

# **ECC Health Overview Policy and Scrutiny Committee**

**Mental Health Services and the Covid-19  
Pandemic**

**(West Essex as part of the Hertfordshire and  
West Essex ICS)**

# Overview of Local Voluntary, Community and Social Enterprise Organisations (VCSE) response to the Pandemic

- Mind in West Essex saw a significant increase in the demand for the Befriending service (delivered via telephone during pandemic). The service aims to reduce loneliness in our community, and improve the health and wellbeing of isolated people across West Essex
- Mind in West Essex Online Academy developed additional free access courses that all staff, volunteers and the public can access; this includes a specific Coronavirus Anxiety course developed in collaboration with the Wellness Society
- The Alzheimer's Society stepped up support to carers of those living with dementia during the height of the pandemic, and also to those who had a loved one in a care home where they were not able to visit (due to social distancing restrictions)
- Integration Support Services (Harlow) continued to support migrants, refugees and BME community members across Essex and Hertfordshire to help them integrate successfully. Enhanced assistance has been offered to Asylum Seekers who were placed in The Bell Hotel, Epping Initial Accommodation Centre (IAC) further to the Home Office creating additional housing capacity during the pandemic.

# Overview of Response to the Pandemic: IAPT (Healthy Minds)

- Since the start of the pandemic, the IAPT treatment offer moved to an entirely digital format, allowing delivery of services that is safe for both patients and staff. This includes one-to-one treatment using video conferencing platforms, telephone sessions and online therapy programmes including SilverCloud
- There have been a small number of people who have declined virtual treatment; they will be offered face-to-face assessment as soon as practicable and are being contacted regularly to ensure needs are not escalating
- The service also developed a series of webinars to support healthcare staff including carers, NHS staff and team leaders working on the frontline. It is recognised that many healthcare workers will have experienced an increased level of continuous stress which can have a negative impact on their own wellbeing
- The service increased provision of available self-help materials, including IAPT Psychological Wellbeing Webinars on their YouTube Chanel, and a four part Grief and Bereavement Webinar Series, offering participants a way to learn more about living with grief and loss, dealing with difficult conversations and moving forward (particularly in the context of the pandemic).

# Local Changes in Demand: IAPT (Healthy Minds)

- At the beginning of UK lockdown (March), referrals into the IAPT service reduced significantly; this continued through to June with only 68% achievement against the local access target for quarter one of the year
- This significant reduction in referrals, locally and nationally has been followed by a slow trend towards pre-Covid levels throughout July and August; data from the service shows a total of 271 referrals in May, increasing to 508 throughout July (87% increase and back in-line with local access target)
- The recovery rate within service was initially adversely affected by patients dropping out of treatment however this is now returning to pre-Covid levels ( $\approx 50\%$ ). Reliable improvement rates have remained high throughout this period (average of 85%), indicating clinical improvements were seen in a high percentage of cases
- Whilst there is expected to be increased demand for IAPT services, this has yet to materialise locally; it is anticipated that future presentations will be of a relatively high level of complexity and severity, requiring step 3, high intensity interventions.

# Future Planning: IAPT (Healthy Minds)

The predicted increase in presentations (mental health conditions) includes the following:

- General public who have been traumatised by Covid
- Those who have suffered a bereavement due to Covid
- Frontline staff who are struggling/feel traumatised
- Post virus fatigue/Chronic Fatigue Syndrome (CFS)
- Health anxiety: fear of contracting Covid leading to limiting behaviours
- Depression: lives changed or ruined through Covid including unemployment
- People whose (Covid) healthcare has been put on hold because of Covid
- Increased Long Term Condition (LTC) because of Covid complications post ICU
- OCD, particularly around fears of contamination.

The timing of the anticipated increase remains unclear at this point, however we are preparing for 15-30% increase in presentations over the next 3-12 months, in line with different national/local demand predictions. Whilst a proportion of this demand can be absorbed within the existing service (capacity has been increased through virtual means of delivery); additional investment will be required to ensure sufficient service capacity moving forward. This will be tackled through a full procurement exercise in early 2021.

As previously mentioned, the surge in demand has not materialised locally to date.

# Impact on Staffing Capacity: IAPT (Healthy Minds)

- During the period March-June (when infection rate was at it's highest throughout the UK), Staff absence was running at 4.15% (slightly above target of 4%). There were no concerns raised regarding capacity and ability to deliver the service during this period
- All Staff remain working from home at present, delivering the service through virtual means; this is limiting exposure to the virus
- With an anticipated second peak, the model of delivery will remain virtual until further notice; this also increases capacity and the ability for the service to flex with demand due to reduced travel time between work bases
- Supervision and team meetings are being successfully conducted via online platforms. There are also less formal support mechanisms in place to support wellbeing and maintain team cohesion. Where staff are going into work bases, social distancing rules and strict infection control measures are in place to minimise risk.

