing Action Plan (2018-2023), recognised that loneliness had negative consequences on community physical and mental health.</p> <p>In this project, DMU staff will work in partnership with Leicester City Public Health Practitioners (PHP) to develop a new form of focus group (FG) enquiry and community engagement approach (considering social distancing regulations). The FG will aim to give further insight into the wellbeing of at-risk communities and inform post Covid19 pandemic rehabilitation phase. The PHPs will recruit twelve community facilitators to be trained and support community engagement activities.</p>
<p><u>PROJECT OBJECTIVES (max 200 words):</u></p> <p>The objectives are:</p> <ul style="list-style-type: none">• To provide in-depth qualitative information from at-risk communities about their resilience and coping strategies during and rehabilitation phase of the Covid19 pandemic. <p>The objectives are:</p> <ul style="list-style-type: none">• To work in partnership with Leicester City public health practitioners (who attended the DMU 19/20 training) and provide expert advice to practitioners to engage in community engagement activities that consider new safer ways of engaging with communities post Covid19.• To work in partnership with Leicester City public health practitioners to develop an evidence-based report detailing a community's mental health needs and their response to the covid-19 pandemic.
<p>Submitted by:</p> <ul style="list-style-type: none">• Professor Bertha Ochieng (DMU)• Liz Rodrigo (Leicester City Council)

Item 3



2. Impact of Covid – 19 on mental health and emotional resilience

City Health and Wellbeing Board

Monday 10th August 2020

Purpose

The purpose of this briefing note is to share with the City HWB, from a police perspective, those mental health and emotional resilience issues which could perhaps in part be attributed to COVID - 19, what we are doing to address them and what issues we might foresee arising in the future.

Overview

This briefing note covers the following areas:

1. Assessment of the impact on the mental health and emotional resilience of our workforce from an 'internal' organisational perspective
2. Mental Health Car Demand
3. Missing Persons
4. Adult at Risk Referrals
5. Suspected Suicides

1. Impact on mental health and emotional resilience from an 'internal' organisational perspective

We have sought to identify and mitigate against the most likely issues potentially facing our officers and staff (accepting that the nature of policing means we have a very mixed economy of those staff who have been able to work from home and those who haven't). Namely:

- Anxiety caused by a disruption to routine. Impact of working from home on team moral and feeling of being connected to the organisation.
- Worry about increase risk of infection by attending work.
- Domestic abuse – increased risk for officers and staff where domestic abuse may be present if shielding/locked down/working from home - increased associated risk of anxiety.
- Additional pressure on those responsible for childcare – balancing work, childcare, home schooling commitments.
- Increase in workloads, people working at different times to balance work/home responsibilities.
- Lack of structure and a defined working day.

In order to mitigate these risks we:

- Made wellbeing calls to those identified as high risk and shielding or self-isolating
- Established a testing cell to provide advice and reassurance to those with symptoms and awaiting testing/results
- Where it could be enabled, individuals were advised and supported to work from home.
- PPE was issued, covid checks made by Control room ahead of deploying officers to incidents so they were aware of all available information to protect themselves
- Enabled the ability of continuing to work from the office if concerns presented in the home
- Provided wellbeing support for parents/carers – ‘people messages’ via intranet and management with focus on work-life balance
- Use of annual leave promoted for rest and recuperation – no annual leave bans put in place
- Birth partners enabled to work from home from 36 weeks of due date to support best possible opportunity for attendance at the birth

Moving forwards we anticipate and are planning for:

- Concerns from those shielding about the prospect of returning to the workplace
- Transition back to the workplace – anxiety about coming back, things not as they expected
- Fear of the unknown, 2nd spikes/lockdowns, people wanting certainty where there is none

In preparation:

- Shielding officers and staff to remain working from home extended until 30th September
- Return to Work principles being developed which consider a full organisational culture change in our approach to working from home
- Workplace risk assessments undertaken to make workplace ‘covid secure’.
- Individual risk assessments undertaken for all those identified as high risk
- Virtual Q&A engagement sessions themed on particular matters e.g. returning to work, enabling all to ask questions of those leading/involved in the Force planning and response
- Close monitoring of overall attendance/health data

2. Mental Health Car / PAVE

Demand on the Mental Health car increased by around 15% during March – July 2020 in comparison to the same period last year.

During an average month pre Covid, and taking Dec 2019 and Jan 2020 as an example, we triaged 648 and 673 incidents respectively in comparison to 722 in May 2020 and 765 in June.

Our PAVE team have experienced a real increase from having on average 20 open cases to around 30+ cases from April onwards and this still remained high in July with 28 cases. In addition, telephone contacts increased from 53 in Jan 2020 to 105 in March and then spiked again to 453 in April. This high level of call volume continued until late June with telephone contacts sitting at around 300 by July.

NB the PAVE team (pro-active vulnerability engagement) is a multi-agency partnership approach to target the most vulnerable individuals in the locality.

Through the Covid period we experienced an increase to S136 numbers. Pre Covid we saw on average 12-16 Section 136 per month but at the peak in June 2020 we saw 26 however the majority of people were detained and admitted under a section to the Bradgate Unit.

In response

- We increased our service offer to street Triage (MH car), operating from 0800 – 0200 an increase of 2 hours in the morning.
- We increased our service offer within the PAVE team, operating 0800 – 2000, 7 days a week instead of a Mon-Fri 0900-1700.
- We moved to a one team approach across all Mental Health services ie MH car, PAVE and Custody managed by a single manager to look at where our demand comes from.
- We continue to work closely with other front services ie LRI A&E Mental Health team.
- Our MH manager has been working in partnership with LPT management and EMAS management to ensure a joint approach to manage demand.
- LPT have set up a new 24/7 support line and urgent care hub at the Bradgate
- As the community teams have re commenced home visits this has helped albeit demand is still higher than last year but reducing.

