

Report to Scrutiny Board, Adults, Health and Active Lifestyles

Date: 20th October 2020

Subject: Leeds Mental Wellbeing Service – Impact of COVID-19

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1. Purpose of this report

1.1 This report provides information on the mobilisation of the **Leeds Mental Wellbeing Service** and how the service has been impacted/responded to COVID-19.

2. Background information/Mobilisation

In July 2019 the Primary Care Mental Health/ Improving Access to Psychological Therapies (IAPT) procurement concluded, with the contract awarded to Leeds Community Healthcare NHS Trust (LCH), acting as lead contractor to a partnership as outlined in the following diagram.



The new service mobilised on 1st November 2019

'Leeds Mental Wellbeing Service' (LMWS) is commissioned to provide:

- Delivery of the nationally mandated Improving Access to Psychological Therapies (IAPT) model - including support for people with long term conditions and medically unexplained symptoms.
- Delivery of primary care liaison, to enable improved access to mental health support in primary care for people with complex Common Mental Health Disorders (CMHD), people with stable Serious Mental Illness (SMI), and those who require emotional health and well-being support. This will build upon the identified benefits of the Primary Care Liaison Pilots, by up-scaling delivery of primary care liaison city wide.
- Delivery of psychological and peer support for women with CMHD in the perinatal period and their partners, -this support will be at a level below that provided for by LYPFT specialist community perinatal services, and also for those people who struggle to engage with statutory services.

Key features and benefits of the model include:

- Multiple and flexible access routes for self-referrals (including online, phone, drop in) and direct from primary care and other providers. This means open and inclusive access can be maximised.
- Citywide roll out of primary care liaison pilots, known as Locality Primary Care Mental Health. This will reduce people 'bouncing around' across the system and improve flow between primary and secondary mental health, as well as address the current gap in provision. The pilots took place over the last 18-24 months and co-located and

integrated mental health services in primary care, to ensure needs-led, targeted support for people who fell in the gap between IAPT and secondary mental health.

- Enhanced self-management through an improved interface with MindWell to empower service users to get help for themselves as quickly as possible.
- Online referral available 24/7, creating an easily accessible self-referral and direct access route so that people can access the service as soon as they need it
- Simplified triage, so people can get into treatment more quickly without being over assessed, whilst ensuring clinical safety
- Increased direct access, meaning people can directly book and access interventions in their own time at a time that suits them
- Trusted assessors, where partners will be trained to start assessments for the service – this will reduce duplication between what the service and other services assess for and will mean people do not need to tell their story repeatedly. It will also reduce people being ‘bounced around’ the system and will get them into the interventions they need more quickly.
- Staged Assessment, so people only get assessed for what they really need to be assessed for at that time – this will reduce waiting times
- Increased online therapy offer, enhanced through silvercloud, IESO and omnitherapy webcasts which will enable access to online courses and support. This means more people can be directed into therapy more quickly and recover without having to wait for face-to-face treatment.
- Direct referrals from GPs to Locality Primary Care Mental Health Team based in practices in Primary Care Networks. This will reduce burden on primary care and speed up response times for people in most need.
- Proactive outreach, engagement and peer support with priority groups. People’s experience of services, from their feedback will be embedded in the model to improve retention and outcomes for underrepresented groups.
- Helpful conversations – an underpinning approach where a helpful conversation is always available to service users and referrers to help unblock any barriers to people engaging or moving along the pathway, to help make sure they get the right treatment at the right time, ensuring the best possible outcomes
- Introducing an innovative and flexible skill mix in the workforce to ensure there is sufficient capacity at the front end of the service which helps keep waiting times down and means people don’t get stuck in long assessment processes.
- An ambition to integrate the IT systems currently being used by the separate elements of the current service to streamline electronic patient records, ensuring all clinicians working in LMWS are equipped with the right information to make the best decisions and that data can flow to NHS Digital for reporting purposes.

