

Emotional Wellbeing and Mental Health Recovery Workstream Update

1. Introduction

The Emotional Wellbeing and Mental Health (EWMH) Recovery Workstream is a multi-sector task and finish group of the Surrey Heartlands ICS Recovery Board, set up as part of the system Covid-19 response. It provides strategic oversight, assurance and co-ordination of the ICS’s restoration and recovery of emotional wellbeing and mental health services. This includes getting back on track with the NHS Long Term Plan priorities for mental health, co-ordinating the system response to the expected Covid-19 generated demand surge and building resilience ahead of winter pressures. The workstream governance is shown below:

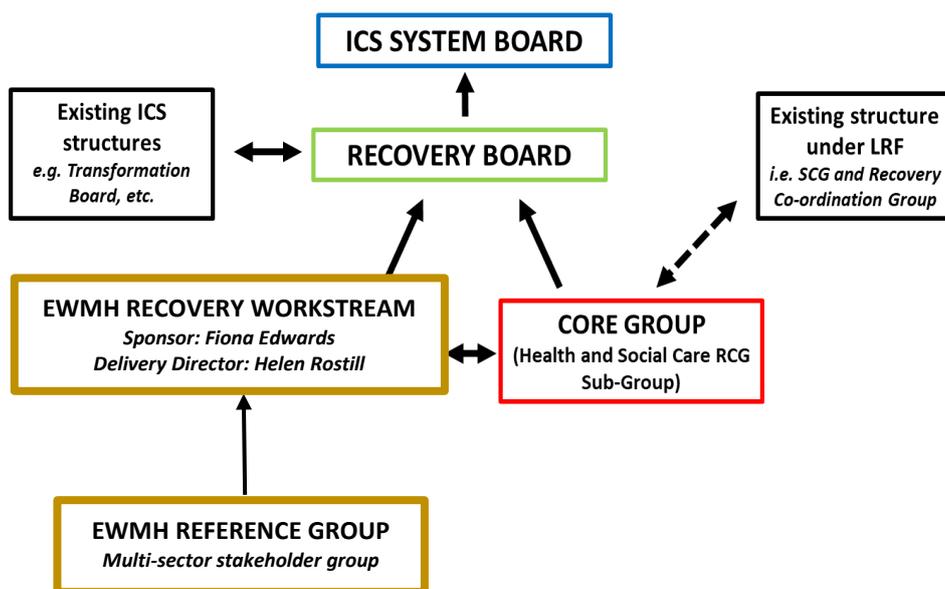


Figure 1: Emotional Wellbeing and Mental Health Recovery Workstream Governance

2. Emotional Wellbeing and Mental Health Context

Growing Demand: Evidence has shown that the Covid-19 pandemic has had a significant impact on the emotional wellbeing and mental health of the general population as a direct result of contracting the virus, the measures taken to protect people from contamination, and the economic and social fallout. Across Surrey Heartlands we have witnessed a similar profile of activity in the mental health system to that seen nationally, with an initial dip in some areas during the first phase of the pandemic and a more recent increase to pre-Covid levels. The initial slowdown in activity is likely to reflect changes in the support offer from in-person to digital media, as well as changes in help seeking behaviour as people ‘stayed away to ease pressure on the NHS’ or avoided contact with services due to contamination fears. In the last quarter, as infection rates reduced and lockdown eased, we have seen an escalation in activity and demand. For example, requests for inpatient beds have

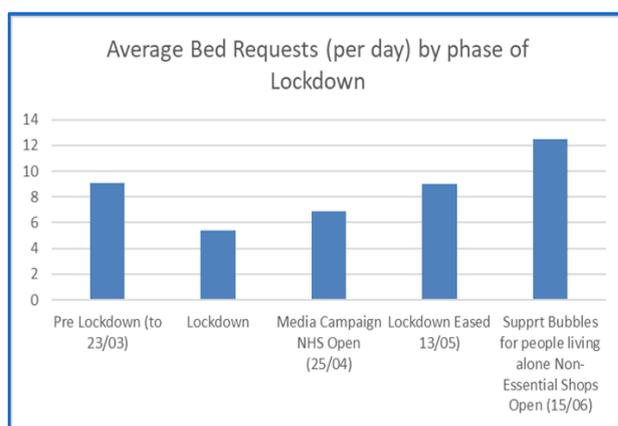


Figure 2: Bed requests by lockdown phases

increased from 6 per day pre-Covid to 10+ per day, community mental health services have seen a 28% increase in activity, and demand for trauma-based therapy is beginning to outstrip capacity. These demand pressures are in line with our surge modelling where we anticipated a 20% to 30% p.a. increase in activity concentrated between September and November 2020.

