

Covid-19 and Winter Pressures – Health Response

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Our Covid-19 Response

- Strong Emergency planning response in Trust with focus on safety and PPE
- Moved staff to essential services including clinical staff in corporate roles to front line services
- Reduced inpatient occupancy where possible and helped the system to prepare for Covid-19 with staffing and accommodation decisions
- Improved communications so staff aware of what was happening during the crisis, decisions being made, and enabling them to raise questions directly with the CEO and Exec team
- Used MS Teams to provide support and guidance on PPE, working from home, risk assessments for vulnerable staff
- Encouraged staff where possible to work from home and non clinical face to face meetings stopped (still not permitted)
- Risk assessments undertaken on 96% of vulnerable staff (98% BAME staff have had an assessment)



Our Covid-19 Response

- No mental health service has been stood down during the Covid-19 period.
- Alternative ways of delivering the service using technology were implemented eg digital consultations using AccuRx or telephone consultations if preferred by the client
- 24/7 Crisis line established from 1st April (utilising 111 service that links with crisis teams and also other statutory and voluntary organisations)
- EPUT was able to establish all crisis teams at the beginning of April and this has helped to manage the initial Covid-19 wave.
- Sanctuaries were also established in April, although these have largely worked on a virtual basis during Covid-19.
- As part of Covid-19 A&E diversion services were also mobilised within 48 hours.



Narrative outlining the current Phase 3 response

- We have forecast that the mental health surge in quarters 3 and 4 could be as high as 10%, but no national forecast yet and surge could be higher
- Mental Health organisations are beginning to identify that the mental health surge includes a cohort of patients that are new to the service or have not been engaged with secondary health services for a number of years and are presenting with complex mental health needs.
 - We believe that through technology, improved bed management and a new crisis service and A&E diversion arrangements, we can mitigate a potential surge of up to 10%.
 - However, our operational leads are concerned that, because we may not be able to have Covid secure wards, that occupancy needs to be held at circa 85% on inpatient wards and this means that we do not have sufficient bed capacity across Mid and South Essex.
 - It is possible that our out of area bed days could be as high as circa 13,000 (circa 34 beds) if an occupancy level of 85% is maintained. This is a national problem and there are unlikely to be sufficient out of area beds available.



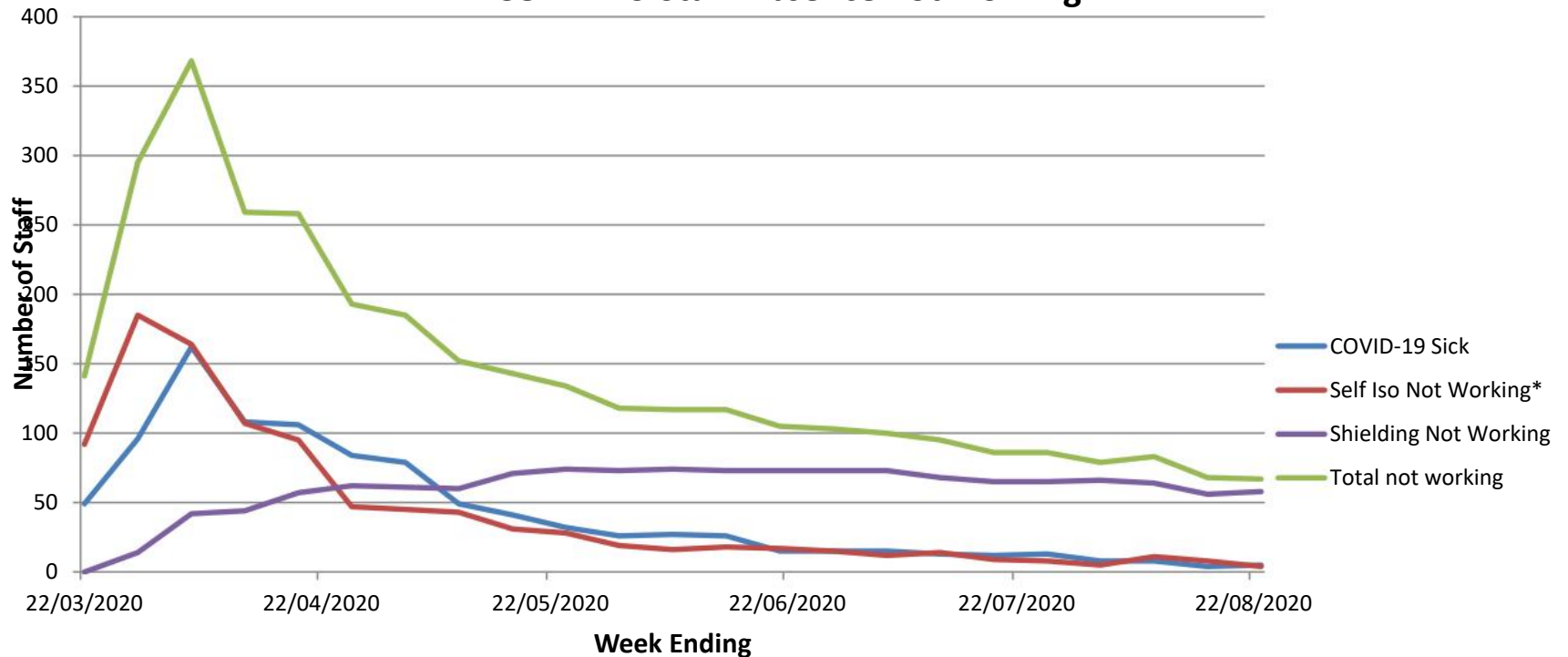
Narrative outlining the current Phase 3 response

