

**Committee Name and Date of Committee Meeting**

Health Select Commission – 10 December 2020

**Report Title**

Briefing – Outcomes from Mental Health and Wellbeing Workshop

**Is this a Key Decision and has it been included on the Forward Plan?**

No

**Strategic Director Approving Submission of the Report**

None

**Report Author**

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**Wards Affected**

Borough-Wide

**Report Summary**

A Health Select Commission Workshop was held 13 November 2020, to receive four presentations regarding Rotherham's place response to Mental Health Care Provision during COVID-19 and campaign for suicide prevention. This report is submitted as a record of these proceedings and to present the findings from the workshop for endorsement by the Commission.

**Recommendations**

That the following recommendations be agreed:

1. That arts avenues for suicide prevention be explored.
2. That suicide prevention and self-harm prevention trainings for mental health professionals be prioritised for delivery in response to the mental health implications of COVID-19.
3. That all partners proactively publicise available resources to support access to mental health services.
4. That basic mental health first aid training for suicide awareness and prevention be included as part of the Member Development Programme.

**List of Appendices Included**

None

**Background Papers**

None

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

None

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## **Outcomes from Mental Health Workshop – 13 November 2020**

### **1. Background**

1.1 The Commission Members held a workshop on 13 November 2020 to hear from various partner organisations, Public Health, and Adult Social Care regarding Rotherham's response as a place to the expected Mental Health crisis resulting from the pressures of the pandemic. The workshop comprised four presentations, including information regarding service delivery, upcoming challenges and mitigation strategies, and ongoing approaches to suicide prevention in Rotherham.

### **2. RDaSH Presentation**

2.2. RDaSH adapted priorities throughout the year to meet the changing needs and risks associated with service delivery. March saw an emphasis on making changes to the provision of care in order to release capacity to respond to COVID-19 demand, with minimal suspension and more transition to virtual care. May brought initial focus on the immediate review of services to respond to any significant risks, with ongoing concentration on full service recovery. In August, the priority was re-initiation of services, with the exception of some groupwork and with some elongated waits to access some services.

2.3 Two clinical 'Battle Plans' were developed for resiliency in Rotherham Mental Health and Learning Disability Services and in Rotherham Children's Services. 23 COVID-19 Resiliency Self-Assessments were carried out, with 10 being green (resilient), 4 being amber (needing further work), and 9 being red (vulnerable). A mitigation plan was also devised to prioritise services in the event pressures materialised that compromised safe high quality provision of care, services were to be preserved in the following priority order (exploring reduced services in lower priority cohorts first):

1. Preserve Urgent and Emergency Services
2. Preserve Services critical for aftercare support
3. Preserve services with elongated waits
4. Preserve routine services

Currently there is minimal service suspension - some groupwork remains partially suspended, enhanced digital opportunities and Telehealth expansion, improving oversight & action against backlog maintenance, leveraging the Peer Support Network in collaboration with Rotherham CCG.

2.4 The current demand for mental health services has increased trustwide, but not at the scale anticipated. In fact, demand for Psychiatric Therapy remains 8% below pre-COVID levels. Rotherham itself in isolation has seen a demand for acute services increase by 46%, versus the trustwide average increase of 20%. That a mental Health Surge has not yet presented in most services is

suspected to be due to the ongoing COVID-19 situation. This is still expected to emerge during 2020/21 and to be sustained over an elongated period once it does materialise. The current working assumption remains in that this will emerge at a rate of +20% demand. An increase in contact activity is evident, as individuals require more intensive support to maintain wellness and to assure of safety in an environment where digital care delivery takes primacy.

- 2.5 The Second Surge brings its own set of core priorities, next steps and anticipated challenges. These core priorities include ADHD / ASD, Memory Service, IAPT (including CBT waits), Perinatal, Psychology as well as delivery of bespoke ROTH Adult Locality, North and South – Access and Formulation and key elements of delivery.