Increased Acuity: We are certainly beginning to see and feel the pressure in the mental health system as we continue to experience greater complexity and acuity in presentations, for example:

- More presentations of serious mental illness and admissions into acute psychiatric beds - including people who have not been admitted for many years and some people previously unknown to services
- Significant increase in use of emergency powers under the Mental Health Act leading to more detentions. s135/s136 activity from January-August is approximately 30% higher than 2019 with a higher percentage of those people also requiring admission (37% compared to approx. 30% in 2018 and 2019). This increase is particularly notable in recent months after the initial Lockdown period
- Increasing numbers of people with autism presenting to inpatient services
- More evidence of alcohol related presentations – the national level of problem drinkers has risen from 4.2m to over 8m during the pandemic
- An increase in safeguarding referrals due to domestic abuse
- Pressures on the voluntary sector provision and higher rate of mental health welfare support calls. Between April and June over 6721 calls were made to vulnerable individuals
- Anecdotal reports from Primary Care services indicate an increase from pre-Covid levels of 30% of the caseload presenting with mental health needs to 45% to 55% currently.
- Higher rates of anxiety, self-harm and suicidal ideation reported amongst people aged over 65 years

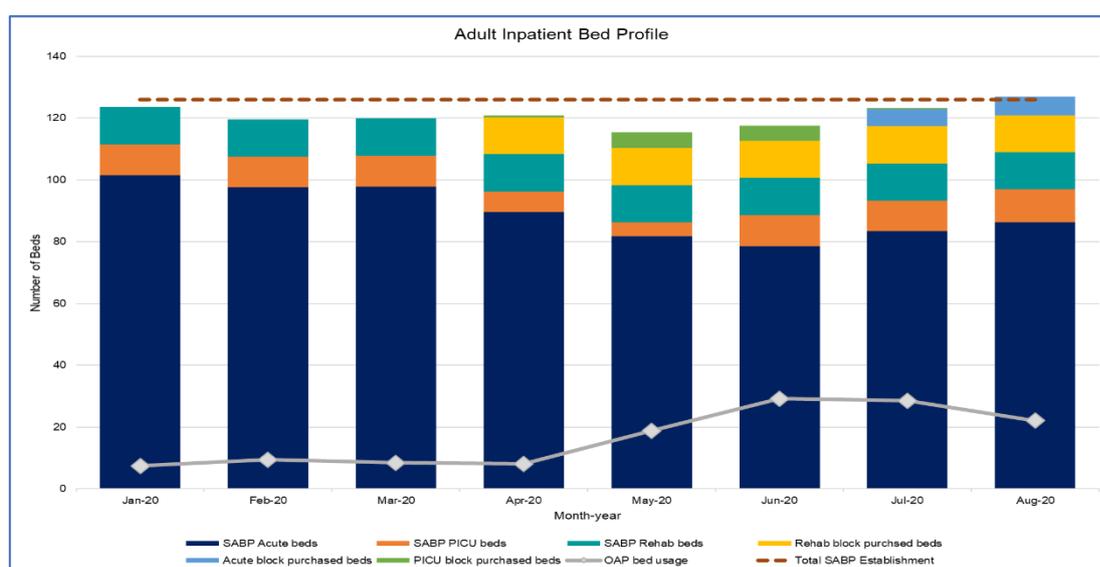


Figure 3: Adult inpatient bed profile and out of area placements (OAPs) Jan to August 2020

The dark blue bars in figure 3 demonstrate the reduction in bed stock overtime which is linked to the introduction of social distancing measures, improvement and safety works, and changes in the number of contracted beds at Langley Green Hospital. Pre-Covid, Surrey was already under bedded for the weighted population when benchmarked against local comparators. Given the escalating pressures in the system linked to Covid-19 and winter, we estimate that an additional 35 to 40 beds will be needed to get us through the year and ensure people’s needs are met in the most appropriate settings.

3. Emotional Wellbeing and Mental Health (EWMH) Recovery Workstream

The first reporting period for the EWMH Recovery Workstream was at the end of September. We are still in the process of mobilising some of our governance but delivery against plan has not slowed. The workstream encompasses 7 high-level objectives (HLOs) and has a detailed plan and key success factors underpinning these. This can be made available to the Board on request. Table 1 describes the workstream status at the end of September.

