

Spotlight on...

THE IMPACT OF COVID-19 ON MENTAL HEALTH TRUSTS IN THE NHS

NHS Providers is the membership organisation for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS trusts and foundation trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has all trusts in voluntary membership, collectively accounting for £84bn of annual expenditure and employing more than one million staff.

This is the fifth in a new series of *Spotlight on...* briefings, aimed specifically at sharing key information on the impact of the coronavirus pandemic on NHS trusts.

NHS trusts providing mental health and learning disability services have been playing a critical role, both to maintain services and to respond to the current environment alongside their colleagues in the acute, community, ambulance and primary care sectors. While the main public, media and political focus has been on the impact of COVID-19 on hospitals, it is important to put the spotlight on what is happening in other parts of the NHS frontline. This briefing sets out the immediate challenges of COVID-19 for mental health trusts, how the sector has responded and what it needs to navigate this next phase.

Key messages

- Trusts providing mental health and learning disability services have played a key role throughout the pandemic by transforming care, both to maintain services and respond to the significant challenges presented by the COVID-19 pressures.
- Their achievements have been significant. They have been quick to adapt, supporting the acute sector by providing intermediate care wards for those recovering from the virus and setting up mental health A&Es and 24/7 emergency service access lines. They have accelerated discharge in partnership with community services, reduced avoidable admissions with enhanced crisis care, and moved many home-treatment models and clinical services online.
- However, government and national policy makers must take account of the pressure mental health services will continue to face in the weeks and months ahead, given a predicted surge in demand for mental health care as lockdown eases. Activity in many mental health services has either not reduced as significantly as in other areas of the NHS or has been met through new forms of support often in the community. Mental health providers are already beginning to report a significant increase in demand and the severity of new referrals.
- Trusts will need particular support in the immediate term as they navigate the next phase of their response to COVID-19 in the following areas:
 - **Personal protective equipment (PPE) and testing:** while the recent formal launch of the government scheme is welcome, there remains a long way to go to get a fit-for-purpose test and trace regime. The flow of PPE to trusts is still not as consistent and reliable as it needs to be. The needs of trusts providing mental health and learning disability services for PPE and testing must be adequately prioritised in government plans going forwards.
 - **Prioritisation and demand and capacity planning:** the size and complexity of the challenge facing mental trusts as they seek to meet pent up demand from people who, for a variety of reasons, have not sought help during lockdown, and the predicted surge in new demand cannot be underestimated and will require effective and careful prioritisation. Trusts need support to model the likely future demand and capacity requirements for services, as well as support to invest in the data and analysis to understand what changes prompted by the pandemic have added value and need to be locked in, and where recovery and restoration of services is needed.
 - **Funding:** key to meeting the extra demand for mental health services will be ensuring that the required expansion in service provision is fully and promptly funded, on a sustainable basis. This funding must reach the frontline services that need it most, including core community mental health services, social care and key services provided by the voluntary sector. Ensuring the sector receives its fair share of capital investment is also fundamental to enable trusts to make the required investments in wards and innovations prompted by the outbreak.
 - **Workforce:** a new workable strategic national plan for the mental health workforce needs to be accelerated, given the pandemic has exacerbated the significant workforce challenges trusts were already facing – particularly with regards to overseas

recruitment and training. In the immediate term, a balance must be struck between reaping the benefits of the rapid innovation prompted by the outbreak with ensuring staff get the time they need to rest and recover given the toll the pandemic response has taken on them.

Current challenges

This section gives an overview of the impact of the COVID-19 pandemic on trusts providing mental health and learning disability services and sets out the key challenges they face.

Demand for and access to care

Since the start of the pandemic, trusts have seen significant changes in the pattern of demand, and source of referrals, for mental health support. There have been falls in the number of referrals, particularly from GPs, for services such as CAMHS and IAPT. However, many trusts have seen an increase in self-referrals and a rise in the number of people presenting in crisis. The Royal College of Psychiatrists has similarly **reported** increased numbers of people needing urgent and emergency mental health care, alongside a reduction in routine care, especially for older adults, for children and young people, and within general hospitals. Trusts are also starting to report significant **additional new demand** for mental health services from those affected by the economic, social and loss of life factors associated with COVID-19, and from health and care staff coping with the consequences of having to provide frontline COVID-19 care in extremely difficult circumstances.

The levels of 'pent up demand' for mental health services over the last 10 weeks, as GP referrals and patient presentations have dropped, is a real concern. Trust leaders fear many who need care and support are not always accessing services until they reach a crisis point. These delays may give rise to more complex and advanced needs which will emerge as lockdown eases.

