

CITY OF WOLVERHAMPTON COUNCIL
HEALTH SCRUTINY PANEL - 14 JANUARY 2021
MENTAL HEALTH SERVICES - COVID 19 AND THE RESPONSE

SYSTEM CHALLENGES

It was understood early in the first lockdown in March 2020 that the provision of mental health services across the Black Country, including Wolverhampton, would be significantly impacted by the effectors of the COVID 19 pandemic. Anticipated challenges included the following:

- Changes to current patterns of service including the ability to provide face to face therapeutic contact.
- Reductions in capacity in both in-patient and community services as a result of increased levels of staff absence, reduced inpatient occupancy and the need to close services to admission due to COVID isolation measures.
- Potential increase in demand due to exacerbation of existing mental health (MH) conditions particular to COVID 19 conditions e.g. anxiety, depression and obsessive-compulsive disorders.
- Breakdown in previous usual patterns of working for system partners e.g. almost exclusive working from home for most non-essential clinical staff e.g. cancellation of face to face meetings and forums, dislocation to working relationships across organisations.
- The need to manage communication across the network, ensure a balance between keeping people informed and not stoking unnecessary fears and anxiety.
- The urgent requirement to effectively deploy the significant emergency funding which became available.
- In the longer term, to anticipate changing patterns of demand as a result of the pandemic and respond appropriately e.g. would the demographic or clinical presentation of need be different?

SYSTEM RESPONSE

The Black Country STP (Sustainability and Transformation Partnership) Mental Health team took a leadership role in co-ordinating the system wide response, and it was very clear from the outset that a partnership approach was vital. A number of groups were established in order to bring people together from across the system, meeting virtually using *Microsoft Teams*. While far from ideal, as most people get so much from face-to-face contact with colleagues from other organisations, it did in fact work really well. The key meetings were:

1. COVID 19 Black Country STP Mental Health Group

This was and still remains the main leadership group and initially met twice a week from April. The meeting brought together colleagues from across health

commissioning and provision covering the Black Country (Wolverhampton, Dudley, Walsall, Sandwell/West Birmingham), local authority, social care, public health, police.

The principal function was to bring people together from across the system who were in position to effect rapid change and focus communication within their own network, to respond to the changing local and national position, facilitate information sharing and problem solving and to decide on the most effective deployment of resources.

The group has been very successful in bringing partner organisations together to share information, commission new services, respond to the rapidly changing picture and included, in the early weeks, the provision of PPE (personal protective equipment) in care homes and latterly, the co-ordination of testing and vaccination.

The block purchasing of additional in-patient capacity to ease the pressure on acute MH services by providing step-up and step-down support was developed and co-ordinated through this group.

2. Black Country STP Voluntary Services Group

A similar membership as the above but with the statutory providers largely replaced by representatives from the local STP wide voluntary services councils, third sector organisations, police and community safety, non-statutory care and service providers.

The involvement of members from the black and minority ethnic communities in the Black Country was particularly important given the appreciation early in the pandemic of the disproportionate impact of COVID 19 on those communities. The group was able to focus the work of, for example the mental health community development workers and also led to the establishment of the BAME steering group (see below).

The group was able to identify and problem solve issues arising in the voluntary and third sector and without this forum it would have been much more difficult to respond as effectively. Health acted as co-ordinators but colleagues in the local authority, particularly public health with their greater experience in working with the third sector, were pivotal in the success of this group.

Given the benefit felt by all participants in this group, there was universal agreement to continue with it indefinitely, beyond COVID 19.

3. Patient Flow

The availability of MH beds of several types was identified as a key challenge from the beginning, this included step-down from acute, assessment and specialist older adult beds. The impact of the pandemic on MH proved to be well founded and over the course of the year several wards were closed, and hundreds of members of staff were unavailable due to either sickness or enforced isolation.

In response, the STP commissioned a number of beds from non-NHS providers to ease the pressure on acute services. These beds were funded through emergency COVID 19 funding from NHS England and played a valuable part in managing demand on acute services.

The patient flow meeting was constituted in order to ensure there was effective communication about capacity and demand between commissioners, NHS mental health services and the network of additional provider organisations. This meeting met once a week and included the Black Country Healthcare NHS Foundation Trust

key managers, including bed management, and representatives from Accord, Priory and other service providers.

