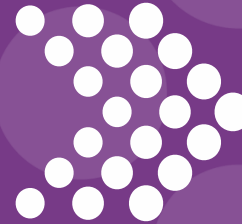


ForwardThinking Birmingham



Health and Social Care O & S Committee

How has Covid-19 impacted on the mental health and wellbeing of the citizens of Birmingham?

The Mental Health System Collaborative Working

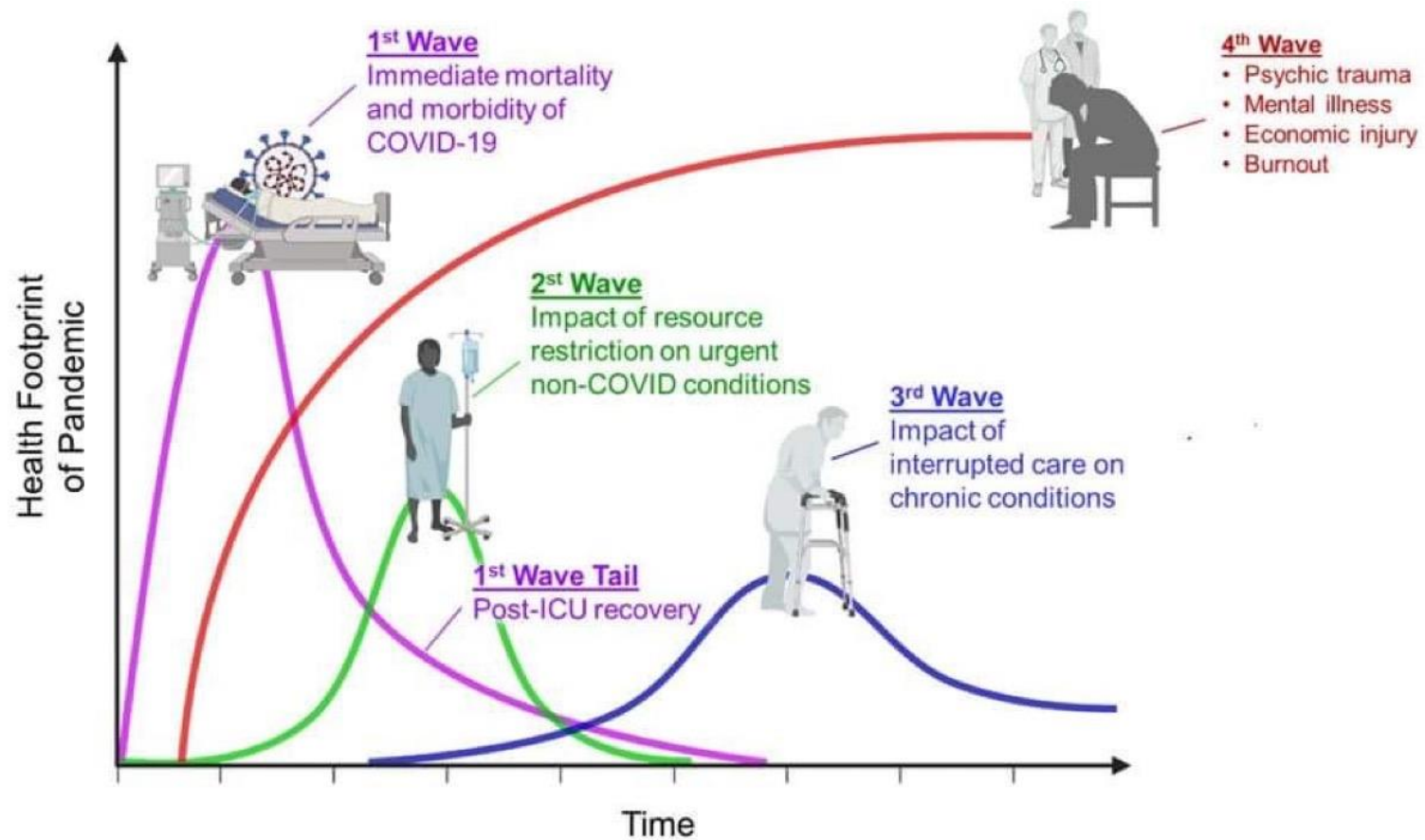


BIRMINGHAM
CHILDREN'S TRUST





Mental Health System Challenges





In England 12.8% of 5-19 year olds -one in eight had at least 1 MH disorder (1) when assessed. This represent an overall increase in the prevalence of mental disorder in our 5-19 year olds .