The preparation for COVID-19 mean that in many areas, bed occupancy has gone down. This has helped trusts to reduce out of area placements. However, the current crisis has also made it more challenging for trusts to carry out the necessary visits to people placed out of area and bring individuals back to receive care and support closer to home. Workforce shortages and having to separate COVID-positive patients from those without the virus is also having a significant impact on capacity in inpatient settings.

Access to resources to ensure sufficient testing and infection prevention and control

The **difficulties** the NHS has faced in securing adequate, timely access to sufficient PPE and testing capacity have presented particular challenges for leaders of mental health trusts. Mental health trust leaders felt it took too long for national leaders to recognise their needs for **PPE**. Mental health trusts also felt they were significantly disadvantaged in the process of rolling out national **testing** for staff.

As **our recent report** on capital investment makes clear, the mental health estate was not fit-for-purpose prior to the pandemic as a result of significant underinvestment historically, nor have mental health trusts been designed to contain contagious disease. Reconfiguring physical space, while ensuring people are kept safe, has also been a challenge for mental health and learning disability services because of the lack of appropriate places, such as wards with ensuite bathrooms, in which to 'cohort' patients. There are 350 dormitory

wards across England and the flexibility to reconfigure physical space may be particularly constrained for those trusts with patients who are held in secure accommodation.

Applying mental health legislation

Trusts tell us that it has been a significant operational challenge to assess, detain and treat people in a safe, timely and dignified way, and balance this with the urgent need to protect very vulnerable patients and frontline staff. Key issues include:

- ensuring people, in particular those without capacity or with dementia, self-isolate effectively to reduce the risk to themselves and others, and trusts are seeking legal guidance when situations arise, such as people not being able, or willing, to self-isolate
- supporting detained patients to take leave from hospital, while keeping patients and staff as safe as possible from COVID-19 infection – trusts have supported patients and family members to understand current public health guidance and introduced a debrief on return to discuss how they managed social distancing while out of hospital and how much contact they had with other people
- the shortage of approved mental health professionals and doctors, under section 12 of the Mental Health Act – this is linked to the broader workforce challenges trusts were **already facing**, with significant gaps in the mental health workforce and staff tired and stressed from another demanding winter, which the pandemic has only served to **exacerbate**.

The impact of pressures on community and wider services

Trusts have taken a leading role during the pandemic, alongside other community services providers, to enable the NHS overall to manage the surge in patient demand and care for the most critically ill in acute settings. However, this has meant that community services are now caring for a considerable number of additional patients with complex conditions, and a potentially long period of rehabilitation ahead, who have been rapidly discharged from hospital.

While a significant number of medically fit patients having been supported to move safely out of hospital and back to their own home or an appropriate care or community setting, social distancing has made it challenging for trusts to progress home leave or visiting other services in preparation for discharge in some cases, and discharging older people and individuals with a learning disability or autism with the right community support package has been particularly difficult.

The restriction of wider services provided by local government and public sector changes due to COVID-19, such as schools closing, is a further significant issue having an operational impact on trusts and the demand for services they provide, making preventative approaches and early intervention services in many areas even **less available**. Trust leaders are also concerned by funding for the voluntary sector falling off dramatically and the significant impact of this on people who rely on the services organisations in the third sector provide.

How trusts have prepared and responded so far

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Despite the significant challenges presented by COVID-19, trusts have been quick to adapt in order to effectively prepare services to deal with coronavirus patients, while also ensuring their services are best able to meet people's non-COVID needs during the pandemic. This has involved delivering some radical service transformations and fast-tracking reforms that many believe would have taken years under the traditional approaches to commissioning and service change, as set out below.

Initial preparations and response

Mental health trusts have made a series of changes to prepare for and respond to the early stages of the crisis. They:

- Identified areas to separate COVID-19 positive patients from those who have not got the virus and safely discharged medically fit patients more quickly to reduce transmission risks. They rapidly retrained staff to be able to support service users' physical health needs and provide high-quality physical and mental health care for those reaching the end of their life.
- Seconded staff to acute hospitals and created empty wards to allow acute hospitals to transfer non-COVID patients for hospital-based treatment where necessary. Where possible, patients with coronavirus have also been kept in the care of mental health, and community, trusts, to relieve pressure on acute hospitals. One mental health trust told us it has been able to help bring its hospital occupancy levels down to 70%, from close to 100%, which will ensure all COVID-19 patients can be treated in the trust without the need for mutual support from other trusts. Another trust told us it has set up a new ward to take mental health patients out of acute hospitals and it had no mental health patients in its local A&E departments as a result of this partnership.
- Identified their most vulnerable patients and adapted their services to meet their needs during the pandemic, creating specific patient management plans. Given the need to support a significantly higher number of patients in the community, mental health trusts providing community services identified services that could be temporarily de-prioritised so that staff could be re-deployed, with appropriate training, to more urgent tasks.
- Implemented visiting guidance to enable compassionate care while also protecting patients and staff. Visits were prioritised for vulnerable individuals with visitors supported to wear PPE, and computer tablets and smartphones supplied for patients to use to keep in contact with their friends and loved ones. Frontline staff have also placed an even greater focus on being there for the people and giving them extra support while limitations on visiting are in place.

Adapting services to keep them open and best meet people's needs

Mental health trusts have made great strides to shift service provision, at pace, towards home-based care, neighbourhood teams: they have bolstered ambulance and police liaison services, as well as their crisis team response with hospital at home services. Trusts have also used digital where possible to carry out remote consultations, particularly for vulnerable groups, to limit disruption to service delivery as much as possible.

Mental health services have been among the most enthusiastic adopters of new digital technology tools, using them not only to deliver outpatient services, but also to conduct multidisciplinary team meetings, meetings with carers and patients, and even ward consultations by self-isolating consultants. Many services have reported positive experiences from increasing their use of digital, including better engagement with services users, increased attendance of group therapy, and better use of patient and staff's time. One trust told us its adoption of digital has also helped it to re-deploy staff to meet the challenges of COVID-19 and made meetings more agile. Some trusts are also thinking about how digital can be used across a system to improve access to services as well as within organisations.

However, while many services plan to continue to use technology to improve choice and access into the longer term, trusts leaders are conscious that there are still significant barriers to overcome – including accessibility, information governance issues and the appropriateness of a digital setting for some therapeutic interventions – and of the need to assess and evaluate the effectiveness and impact of delivering services digitally properly.

Trusts have worked hard to keep the majority of mental health and learning disability inpatient services open, despite significant workforce constraints and having to temporarily relocate some to support other COVID-19 arrangements, such as cohorting. Inpatient rehabilitation and therapy in some trusts have been delivered on wards instead of attending groups elsewhere across the trust to reduce risk of transmission while still enabling levels of meaningful activity for individuals to be maintained. Trusts have also looked for ways to overcome the challenges posed by social distancing to ensure onward transfers between units and discharges home where appropriate continue, such as through completing virtual assessments between teams.

Ensuring people in crisis can access support

24/7 mental health emergency service access lines have been rapidly established to cover all areas of the country to support children and adults in crisis. With some variation in how these services are resourced and set up, these lines are accessible through one phone number and operated by trained mental health professionals who can offer help, advice, mental health assessments, referrals and access to a trust's wider mental health services. Numerous trusts are working with other partners, from ambulance trusts to the voluntary sector and local authorities, to enhance the NHS offer and ensure a joined-up approach can

be taken, particularly for frequent callers. In many areas, staff who are home self-isolating but not unwell themselves are being utilised to help deliver the service in the current period.

Mental health trusts have also rapidly set up mental health A&Es to ensure people in crisis are still able to access the support that they need in a setting that feels safe, and also help ease pressures on emergency departments. This has involved trusts identifying locations across their estates with suitable spaces for assessments and triage to be carried out, agreeing and deploying staff to support these new services, and planning with local partners how diversion and transportation should work. These facilities are supporting people who have a mental health need and no physical health issues: service users who do have a physical health issue remain in A&E to receive the care they need. Feedback from a number of trusts we have heard from has been positive, but trust leaders are conscious these models will need to be properly evaluated and a more sustainable and standardised approach taken if they are to be kept in the longer term.

Steps taken nationally to help trusts respond effectively

There have been a number of helpful steps taken by regulators, such as Care Quality Commission adapting its approach to monitoring and oversight and NHS England and Improvement providing clarity around the priorities for mental health services for the first quarter of this year, which have sought to reduce the burden on trusts at this critical time and enabled them to prioritise their response to COVID-19 pressures.

The national campaign, *Help us to help you*, has also been a welcome step taken to help reassure the public that the NHS is there to cater for their needs alongside its response to coronavirus, and has led to some improvement in the number of people seeking help at an earlier stage. However, trust leaders are now keen to 'lock in' the benefits of some of the reduction in bureaucracy seen during the pandemic to enable them to focus on the immediate challenges facing them.

