

# AGENDA SUPPLEMENT (1)

**Meeting:** Health and Wellbeing Board  
**Place:** Virtual Meeting via Microsoft Teams  
**Date:** Thursday 24 September 2020  
**Time:** 4.00 pm

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**The Agenda for the above meeting was published on 16 September 2020. Additional documents are now available and are attached to this Agenda Supplement.**

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This Agenda and all the documents referred to within it are available on the Council's website at [www.wiltshire.gov.uk](http://www.wiltshire.gov.uk)

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8 **Impact of Covid-19 on Mental Health Demand (Pages 3 - 18)**

Presentation slides.

DATE OF PUBLICATION: 23 September 2020
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**Bath and North East Somerset,  
Swindon and Wiltshire**  
Clinical Commissioning Group

# Mental Health Update:

## Impact of COVID-19 on Mental Health Demand

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Assessment report co-produced by Wiltshire Police, OPCC and BSW Clinical Commissioning Group

September 2020

Agenda Item 8

# Introduction

- Covid has had a significant impact on communities and services alike. It has led to new and emerging pressures placing increasing demands on services.
- This report illustrates the impact COVID has had on Mental Health demand as it relates to Wiltshire Police.

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The report outlines the wider impacts and demand across the system experienced during Covid.

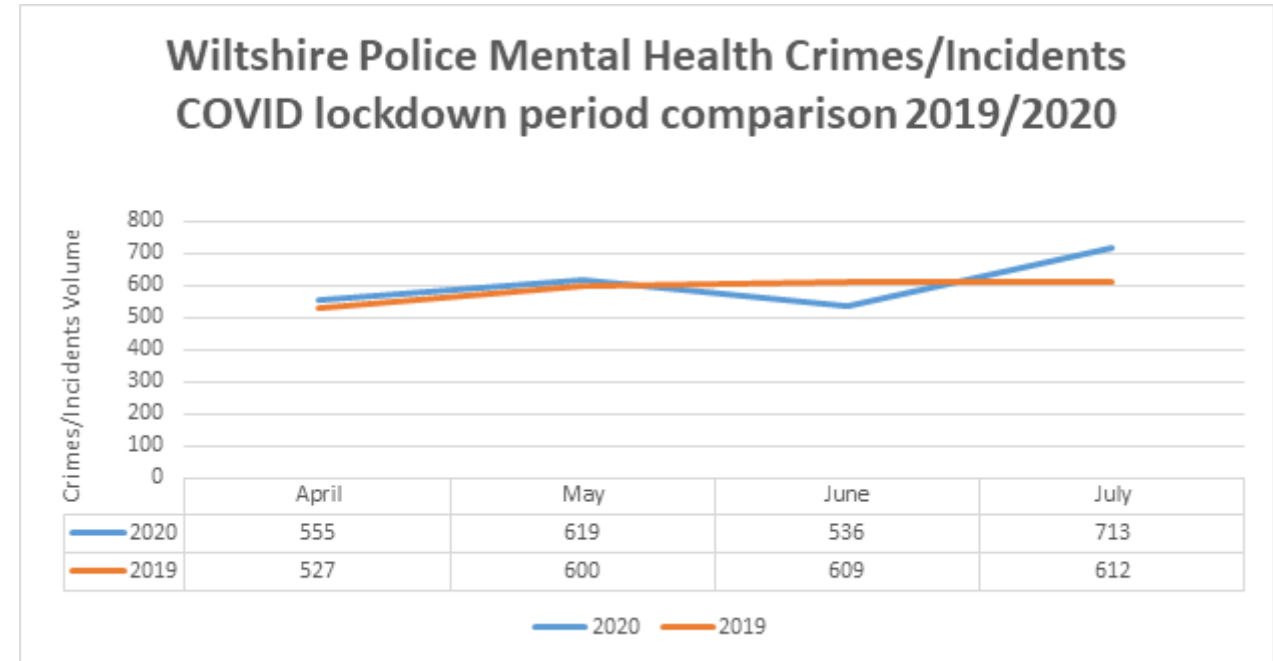
- It describes the activity in place across the Crisis Care Concordat, led by the CCG, to understand, model and accurately predict future demand from Mental Health and how it will impact across different services.
- This report has been co-produced by Wiltshire Police, BSW CCG and supported by the Wiltshire Office of the Police and Crime Commissioner.