4. Planned Care Meeting

This meeting brought together case managers and key workers to help fill the gap left by the cancellation of a number of individual case management meetings. This took a more individually focussed approach than the patient flow meeting and looked at individuals in a greater level of granularity, focussed on identifying crises in care management, problem solving and identifying the appropriate places of care.

Led by the lead MH commissioner and case manager, this forum has proved extremely helpful in identifying needs for people already known to services and bringing key individuals together to problem solve and be pro-active in the management of care.

5. Black Country Black and Minority Ethnic (BAME) Steering Group:

The disproportionately high prevalence of COVID 19 amongst members of the BAME community in the Black Country, exacerbated by pockets of significant economic and social challenge, drew attention to the need to pick this up in a specific work-stream.

The Black Country Healthcare NHS Foundation Trust, Equalities and Inclusion lead played a significant role in bringing together a wide ranging and representative group of people from across the health and social care community and through a number of task and finish groups led a piece of work to use data to identify risk and pockets of prevalence, co-ordinate communication across a number of communities, some of which for example the migrant community, have been hard to reach.

The deployment of a number of CDWs (community development workers) across the Black Country has been extremely effective in supporting not only members of minority communities but the many staff groups working with them.

The steering group is continuing and has proved to be an effective and valued forum for both resilience building in communities and in fostering better communication across organisations.

Child & Adolescent Mental Health Services (CAMHS)

Referrals to CAMHS reduced at the start of the first lockdown (reflecting the national trend) and remained static for a time but from September there has been a steady increase in referrals to the child and adolescent mental health services Single Point of Access. Referrals are then triaged to either the specialist CAMHS or to the lower-level emotional mental health and wellbeing service which is currently being provided by Base 25.

The Emotional Mental Health and Wellbeing Services have needed to be able to adapt to COVID-19 with a blended offer including face to face for those children and young people who want to or have to be seen by their workers, or via telephone or via digital means. Additional resources have been provided to *Kooth* by the local authority, to provide additional online support for care leavers as part of a digital platform. It has been identified that some children and young people have not all responded to the services moving to digital in a positive manner and have chosen not to access the service in this way but instead wait until the service is available

face to face. Also, there have been some challenges for children and young people to access the services due to digital poverty and access to data to engage with services.

However, this blended model is going to be continued going forward as it does support young people being able to get support in a timelier manner and reduces the need to attend an appointment at one specific site if this were to increase anxieties etc. Also, there is now a 24/7 crisis line where children, young people and adults can access support when in crisis.

Changes in CAMHS provision since March 2020

1. Increasing access and rolling out mental health teams in schools

The pilot scheme of four Mental Health Support Teams in Wolverhampton schools (MHSTs) will be fully operational from January 2021. The university education of the Educational Mental Health Practitioners (EMHPs) was delayed due to COVID-19 and the ability for these staff to complete their clinical hours. This has now been completed and they are ready to begin their roles within the teams. The teams consist of Educational Psychologists, CAMHS workers and the EMHPs. We will be looking to increase our reach of MHSTs following review of lessons learned during their implementation in the coming years and this is a commitment for identified funding going forward.

For 2019-2020, Wolverhampton had an access target of 34% for young people with diagnosable mental health conditions to have access to NHS funded community mental health services for children and young people (CYP) aged under 18. By the end of March 2020, we had reached 33.5%. The number of CYP accessing services has decreased up to the end of September 2020 which appears to be due to human error as not enough fields have been completed when entering activity on to the Mental Health Dataset. Our interim emotional mental health and wellbeing service are being funded to source a programme to support accurately uploading of the data to ensure we provide the correct activity to show that we are reaching our access targets. Our local data demonstrates that we are undertaking the right level of activity; it is just not flowing to the Mental Health Dataset.

2. The continued expansion of CYP mental crisis services so that by 2023/24 there is 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions.

There is now a 24/7 crisis line which children, young people and adults can access when in crisis. Currently there is a blended model approach with CAMHS offering support from 8am-8pm with access to a CAMHS psychiatrist on call outside of these hours to support any children or young people who are in crisis in an acute hospital setting. A mental health assessment can be arranged with an Approved Mental Health Practitioner (AMHP) at any time of the day as the CAMHS crisis team have an on-call rota to attend such an assessment.