3. Missing Persons

We have experienced a reduction in missing person reports during the COVID outbreak. This reduction has been across all categories of Low, Medium and High-Risk and we have also experienced reductions in missing reports for under 18's and 'in care' reports.

Throughout the period 1st April – 31st July 2020 the total average number of reports for all missing categories per day was 11.16 which is a decrease from 14.57 per day in the same period during 2019 and an overall average reduction of 3.41 reports per day.

In the same period we recorded 1362 missing reports in 2020 in comparison to 1778 reports last year.

In this same period there were 455 'high risk' missing reports linked to 364 separate individuals (some people go missing on multiple occasions) which was a reduction from 498 missing reports relating to 386 individuals last year.

Sadly there were 4 people found deceased in both reporting periods with one report from 2020 which was recorded as a suicide by a business owner thought to be attributed to the collapse of their company during the COVID restrictions.

However there has been a noticeable spike in all missing categories during the latter part of July which appears to correlate with the easing of COVID restrictions.

4. Adult At Risk Referrals

Definition of an 'Adult At Risk' - an adult means a person aged 18 years or over. An adult is 'at risk' if, because of their situation and/or circumstances, they are unable to take care of or protect themselves or others from harm, abuse or exploitation. Both their situation and circumstances should be considered before risk can be assessed. Situation would include environment, employment, family and other relationships, crime and anti-social behaviour levels, and a range of other situational factors. Circumstances would include personal factors such as Mental Ill Health, Learning Disability, Physical disability, Physical Ill Health, Age and Alcohol or Drug dependency.

Based on the above if officers believe a person with whom they interact with meets the definition of an Adult at Risk and or is subject to domestic abuse and therefore are unable to protect themselves from harm they must submit an 'Adult At Risk' Public Protection (PPN).

Adult Safeguarding Hub	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jun 20
Number of PPN's	724	747	673	641	712	659	685	633	577	606	782	840

An increase in Adult At Risk referrals can clearly be seen during May and June which coincides with periods of lockdown in LLR.

5. Suspected Suicides

We have experienced an increase in recorded suicides during the period 1st January to 31st July 2020 in comparison to the same period last year with the notable increase occurring between 23rd March and 30th May this year in comparison to last.

During the period January – July 2019 there were 45 recorded suicides with a mean age of 48 and an age range 18-83. In that same period between January – June 2019 there was an average of 5.3 suicides per month but in July 2019 this spiked to 13. **NB** Suicide rates tend to peak at 3 points of the year, July (Summer), September/October (for young people in education) and in January (after Christmas for older people).

82% of deaths between January - July 2019 were male and 88% of all deaths were White British.

During the period January – July 2020 there were 54 suicides with a mean age of 41 and an age range 12-78 an increase of 9 recorded suicides. 67% of the suspected suicides were male, representing an increase in females taking their own lives in comparison to the same period last year. 83% were White British individuals which demonstrates an increase in BAME suicides in comparison to last year.

During the period January – June 2020 we experienced an average of 8 suicides a month, with a noticeable rise in the months of March, April and May when the COVID crisis put the UK in lockdown. Of note is that between the 23rd March and 30th May 2020 we attended 24 suicides in compared to 15 in the same period for 2019.

It's difficult to categorically conclude that Covid provides a direct link to suicides, as there are often multiple reasons and I am aware that we have been working with our mental health partners since the outbreak of COVID 19 to consider whether any of these individuals were in receipt of services at the time of their death.

In response during April, the Suicide Audit and Prevention Group began meeting weekly in order to try and mitigate the threat.

- Flyers, regarding the LLR suicide prevention website (www.startaconversation) were distributed within food parcels
- GP representatives were contacted regarding patients who were receiving ongoing care for minor mental health concerns such as depression who had been identified as a high risk category of risk for suicide.
- Social media campaign was ran promoting the use of different activities to stimulate wellbeing.

Chief Supt Adam Streets

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Item 3

HWB 24th Sept 2020 LPT Briefing

- What issues have you identified in relation to mental health and emotional resilience due to COVID-19?
- What are you currently doing to address these issues and support the local community?
- What issues do you foresee arising in the future in relation to mental health and emotional resilience?
- What plans do you have to tackle these issues?

The main organisational issues related to COVID 19 pertaining to mental health and wellbeing have been in ensuring service delivery could be maintained and the most critical and urgent care offers supported.

This has been against a background of initial uncertainty related to potential staff sickness and the need to risk stratify and prepare for significant service challenges. These challenges were many and significant. In the community ensuring face to face visits were managed safely for those in crisis and in urgent need was key, as was managing waiting times and access.

In- patient services also needed to respond to the uncertainty and ensure beds were available with appropriate staff to manage through the crisis.

Supporting the community to ensure that the mental health and wellbeing is managed through this period has been key to LPT's work. Whilst initial service contact dropped the overall trend is upward in terms of demand and is also related to higher levels of acuity. In simple terms people with psychotic problems have been presenting as very unwell, in addition the underlying resilience of service users and carers has been of concern.

The service responses to this have been robust and varied. Some of the changes have been system generated locally and some in direct response to national directives. The presentation prepared for this Health and Wellbeing board in partnership with CCG colleagues addresses this in detail. LPT's approach has been to support staff and the community through innovative pathways and strong partnership working.

Development of the Central Access Point, which for the first time gives a single contact point for all LLR citizens to access mental health services with a "no wrong door" policy band open self-referral has been a significant shift in service delivery. In addition the MH urgent care hub has provided a positive alternative to A and E attendance for people and has been very positively received by service users and partners. Further detail can be provided of both developments and the significant evaluations undertaken.

In addition we recognise that developing better community responses for rehabilitation is key to supporting people out of hospital.