The next steps in terms of Rotherham Care Group preparations are:

- Winter funding utilisation (ADHD/Crisis Frequent Callers and Samaritans)
- Demand management strategies – Considering crisis beds and other alternatives to admission, additional PICU capacity, stabilising CCG CMHT investment (Transformation Funding forward)
- Collaborative working social care - to manage flow, maximise bed utilisation, enhance community care capability, support families of concern, improve liaison resilience and HTT options
- Enhancing digital skills and options, confidence and capability – Staff and Patients – building on Digital First Offer

Possible risks and considerations posed by a Second Surge include:

- Limited scope for redeployment - especially from Children's
- Increasing crisis referrals
- Increasing Sickness / Absence Rates
- Compliance with IPC requirements
- System wide COVID-19 position
- Increasing number of 'families of concern'
- COVID-19 Aftercare and 'Long Covid' considerations

Efforts continue in the areas of supporting second surge frontline service delivery, Mobilising battle plans and incident management, supporting staff health and wellbeing, continuing to clear backlog, exploring Independent Sector (IS) capacity, and addressing longstanding service pressures.

### **3. Rotherham Clinical Commissioning Group (CCG) Presentation**

3.1 The CCG has also responded to changes at a National and local level in the provision of Mental Health Care. In April 2020, changes in national policy accelerated long-term plans for an Enhanced Crisis Helpline via a Freephone number. Emerging research about growing inequalities has indicated emerging 'at risk' groups and changes in those accessing mental health care. An increase in demand for mental health care post lockdown was also anticipated. Across Rotherham, local mental health providers changed the way services and support provision was provided (NHS & Non-NHS providers). Initially, providers noted a reduction in the number of referrals received as well as variations in how activity levels returned after lockdown. Some services and support had been paused such as suicide prevention training, self-harm awareness training, building based support and wider community support. It was clear that these needed to look at different ways of delivery. Many aspects of the Rotherham response worked well, including the development of the Mental Health Ecosystem, Enhancement and Adaptation of Mental Health provision, strong partnership working, and strong communications and leveraging of social media.

Several new services have been developed or newly commissioned:

- Listening Ear South Yorkshire (for those bereaved, during Covid) April 2020
- RotherHive Digital Platform (website + facebook and social media campaign) Launched May 2020
- A number of waiting list initiatives commissioned
- Herbert Protocol / 'This is me' workshop programme launched
- IESO Digital Health launched 1 October 2020
- Small Grants suicide prevention round three (October / November 2020)
- RotherHive Debt section launched October 2020 (Wellness Hive due to be launched later this month)
- Anti-depressant withdrawal initiative – initially delayed / spring 2020
- Self-harm Awareness Training the Trainer / Awareness sessions – due to be re-launched Spring 2020
- Additional resources and opportunities such as ICS Suicide prevention & bereavement monies, ICS Maternal Mental Health (birth trauma) bid, Winter pressures monies, Crisis Transformation funding, Community Mental Health Transformation funding, Support local VSC groups to apply for additional funding, Support for individuals to access support grants.

### **4. Public Health Presentation – Suicide Prevention**

4.1 The latest data from Public Health England 2020 shows that suicide rates for Rotherham were higher than the national average and higher still than the average for Yorkshire and the Humber for both males and females across all age ranges. Rotherham Suicide Prevention Plan and Self Harm Prevention Plan aim to reduce the number of suicides among individuals receiving mental health support across all organisations. Efforts to support this aim include

RDaSH Suicide Prevention Plan, RDaSH deep dive into data, Suicide prevention training across accessed by partners; safeTALK, Mental Health First Aid.

