Appendix A

Report title: Essex Partnership NHS University Foundation Trust (EPUT) Adult Mental Health Services response to Covid-19	
Report to: Health Overview Policy and Scrutiny Committee	
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1. Purpose of the report

1.1 The purpose of the report is to update the HOSC on the response by mental health services in Essex Partnership NHS University Foundation Trust (EPUT), and to advise of the plans going forward.

2. Organisational response

2.1 EPUT has well developed emergency planning processes in place and these were initiated at the start of the crisis. The Trust operated through Gold, Silver and Bronze command structures. Bronze commands existed for each operational Directorate e.g. Specialist Services, West Essex Community services etc and focussed on operational issues facing the services. Silver command had representatives from each operational Directorate along with key corporate support leads, e.g. IT, estates, Infection Control etc. They shared common concerns and identified any issues that required a decision from the Trust which could then be escalated to Gold command. This is the strategic group staffed by Executives Directors and Chaired by the CEO which initially met on a daily basis so the Trust could make immediate response to the significant amount of information and instruction that flowed through the NHS.

2.2 The initial prime focus of the emergency planning response was ensuring that the appropriate guidance on safety was implemented. This ranged from the management and distribution of PPE (Personal protective equipment), guidance on how PPE should be used to visiting arrangements on our wards.

2.3 During the initial stages of preparing for Covid-19 the Trust took a number of steps anticipating the pressures that would materialise when both patients and staff would be affected by Covid-19. These included:

- Clinical staff who were working in non-clinical roles were moved in to support front line services
- The occupancy rates on wards was reduced. It was hoped to reduce it to 50% but this was not always possible, however the Out of Area placements reduced to virtually zero and the wards did reduce their occupancy rates
- Staff were encouraged to work from home and all non-clinical face to face meetings were stopped. In order to support this our IT department rolled out approximately 1,000 additional laptops to staff to enable home working
- Communications with staff were increased. Daily briefings advised staff of any decisions made by Gold command and provided advice and support on

Covid-19 issues. A live weekly video briefing was (and continues to be) held by the CEO with Executive Directors to update staff on current issues. It also enabled staff to ask questions about anything and the CEO and Executive Directors would answer them on the broadcast, or if they did not know the answer would provide answers which would be published on the Trust intranet

- Advice and support were provided to staff in a number of ways including advice on the use of PPE through Live events, how to manage virtual interactions, looking after themselves during the Covid-19 crisis etc
- And most importantly risk assessments were undertaken on 96% of all vulnerable staff (98% BAME staff) to identify what support or changes were required to enable safe working.

3. Operational response

3.1 The Forum usually meets monthly in between scheduled Committee meetings to discuss work planning. In addition, there are also meetings with the Cabinet Member for Health and Adult Social Care on a bi-monthly basis and quarterly meetings with senior officers.

3.2 The Trust and its staff responded very well to the Covid-19 crisis and adapted how it delivered its services. Importantly, none of the mental health services were stood down but some were delivered differently. Rather than traditional face to face meetings staff used technology such as AccuRx for video consultations, or used the telephone if patients preferred. (Some patients continued to receive face to face contact where this was clinically necessary).

3.3 A new 24-hour crisis line was launched on 1 April 2020 across Essex for Adults and Older People which links with the Trust's crisis teams as well as other statutory and voluntary organisations. In addition, sanctuaries were also established in April but due to Covid-19 these are currently on a virtual basis.

3.4 In addition, EPUT took a number of steps to support the various systems it works in. These included:

- The establishment of A&E diversion services so that clients with mental health problems could be managed outside of the main A&E departments
- Freed up ward space across the Trust and offered the space to system partners including Topaz ward (Chelmsford) and Bernard ward (Clacton). In both these instances the equipment from both these units was utilised to support the systems
- Staff from the non-mental health community inpatient services at Rochford and Billericay were transferred to Brentwood Community Hospital to assist with managing the additional capacity created there
- Established a support line for staff in the NHS (and Local Authority) where they could ring and speak to a psychologist if they were feeling stressed by the Covid-19 and work.

4. Impact on staff and patients

4.1 Similar to many organisations, the Trust was most significantly impacted during the end of March and through April. At its peak circa 500 staff were off due to

Covid-19 (either sick or isolating/shielding). Due to excellent IT support the number of those who were unable to work was circa 370. Those figures gradually reduced and currently there are circa 40 staff unable to work due to Covid-19.

4.2 Due to good PPE processes the numbers of patients with Covid-19 remained relatively low in mental health services. The areas which were most significantly affected were the older people wards (including our 2 nursing homes) and the non-mental health physical care wards (one ward was established as a respiratory ward so expected to have high levels of Covid-19 patients).

5. Current response – 'Phase 3'

5.1 It is difficult to forecast what the mental health impact of Covid-19 will be however; it is recognised that a surge in demand is following the physical care surge. As part of the system and national planning, which is currently taking place, we have assumed an increase of 10% on pre Covid-19 levels, however some forecasting has the surge much higher. In addition, we are seeing a cohort of patients who are new to services or have not been in contact with services for a long time presenting with complex mental health needs.

5.2 In order to meet these needs the Trust is utilising technology, the new crisis service and A&E diversion arrangements. During the peak of the Covid-19 crisis the demand for some mental health services e.g. inpatient beds decreased as service users were concerned about the risk of Covid-19 and therefore did not engage with the health service. For some patients this has meant a deterioration in their mental health which again pushes up the demand.

5.3 The importance of social distancing is a challenge within mental health inpatient services as some patients refuse to adhere to the guidance. The Trust has been trying to maintain occupancy to 85% in order to enable better adherence, however the current pressure on beds and the anticipated surge in demand indicates that we will not have sufficient capacity across the Trust and may require Out of Area beds. This is a national problem and we are therefore investigating options as to how we could create additional adult mental health inpatient capacity.

5.4 We anticipate the demand for IAPT (Improving Access to Psychological Therapy) could be 20% higher. However, the combination of Covid-19 concerns and the socio-economic impact has meant that some forecasts have demand rising by as much as 60%. The use of digital technology will be essential in order to try and meet this demand as even with the recruitment of additional trainees the workforce won't be sufficient to deliver services in the same manner as before Covid-19.

6. Plans moving forward

6.1 EPUT delivers services across 3 ICS/STPs and in each of them the Mental Health Partnership Boards will take a lead role in co-ordinating and overseeing the response from mental health. They will also focus on the "reset and recovery" that is currently taking place – a key element of which as noted earlier

in the report will be utilising new ways of working using digital technology.

6.2 The Mental Health Partnership Boards will also oversee and ensure the investment that is due under the Mental Health Investment Standard is delivered. This will require some original plans to be reviewed to take account of the urgent need to address health and wider inequalities which have been exacerbated by Covid-19. It is essential that this is co-produced with service users, commissioners and stakeholders.