What mental health trusts need in the next few months

As the NHS navigates the next phase of its response to COVID-19, mental health and learning disability services need specific support on PPE and testing, reprioritisation to take account of demand and capacity issues, adequate funding and support with workforce challenges.

Adequate, timely supply of PPE and testing capacity

The needs of trusts providing mental health and learning disability services for PPE and testing must be prioritised. While the situation is improving, the flow of PPE to trusts is still not as consistent and reliable as it needs to be despite best efforts nationally and locally. To plan services effectively trusts need to be able to rely on a sustainable supply of adequate PPE.

Trusts are also reliant on a government-led testing regime that can consistently test all health and care staff and patients, both with COVID-19 symptoms and those who are asymptomatic, and turn results around rapidly. While the recent formal launch of the government scheme is welcome, there remains a long way to go to get a fit for purpose test and trace regime. Progress around testing is fundamental to support trusts' planning for future demand, both directly and non-directly related to COVID-19, as well as planning for the physical separation of COVID-positive, suspected and negative patients.

Prioritisation to meet demand and capacity needs

A further challenge for mental health trusts is managing day-to-day demand for mental health services, which was already **outstripping supply**, alongside the predicted surge in demand for mental health care as a result of the direct and indirect impacts of COVID-19. The **first forecast** from Centre for Mental Health is that at least half a million more people in UK may experience mental ill health as a result of COVID-19 with mental health issues likely to be exacerbated by the wider socio-economic impacts of lockdown including unemployment, housing issues and social isolation.

Navigating the next phases of the NHS' response to the pandemic in the face of this will be complex, difficult and challenging, and will require effective prioritisation. Recent correspondence from NHS England and Improvement outlining some clear national prioritisation for the next phase of the health service's response, while allowing considerable local flexibility for trusts to make decisions around how they are able to recover and restore the services that require this in some form safely and when, was welcome. However, it is vital to ensure mental health providers maintain the flexibility to make decisions which work for their local trust, their local system and their patients and service users. The pandemic has affected different areas of the country in different ways, at different times: a one size fits all approach will not be suitable when it comes to recovering and restoring services.

Mental health trusts also need support in undertaking local and regional modelling of the likely future demand, access routes, and capacity requirements in the context of a reformed service offering, for each of their services. They also need support to invest in the quality of data, metrics and analysis to understand what changes have added value and need to be locked in, and what services require some form of recovery and restoration. There is particular work that needs to be done to evaluate the developments around digital, mental health A&Es and discharges.

Full funding, including capital, to meet need created by the pandemic

Key to meeting the extra demand for mental health services will be ensuring appropriate funding is available. Mental health trusts have consistently expressed concern that extra mental health funding has not reached the front line in the way intended and it will be vital to ensure that the required expansion in service provision is fully and promptly funded, on a sustainable basis. Resourcing core community mental health services, social care and key services provided by the voluntary sector is particularly crucial. We are concerned the current funding announcements are unlikely to be enough.

Ensuring the mental health sector receives its fair share of capital investment in decisions that were expected to be made this year on NHS capital funding is also vital. The pandemic has shone an even greater light on the **under-prioritisation of investment** in the mental health estate, which must be urgently addressed so that trusts can make the investments in wards and innovations prompted by the outbreak required to successfully navigate the next phases of its response to the direct and indirect impacts of COVID-19.

A strategic plan for the workforce

Revisiting the strategic national plan for the mental health workforce is essential given the significant impact of COVID-19 on the pipeline of mental health staff.

Trusts' ability to appropriately separate COVID-positive, suspected and negative patients is reliant on a sustainable workforce model that allows each type of ward to be staffed adequately. Furthermore, many of the new developments trusts have put in place are reliant on the current temporary redeployment of staff and will require recruitment of staff which do not exist in the numbers required at the moment. Trusts leaders are also conscious that the broader increase in demand for the skills of mental health staff across NHS and wider services will only accelerate in the months and years ahead.

Most importantly, while there is a real desire in the sector to reap the benefits of the rapid innovation prompted by the outbreak, trusts are mindful of the toll the pandemic response has taken on their workforce and are cautious not to move so fast that staff do not get the time they need to rest and recover. All trusts will need the autonomy to move at their own pace, given the outbreak has progressed at different rates in different regions, with different degrees of severity.

**Your feedback
is very welcome.**

**For any comments
or questions
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