All of this activity and development is supported by Step up to Great , the system plan for improving mental health services, improving quality and access and working more closely with neighbourhood and place. Breaking down barriers between secondary and primary care is crucial to the success of mental health and wellbeing in LLR.

Whilst public health and service level surveillance is emerging it is anticipated that Covid 19 will continue to exert a significant pressure on resilience and mental health. The system plans and the specific Covid responses are developed within that perspective.

Strengthening co production and ensuring the service user and carers voice is driving our service and system response will be key. Continuing to build strong partnerships with colleagues across health, social care and the criminal justice system will be equally important.

We are confident that the work undertaken pre Covid to reduce Out of Area placements and ensure that any LLR resident who requires a mental health bed can get one locally has been key to our planning and will form a strong component going forward. Delivering the structural changes needed to improve waits and reduce unwanted shifting of service users around the system is also a key plan to ensure we meet the challenge.

Specific work on supporting staff resilience and wellbeing has been and will continue to be at the forefront of our efforts and we have a range of innovative support measures in place. An overriding concern will be ensuring that services meet the needs of those who may be hardest hit by Covid 19. BAME service users, those in digital poverty and younger people are all at risk of specific Covid related risks in addition the those faced by the wider populations. The focus on partnership, localism and the need to ensure All ages mental health and resilience is everybody's business will be key in helping us emerge from this current public health and social challenge.

LPT are happy to discuss and expand on the details adumbrated in this briefing.

Health & Well Being Board

NHSEI briefing

1) What issues have you identified in relation to mental health and emotional resilience due to COVID-19?

NHSEI have recognised the immense pressure that has been put on staff and the public in relation to Covid-19, particularly on mental health and resilience. Focus has been on those who have had to self-isolate for long periods of time without social contact and with no other family members. There have been staff who have been juggling carer responsibilities in addition to going to work on the frontline and who have experienced anxiety about the risk this is putting on their own and their families health. Staff who have been asked to work from home in environments not suitable or which are not safe has been something we have been particularly trying to address.

In addition, we have been working closely with our local systems to identify locally any particular challenges in relation to inequalities and specific demographic challenges for example, that may also impact further on the above areas of concern.

Many staff have wanted to come back into the office, but have been unable to do so, or alternatively, those anxious about returning to the office after an extended period of working from home, where adjustments have been made and recognition of the challenge on work/life balance which will be disrupted again.

2) What are you currently doing to address these issues and support the local community?

We are working alongside the Health system in LLR to address the needs of the community along with staff in relation to addressing the mental health issues due to Covid.

We are regularly reviewing for example the referrals into mental health services and also those attending A&E with acute needs to identify the increased demand.

In our regional role we are sharing learning and planning from other systems around increasing MH demand and a changing need for MH services to support development of services in Leicester.

Mental health is a core part of all discussions with the system and ensuring there is capacity and plans in place.

We are already working closely with teams across the organisation - with our national MH lead, Clare Murdoch and her team to ensure we are exploiting the potential of digital opportunities to help young people get support while they are on waiting lists.

More locally to NHSEI, there is a robust health and wellbeing programme in place to support staff in managing their mental well-being during Covid:

Supporting our health and wellbeing

There are regular 'Your Health and Wellbeing' webinars, where the latest webinar focused on 'paying attention to our health' where we heard about type 2 diabetes prevention, the new My Healthy Advantage app, and had an introductory session on mindfulness. The recordings are available at any time on our internal intranet.

Our next webinar is on 9 September and will focus on supporting working parents and resilience. We will hear updates on the supportive actions taken from the first webinar we had back in June and the work we have progressed since then. We will also hear from the children's mental health charity, Place2Be, with expert opinion on supporting parents and children in difficult times. And we will hear from colleagues about their experiences – including a panel discussion, sharing reflections and answering questions.

As schools, colleges and universities return over the next few weeks the first webinar on 'support for working parents' is being advertised again.

There has been a huge amount of work where 2,087 of NHSEI staff have engaged with a programme called 'Exchange Crowdsourcing' since the platform opened in July. This is a programme looking to exchange ideas and good practice. Altogether we've shared 347 solutions to five separate challenges that came out of our June reflections and coffee roulette conversations, made 1,611 comments and cast 7,733 votes.

There is a GymFlex scheme - for those interested in getting discounted gym membership, the latest window for the scheme will be open from Monday 7 September until 21 September to submit applications.

To support staff working from home we have also introduced the option of ordering extra equipment which is delivered directly to their home address to make working from home more comfortable – this includes equipment such as monitors, keyboards and office style chairs.

Staff "check in" surveys are carried out on a regular basis and the ideas raised have been adopted by the leadership teams to improve internal communications. The Employee Assistance Programme is open 24/7 to provide a confidential service to support members of staff. In addition, Resilience Workshops are held on a weekly basis for any member of staff wishing to participate.

3) What issues do you foresee arising in the future in relation to mental health and emotional resilience?

There is a recognition that during these times, the time spent at work has been great and there is a real need for supportive leadership and line management for those struggling but also who are not able to talk to anyone at home. It is also likely that the support needs will be different and more acute for those directly impacted by the pandemic (bereaved families, those who have been ill with Covid and key workers) and those with existing MH conditions.

4) What plans do you have to tackle these issues?

We are launching our "Virtual Leadership" programme this week. All managers will be able to access a digital course, lasting under an hour, which has been designed to offer help and support to lead effectively in a virtual environment. As Virtual Leadership Ambassadors we will champion best practice in virtual leadership within our teams and functions. The training provides practical support covering ten key areas, ranging from creating a 'virtual water cooler' (informal chats to get to know one another better and understand how we're really feeling), to encouraging employee voice, which can sometimes get lost in a virtual setting.