Table 1: EWMH Recovery Workstream RAG Status

Emotional Wellbeing and Mental Health Recovery Workstream			Workstream Status
#	Project	Status	Items for Escalation
1	Restoration of services	DELAYED	
2	Enhance provision and access to 24/7 crisis services	DELAYED	
3	Ensure people with acute mental health needs can access safe and respectful environments	DELAYED	
4	Proactively follow-up known 'at risk' patients and outreach to vulnerable groups	ON TRACK	
5	Suicide prevention and mental health First Aid training across the system	ON TRACK	
6	Integrated mental health support across PCNS	ON TRACK	
7	Provide critical care follow-up and bereavement support	ON TRACK	
8	Extend workforce wellbeing support	ON TRACK	

3.1. Restoration of Services

Restoration of services to 'near normal' pre-Covid levels is critical to managing the demand and acuity pressures in the mental health system. Our aim is to ensure people have access to mental health support as early as possible and close to their communities. Service restoration is going well, with appointments available via telephone, virtual media or in person depending on needs and choice. In-person services have been challenging to restore in some areas, such as older people's services where risks and fears of contamination are higher. Secondary care services have employed a robust quality impact assessment (QIA) process and the majority of services are now operating at 100% pre-covid levels, with some exceptions such as bed capacity (see above comments) and group work activity (of which alternative virtual meetings have been trialled).

More assurance is required about restoration in other sectors. For example, although Surrey Increasing Access to Psychological Therapies (IAPT) services were meeting the national target for access pre-Covid, rates reduced in the first quarter of 2020/21. Quarter 2 data is awaited, and providers are being asked to review their restoration plans. It is important to note that in quarter 1 waiting time targets (both 6 and 18 weeks) were met and national recovery rates were exceeded. Since the outbreak of Covid-19 IAPT providers have lowered their access age from 18 to 17 years and they have developed a fast track offer for the health and care workforce.

The Voluntary Sector continues to play a vital role in the mental health system. They have seen increased demand for services throughout the first phase of Covid-19, with a rapidly accelerating number of welfare calls being made to vulnerable individuals with mental health needs. The development of the Surrey Virtual Wellbeing Hub has provided an innovative single gateway for people to self-refer to a range of 3rd sector services, including virtual coffee mornings, recovery groups and one-to-one sessions. The VCFS has the potential to do more outreach work to vulnerable communities to provide early intervention support and allow headroom to build in specialist mental health services. However, both short-term investment and the longer-term financial sustainability of the VCFS requires urgent review if they are going to step-up their capacity.

Our Surrey Heartlands Phase 3 planning return indicated that we expect to meet all Long-Term Plan trajectories for mental health by the end of the year, except for:

- Reducing out of area placements to zero by the end of March 2021
- Ensuring 60% of people with Serious Mental Illness on the Primary Care QOF register have had a physical health check
- Meet Dementia diagnosis rates of 67.7%.

Detailed mitigation plans are in place to manage these risks and they are common across most areas of the country. We are working with NHS England to share learning and good practice.

3.2. Enhance provision and access to 24/7 crisis services

The mental health demand and acuity data outlined above provides a compelling case for enhancing provision and access to 24/7 crisis services, including inpatient beds. Undoubtedly the challenging operating environment and estimated bed shortage has impacted on progress, but good work is underway to improve capacity and ensure the resilience of our community crisis offer. By making crisis support as accessible of as possible our aim is to divert people away from high-intensity inpatients services wherever appropriate to do so. We also want to focus on helping people who are medically fit to transfer from hospital back to their homes and communities with the care and support they need to aid ongoing recovery and wellbeing. Examples of progress with this HLO is described below:

Enhance provision and access to 24/7 crisis services: Progress examples	DELAYED
Enhanced bed capacity:	
<ul style="list-style-type: none"> • Contracts with Independent Sector Providers for increased bed capacity are in place. • Participating in an NHS England led process across the South East to identify collaborative bed-based solutions. • Completed NHS England assurance return on national mental health bed shortages. This will be used to raise the profile of need with Government. 	
Enhanced bed management and bed flow processes:	
<ul style="list-style-type: none"> • A virtual ward is set up to increase the visibility of bed use/availability - including out of area placements, people waiting for beds and expected discharge dates. • Daily sitreps provide a unified picture of demand and capacity for all stakeholders and OPEL reporting is being introduced to manage and communicate demand surge. • Senior bed management functioning operating 7-days per week, with reviews of all stays over 30-days to enable a timely discharge and reduce length of stay. • App in place to manage Out of Area bed approval. • Reset week from 5th to 9th October bringing together a multi-agency team to focus on reducing out of area placements, length of stay and tackling delayed transfers of care. 	