# Mental Health and Policing



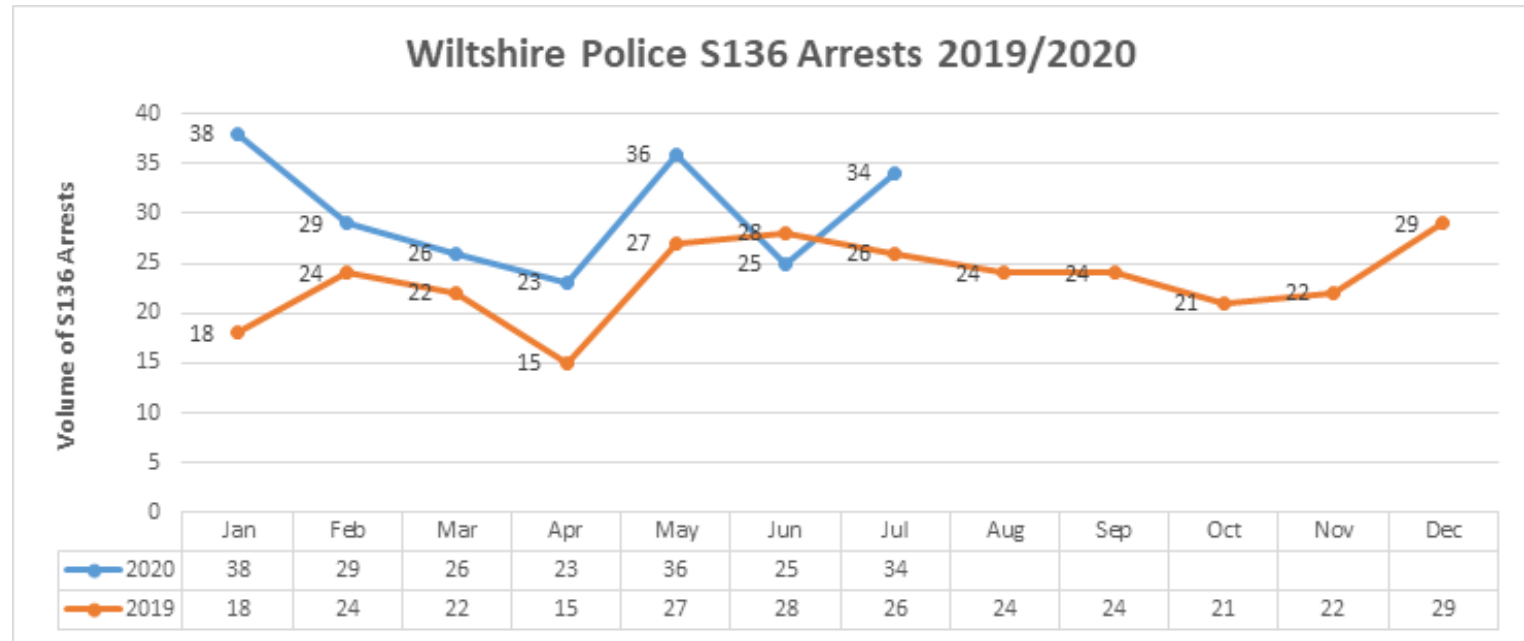
# Demand during Covid: Mental Health Crime & Incidents

- A review in 2019 revealed that approximately 6% of overall Policing demand is Mental Health related.
- During Apr-July 2020, all crime and incident demand largely decreased (17% and 2% respectively) compared to 2019 levels. Mental Health crimes & incidents however saw a 3% increase compared to the same period in 2019. Some of this may be due to improvements in recording of MH incidents.
- Swindon had highest volumes (931) followed by Trowbridge (318) and Salisbury (308).