Item 3

Leicester City HWB Mental Health update – Office of the Police and Crime Commissioner

Introduction

The OPCC sits across the whole of Leicester, Leicestershire and Rutland and seeks to ensure a consistent approach to policing and related activity across the force area. To this end we convene the Strategic Partnership Board (SPB) on a quarterly basis. The Strategic Partnership Board has an interest in mental health and is particularly keen to ensure join up across the system, especially those elements which do not ordinarily fall under the direct influence of Health and Wellbeing Boards.

The OPCC does not directly deliver services but does commission a number of services across LLR and this includes a number of services which support mental health.

Issues identified in relation to mental health and emotional resilience due to COVID-19?

Due to our role as commissioner, rather than provider, we have not directly identified any particular issues but have had reported back to us a number of issues. Leicestershire Cares undertook a survey with young people they work with, a summary of which is appended below as young people seem to be particularly effected by the restrictions.

It has also become clear through national data that domestic abuse is on the rise which has a huge impact on mental health though this is still yet to be coming through strongly in local figures. Available data is suggesting that lower level abuse is particularly on the rise.

Child Sexual Abuse is also expected to have risen over the lockdown period as children have become more vulnerable to online abuse.

What we are currently doing to address these issues and support the local community?

We have already done much to addresses this increase in need such as:

- Accessing emergency MoJ funding and using some of this to bolster online therapeutic support for domestic abuse and sexual violence victims as well as enabling face to face providers to prepare their premises for safe return to work.
- Submitting a bid to the Child Sexual Abuse Support Services Transformation Fund (to be submitted on Wednesday 12th August) to provide wrap around support for victims and their families including online counselling support
- Providing a £100k Covid-19 grant fund, which is partly being used to address mental health concerns, particularly amongst the elderly and young people
- Committed to extending the Suicide Bereavement Service contract for a further 12 months

Issues we foresee arising in the future in relation to mental health and emotional resilience

We expect that the mental health impact of Covid-19 is likely to grow the longer social distancing restrictions continue to be enforced. This increase in need is likely to come against a backdrop of restrained public funding and so responding to this increased need will not be an easy task.

Plans to tackle future increased demand

We are particularly keen to ensure a cohesive and joined up approach across LLR and are seeking to enable this through the Strategic Partnership Board. We expect that working in this way will best deliver value for money for the public purse. We will continue to invest in therapeutic support for victims and will seek to access further funding to benefit LLR in relation to mental health.

Appendix 1 – Summary of LEICESTERSHIRE CARES survey results

Participants of the survey

The survey consulted 28 young people, mostly 1 to 1 by phone and one small group discussion. The participants are felt to be vulnerable and include those at risk of homelessness, with experience of the care system, a history of offending, long term unemployment and a lack of support networks.

The breakdown of participants in terms of age, race or gender is not included in the report.

The young people were asked questions relating to their experience of lockdown, the main challenges for them and what support was missing. They were also asked what their concerns and challenges are post lockdown. In addition they were asked to identify what or who has been useful.

Common Concerns expressed by the participants

1. A high level of boredom and social isolation.
2. Lack of routine and struggling to find activities to occupy themselves.
3. Limited internet access to take advantage of on-line activities.
4. Increased anxiety – this was exacerbated in those who already had mental health issues.

Concerns for the future

1. Finding employment.
2. Buying food and essentials (particularly those with children).
3. Coming out of lockdown and travelling safely on public transport.
4. Coping with anxiety and depression and having less energy and motivation.

Positive aspects identified

1. There were opportunities and resources to develop new skills, including continuation of a project to find employment.
2. There was the opportunity to be creative (baking, drawing)
3. Time to reflect on what is important in life.

The young people requested more sessions on mental health, cooking, exercise and also informal opportunities to socialize.

Leicestershire Cares, report that they are using the findings of this rapid assessment to inform their planning and support through the remainder of the lockdown and beyond, They urge other organisations working with vulnerable young people to do the same, and ensure that their services adapt and respond to participant's needs throughout this unprecedented time.

Item 3

Leicester City Council Public Health – mental health response to COVID-19

What issues have you identified in relation to mental health and emotional resilience due to COVID-19?

COVID-19 has had a detrimental impact on people's sense of mental wellbeing, with individuals and communities at risk of worsening mental health, affecting for example:

- People with mental health problems whose access to services has been interrupted;
- Shielded people with mental and physical conditions, including carers;
- Older adults, susceptible to the virus and more likely than others to lose partners and friends;
- People exposed to trauma and violence at home during lockdown;
- People from minority ethnic groups where COVID-19 prevalence has been highest and outcomes worst.

For people in these groups the pandemic may intensify risk, the precariousness of maintaining good mental health, and difficulties accessing appropriate, timely support.

COVID has highlighted the link between health inequalities and outcomes. Those at risk of poor mental health often have the worst access to support and are among those most exposed to the pandemic. People in these groups are likely to be vulnerable to long term mental health difficulties linked to factors like complicated bereavement, trauma and economic repercussions.

There are several known risk-factors for people with mental health difficulties. These include unemployment, poverty, discrimination, traumatic experiences, violence or abuse, physical illness, bereavement, chronic loneliness and a lack of access to support.

As Leicester emerges from lockdown, it will be important to inform people about protective factors, such as relationships, supportive families, secure childhood experiences, good housing, economic and social opportunities, education and easy access to help. All these can boost resilience in the face of stress and hardship.

What are you currently doing to address these issues and support the local community?

Public Health has a series of ongoing public mental health initiatives that have been ongoing and have been adapted to provide support and information about mental wellbeing, including self-help interventions and avenues for professional support.