- We also feel that the demand for IAPT services could be as high as 20% due to Covid-19 and the socio-economic impact of the pandemic, however some forecasts are as high as 35-60%
 - During Covid-19 there was a significant downturn in accessing IAPT.
 - As part of reset group sessions have been affected dramatically but are now being developed using digital technology.
 - IAPT providers have identified that the points above could create a cost pressure within Mid and South Essex of circa £1.1m.
 - It will be difficult to meet this demand this year through the recruitment of additional trainees as they will not be able to undertake a case load until the new financial year. We will however be expected to forecast IAPT demand into 2021/22.

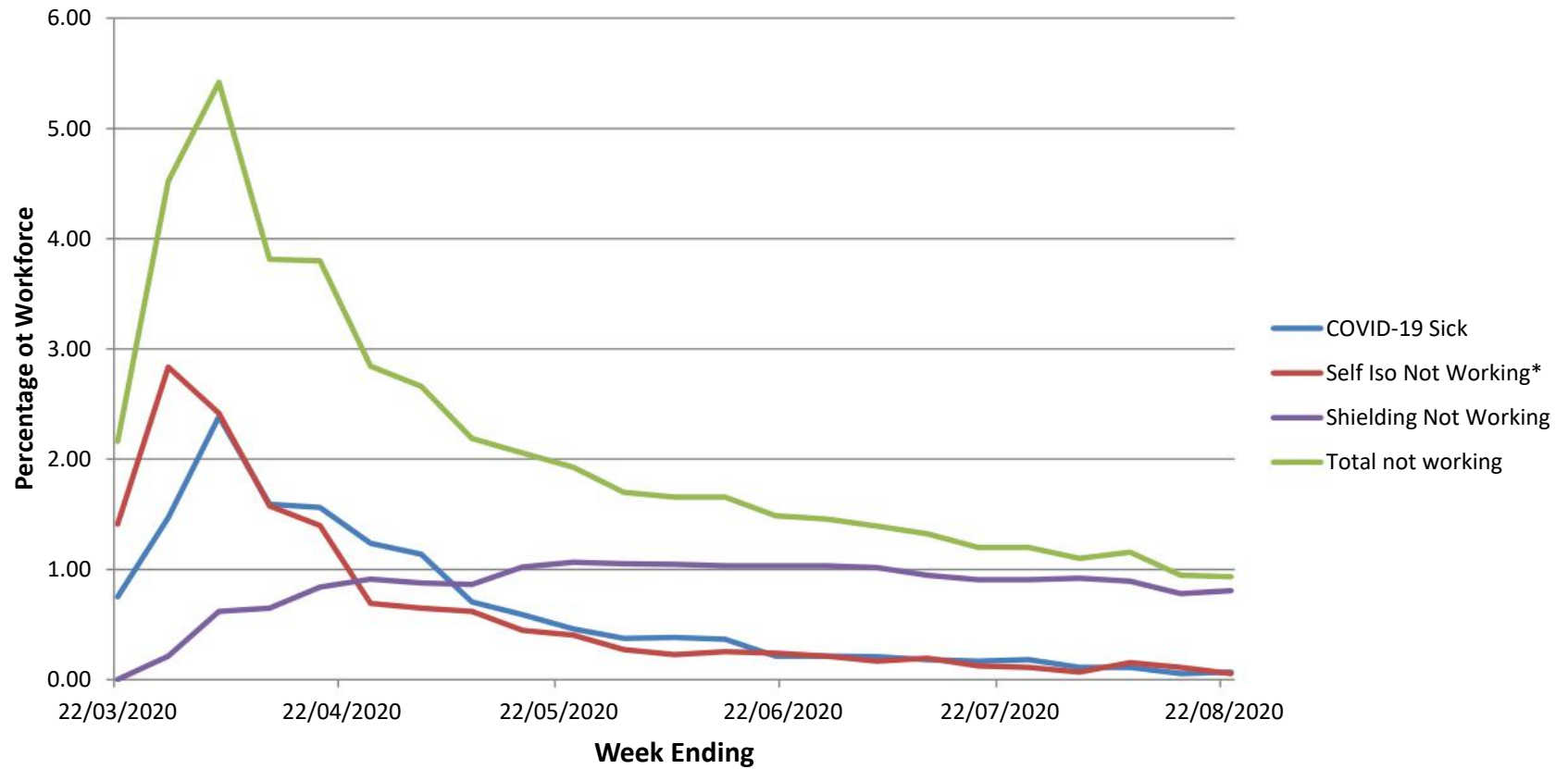


Impact on our Workforce

COVID-19 Staff Absence not working

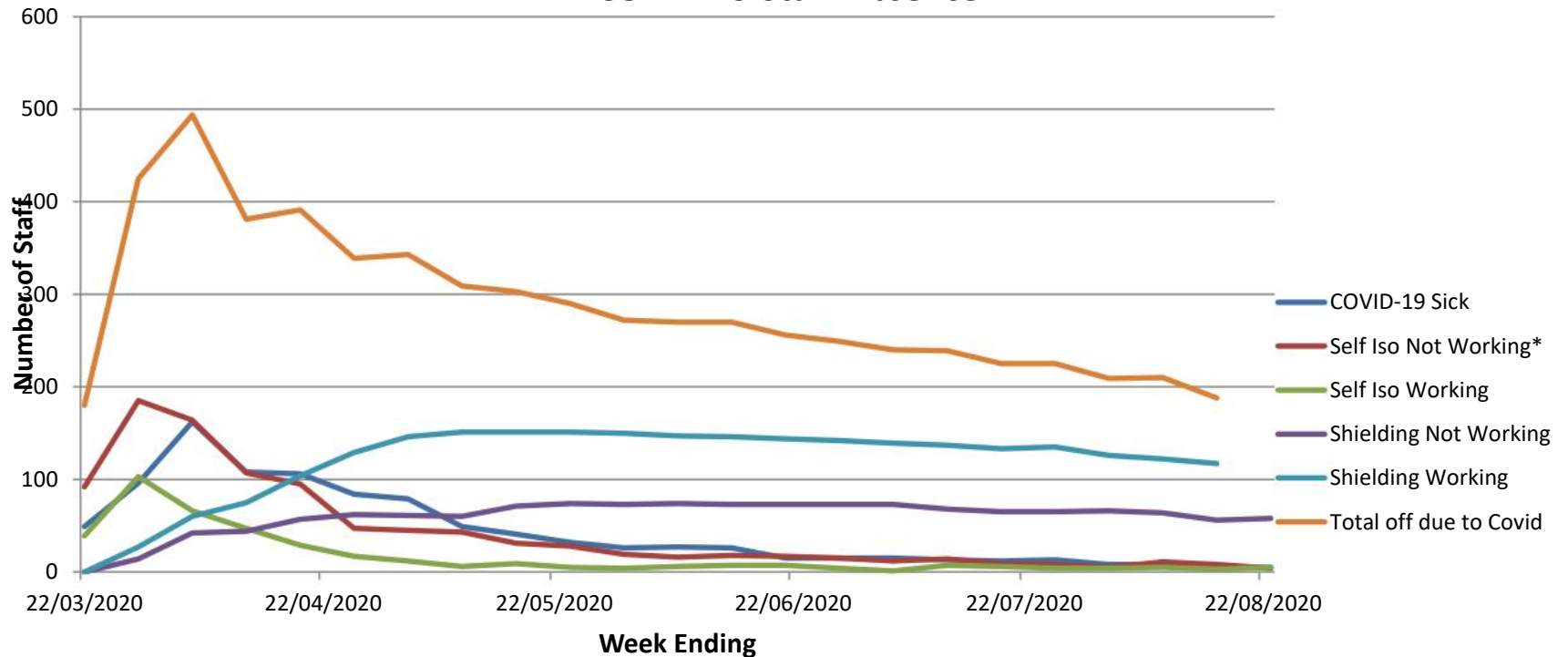


COVID-19 Staff Absence (% of Workforce)



Impact on our Workforce

COVID-19 Staff Absence



Plans

- The Mental Health Partnership Board has a lead role in coordinating and overseeing the response of the system over the next few months whilst reset and recovery is underway.
- We will be looking at existing governance structures to ensure that we can align the current plans for all agencies engaged in reset and recovery.
- Central to our health plans is the need to utilise new ways of working and especially digital technology in the future provision of healthcare services.
- There is also a drive to ensure not only co-production but, importantly, the urgent need to address health and wider inequalities as part of our Covid-19 response. Including:
 - To protect the most vulnerable from Covid-19.
 - To ensure NHS services are restored on an inclusive basis.
 - To ensure digitally enabled care pathways increase inclusion.
 - To accelerate preventative programmes and engage those in greatest risk of poor health outcomes.