# Demand during Covid: S.136

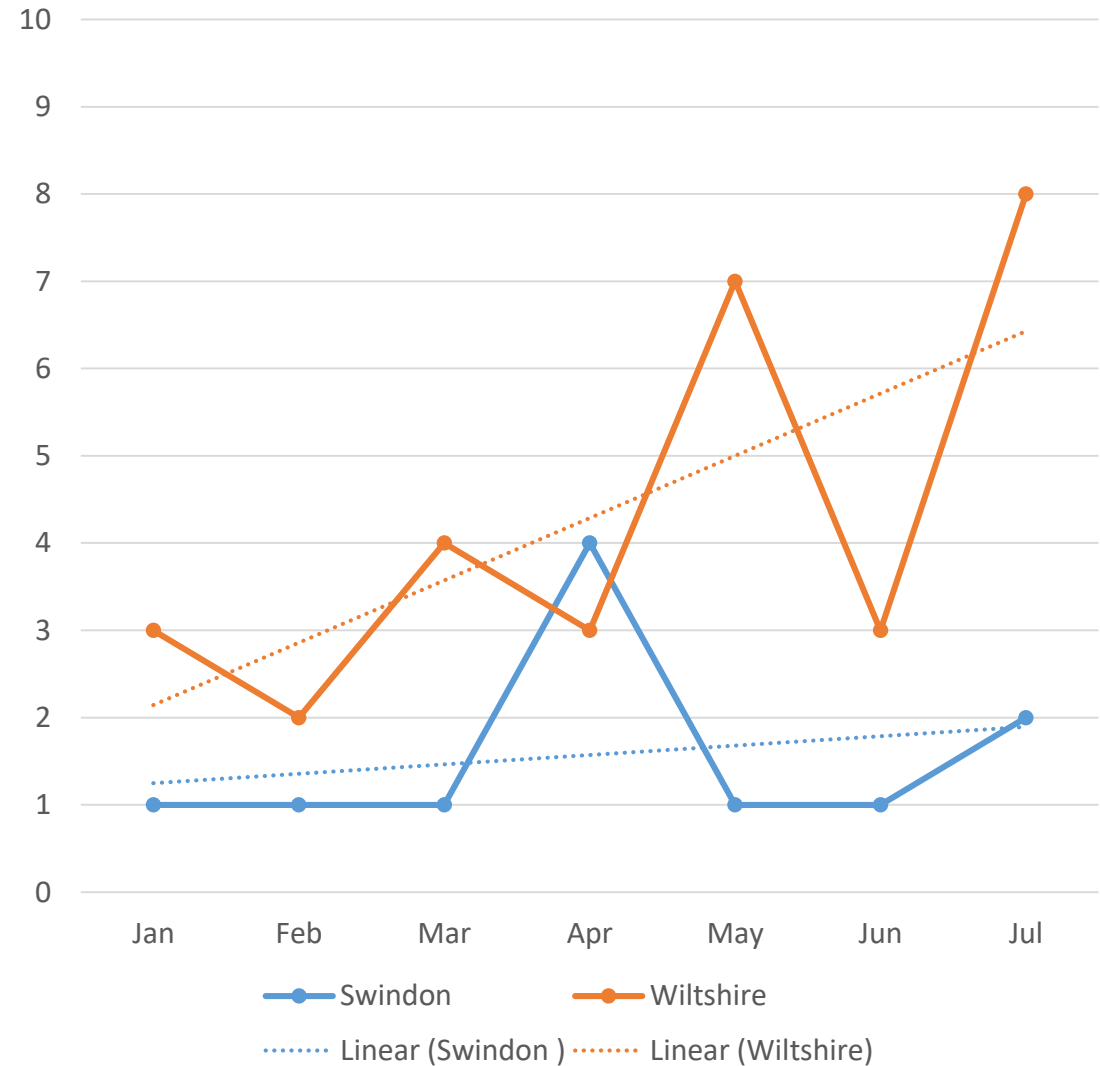
- S.136 arrests increased by **22%** (144) during March - July compared to 2019 (118).
- There were more people presenting with psychosis during lockdown than normally expected suggesting an increased level of acuity in mental ill health. Typically, each month 75% of all S136 detentions involve those displaying suicidal ideation, the remainder showing signs of psychosis.
- In April this changed to 45% displaying suicidal ideation, the remainder showing signs of psychosis. An increased number of those presenting had not been known to services previously.
- In May, 58% displayed suicidal ideation and by June the proportion had returned to a more typical level of 76%.