3. *The expansion of community mental health services for Children and Young People aged 0-25*

As part of the NHS Long Term Plan there is an expectation that by 2024, we will have a comprehensive Black Country and West Birmingham STP (0 to 25) offer that ensures that CYP up to age 25 can access the right support to meet their cognitive needs with a focus on the most vulnerable and most likely to be impacted by health inequalities such as CYP with protected characteristics or those known to Children's Social Care. This work will be undertaken as part of the Community transformation within the Black Country Healthcare NHS Trust with support from the commissioners. A new emotional mental health and wellbeing service will be in place in April 2021 and it has identified support to be available for both children and young people with SEND and care leavers up to the age of 25.

4. *Eating Disorders Services*

Since COVID-19 there has been a doubling of the number of referrals into the Eating Disorders service with continued difficulty to reach the trajectory set by NHSE/I due to patient choice and late presentation. It has been agreed for winter pressures funding to be allocated to the service to support the increase in referrals being received and ensure that trajectories are reached. This will ensure that young people are seen within an appropriate timescale and avoid hospital admissions by supporting community interventions.

5. *Proposals for people with learning disabilities and/or autism align with their plans for mental health, special educational needs and disability (SEND), children and young people's services and health and justice*

The risk of admission registers for Children and young people with diagnoses of ASD and/or Learning Disabilities who are at risk of admission to tier 4 or to the criminal justice system have become embedded within the city and have supported keeping young people out of tier 4 or the criminal justice system by commissioning on an ad hoc basis as necessary. The risk of admission register meeting moved to a digital platform with meetings taking place online monthly. The system has worked tirelessly together to work effectively and ensure discharges and transitions are smooth and appropriately support the young people and their families/carers either within their own homes or in appropriate placements which meet their needs.

It had been identified that demands for ASD diagnostics has been increasing over time with no recognised additional capacity in the system. During COVID-19, panels have been taking place virtually which has increased the number of CYP who have been receiving outcomes or diagnoses. Additional admin support has been put into the over 5s diagnostic service to support the recording and gathering of data so that we are all aware of where children and young people sit on the pathway and awareness of outstanding issues required to complete the diagnosis. It ensures that the over-5s pathway is in a similar position to the under-5s pathway where they have been able to 'tell the story' of each child for some time.

CHANGES IN ADULT MENTAL HEALTH PROVISION - BLACK COUNTRY HEALTHCARE NHS FOUNDATION TRUST

Services have continued to be delivered throughout the pandemic but have had to adapt e.g., using new technology, but treatment decisions are always made on clinical need with face-to-face contact continuing when required. Key initiatives have included:

- 24/7 crisis line to support or prevent people from going into crisis. We are now developing a sustainable model with the voluntary sector (Rethink)
- New ways of working by delivering clinical care by using a blended approach of telephone/video and face to face consultations. One of the key lessons here that telephone and video consultations work well with patients who are fully engaged.
- Reconfigured the inpatient wards to enable robust management of COVID 19. (Red and Green Zones on our wards and COVID 19 admission ward to cohort patients initially before moving patients once lab test results are confirmed as negative).
- Agreed arrangements for rapid COVID testing with our 4 local acute Trusts to enable and support flow of patients.
- Agreed with the CCG the extra commissioning of local beds at Lakeside View
- Introduced and implemented a robust gateway process to prevent unnecessarily admissions to ensure we have capacity for appropriate admissions.
- Enhanced links with primary care and PCNs e.g. IAPT working with practices. Building on this further through community transformation programme.
- COVID management measures include adherence to PPE and robust monitoring of breeches, robust Outbreak Management meeting and fact finding through Track and Trace, raised IPC standards through Education and consistent communication to help reduce the likelihood of spread, risk assessments of all staff and in particular those most at risk and those from a BAME background, Lateral Flow testing to front line staff was completed.
- Played a key role in the STP Vaccination programme and to date have started the first stage of vaccinations and at this point have vaccinated over half of the workforce.
- Robust links with LA colleagues to ensure delayed discharges were kept to a minimum.
- Robust governance processes in place to consider and monitor any changes to the way we work.
- Visiting: in the absence of face to face visiting, we have ensured all individuals in hospital have access to iPads to communicate regularly with family and friends.

