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

Leicester City Health and Wellbeing Board

24th September 2020

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

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

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?

Local Innovations to Meet Demand

Clinical Provision – Leicestershire Partnership NHS Trust

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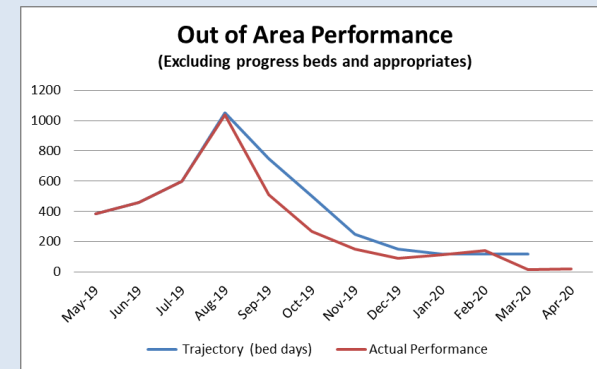
Progress

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

Out of Area Performance
(Excluding progress beds and appropriates)

— Trajectory (bed days)   — Actual Performance

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

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)

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

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

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

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