The Suicide Audit and Prevention Group (chaired by Public Health in City and County) developed a series of resources at the outset of the pandemic, promoting a tiered approach to mental health during the lockdown. These were as follows:

- The first tier is for general mental wellbeing advice, for individuals who are experiencing low mood and feelings of nervousness around the future;

- The second is for more specialist support, for individuals who have persistent low mood and are having difficulties regulating their emotions;
- The third is advice for individuals experiencing mental health crisis, who need urgent mental health support.

These messages were distributed electronically, and amongst partners to display in public places such as pharmacies and general practices.

Public Health are working closely with the Domestic and Sexual Violence team in the Council, along with other colleagues across LLR to provide an emergency response for domestic abuse during coronavirus. We have been able to contribute towards the development of resources for those experiencing domestic abuse and for practitioners who are on the frontline, who may require additional support.

Through our work, we have been able to connect colleagues, so that the domestic abuse message is shared across as many avenues as possible. We are now working on developing a resource which focuses on the 'local offer' in Leicester, looking at connecting with pharmacies to share comms messages and ensuring we are promoting the services available for those experiencing extremely difficult times.

Another key strand of work that Public Health are leading on behalf of the Suicide Audit and Prevention Group is working with Primary Care settings, to ensure that individuals with mental health problems receive clear information and timely support from their GP practice. Methods we have used to support primary care have included shared communications around public mental health issues, and advice on where to seek support for a range of issues (such as finances, domestic violence, bereavement, and drug and alcohol misuse). We have also encouraged GPs to adopt a suicide risk assessment for registered patients with pre-existing mental health conditions, such as depression and anxiety.

What issues do you foresee arising in the future in relation to mental health and emotional resilience?

Our work with domestic violence services has highlighted a demand in services and reports from individuals who are experiencing abuse and violence, but were unable to report it due to close proximity to their abuser in lockdown. Support services for individuals experiencing domestic violence are likely to increase in demand over the coming months.

Individuals with risk factors for developing mental health problems, such as unemployment, poverty, discrimination, traumatic experiences, violence or abuse, physical illness, bereavement, and lack of access to support services will be at the sharp end of the impacts of COVID-19. Better support around these social determinants of health will be needed to protect the mental health and wellbeing of these vulnerable groups.

What plans do you have to tackle these issues?

A public mental health response to the impacts of COVID-19 (in draft below)

Aim	Goal	Actions	Outcomes
Promote resilience to childhood mental health problems	Improve mental wellbeing in children and young people	<p>Work with schools and teachers to improve mental health leadership.</p> <p>Adapt public health messages to messages resonant with and co-produced by children and young people.</p>	<p>Better understanding of mental health in schools, as well as a better understanding of ways to support emotional resilience</p>
Promote parental mental wellbeing.	Improve parental efficacy, self-esteem, partner relationships and improve family mental health.	<p>Develop close links with Health Visiting Services and mental health services to deliver better family mental health.</p> <p>Work with schools to encourage ways of working with parents as part of the Time to Change Leicester Community Grants scheme.</p> <p>Time to Change Champions to develop a parental mental health group</p>	<p>Closer working relationships with Health Visiting and mental health services so that family mental health is considered.</p> <p>Develop small projects to promote parental mental wellbeing in schools</p> <p>Parental support group led by people with lived experience of mental health problems.</p>
Promote mental health in the workplace	Work with employers to promote employees' mental wellbeing.	Develop a Time to Change Leicester Employers' Pledge, to adopt an organisation-wide approach to promoting the mental wellbeing of all employees,	Pledged organisations will demonstrate improved understanding of mental wellbeing and reduce the potential for discrimination and

		working in partnership with them.	stigma related to mental health problems in the workplace.
Support isolated older people	Support people to have meaningful social relationships. Encourage engagement in the wider community.	Engagement sessions and friendship tables in neighbourhood centres Tailored mental health resources with messages that resonate with and are co-produced by older people. Working with Leicester Ageing Together and other voluntary sector partners to provide support	Easier, more accessible methods of combatting social isolation for older people
Support victims of violence and abuse	Work with specialist services to promote mental wellbeing in circumstances for victims of violence and abuse.	Public Health to act as a conduit to link together domestic violence services and mental health services where individuals may require support from both.	Closer working relationships between domestic violence services and mental health services.
Promote self-help to people with low level mental wellbeing problems Promote support for specific issues, such as debt, relationships	Short term resilience to the impact of mental health problems	Highlight Five Ways To wellbeing in public mental health messaging Highlight information around the social determinants of health, such as links to debt advice, employment support, housing support, etc.	Supporting individuals at an earlier stage with their mental health and wellbeing – supporting individuals with the practicalities of the social determinants of health will have a beneficial impact on their mental wellbeing.
Work with substance misuse	Better understanding of how to support	The prevention of alcohol-related	Joined up support for individuals with

services	individuals with dual diagnosis	problems and other addictions is an important component of promoting population health and wellbeing.	substance misuse problems
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UHL briefing note on mental health and emotional resilience

Sponsor: Mark Wightman Author: Alyson Taylor

Date: August 2020

Executive Summary

Context

On 11 March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. By the end of March, several organisations had made available resources to tackle population stress and to minimise the negative effects of the pandemic on mental health. Specialised publications issued warnings about the possible effects of COVID-19 on suicidal behaviours. As WHO states, “mental health is an indivisible part of public health and significantly affects countries and their human, social and economic capital,”

On 18 March, the WHO noted that the COVID-19 crisis was generating stress throughout populations and published “Mental health and psychosocial considerations during the COVID-19 outbreak” in order to “support mental and psychosocial well-being in different target groups during the outbreak”

According to Gunnell et al. (2020), “mental health consequences are likely to be present for longer and peak later than the actual pandemic” Furthermore, “suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups”.