Factor	Academic Evidence	Emerging Evidence
Isolation / Quarantine	<p>A study of CYP in the US found that 1/3 of CYP in social isolation or quarantine required MH services during or after the pandemic, average scores on PTSD measures were 4 times higher than those not in isolation (2).</p> <p>Isolation has been linked to 5.8 – 40 times increased likelihood to score over clinical cut-offs for depression, 1.63 – 5.49 for anxiety in CYP (3).</p> <p>Isolation / loneliness is also associated with suicidal ideation, self-harm, and eating disorder-related risk behaviours. Clear association with MH difficulties up to 9 years later (3).</p> <p>CYP in enforced quarantine up to 5 times more likely to require a MH service (3).</p>	<p>82% of parents of CYP with disabilities or serious health concerns reported COVID-19 and social distancing measures had a negative impact on their child's MH (6).</p> <p>In a survey of CYP with pre-existing MH difficulties, 83% reported their MH symptoms had worsened (32% said that they were much worse)(7).</p>
Bereavement	<p>Majority of CYP experiencing a family bereavement show acute grief reactions including sleep problems, anger, irritability and behaviour problems. 75-80% did not go on to develop MH problems (4).</p>	<p>In the UK, Birmingham had the highest peak of excess mortality of any major British city (8).</p> <p>There is currently no data on the number of CYP experiencing bereavement due to COVID-19.</p>
Post-ICU	<p>Rates of PTSD symptoms (not diagnosis) in CYP post-ICU could be between 35-62%. Prevalence of PTSD itself may be around 5-28% (5).</p>	<p>There is currently no data on the number of CYP admitted to ICU due to COVID-19 however, these numbers are thought to be small.</p>

(1) NHS Digital, 2018.

(2) Sprang & Silman, 2013.

(3) Loades et al., 2020.

(4) Stikkekroek et al., 2016.

(5) Nelson and Gold, 2012.

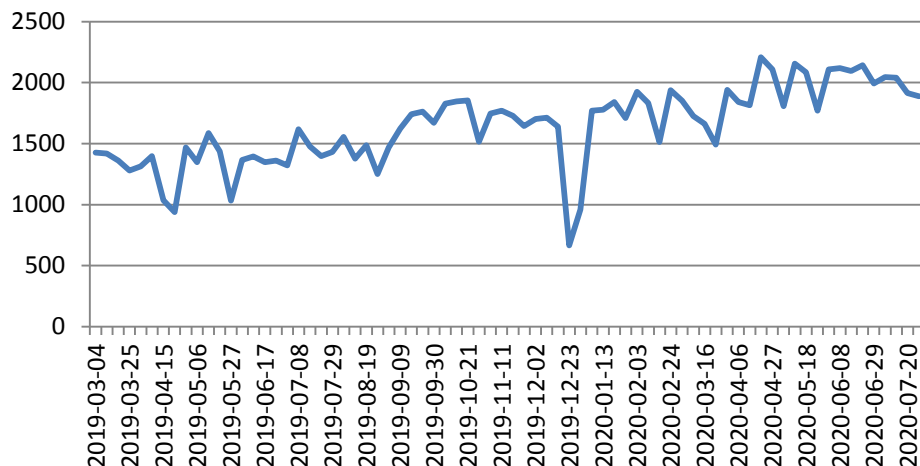
(6) Family Fund, 2020.

(7) Young Minds, 2020.

(8) ONS, 2020.