Effective discharge planning:

- Weekly multidisciplinary and multiagency meeting established to support the safe discharge of people with complex needs.
- New hospital discharge social work team in place since April 2020.
- Improved access to testing kits in place.
- Establishing a team to review all s117 aftercare placements and identify any individuals ready to move on.
- Exploring 'Home First' and 'Discharge to Assess' initiatives.

Crisis Response:

- All age 24/7 crisis lines in place.
- Enhanced crisis pathway with increased evening staff in Home Treatment Teams, Single Point of Access and virtual Safe Havens.
- HOPE and Extended HOPE support for children, young people and families.
- Acute liaison nurses in place to support children and families in DGHs.
- Assessment Suite and Home Treatment Team escalation calls in place to manage flow through Health Based Places of Safety and assessment suites.
- Mental Health Liaison services operating at 100% pre-Covid levels and available in all hospitals across the footprint.
- Workshops have taken place with a wide range of stakeholders to review crisis care pathways.
- NHS England are supporting our bid to establish two 24/7 Safe Havens with crisis bed facilities. This is now with HM Treasury for a final decision.

3.3. Ensure people with acute mental health needs can access safe and respectful environments

A lack of national investment in NHS mental health hospitals has resulted in a number of Trusts continuing to provide dormitory-style wards in dilapidated buildings. Nationally around 1300 inpatient beds are still in dormitories, which often results in unnecessary time in hospital, and poor patient experiences and outcomes. This not only infringes on people's rights to privacy and dignity but makes it challenging to create a therapeutic environment that is safe, calm and conducive to recovery. Staff should also expect to work in conditions that enable them to provide the highest quality care and support. In June 2020 the Prime Minister announced that mental health dormitories will be "eradicated" as part of the economic Covid-19 recovery plans. As a result, capital funding commitments were made by NHS England to accelerate delivery of this vision. This HLO is focused on improving the environments where people receive acute inpatient mental health care in Surrey and is linked to 3.2 above. Some examples of how we are working to make improvements are outlined below.

Ensure people with acute mental health needs can access safe and respectful environments: Progress examples

DELAYED

Environmental Improvements:

- Building works underway at the Abraham Cowley Unit
- Patients transferred to Elysium Farmfield while works are underway
- Fixtures and fittings standardisation
- Technology introduced to enhance safety and quality 24/7 capital programme ongoing for rebuild of the Abraham Cowley Unit and development of a new hospital site in East Surrey
- Capital cases have been submitted to NHS England for the elimination of mental health dormitories which could accelerate the mental health 24/7 build programme to create a sustainable bed solution.

3.4. Proactively follow up known at risk patients and outreach to vulnerable groups

Emotional wellbeing in the general population saw the largest decline in April 2020, with some evidence of recovery since lockdown eased but not to pre-pandemic levels. Some people's mental health has been disproportionately affected by the direct and indirect impact of Covid-19. For example, people with pre-existing mental health conditions, disabilities (including learning disabilities and Autism), people who are isolated, and those already exposed to socioeconomic hardship and health inequalities. By proactively outreaching to at risk and vulnerable groups we aim to intervene early to prevent people escalating in crisis and needing higher intensity services.

Proactive outreach: Progress examples

DELAYED

Identifying at risk and vulnerable groups:

- Zoning and risk management is active across all secondary care services – including proactive follow up of red risk patients
- Rapid needs analysis completed by Public Health to identify the impact of Covid-19 on at risk populations
- Follow up of shielded individuals has been in place during the first wave of Covid-19 (these are not always the most vulnerable in terms of mental health and emotional wellbeing needs)
- Linking in with Local Resilience Forum Welfare Cell to ensure a joined-up approach

Proactive outreach projects:

- Scoping key touchpoints to provide emotional wellbeing and mental health prevention messaging (e.g. Surrey Fire and Rescue, SECAMB, District & Borough Councils, Foodbanks, Supermarkets).
- Provide 'Making Every Contact Count' training for volunteers
- Care homes support offer is available, including workforce support and direct work with residents.
- Welfare calls in place from the Voluntary Sector to connect with isolated and at-risk people with mental health needs
- Tech to Connect project providing access to technology and support for those who are isolated and digitally excluded
- Surrey Virtual Wellbeing Hub is providing a gateway to Voluntary Sector support including virtual coffee morning, groups and 1:1 sessions. We are increasing the number of organisations that can be reached through this platform
- Emotional wellbeing advice and support collated and available via the Healthy Surrey Website.
- Working group in place to those who are unemployed or at risk of losing their jobs due to the pandemic. This includes Citizen's Advice Bureau, Job Centres, Community Connections and SABP
- Providing mental health support to the 'Bridge the Gap Pilot' for people who are homeless.
- High Impact Drinkers pilot in place

3.5. Suicide prevention and mental health First Aid training across the system

The Surrey Suicide Prevention Strategy and approach needs to reflect learning arising from Covid-19 and other pandemics. Our local data shows that more people are entering the mental health crisis pathway with depression and suicidal thoughts than pre-Covid, including those not known to services before and people who have had a long period of symptom stability. Economic pressures resulting from Covid-19 restrictions is an area of growing concern. Unemployment is rising and in the financial crash of 2008 to 2010 suicide rates increased by 10%, especially amongst males. Therefore, suicide prevention and equipping people to respond to individuals in crisis is an essential part of our response. Our progress is outlined below:

Suicide prevention and mental health First Aid training across the system: Progress examples

ON TRACK

- Real-time Surrey Police surveillance data now accessible to Public Health
- Full programme of suicide prevention training in place
- Planning review of the Surrey Suicide Prevention Policy through the lens of Covid-19 and learning from research
- First cohort 5 people in the system to be trained up as First Aid for MH trainer (by end of Dec 2020)
Second cohort of 6 later in the year from provider arm (By May 2020)
- Setting up working group to oversee MH First Aid training as a system and developing a trainer network and buddying system

3.6. Integrated mental health support across Primary Care Networks (GPIMHS)

Our integrated mental health teams in Primary Care (GPIMHS) provide an easily accessible resource for people with Serious Mental Illness and those with complex needs who can get caught between service thresholds and are often managed solely by their GP. Anecdotal reports from GPs indicate that more people are presenting to them with mental health needs since lockdown eased so having integrated mental health support is essential. The GPIMHS team provide risk assessments, intervention, bridging to community assets and training for Primary Care practitioners.

Integrated mental health support in Primary Care: Progress examples

ON TRACK

- GPIMHS mobilised to time and target with the service fully operational in 11 PCNs **by October 2020**. Since January 2020, the GPIMHS programme has actively recruited 38 new posts to ensure all participating PCNs have a full team **available**
- The teams have supported almost 3000 patients during this service implementation phase
- All resources are working remotely
- Development of an enhanced pathway for people with Personality Disorder (PD) traits is underway with 10 out of 21 new roles recruited to
- Development of the 18 to 25 Young Adults' pathway is underway

3.7. Provide critical care follow-up and bereavement support

Based on previous research, it is expected that at least 20% of people treated for Covid-19 in critical care settings will experience significant symptoms of PTSD during the first 12 months post discharge. Pre-existing anxiety or depression are major risk factors for PTSD following any episode of intensive care. However, evidence emerging from other countries has also shown patterns of post-traumatic stress symptoms in Covid-19 patients who did not need receive intensive care require, which suggests that psychological interventions or follow up assessments could be required for a larger population of Covid-19 patients. This HLO focuses on embedding psychological support within community rehabilitation pathways for people who contracted Covid-19 and also developing bereavement support for those who may have lost loved ones due to the pandemic.

Provide critical care follow-up and bereavement support: Progress examples

ON TRACK

- Engaged in system working group mapping rehabilitation pathways for people who have experienced Covid-19
- Current emotional/psychological support for people post Covid-19 mapped and gaps identified
- Feeding into system-wide business case
- Initial discussions about training partners in approaches such as trauma informed care

- Health Psychology Teams embedded in DGHs
- IAPT Bereavement support offer in place and resources available on the Healthy Surrey Website

3.8. Extend workforce wellbeing support

Evidence indicates that health and care workers, particularly those in frontline roles, are at greater risk of experiencing adverse mental health outcomes as a result of Covid-19. Nearly a third of people infected by the pandemic are health and social care workers so risk of infection is a cause of significant stress and anxiety. These workers also have the added worry of contamination risks for family members and/or having to socially distance from loved ones. This HLO focuses on providing emotional wellbeing support to our system workforce to help build resilience and prevent burnout.