The Trust has also focussed significantly on improving health and wellbeing arrangements for staff during the pandemic, for example:

- Staff 'Safe Space' Rooms have been set up at the main hospital sites for those staff that may become upset or stressed and need to briefly take themselves somewhere calm and private.
- Access to free offers and discounts that have been offered to NHS Staff by companies and services. They have also been sent out freebies sent over by these companies such as drinks, snacks, toiletries, wash bags etc.

- Staff Self Isolating Wellbeing Calls – Staff that are isolating have been given calls that have included checking on wellbeing.
- Videos/Zoom Sessions – Videos for staff uploaded onto Staff Space for Yoga and Exercise Sessions for staff to do at their own time and pace. Zoom sessions also ran on Coping with Isolation and Stress & Resilience. Yoga and Tai Chi session delivered to staff.
- Fit4theFight Online Exercise Platform – Free online exercise platform available for staff to access to use in their own time and benefit from videos and content on Yoga & Pilates, Family Fun, Low Impact: Aerobic & Bodyweight, High Impact: Aerobic.
- ‘Schwartz Rounds’ – Provides an opportunity for staff/teams to discuss emotional and psychological side to their work and scenarios they may have faced.
- Wellbeing Guide –provides information to staff on a range of topics that may have impacted on them during the pandemic.
- Managers’ Health and Wellbeing Checklist advising managers for supporting staff – Simple to use and follow, a checklist for managers to use as a reference to give basic advice on supporting wellbeing of themselves and staff during Pandemic.
- Bereavement Guides for Staff reference
- Domestic Abuse Guide – Information for staff to follow for themselves, patients or someone they know to help identify domestic abuse and clearly signpost to the best areas for support.
- *SilverCloud* – Online Cognitive Behavioural Therapy app made available for all staff to access for free, as well as the Trust signing up for staff to use other apps for free at the moment such as *Sleepio*, *Unmind* and *Headspace*.
- NHS Wellbeing Support Service – The Trust supported the program in making confidential support available from trained professionals as a free service for NHS Staff covering coaching, bereavement care, mental health and financial help.

Overall, the Trust is coping well with the challenges presented by the pandemic:

- From an early stage in the pandemic, the Trust extended its mental health staff support offer to colleagues in partner acute Trusts, nursing homes, social care and PH (this is continued, and we’ve been fortunate to secure additional funding for this going forward)
- Our growing role in supporting services users to gain employment
- Continued to reduce LD admissions and discharge patients
- The Trust worked on modelling for future demand for MH services in partnership with academia, PH colleagues and neighbouring trusts
- Trust has coped well with Covid related pressures in achieving NHS Long Term Plan commitments - current position is that despite all the pressures on services and the temporary closures, only one acute inpatient is placed outside of the BC and this is testimony to the close working between partners.

LOOKING FORWARD

The Covid-19 pandemic has created economic, health and social uncertainty and insecurity, and the absolute impact on mental health needs across the Black Country, and the related need for services, is as yet unknown.

The Centre for Mental Health has predicted in England, that up to 10 million people (almost 20% of the population) will need either new or additional mental health support as a direct consequence of the crisis, and that 1.5 million of those will be children and young people under the age of 18. It is anticipated that this early demand modelling will require adjustment upwards to account for impact on BAME communities and those with learning disabilities.

This increase is likely to manifest as a result of a number of factors.

Covid-suppressed – People who were known to services but who paused their engagement with services. Once they return to services their mental health may be changed from their pre-Covid state.

Covid-generated – People who are not currently known to services, whose experience of Covid both direct and indirect (e.g., through bereavement, isolation, withdrawal of education, unemployment, NHS workers) has caused them to develop a degree of mental illness.

Covid-altered interventions – People who have remained in contact with services, but have received a change in intervention (e.g., increased telephone / virtual contact), for some this may result in a change in their mental health.

This report was compiled by STP mental health commission managers and service provider colleagues from Black Country Healthcare NHS Foundation Trust.