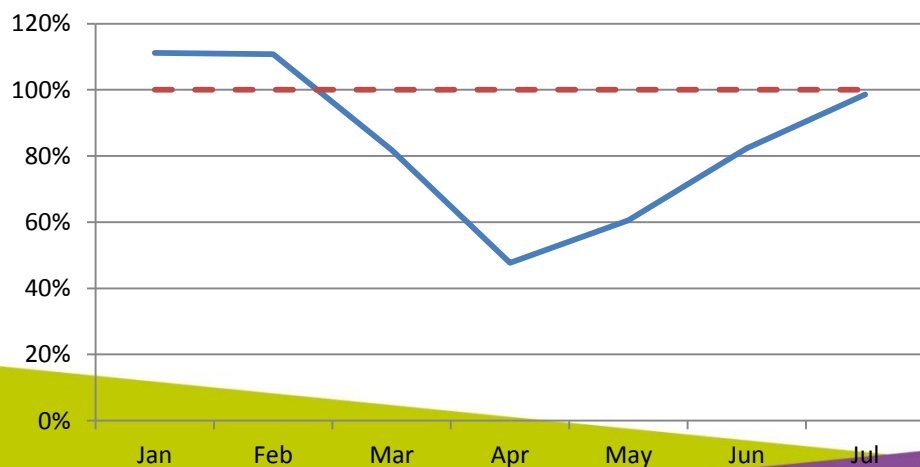
Demand and activity during phase 1 of C-19

FTB Attendances



FTB attendances have not reduced substantially during the COVID-19 pandemic and lockdown.

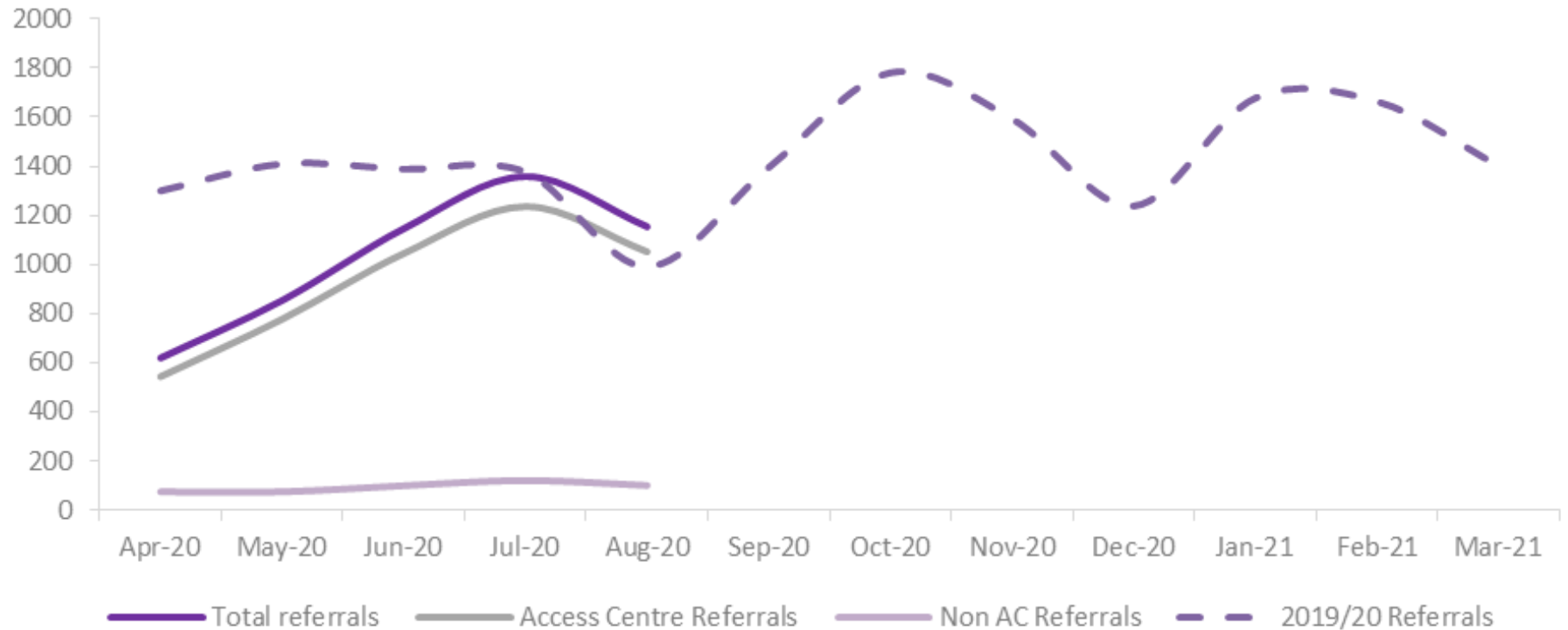
2020 Year on Year Referral Increase



FTB referrals were above 2019 levels until February. These reduced during lockdown but are now almost up to 2019 levels.