# Overview of Response to the Pandemic: Secondary Mental Health (EPUT)

- Throughout the pandemic, secondary MH services have remained fully operational; the most notable change to service delivery (for community services) is remote triage to assess whether a face-to-face appointment is clinically necessary, or whether follow up care and advice can be given using remote consultation (through accuRx).
- For anyone requiring crisis assessment / treatment; this has been delivered face-to-face, with the appropriate PPE / infection control measures in place. High risk/complex cases have also remained supported through face to face contact
- Pre-Covid activity through February 2020 was a total of 3,837 community contacts in West Essex (of which 80% i.e. 3,062 were delivered face to face). Covid activity through May 2020 was a total of 5,229 community contacts in West Essex (of which 27% i.e. 1,421 were face to face). This 36% increase in activity was possible due to the shift in virtual means of delivery and increased capacity from less Staff travel etc.
- Inpatient facilities remain operational in line with NHS England and NHS Improvement (NHSE/I) guidance; nursing in isolation is undertaken where possible to reduce the risk of contagion among specific, vulnerable patients. At the peak of the outbreak, capacity on wards was reduced to 50-85% to maintain social distancing however demand was much lower during this time.

# Local Changes in Demand: Secondary Mental Health (EPUT)

- Post Covid, demand within mental health services has seen a steep rise, with increasing acuity and risk (including high risk of suicide). Data from the 24/7 Community Crisis service shows a total of 380 calls in April for West Essex residents, increasing to 488 calls through July (28% increase). Similarly, MH Liaison Services within PAH are feeling this pressure; a total of 128 mental health assessments were undertaken in the Emergency Department throughout July
- Whilst the number of Out of Area Placements had been on the increase since the end of 2019 (following many months of zero placements), the period through Covid (April to mid-June) saw no West Essex patients placed out of area. This is now on the rise again, with reduced capacity in inpatient units due to social distancing measures, and a surge in demand being seen. There were four West Essex patients placed out of area throughout July, for a total of 51 bed days (patients are repatriated back into commissioned local beds as soon as available)
- There are increasing reports from Primary Care, and Mental Health services of service users not being adequately supported through the Drug and Alcohol pathway (more so since services moved to virtual means of delivery). Presentations due to poisoning (drug / alcohol overdose) in PAH are also on the rise; we are working with partners to obtain data supporting this and to agree remedial action needed.



# Future Planning: Secondary Mental Health (EPUT)

- The timing of the anticipated increase remains unclear at this point, however we are preparing for 15-30% increase in presentations over the next 3-12 months, in line with different national/local demand predictions. Whilst a proportion of this demand can be absorbed within the existing service (capacity has been increased through virtual means of delivery); *additional investment will be required in line with the Long Term Plan (and Mental Health Investment Standard) to ensure sufficient service capacity moving forward*
- Priorities for the coming years remain in line with the West Essex Local Delivery Plan for Adult Mental Health Services 2019-2024 (and align to the work streams / national directives outlined within the NHS Long Term Plan Implementation Framework for Mental Health).

# Actions/Services Put in Place in Response to Covid to Maintain

- Diversion of mental health patients (without medical need) from the Emergency Department at Princess Alexandra Hospital (PAH) to the Derwent Centre for mental health assessment
- Closer working relationships between mental health care providers and third/voluntary sector support
- Supported discharge processes and community/home treatment support to reduce inpatient admissions and out of area placements
- Use of technology solutions to support patient consultations i.e. accuRx; thereby reducing travel time of clinicians and making services more accessible/convenient for patients and carers including dementia diagnosis where possible
- Use of technology solutions to support patient therapy support within IAPT - for example IESO (online digital platform, providing an end-to-end, fully managed online service to treat patients (Cognitive Behavioural Therapy) at both Step 2 and Step 3 level of need) for STEP 3 high intensity treatment (will be important as acuity rises)
- Use of technology solutions to support stakeholder communication / meetings i.e. MS Teams / Skype.

# The Transformation of Mental Health Services

Across the Hertfordshire and West Essex ICS, there are several large scale transformation programmes underway for adult mental health services, including:

## **Adult and Older Adult Community Mental Health (CMH) Care**

Hertfordshire and West Essex (HWE) ICS as a trailblazer sight across EoE region. We have mobilised Primary Care Networks (PCN) MH Workers and Mind MH Coaches in 3 out of 6 PCNs, working to integrated models of place-based delivery and ensuring no 'cliff edge' of lost care between organisations. This programme also includes an Early Intervention Eating Disorders service (FREED) and increased psychological interventions for 18-25 year olds (with a focus on emerging Personality Disorders)

## **Adult and Older Adult Community Crisis Care**

We have 100% coverage of 24/7 age-appropriate crisis care, via NHS 111, including 24/7 Crisis Resolution Home Treatment (CRHT) and 24/7 provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions.

## **Adult and Older Adult Mental Health Liaison (based in Acute Trust - PAH)**

We have enhanced the staffing establishment of the Mental Health Liaison Service at the PAH to Core 24 compliance (this is a fidelity model for MH Liaison Teams), ensuring that anyone presenting at the Hospital with a mental health need is assessed and treated in line with national waiting time standards (1hr for Emergency Department and 24hrs for inpatient wards).

## **Specialist Community Perinatal Mental Health**

Pan Essex business case (West Essex agreed) progressing through governance to deliver expansion in line with LTP ambitions; recruitment is progressing.

## **Individual Placement and Support (IPS)**

Pan Essex procurement completed by ECC supported by CCGs and mobilised (July 2020) to meet national access targets moving forward. CV-19 impact highly likely.