# Demand during Covid: Suspected Suicides

- There have been 41 suspected suicides in Wiltshire & Swindon from January to July 2020.
- 32 occurred since start of lockdown.
- Significant increase in Wiltshire whereas numbers in Swindon remain stable other than brief spike in April.
- Currently a lack of evidence to suggest direct link to COVID although in several cases a decline in subject's mental health since lockdown was reported.

Number of Suspected Suicides





# Wiltshire Police Place of Safety

- Wiltshire Police has access to an excellent Place of Safety (Bluebell PoS) at Green Lane Hospital with sufficient capacity for Swindon & Wiltshire residents. However, capacity is under constant strain due to pressures from other areas, notably BNSSG
- Since the start of 2020, each month between 33% and 50% of all detainees to Bluebell have come from outside Swindon & Wiltshire. This remained the same during COVID
- At the start of COVID, an addendum to operating procedure was introduced to divert BANES detainees to Bluebell. This has not had a significant impact on capacity with on average only 10% of detainees in Bluebell coming from this locality
- The COVID addendum also stipulated that Bluebell would not take the overflow from BNSSG but this was quickly eroded due to pressures within BNSSG and consequently capacity at Bluebell has remained strained
- There was further pressure recently on Bluebell capacity after S140 MHA was invoked and Bluebell was closed for nearly 2 weeks
- This left officers and detainees waiting in Emergency Departments or at other locations for a total of 38.5 hours during this period

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# So What Might this Mean?

- Between April and July, Wiltshire Police experienced a consistent demand from mental health incidents, but a change in the type of presentation. S.136 arrests increased and there was an increase in suspected suicides.
- Level of acuity was different suggesting a potential Covid related cause
- There continues to be significant pressure on the POS leading to increased demand on Police and others and a poor service experience for some local residents.
- The crime profile is changing with new and complex risks that may impact people's long term mental wellbeing.
- It is inferred that similar increases and pressures would be experienced in the event of a further local or national lockdown and/or continued impacts on access to services.
- Horizon scanning suggests many sources are describing a significant impact in Mental Health issues some of which will impact Policing demand.



# Mental Health Services

# Current position

- Growth in all age activity across end to end pathway including third sector , primary care and secondary MH providers. Referral levels reverting back to pre-covid levels.
- Increase in acute crisis presentations for complex LD/ASD combined with rapid loss of national capacity
- Particular increase in late eating disorder presentations across BSW . At Cotswold House Adult Eating Disorder Inpatient Unit, all 6 NHSE beds currently taken up by Wiltshire patients which is unprecedented.
- Mental health liaison activity increased by 60% for children and young people. Hot spots are GWH and RUH. GWH 125% increase on last year
- Increase in acuity seen across all services, particularly inpatients, intensive teams and section 136/135 pathway, with sustained out of area placements particularly for PICU. Increase in those presenting with psychosis. This has been seen amongst those in crisis in the community and those in police custody
- Increase in suspected suicides

# What could be the new demand? – national picture over next 5 years

## National NHS Horizon Scanning:

- Lower estimates of children affected indicate between 7,000 and 15,000 will be affected by anxiety and depression respectively, worst case upper estimate rising to 40,000 and 140,000.
- Up to 4,000 frontline healthcare staff affected
- Between 23,000 and 74,000 additional working aged people suffering with anxiety and or depression. Between 6,000 and 19,500 older people affected.
- Relapse in psychosis for 769 people in the first six months and 1,537 in the second six months
- Estimated increase of 1,400 domestic abuse cases

# Mental Health – future demand

- Each month 16,000 patients receive Mental Health support across BSW
- Activity levels dipped during initial lockdown but recovered when restrictions started to ease (May)
- Unlike the COVID19 infection rate curve there is no national predefined “mental health need curve”
- Up to 30% increase in mental health demand over next 5 years previously suggested by NHS England. Acknowledged by Claire Murdoch, National NHS Lead for Mental Health that this figure may be too high and needs to be reviewed. Locally, have seen an increase in acuity of presentation but no significant change in demand
- Predicting how this demand is realised is difficult due to complex and multifactorial nature of mental health need
- Our approach has identified sub-groups of need. Any increase in demand likely to vary between groups. Analysis ongoing to determine what expected demand will look like – time table in place to undertake this demand and capacity work by service line