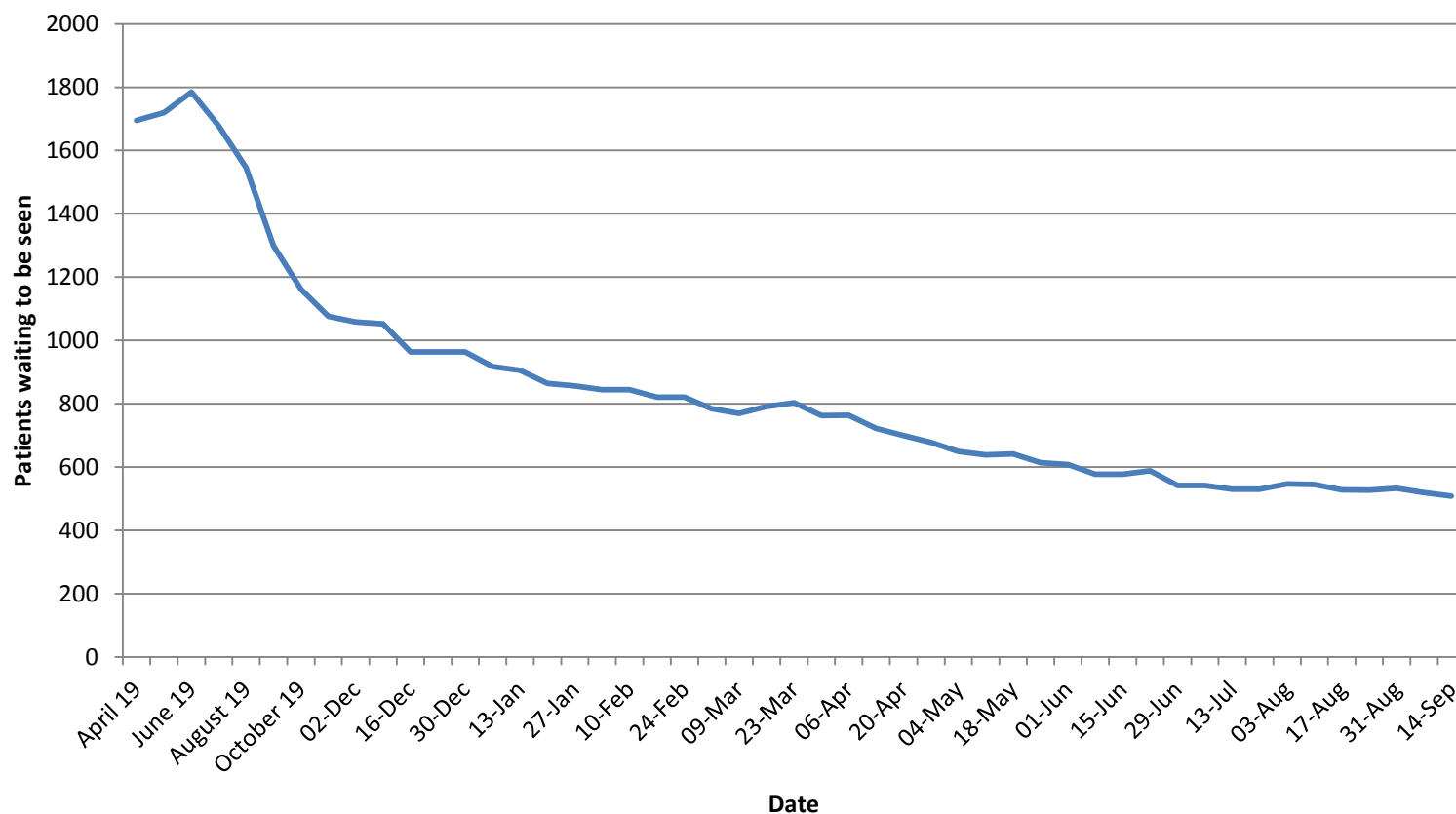
Referrals in Carenotes





FTB Waiting list size

Total waiting list size FTB





Impact to consider

What effect has C-19 had on 'normal' demand?