In April 2020 the Guardian published an article outlining the possible impact of COVID on the healthcare workforce citing a recent survey from YouGov, an international journal, involving 996 healthcare workers in the UK, for the Institute for Public Policy Research (IPPR), this saw 50% of respondents saying their mental health had deteriorated.

Recognising the anticipated emotional and psychological impact of COVID-19 early in the University Hospitals of Leicester NHS Trust enabled us to shape the support put in place, moving swiftly to ensure the right level of ongoing staff support for all groups of healthcare workers.

Briefing note for information

What issues have you identified in relation to mental health and emotional resilience due to COVID-19?

COVID-19 social isolation measures have had a profound impact on the psychological and mental well-being of individuals across society. Many of the anticipated consequences of isolation measures are themselves key risk factors for mental health issues including suicide, self-harm, substance misuse, and domestic and child abuse. Social interaction has been widely linked with psychological well-being, social opportunities and employment; thereby isolation in and of itself is an issue.

Identified patient issues

The feeling from staff in ED was that they have seen fewer patients with MH problems during COVID, but they are seeing an increasing proportion of very unwell patients and also people not known previously to services (or not seen for some time); patients are presenting with exacerbated MH conditions and increasing substance misuse and alcohol abuse.

Initially Mental health attendances at the Emergency Department reduced dramatically, falling to 401 presentations in April, average presentations are circa 760 per month, however this has now started to increase with July seeing 679 presentations.

Patients that are presenting with mental health issues are now older, historically the highest presenting age group has been 16-24, from April 2020 that has shifted to 45 -54 with the top 3 reasons for attending being; depressive disorder, delirium and alcohol intoxication disorder.

It should be noted that the acute care pathway has changed, as per the NHSE mandate to set up diversion schemes, with the opening of the Mental Health Urgent Care Hub (MHUCH) – this is viewed very positively. The MHUCH at the Bradgate Unit sees patients with mental health problems- from EMAS, GP's and also patients from ED (screened by the mental health team and sent there)

The impact of the number of temporary service changes, both at UHL and LPT, with some services being restricted, some closed and some being delivered in different ways, in line with government recommendations as a result of COVID, has for some patients been challenging, potentially widening accessibility gaps.

Identified staff issues

There has been a marked impact on presentations of staff to the Amica Staff Counselling and Psychological support service, as well as access to Headspace, a meditation app and Silvercloud, a digital mental health platform

Amica provides confidential telephone and face to face counselling services to more than 60,000 public sector employees and some private sector organisations.

Staff are presenting to Amica with higher levels of distress and anxiety coupled with a heightened sense of vulnerability.

The top five issues identified by our Mental Health First Aiders and Peer 2 Peer Supporters:

Anxiety
Stress
Fear
PPE issues
Fatigue

What are you currently doing to address these issues and support the local community?

To support the community

We are continuing to work as part of the Mental Health Partnership Board, with the aim of influencing developments in the city which will make a difference to people with mental health problems and their family or carers, supporting plans being worked up in relation to the Mental Health Investment Standard, ensuring the consistent increases in mental health spend.

Working with system partners to support the Mental Health Urgent Care Hub, and the changes to the acute mental health pathway which has diverted patients away from the ED.

The implementation of the urgent care mental health 'CORE24' pathway, (Which recognises that when a hospital has a 24/7 ED, it should also have a 24/7 mental health service offer) has had the management of change paused due to COVID – we will continue to work with system partners to drive this forward. Our corporate strategy team are actively engaged in system wide discussions, offering support as required, with a specific focus on population health management, and how we can best work together to minimise the widened mental health inequalities.

To support the workforce

The UHL COVID-19 Health and Wellbeing group was established in March 2020. This has had flexible membership based on support that needed to be enhanced or put in place.

Amica have expanded the staff services and support they provide to include;

- ‘reach out support’ visiting front line areas with regularity to run support groups
- a referral pathway for staff requiring long term support
- online support and self-referral services: Resilience training, self-care, mental health education and signposting – online resources are available to staff and their families.

Additional staff support includes:

- Individual high level psychological support being accessed and available from LPT colleagues
- Multi faith ‘Chaplains’ are supporting ward ‘huddles’ where staff can share their feelings in a safe space
- Peer 2 Peer Supporters set up in each Clinical Management Group
- Schwartz Round Facilitators were trained by the Point of Care Foundation to deliver online support (Team Time) - Schwartz rounds are an evidence-based forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients. Where the aim is to offer staff a safe environment in which to share their stories and offer support to one another
- COVID-19 Health and Wellbeing sessions delivered to new Registered Nurses and Health Care Assistants and part of Trust Induction
- Dedicated BAME health and wellbeing online session via MS Teams and one planned for our Differently Abled Voice network
- Mental Health First Aiders trained across the Trust
- Wellbeing (Wobble) Rooms set up around the Trust with support from Leicester Hospitals Charity
- Health and Wellbeing emails containing supportive guidance and signposting, initially daily, now weekly (over 60 produced)
- Dedicated Health and Wellbeing INsite pages updated, including local and National support
- Lanyard/wallet cards have been printed with local and National help and support information

Health and Wellbeing support

University Hospitals of Leicester NHS Trust

Amica Staff Counselling and Psychological Support Services
Support for your mental wellbeing.
Call: 0116 254 4388 or visit: <http://www.amica-counselling.uk/>

Health and Wellbeing INsite
Information including physical & mental health, sleep & fatigue, healthy eating.
Go to: <http://insite.uhl-tr.nhs.uk/>

Chaplaincy Listening Ear
A confidential listening ear to staff.
Call: 01509 564218 or email: chaplaincy@uhl-tr.nhs.uk

Freedom to Speak Up Guardian
Here to provide support to all staff across the trust.
Call: 07950 839130 or email: freedom2speakup@uhl-tr.nhs.uk

#OurNHSPeople Wellbeing support
for all our NHS people, we are here for you whenever you need us

Call 0300 131 7000
7am - 11pm seven days a week support, for mental health, financial help, bereavement care and coaching

24/7 text support
Text 'frontline' to 85258

Free access to mental health and wellbeing apps
Unmind, Headspace, Sleepio and Daylight for all NHS staff

people.nhs.uk
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What issues do you foresee arising in the future in relation to mental health and emotional resilience?