3 Response to COVID-19

3.1 In March 2020 and in response to the lockdown associated with the first wave of Covid-19 LMWS suspended all face to face delivery. All support was delivered through telephone, online and video-conferencing platforms. This included the delivery of classes and workshops online, using Microsoft Teams. The following classes/workshops are currently live:

- Stress Control Course
- Depression Recovery Course
- Sleep-Well Workshop

- Coping with Covid-19 Course - this is a new 4 week course that provides the skills to help people manage the impact that Covid-19 may be having on their lives.

In addition, the service continued to offer our seven online self-help video courses which can be accessed immediately:

- Panic Attacks
- Stress & Anxiety
- Depression
- Postnatal Depression
- Managing Stress in Parenthood
- Understanding Self-Esteem
- Bereavement.

4 Reset and Recovery

- 4.1 Whilst the service will continue to build on a 'Digital First' approach going forward, it has also returned to providing some face to face support, particularly for those clients for whom digital and non-face to face support is not appropriate.
- 4.2 Frontline Health and Social Care Staff are undeniably at the forefront of the pandemic, being significantly impacted by their experiences of COVID-19. LMWS has responded to this by offering early intervention support for frontline workers experiencing traumatic stress, aiming to prevent any longer term difficulties developing. Dedicated therapy resources within the service offer EMDR (Eye Movement Desensitisation and Reprocessing) therapy to those people.
- 4.3 Primary care support: A central component of the LMWS offer is to offer Primary Care Mental Health interventions across the city. Despite the Covid-19 pandemic, LMWS has continued to roll this out as planned and there is now a presence in all GP practices in Leeds. In August 2020, over 90% of clients were able to access primary care mental health support within 30 days of referral.
- 4.4 Waiting times: Considerable work has taken place to reduce waiting times for all aspects of LMWS. Key updates are as follows:
- In August, LMWS launched an algorithm-based screening tool which has been developed over the past two years. This enables large numbers of clients to receive an immediate treatment recommendation based on their responses on the screening form, rather than waiting for the screening to be reviewed by a clinician. The early findings are very positive, with over 60% of clients receiving an immediate treatment recommendation. Whilst referrals in August were 12% higher than the previous August, the waiting time for screenings to be reviewed was 1 week.
 - In order to reduce waits and ensure ease of access, all of our classes, workshops and video-courses can be accessed without any assessment.
 - Our key waiting list pressure is for long term therapy, in particular Cognitive Behavioural Therapy. CBT waits were consistently reducing on a monthly basis prior to the Covid-19 pandemic. However, this has increased due to a combination of:
 - Increased referrals (since July, referrals have been consistently higher than the same periods in 2019)
 - Over 350 clients asking for their treatment to be 'paused' until face to face support was resumed

- Clinicians working from home and juggling a wide range of personal situations, including childcare.

The wait for face to face CBT wait is currently up to 8 months. However, LMWS is able to offer online CBT within 2 weeks of a client accepting the offer. It is stressed to clients that online CBT is not a 'poorer' treatment offer and it has outcomes which are comparable to face to face CBT. In addition, a range of other work is also taking place to reduce treatment waiting times.

For information: Clients who are waiting to start therapy are given access to resources (videos and booklets), to help prepare for therapy and cope whilst waiting for it to commence.

5 Upcoming Developments

5.1 LMWS is currently revising the Communications Plan, given the changing landscape. Some of the marketing initiatives planned for the upcoming months include:

- Video and Social Media Campaign
- Citywide Targeted Work
 - Press release/PR campaign
 - Billboards/silent whiteboard films placed throughout Leeds
 - Looking at getting onto GP screens
 - A targeting exercise aimed initially at BAME communities and young women
- Pop-up events.

6 Conclusions

6.1 The last six months has proved very challenging for both the service and people who use the service. However as much as possible LMWS has continued to provide services throughout the period

7 Recommendations

7.1 The Scrutiny Board (Adults, Health and Active Lifestyles) members are asked to review the content within the report and provide any feedback and comments.