- We are now seeing stored up demand presenting as 'Relapse' / New presentations and Hidden Harm
- The quality of national data collection has been very limited with regards to CYP, true impact on demand is still unknown

With health inequalities in relation to Mental health with a focus on those most affected by C-19?

- Bham/West Midlands was disproportionately affected in regards to excess mortality during phase 1. This has not been picked up in any previous modelling or any national sensitivities, this has been particularly demonstrated in regards to Access to services, under represented groups mental Health Bereavement in adults with caring responsibilities
- FTB is currently working with local partners to develop an early warning system to enable services across BSOL to rapidly respond should demand trajectory's increase indicating pressures on our current models. This will allow us to plan service wide for provide business continuity steps during a second phase and winter pressures



What this has meant for FTB. Taking from the lessons learned ?

Covid Response- Mental Health System learning

- C19 required a rapid service re-design to meet the needs of CYP in Birmingham
- Higher than normal levels of mental health acuity
- Changes to the historic age ranges for CYP requiring urgent care
- Initial concerns over decreasing referrals in April 2020. Since July 2020 we have seen a surge in demand that continues to rise
- On-going workforce challenges
- Challenges from an Estate/IT

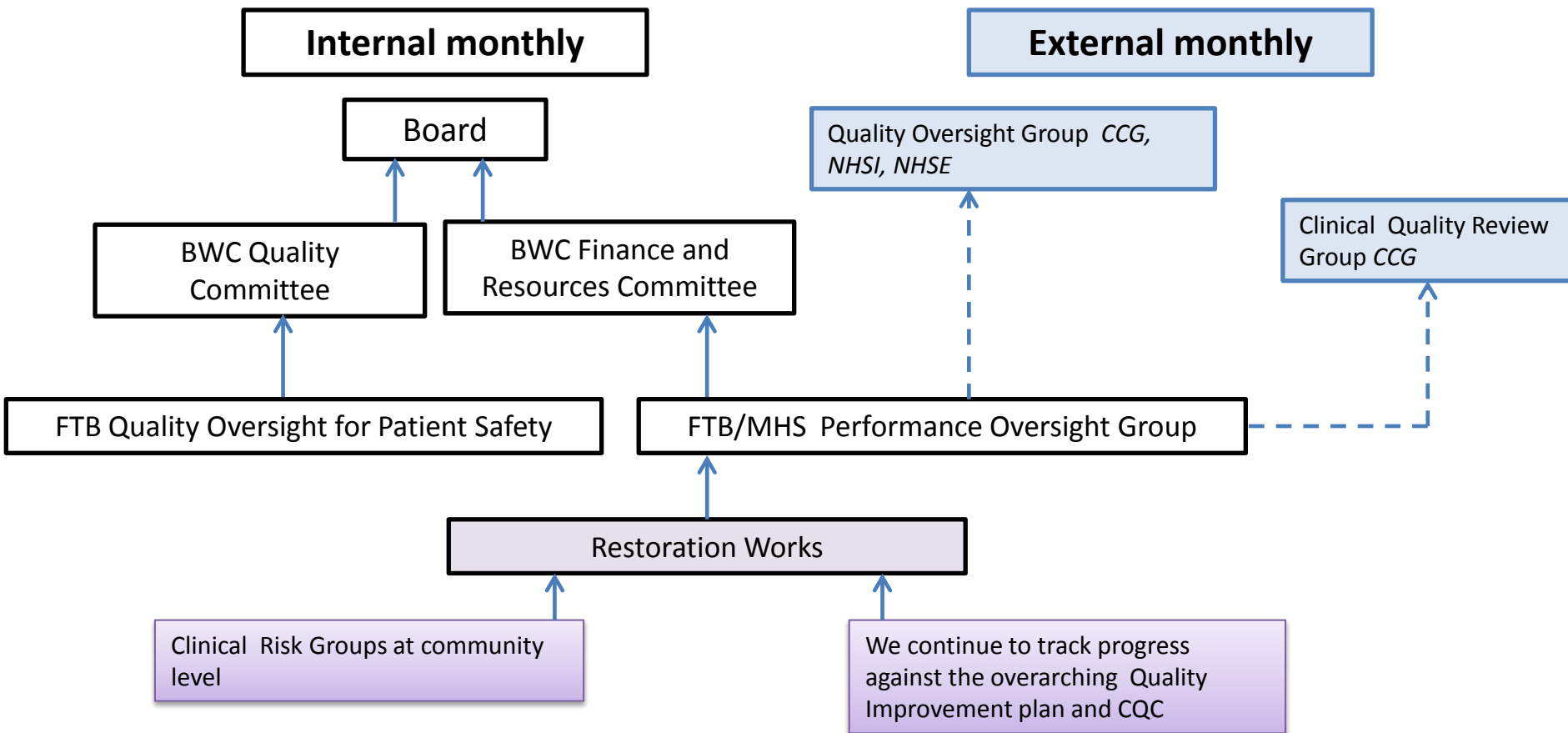


Mental Health System Solutions

- Adaption of MHS service accelerated delivery from Face to Face to Telemedicine (remote delivery)
- Pause Redesign – Now aligns to Early Help model
- STICK Team extended their level of support to schools and college's (CYP and Teachers/Staff)
- Increased level of support available for Birmingham Universities.
- Enhanced assessment approach assessing clinical risk
- Major investment into IT facilities



MHS Enhanced Governance





Enhanced Care for Our Workforce

- Completion of all work place assessments
- Drop in sessions locally for staff support
- Staff enabled to work from home (where appropriate)
- Completion of personal Covid risk assessments for all staff
 - Additional risk assessments completed for high risk individuals (BAME, Shielding and venerable)
- Since the start of Covid PPE supplies have been available and stable.
- Redeployment of staff into demand driven areas where demand dictates.



**How prepared as a City are we to address this
as it unfolds over the coming months and does