The community / patients

For survivors of severe COVID-19 disease, having defeated the virus is just the beginning of an uncharted recovery path, we know that a period in intensive care will negatively affect patients' long term physical, cognitive and psychiatric health, in what is known as post-intensive care syndrome. After being treated for a critical illness in the ICU, anxiety, depression and PTSD are very common and often complex when they occur. (It is recognised that 20% of ICU survivors get PTSD)

Professor Sally Singh with a team from the Hospitals and University of Leicester has been working with national clinical leaders to build a new service, 'Your COVID Recovery', meaning that Covid-19 patients who have long-term problems with breathing, mental health or other complications from the virus will be able to access an online, on-demand rehabilitation service, rolled out nationally and originating in Leicester.

Nurses and physiotherapists will reply to patients' queries either online or over the phone as part of the service. There will also be exercise tutorials that people can do from home to help them regain muscle strength and lung function in particular, and access to an online peer-support community for survivors – particularly helpful for those who may be recovering at home alone.

Mental health support includes a psychologist within the online hub or referral into NHS mental health services along with information on what to expect post-Covid.

Following this initial assessment, those who need the service will be offered a personalised package of online-based aftercare lasting up to 12 weeks.

Aside from mental health issues during the COVID-19 pandemic, ED visits have drastically decreased for non-COVID conditions such as appendicitis, heart attack, and stroke. Patients may be avoiding seeking medical attention for fear of catching the virus or as an unintended consequence of stay-at-home orders. This delay in seeking care can lead to increased morbidity and mortality, which is likely to have a negative impact on both mental health and emotional resilience of patients and carers / family members etc.

As a consequence we anticipate;

- An increased demand and acuity of patients through ED.
- A widening of mental health inequalities, with the groups that had the poorest mental health pre-crisis also having had the largest deterioration in mental health during lockdown.
- Patients presenting with increased substance misuse and mental health problems.
- An increase in Safeguarding work and domestic abuse cases.
- To see an increase in the numbers of younger people (18-24) / students requiring support.
- A higher risk of harm – especially in younger adults.

For Staff

With the gradual easing of lockdown there has been a consistent increase in service demand from staff for emotional and psychological support. Staff are presenting with higher levels of distress and anxiety coupled with a heightened sense of vulnerability.

As teams are now working towards restoration and recovery of services they are reporting fatigue and the requests for team support are increasing. Essentially our staff have shown enormous resilience and stamina through the 'crisis' and first peak but have had little or no time to recover before the job of restoring services, addressing backlogs and preparing for winter begins in earnest.

In the future the Amica services are anticipating:

- A continuing increase in numbers of staff requiring emotional and psychological support.
- A heightened probability of staff presenting with increased risk of anxiety and depression.

What plans do you have to tackle these issues?

The workforce plans

The UHL COVID-19 Health and Wellbeing group is reforming and representation has been broadened to ensure that the CMGs and corporate areas all have a seat and a voice at the meetings, along with Staff-Side representation.

Plans to be put in place include:

- Amica and the Freedom to Speak Up Guardian are running groups with front line staff to explore their experience of the 'Covid-19 journey' and highlight what needs to be done to better care for them through another wave
- Further roll out of Team Time to support teams with their emotional wellbeing
- Re-introduction of live Schwartz Rounds but to a restricted, socially distanced audience
- Commencement of Pop-up Schwartz Rounds for teams – held locally
- Invested in Silver Cloud, an NHS established Online Mental Health package that allows increased support for staff with anxiety and depression symptomology, this will assist with service demand, act as an adjunct to 1-2-1 counselling/therapy and 24/7 remote access for staff
- We are increasing staff counselling resources
- We will be introducing Trauma Risk Management (TRiM) support, initially training 64 TRiM practitioners in our first phase

Community support plans

We will continue to work with system partners, ensuring we build on the extremely positive working relations with LPT that have been seen throughout COVID-19, to implement new initiatives and support the continuation of initiatives that were implemented as part of the management of the pandemic, recognising that this is a plan that requires a system wide community response.

Summary:

The pandemic has affected and continues to affect all parts of our local community and as a major employer, anchor institution and focal point for those who need the highest levels of care we are acutely aware of the toll that the COVID has taken on citizens and staff. Now that we are past the first peak it would not be unreasonable to think that the NHS could take a collective 'breather' but of course there is no time for that when we consider that winter is but weeks away and that there are significant numbers of patients who have had their procedures postponed whilst we managed the peak. As such we recognise that though the first battle might be over the war is not won and we therefore have to maintain the heightened levels of emotional and psychological support for our staff in order that they can continue to care for our patients.

Item 3

University of Leicester

Leicester City Council Health and Wellbeing Board

Briefing paper: Mental health and emotional resilience.

September 2020

There is a range of information about the University of Leicester response to COVID-19 that can be viewed on our webpages: <https://le.ac.uk/research/coronavirus>

The University has also created a case study document capturing learnings from our actions and response to the local lockdown. This was created to share with other universities the ways in which they can prepare should a local lockdown occur in their own communities.

This paper will outline examples of how the University of Leicester has supported **mental health, wellbeing and resilience** over the course of the COVID-19 outbreak for:

- Our staff
- Our students
- Our local community, and
- Through our research

1. Our students

All frontline services have transferred to remote delivery including accessibility support, counselling and welfare services since lockdown in March. Hence, there was no gap in these services being provided at this crucial time.