# Review of impact on Services

- A timetable of planned review work to understand the future impact of covid on each service is in place.
- The impact on different services is expected to be varied.
- Key reviews that will provide insight on potential policing demand are highlighted in **Blue**

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Service	Delivery Date
IAPT	Proposed Delivery Date
<b>CAMHS</b>	
<b>Inpatient by Bed Type (AWP only)</b>	End Sept
<b>Community</b>	
<b>Mental Health Liaison</b>	End Sept
<b>Section 136 / POS</b>	End Sept
Perinatal Services	End Sept
Community Eating Disorders	End Sept
ADHD	End Sept
Autism	End Sept
LD	End Sept
Memory Services	End Sept
Care Home Liaison	Mid October
Third sector	End October



# Mental Health – Impact of Covid on subgroups of need

	Pre-Term	0-5 Years	School Years	Working Age Adults	Old Age
Key issues to consider	<ul style="list-style-type: none"> <li>• Anxiety about impact of COVID on baby</li> <li>• Financial worries</li> <li>• Anxiety about delivery and access to care</li> <li>• Isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Coping with significant changes to routine</li> <li>• Isolation from friends</li> <li>• Impact of parental stress and coping on child</li> </ul>	<ul style="list-style-type: none"> <li>• School progress and exams</li> <li>• Boredom</li> <li>• Anxiety or depression or other MH problems</li> <li>• Isolation from friends</li> <li>• Impact of parental stress</li> </ul>	<ul style="list-style-type: none"> <li>• Balancing work and home</li> <li>• Being out of work</li> <li>• Carer Stress</li> <li>• Anxiety about measures and family or dependents or children</li> <li>• Financial Worry</li> <li>• Isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation and disruption of routine</li> <li>• Anxiety from dependent on services</li> <li>• Financial worry</li> <li>• Fear about impact of COVID if infected</li> </ul>
Staff/ Vols	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping				
Loss	<b>Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc</b>				
Specific Issues	<b>Impact of delayed diagnoses and treatment (eg chronic conditions,surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues .People reliant on foodbanks or on low incomes or self employed may have additional stress</b>				



# What is the system doing proactively together ?

- Weekly BSW MH system calls continue to monitor temperature and agree rapid proactive actions
- Dedicated section 136, suicide prevention and BSW MH recovery and restoration meetings in place
- Multi-agency deep dive review into ten BSW section 136 detentions to capture thematic learning for earlier intervention – led by person with lived experience and Wiltshire police
- Weekly system wide AWP inpatient review meetings to monitor flow and co-create solutions including third sector community provision – wellbeing houses
- Mental health campaigns – already run on social media and local press encouraging people to seek help early. Radio campaign next week
- Targeted engagement comms in south Wiltshire including primary care as part of suicide prevention co-developed actions
- Proactive planning around reduction in PICU beds due to urgent safety work
- Continued universal and targeted work with schools and educational psychologists to prepare for demand surge with restart of schools – CaMHS link workers for secondary schools and mental health support teams in place. Oxford Health have developed a number of self-help videos for CYPF and professionals <https://www.oxfordhealth.nhs.uk/camhs/carers/self-help/>

# What is the system doing proactively together ? Part 2

- Locality complex case reviews being undertaken to capture learning – themes collated & shared across BSW
- Service line level demand and capacity planning across the whole MH pathway to map the predicted 30% surge over next one to five years – IAPT drafted, Emergency Department presentations next to be completed
- New BSW personality service coming on line October 2020
- Restart of single point of access for adult MH out of hours via 111 July 2020 – plans to expand to CYP 2020/21
- Exploring potential changes to ‘front door’ of MH and improved access
- Improved advice and guidance for primary care
- Winter Planning co-created by all system partners – being reviewed at weekly BSW multi-agency system meetings. Development of all age MH OPEL status early warning system by end of October straddling third sector, community and secondary care MH services along with agreed proactive actions
- Agreed continuation of BSW wellbeing/ crisis houses to support step up and step down flow
- Agreed continuation of emotional wellbeing and 24/7 helplines during winter – task and finish group in place to monitor activity and capture thematic learning
- Review of additional community wrap around support for LD/ASD to reduce preventable crisis (CYP and adults) – mitigating national shortage of beds and ongoing reduction in capacity