FTB have the capacity to deal with this?**



FTB Improvement Projects

Access

- Following extensive engagement with patients, their families, staff and referrers, FTB has made the decision to bring the Access Centre function back in house from the 1st October 2020. a large programme of work commenced earlier this year to work with Operose Health our current Access Centre providers to start planning the transition of services. Operose staff will TUPE over to FTB and once the transferred , work will commence to further improve access to services .
- Following the successful implementation of the Gateway 2 Panel, the new Centralised Assessment Team (CAT) will be going live early next year. CAT will be made up of an MDT with the aim to ensure effective screening of 0-25 CYP across Birmingham. It will enable service users to be placed on the appropriate pathway earlier and limit delays to services. With an aim to further reduce waiting list.

Demand and Capacity

- Online intervention and group offers – Phase 1 has been completed, we developed online pathways within our core and specialist services and linked in with local partner such as Kooth to provide patients with a early help up and into secondary cary pathway. Phase 2 will look at more Core online accessibility especially with larger groups, incorporating a “remote first” approach in line with the Trust approach in response to Covid 19
- FTB have been trailing an online assessment option for patients called Healios. Healios is a secure online based mental health assessment service, patients with access to a smart device and the internet can access the secure online portal from the comfort of their own home to attend a face to face clinical assessment via video link. After trialling initial assessments with Healios it was deemed a more suitable approach for CBT sessions, therefore a set number of CYP are currently undergoing CBT therapy (approx. 10 sessions each) via Healios, which involves accessing a secure online portal from their own home. Reduced waiting times for these YP.
- Initial feedback has been positive with good clinical synergy with the decisions being made, and response times to appointments taking place within the agreed service agreement time.

Urgent care

- Work has been underway since January 2020 to facilitate the relocation of Child and Adolescent Mental Health Services (CAMHS) Place of Safety (PoS) to the Oleaster Centre (Edgbaston) to provide all urgent care components within one dedicated facility.