An initiative between LPT, UHL, CCGs, UoL, DMU and Loughborough universities to pull together mental health services for the student population in Leicester and Leicestershire had started before lockdown in response to identifying 18-24 year olds as the biggest group accessing services. Further development of this work has progressed during lockdown and focus groups are underway to tailor to student's needs.

Over 400 students in university and private accommodation were contacted during lockdown and engaged with to ensure they were aware of the guidelines and could raise any issues they were experiencing. Emergency packages containing items such as pyjamas, money, food and other living essentials were sent out to those in need. Students who required more specialised support could access Advisory services to be provided with help during self-isolation, deep cleaning services and study support.

The University has a student Hardship Fund as part of our normal support services. This year due to COVID the budget for this fund was increased thanks to philanthropic donations and a new Digital Hardship Fund was created to specifically support students who did not have access to a device for remote learning from home. For students still on or close to campus, our Library also increased both the number of laptops that can be loaned and the duration of time it can be loaded for.

Students were also able to join free activities such as yoga, knitting, pizza making and self-care. This helped students feel connected and take time out to focus on their wellbeing.

2. Our staff

Staff health has remained a key priority for the University in the Major Incident Meetings that took place over lockdown and has been a core part the Lockdown Exit Group in planning the safe return of staff to campus or continued home-working.

The Wellbeing team immediately responded to the national lockdown and closure of campus with the development of an online Wellbeing Support Toolkit that is continuously refreshed and updated. This toolkit has been viewed by 3045 different staff, which is 77% of our workforce. Within the toolkit, working with the University's Race Equality Staff Forum and EDI Team, there is a dedicated area of the toolkit to highlight to all staff the resources available to support BAME colleagues.

A Wellbeing at Work Questionnaire was conducted to understand how staff were coping to continue to work during the national lockdown. Staff feedback indicated that their Digital Wellbeing was being negatively affected and that digital detox measures would positively support their health and wellbeing. The VC has recognised the importance of the Stress at Work Policy and presented an introduction to this revised policy with an introductory video. Managers Briefing Sessions to implement this policy have been well attended and evaluated.

Over August, staff have been encouraged to reduce screen time wherever possible as part of virtual meetings, reduce email traffic, and have been given an additional day of leave (28 August).

In addition to the Wellbeing Support Toolkit, the Staff Health and Wellbeing Team provided online campaigns and facilitated virtual physiotherapy sessions; a virtual stretch class targeted at home-working environments and promoted SMART Working resources designed for reducing sedentary behaviours.

3. Our local community

As part of our local efforts to minimise the strain on the NHS, we provided clinical psychologist support to frontline staff working in hospitals and signed up more than 400 staff and student volunteers to support the NHS in a range of administrative and support roles.

The University's Vice Chancellor and a coalition of leaders and personalities invited anyone with connections to the city and county to tell the world what we celebrate about Leicester and Leicestershire and how we'll come through this current challenge and move forward together in hope using the hashtags **#TogetherInHope** and **#WeAreLeicester**. To see the engagement achieved through this campaign, search for the hashtags on Twitter.

Attenborough Arts Centre have reached out to communities in various ways to support people as they transitioned into lockdown and self-isolation. At the beginning of lockdown, the education team created and delivered hundreds of child activity packs to SEND schools across Leicester. The same team have also produced four digital activity packs to aid learning from home in a fun and exciting way for primary school children. For our creatives, we created 'Attenborough At A Distance', a group where people could share work they have produced and we also set challenges for them, to make a night time scene, a piece on the theme of space, etc. Finally, our 'Next Gen. Creatives' have been engaging local artists with opportunities to create collaboratively, for example creating personalised flags, culminating in a semaphore performance through Teams – with the video they produce being shared online.

Through the U.matter community engagement project, various free online wellbeing activities were offered through our community partners, such as Mind Apples (a social group for mental health), Writing and Drawing for Wellbeing, and the Local History Café which engages older people in conversations about our social history. We have also created resources and shared these with our partners to help them transfer to online platforms and offered free access to a paid zoom account whilst the George Davies Centre and campus remains closed for external room bookings. To find out more visit www.umatterleicester.ac.uk.

4. Through our research

Our researchers are involved in a wide variety of research projects related to COVID-19. Indeed, the University of Leicester has received the second largest amount of COVID-19 related research funding in the UK. For more information on our health and wellbeing related research, please visit <https://le.ac.uk/research/coronavirus/health-and-wellbeing>

We also have academic expertise influencing how mental health services and support can be improved during COVID-19. Dr Michelle O'Reilly is leading a project on suicide response and prevention with Leicestershire Police and Leicestershire Partnership NHS Trust to utilise data collected by the police on completed suicides over the last five years, and they are comparing March-August 2020 with the previous years in terms of numbers and demographics to see the influence of COVID-19 on suicide. Also, the team are interviewing Police Officers about suicide and the impact of COVID-19 on them. Drs Michelle O'Reilly and Diane Levine have joined an international partnership led by Professor Carmit Katz (University of Cambridge) who are discussing issues related to domestic violence and child abuse in the context of COVID-19. They have published a framework in the journal Child Abuse and Neglect based on those collaborative discussions and continue this research.

Research is underway to better understand the impact of adapting to a more digitally reliant world for work and social interactions. For example, understanding the impact of homeworking on work-related stress during and after lockdown led by Professor Stephen Wood.

The Centre for BME Health has included the provision of COVID-19 information and resources in predominantly south Asian languages and in formats accessible to the community. We have been working nationally with the NIHR to ensure that ethnic minority voices are heard and that the impact of COVID-19 on minority groups is addressed in future research.