Provide critical care follow-up and bereavement support: Progress examples

ON TRACK

- Proposals/ business case for wellbeing roles being signed off
- Workforce support offer available in majority of Surrey Heartlands organisations
- Workforce wellbeing resources developed and collated on the Healthy Surrey Website
- IAPT and secondary care fast track workforce psychological support programme available
- Care Home workforce support offer developed and delivered
- Risk assessments completed across all organisations with a bespoke approach for vulnerable groups
- Stocktake of workforce support offer submitted to NHSE
- South East Workforce Resilience Hub proposal submitted to NHS England

4. Risks

There are a number of key risks that the EWMH Recovery Workstream is managing. These can be seen in table 2. The most critical risks relate to the demand and acuity pressures and meeting the Long-Term Plan trajectories for 2020/21. There are detailed mitigation plans linked to these risks.

ID	Title	Description	Type	Date logged	Owner	Impact Score	Probability Score (Risks Only)	Overall RAG Score	Actions to mitigate / manage	Due date
1	Not meet the phase 3 trajectories specifically in SMI PHC, dementia diagnosis & OAPS.	There is a risk that the System will continue to not meet the phase 3 trajectories specifically in Perinatal, SMI PHC & OAPS. If this occurs this will not support patient outcomes and potentially impact finances and perception of the System.	Risk	09/09/2020	Professor Helen Rostill	3	4	12	Mitigations include increasing bed capacity and resilience in the crisis pathway. Working with ICPs to improve access to health checks and diagnosis. Improve recording and local overights. Exploring digital solutions and enhanced model of delivery in the community for the SMI PHC trajectory.	Q4 2020/21
2	Not maintaining & developing sufficient mental health bed capacity.	There is a risk that the System may not maintain & develop sufficient mental health bed capacity for example Resilience Hub bid & Langley Green beds (Dec 2020), note current rebuild programme not expected to complete until 2024 & outreach work I-access & Alcohol dependent on ongoing funding. If this occurs this may result failure to optimise patient outcomes and inefficiencies in the System from failure to benefit from long term planning.	Risk	09/09/2020	Professor Helen Rostill	3	3	9	Continued discussions currently being facilitated by Tracey Tipping from NHS E/I and risk management such as this. This is further mitigated by a consistent focus on flow in the system to maximise availability of beds.	?
3	Increased acuity of demand	There is a risk of a deterioration in patient outcomes and failure to maintain sufficient mental health bed capacity due the increase in mental health crisis presenting at acute Trusts, increased acuity of demand and increase in safeguarding issues. If this occurs this may result failure to optimise patient outcomes & inefficiencies in the System.	Risk	09/09/2020	Professor Helen Rostill	4	4	16	Continued risk management, capacity building and crisis prevention work. Contual focus on flow management. Recognition by the System of the allocation of effort against this priority.	?
4	Ability to deliver due to changes in staffing level caused by the emotional and mental wellbeing pressure on staff.	There is a risk that the System's ability to deliver due to changes in staffing level caused by the emotional and mental wellbeing pressure on staff in responding to the pandemic. If this occurs this may impact patient outcomes & the System's ability to deliver the Phase 3 trajectories.	Risk	09/09/2020	Professor Helen Rostill	3	2	6	This is mitigated by delivery of work by the workstream in the form of system workforce support e.g. fast track IAPT support, available preventative resources, Resilience Hub bid.	01/12/2020 (for 1st cohort to be trained up as First Aid for MH trainer)
5	Access to BI support to facility capacity and resource planning.	There is a risk that the workstream may not get timely access to BI support to facility capacity and resource planning. If this occurs the System may fail to identify those in need and will not support patient outcomes.	Risk	09/09/2020	Professor Helen Rostill	2	2	4	Continued risk management such as this in work against this priority and recognition by the System and allocation of effort against this priority.	?

5. Summary

This report has provided the Board with an update on progress made by the Emotional Wellbeing and Mental Health Recovery Workstream follow the first full month of reporting. We are facing a very challenging operating environment that has delayed progress in some areas, but significant cross sector work is in place to support people with mental health needs and their carers/families in Surrey. This crisis has galvanised integrated working and cross sector support and it has resulted in teams working together to generate creative solutions to unprecedented circumstances.

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