Programmes of Work

Programme	Update
Demand & Capacity modelling	We have had 6353 referrals since February 2020-date. A comparison with the same time period last year shows the effect of C-19 on referrals in April and May, however we can see our referrals to the Access Centre returning to more normal levels from June
Referral Management Centre	<ul style="list-style-type: none"> • RMC Programme has now commenced with a target completion date of 1st Oct • Programme Governance has been established with all major elements of transition represented • Stakeholder engagement element will now commence w/c 3rd August following stakeholder mapping and initial discussions with key colleagues from GP networks • Decision made on 28th July that the service will transition as it on the 1st October • TUPE will apply to the process
0-25 BSOL Model Redesign	<ul style="list-style-type: none"> • All age urgent care centre • Suicide prevention multi agency approach • EIP – Working towards level 3 • Primary Care Liaison • ICON • SEDS/TEDS BSOL

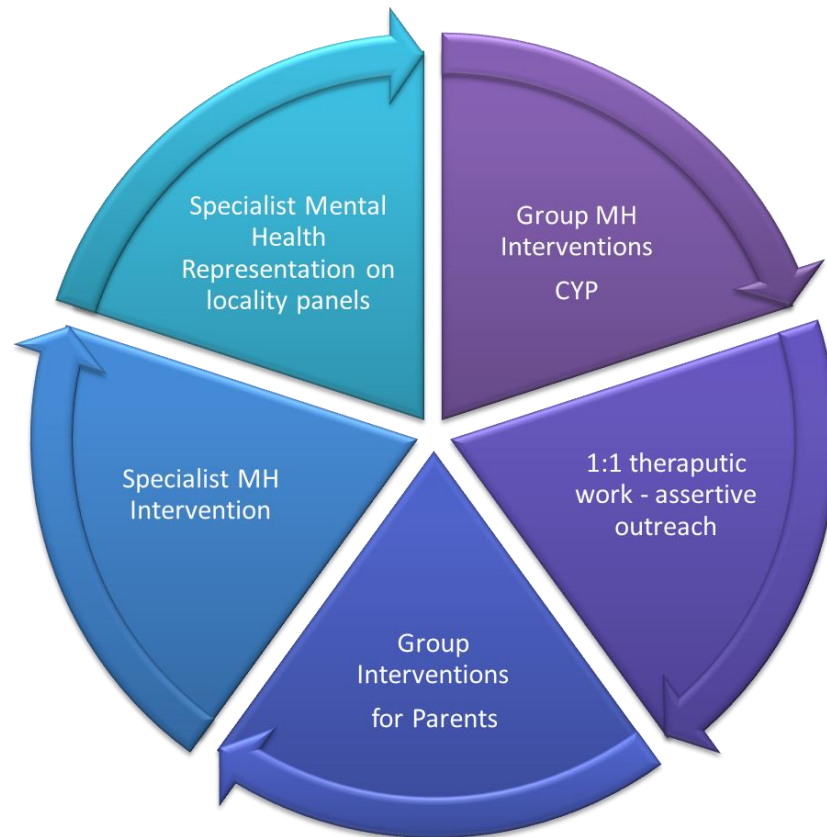
Programmes of Work

Programme	Update
Early Help Mental Health Systems	<p>#You've been missed campaign</p> <p>EBSA professional guidance and GP flow chart developed. The GP flow chart has been approved by Angela Brady and will be available following branding</p> <p>5 webinars held for professionals during 2nd July – 16th July, 310 attendees</p> <p>3 parenting session held during July, 176 attendees</p> <p>7 further webinars planned for September – November. These can be booked onto via the BEP website</p> <p>First virtual coffee morning for locality leads / networks held on the 14th July 12:30 – 13:30pm.</p> <p>Planning Parents Q &A session on the 18th August. Panel to be confirmed.</p> <p>Progressing engagement with community / religious leaders to increase awareness of the campaign</p> <p>Communications and engagement plan for #YBM finalised. Press release in development</p> <p>Banners and postcards for 450 schools currently in print</p> <p>Resources and videos in development and will be available on the BWC webpage</p>