5 January 2021

Additional Funding to Support Mental Health Services

Phase 1

Service	Provider	Description of what funds will be used for	Amount
		COVID Project Management	65,224
CYP		A consultant to support on STP footprint particular focus on CYP Olivia Horgan - Children and Young People Consultant position with learning disabilities	18,480
Adults	Empowering U	Empowering U	160,200
Adults	Select Healthcare	Emergency Beds	22,546
Adults	Silvercloud	Phone App	71,582
Adults	VCS		35,000
Adults	RETHINK	Extending Stepdown and Phone Help	37,364
Adults	S12	Phone App	71,520
Adults	SCHAPPIT LTD	Phone App	4,050
Adults	CYGNET	Step up step down	160,293
Adults	Restful Homes	Castlehill Specialist Care Centre	239,200
Adults	ACCORD	Victoria Court x 4 winter pressure beds	53,871
Adults	ACCORD	2 Rehab beds @ Victoria converted to COVID-19 beds	1,121
Adults	ACCORD	Accord - 2 Rehab beds @ Victoria converted to COVID-19 beds	18,635
Adults	ACCORD	Additional block bed at Victoria- private converted to CCG bed	12,650
Adults	ACCORD	COVID-19 bed at Lonsdale	10,681
Adults	ACCORD	COVID-19 bed at Lonsdale	16,713
Adults	ACCORD	COVID-19 bed at Lonsdale	7,917
Adults	Northern HealthCare	Beds	158,950
		Total Funding	1,165,997

Phase 2

Service	Provider	Description of what funds will be used for	Amount
Adults	PRIORY GROUP	Secure additional Acute bed capacity across the black country	288,500
CYP	BCHFT	Engagement of urgent assessment clients	116,750
CAMHS	BCHFT	Increase team's capacity to manage increase acuity and surge of clients to the services	116,750
		Total Funding	522,000

Winter Pressures & Discharge Support

Service	Provider	Description of what funds will be used for	Total Amount
Adults	ACCORD	Additional Bed Capacity Accord - Lonsdale House & Victoria Court - - Crisis/Step up/down 5 beds: 2 Crisis 4 Step down/up	75,400
Adults	PRIORY GROUP	Additional Bed Capacity - Acute beds within Priory Lakeside - 2 Beds. Currently have 8 beds via CCG which will reduce to 6 from 1st Feb. These 2 additional beds would be to retain the 8 beds at Priory Lakeside to assist with bed capacity and OoAPs from 1st Feb to 31st March (59 days)	88,500
Adults	BCHFT	Additional resource/capacity into Sandwell & Wolverhampton CRHT services to prevent escalation/step up	240,497
Adults	VCS	Voluntary Sector partners to wrap around and support Crisis & Home Treatment teams	26,880

Service	Provider	Description of what funds will be used for	Total Amount
Adults/Older Adults	VCS	Crisis Café/Sanctuary Hub rollout across 3 boroughs Sandwell, Wolverhampton & Dudley - Jan- Mar 21 -pre crisis Alternatives funding award. £50k per café	133,330
Adults/Older Adults	VCS/LA	Post discharge support packages: Support from Voluntary sector/LA - in relation to outreach, financial help, benefits, employment support one off care packages- loneliness & friendship support, therapies at home etc. In reach/outreach Housing/homeless link workers	120,000
CAMHS	VCS	Voluntary Sector partner (to be finalised) to wrap around and support CAMHS SPA to release core CAMHS workforce to work on urgent cases. Further conversations with third sector taking place to deliver this across all 4 geographical areas of the BC	123,720
CAMHS	BCHFT	Additional resource into CAMHS Core services (agency) to prevent escalation/step up This is in addition to the current Winter scheme	149,448
CAMHS	BCHFT	Additional resource into CAMHS Crisis/ICAMHS to prevent escalation/step up into inpatient beds. To support acute hospital PAU with ensuring that all agencies are engaged in a timely manner and C&YP are not left waiting in acute hospital beds.	74,725
LD/Autism	TBA	Increase current provision with Empowering u - to be further scoped	19,200

Service	Provider	Description of what funds will be used for	Total Amount
LD/Autism	TBA	Specialist LD/Autism skills to wrap around MHLS in acute trusts and at home if necessary - though the provision of 1:1 dedicated support for TCP young people / adults in Beds and on wards. Provider - Secure Health	13,125
LD/Autism & CYP	BCHFT	Backfill MHLS capacity in relation to CTR's in ED. Band 6 cover for weekdays 4pm-12am Weekends 10am-6pm Additional Acute Liaison capacity (Dudley Group) to support TCP young people and adults through ED and on the wards in partnership with MHLS (£20,000 MHLS, £15,000 Acute Liaison)	35,000
		Multi Agency Discharge Event (MADE) to be held - as per the guidance in Jan, Feb & March 2021	
		Total Funding Available	1,269,360