- 4.2 The second aim is to improve support to those bereaved and affected by suicide through provision of a Sudden and Traumatic bereavement pathway for children and young people reviewed with partners and loaded onto Safeguarding Tri-x for action by all partners; Critical Incident information updated and sent to all schools; Amparo service promoted across partnership; 'Help is at Hand' guide promoted to frontline services.
- 4.3 The third aim addresses self-harm through delivery of a self-harm prevention training course which first ran in September 2019, but has since been postponed. RCCG and RMBC have met with the provider to look at how this can be delivered in COVID secure way. Messages from the Five Ways to Wellbeing campaign have also been infused into mental health training.
- 4.4 The fourth aim strives to reduce suicides by reaching those who are high risk where they live and work. Initiatives in support of this aim include the launch of Be the One following work with local men's groups, Zero Suicide Alliance training promoted across partners in the run to the 1st anniversary of Be the One, and the Be the One social media campaign promoting help and support to females launched 3 weeks prior to the presentation. 3 rounds of small grants schemes (funded from NHSE suicide prevention funding) have also been initiated. Primary Care Suicide Prevention Top Tips have also been recently updated. Partnership working on risk factors for example debt and information on CCG Rotherhive has also been undertaken, and links forged with Well@Work and Rotherham Together Programme.

## **5. Adult Social Care Mental Health Presentation**

- 5.1 From a Social work perspective, Social Care is responsible for several statutory duties, including providing a 24-hour approved mental health professional (AMHP) service in compliance with the Mental Health Act 1983, which was further amended in 2007. Social care is also responsible for Safeguarding adults and complying with the Care Act 2014. RMBC have retained all three statutory duties during COVID-19 and have continued to provide all our services apart from our day provision at Wellgate Court and Dinnington Old Library (80 people using service).The services were stood down, however risk assessments were conducted for each person requiring a service and their carers. Services supported them virtually via phone, or ensured they had food parcels, welfare visits as required. Welfare, safeguarding and urgent contacts were all face to face visits with full PPE.
- 5.2 The Approved Mental Health Professionals (AMHPs) are trained to implement elements of the Mental Health Act in conjunction with medical practitioners by organising, co-ordinating and contributing to Mental Health Act assessments. Due to the small numbers of staff qualified to deliver this role in Rotherham, we had to make the decision to stand them down temporarily from their teams and ask them to work from home. This decision was made due to RMBC

having to fulfil the statutory Mental Health Act requirements, which was still undertaken face to face and with PPE alongside S12 doctors.

- 5.3 Support continues to be provided as well. Support is provided for each individual who was using a social care service or new referrals into the service, requiring a Mental Health Act assessment or safeguarding enquiry. Each person is risk assessed and appropriate support, information, advice and guidance is provided. Face to face visits continue with PPE after a robust risk assessment. After March there had been a temporary drop in referrals, which returns to normal service levels currently.
- 5.4 Forthcoming work includes re-opening the day provision in a different way, as the buildings used at Wellgate Court are not big enough to be suitable for social distancing. Therefore these buildings cannot be re-opened safely for service delivery. Work also continues to assess people and their carers for continued support especially during the second lockdown. Work alongside the most vulnerable has continued and individual support packages are in place. A review of social care within Mental Health has commenced which will focus on the social care pathway alongside RDaSH, CCG and TRFT.

## **6. Timetable and Accountability for Implementing this Decision**

The timetable and accountability for implementing recommendations arising from this report will sit with the relevant body. Following formalisation of the recommendations by Members, it will become clear which organisation will be required to respond in respect of each recommendation.

## **7. Financial and Procurement Advice and Implications**

There are no financial or procurement implications associated with this report.

## **8. Legal Advice and Implications**

There are no legal implications associated with this report.

## **9. Human Resources Advice and Implications**

There are no human resources implications associated with this report.

## **10. Implications for Children and Young People and Vulnerable Adults**

These have been set out in the relevant portions of the report.

## **11. Equalities and Human Rights Advice and Implications**

Members will have regard to equalities implications when considering recommendations and other matters arising from the workshop.

## **12. Implications for Partners**

These are set out in the main body of the report.

### **13. Risks and Mitigation**

Members have been advised previously of risk assessments and mitigation plans, and these have been taken into account in their consideration of potential recommendations.

### **14. Accountable Officer**

Craig Tyler, Head of Democratic Services and Statutory Scrutiny Officer

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This report is published on the Council's [website](#).