New models of care

STICK Integrated Early Help Mental Health System



Programmes of Work

Programme	Update
Early Help – SEND	<p>SEND</p> <ul style="list-style-type: none"> • Established pathway re EHCP advice. Continuing training across all FTB teams around what good quality health advice looks like. • FTB have short term funded attendance for HASSEND meeting currently to scope potential funding for role going forward • We are working with SENAR regarding early help offer to schools and where we can support multiagency interventions preventing need to • Progress to EHCP. • Represented on the SEND board • We are working with Jane Powell BWCHT lead for send to ensure consistency in approach for BCH & FTB and looking at available digital info - internal intranet communication and appropriate SEND info on external facing trust website.

Programmes of Work

Programme	Update
Early Help –Pause	<p>Pause Redesign</p> <p>Pause redesign – the service specification for PAUSE has been signed off and agreed, Milestones and key performance indicators drawn up and the service development and recovery plan post lockdown will now sit under the Early Help Steering Group and report through this governance structure as it aligns to the 10 EH localities. The model has been agreed and the draft contract variation has gone out to TCS for agreement and sign off</p> <p>Risk assessment for face to face accessible offers are being undertaken; which initially will be offered out of Digbeth as this is the only confirmed Early Help locality site with confirmed access.</p> <p>The development of a transition plan: is taking place and the new model will come in to effect fully as of the new contract start (1st October 2020). Starting with Phase One as described in the spec – essentially the need to be a COVID flexible response. This will look very similar to the current remote offer with the possible addition of more face to face in localities if this can be done COVID safely and Pause has increased access to suitable community spaces.</p> <p>Pause will look to begin planning with the next set of localities in November/December to begin their delivery in January and roll from there.</p>

BSOL Systems Work

Covid-19 Challenges

Increased acuity,
reduced resilience

Social & economic
impact, widening
health inequalities

Fundamental
changes to the way
we access care

Uncertain financial
position

Anticipated surge
& MH burden

Delay to Autism &
ADHD work

Covid-19 Response

24/7 helpline

Partnership
(NHS, VCS, LA,
education)

Use of digital
to support
access

Coms and
Engagement*

Bereavement
Pathway

Demand and
Capacity
Modelling



MH System Partnership Working

Urgent Care Integration

- Relocation of CAMHS Urgent Care to Oleaster Site
- Expected completion April 2020
- Opening of CAMHS PDU

Early Intervention Psychosis

- Improved transitions related to age
- Jointly expanding on offer – E.g. ARMS

Primary Care Liaison

- Part of the Early Help offer
- Building on pilot completed FY18/19
- Primary Care Network Support
- Supporting CYP entering secondary care

Neurodevelopmental Autism, ADHD, LD

- Three way partnership (BWC, BSMHFT, BCH)
- Expansion of LD/ADHD offers



Overall Mental Health Impact

Local

- Increase in acuity, 3 x higher use of Psychiatric Intensive Care
- Increase in complexity of IAPT clients, increased use of High Intensity Therapists
- 4000 families in temporary accommodation in Birmingham
- Increase in self-harm amongst young people
- Increase in young people presenting with mental health need associated with family tensions and violence
- C1700 excess deaths across BSOL between weeks over a 10 week period including peak
- WMP reporting unprecedented levels of domestic violence and child abuse

National

- Rethink survey of people with existing MH Conditions:
 - 79% report MH is worse during Covid, 28% said much worse
 - Over 50% reported less healthy eating and less exercise
 - Increase in smoking, drinking and drug use
- Centre for Mental Health predict:
 - Increase in demand for mental health services by 500,000 nationally
 - Increased risk of suicide due to economic downturn and unemployment



NHS Long Term Plan - What Does it Mean for Mental Health in Birmingham

- Improved crisis response/commitment to 24/7 services support to A&E
- Focus on building the capacity in community settings with recovery and social prescribing for wider social impact and shifting the balance towards prevention and community based provision
- Greater range of psychological intervention – with outcomes and benefits delivered
- Workforce Strategy – Building skills and competencies of the wider workforce





Any Questions?

