

Summary of NSPA discussion: The future post-Covid – what have we learned? 22nd July 2021

Positive changes	Challenges
Staff - Some teams who were geographically separated have been brought closer together as easier to regularly meet and connect online - Easier to remotely attend training, webinars and conferences, so people have shared and gained more knowledge - Staff have been resilient and adaptable, willing to learn new technology and skills to connect and work together online - Working from home suits many, with more flexibility and no commute - Many are talking about a hybrid model of working, with meetings in the office but most days working from home - Some organisations work to 50-minute meetings, and protected lunch breaks, in order to ensure staff get breaks	 Individuals need connection and we are all missing the incidental conversations and interactions that happen around meetings and being in the office Lots of online meetings has caused online fatigue, people need to take regular screen breaks Hybrid model of working may be difficult if some are in the office and others working from home – how to ensure parity and inclusion? We may need to reassess as we move on. Staff returning to face to face support are needing more time between sessions as reading all the non-verbal cues as well as everything else can lead to staff feeling overloaded Being resilient for 18 months or more is taking its toll
 Service delivery Many organisations adapted very quickly, developing new offers and options, and expanding provision Organisations will continue to offer a choice for online or in person, giving people the ability to choose what is best for them Services have been able to reach more people online Communications from public health to other services improved, to ensure as many as possible were receiving key updates about well-being and mental health 	 Lack of face to face interactions and home visits means service providers can miss out on vital cues as to how people are – body language, cues from people's surroundings Digital only means can't easily chat with family of service users which can help provide subtle insights Safeguarding issues – are people safe online at home – is there privacy, both from family members and from home technology that could hear conversations – important for staff and service users Outreach work just re-starting, but feels safer if outside – need to risk assess different venues if holding stands at conferences or events



Service users	- Some people have struggled to get face to face appointments – either for
- There is still lots of anxiety around opening up, so good to offer online option	physical or mental health - and have faced lots of delays, which has further affected their mental health
- Online preferred by many people	 Lack of technology means some people had difficulty accessing support
- The importance of community and connection has been highlighted	online and have had to wait for face to face
and its value recognised. It is really important to feel part of	- Lack of usual support structures, including community spaces and groups,
something, and this will continue to be explored	have been a big loss, and many have not re-started
Training	- Need to take care with sensitive subjects like self-harm, suicide prevention
- More registrations and fewer cancellations than in-person	and bereavement
- Easier for people who don't drive, live in rural locations or have	- Ensuring the well-being of participants, and having systems to check-in or
accessibility difficulties	follow up if people leave a session unexpectedly
 Cheaper to attend online training/conferences as no travel or accommodation costs etc 	 Online only can mean miss the ad hoc conversations that can highlight where people are missing something or raise useful questions
- Despite concerns, online delivery has been effective and felt safe	- Moving it all online will continue to exclude those without access to the

Collaborations/partnerships

- Online meetings are easier to attend, can be briefer, run to time and include people from across the country
- Desire to ensure people's mental health and well-being were prioritised led to greater collaboration between local services, e.g., local government, voluntary agencies, local fire services

technology needed

Organisational

- Set up of online services/provision and change had to be done quickly, the emergency element forced action and change and cut red tape and processes
- Opportunities to transform services based on what was learned about demand, staffing, need and delivery options
- Large organisations re-thinking use of their space: to ensure private spaces for confidential conversations in person or online/phone; to offer space to other organisations if fewer staff in office
- One council set up a 'mental health and well-being cell' for anyone working on that issue, it is still meeting monthly, as the need is still there

- Need to balance the needs and preferences of individual workers, and organisational or economic demands when thinking about return to offices
- When commissioning services, often these are done on an annual basis, but takes so much time to then re-apply, so working towards longer ding period

