

COVID 19 Impacts on Mental Health Workforce, Service Delivery and Transformation

1. Introduction

The purpose of this briefing is to provide an update on the impact COVID has had on workforce at Nottinghamshire Healthcare NHS Trust (NHT). It will provide an overview of the plans that have been implemented to ensure on going delivery of mental health services and how the Trust has supported staff wellbeing.

An update on performance against the mental health standards within the NHS Long Term Plan is provided, alongside details of improvement plans and service developments.

2. Nottinghamshire Healthcare NHS Foundation Trust COVID 19 Workforce Impact

As part of business continuity during the first phase of the COVID19 pandemic NHT focused on key service provision, increasing capacity to maintain services, to mitigate large workforce losses. Services temporarily altered during the pandemic, included:

- Outpatients Clinics
- Community Teams
- Carer Support Teams
- Recovery College
- Specialist Nurses (Health Failure / Diabetes / Nutrition / Continence)
- Community Nursing

The changes to the above services created an additional workforce capacity that was re-deployed alongside the corporate workforce to support critical services. Where staff were re-deployed training and support was given to transition individuals between roles.

In addition, the Trust undertook a large-scale recruitment programme using national and local return to work initiatives, adapting recruitment processes and increasing the bank and agency provision. Supportive terms and conditions and people policies were implemented to enable rapid deployment.

Over the last few months there have been high levels of COVID related absences and the Trust have been using daily SitReps to monitor the COVID and non COVID impact on workforce losses. There has been a decline in these levels from a high number at the end of March 2020, with an increase commencing mid-September 2020.

2.1 Alternative Service Provision

Staff were redeployed across inpatient and community services to support workforce losses and additional training and support were provided to enable staff to take on additional responsibilities. Prior to any re-deployment robust risk assessments were completed.

Revised Standard Operating Procedures (SOPs) were developed setting out PPE for home visits (where appropriate to reduce inpatient admissions or were identified as highly complex or high risk), caseload reviews were undertaken and patients triaged, where appropriate moved to video consultations (VC) / telephone support where protocols were developed, these were in line with national guidance.

Within some inpatient wards were combined to allow economies of scale while maintaining recommended social distancing and PPE guidance. Online learning / support packages

were developed and delivered across the Trust. Staff were supported to work at home / remotely to support national guidance / recommendations.

2.2 Services Restored / Next Steps

There has been a reinstatement of services across the Trust, to support this SOPs for face to face activities have been further developed, including PPE, space required and proportion that can attend clinics. Risk assessments have been aligned following national guidance and the estate needed to allow social distancing considered alongside triaging services users / patients and the use of virtual platforms to support activity expectations. The plans include both individual and group consultations. As a result, deployed staff have been returned to substantive posts in these areas.

2.3 Well Being of NHT Staff

Ensuring the wellbeing of the NHT workforce has been paramount during the pandemic. The Trust has ensured staff have been taking appropriate breaks during shifts and between shifts, annual leave has been taken and staff have been given psychological support. The Trust has also ensured that staff concerns have been listened to and where required act on.

NHT has also supported local Trusts in psychological support, providing weekly webinars on 'psychological first aid' to groups of staff, as well as shaping and advising on, where appropriate, Health and Wellbeing Being priorities.

The Trust has also delivered meal packs to key areas and support packages to all staff during the pandemic, these were designed to support staff and reward staff for their continuing hard work and commitment. To support the PPE requirement, the Trust centralised PPE provisions to ensuring there were enough supplies for key services.

The Trust has also considered the impact on staffing and the balance between staff requiring to shield/isolate and the need for the services to continue. Staff who are shielding/stringently shielding were contacted by the Staff Support Team to provide on-going support whilst they are shielding and to discuss returning to the workplace. The majority of staff have now returned to work.

The Trust has strengthened the Equality, Diversity and Inclusion approach, engaging staff equality networks and have ensured that diversity is included in decision making during the pandemic. Following national guidance, the organisation developed a conversation-based risk assessment process; this enabled key conversations to be held with all staff, focusing on at 'At Risk' groups and BAME. This was supported, where necessary, by key staff within the People and Culture services.

2.4 Projected Workforce

Workforce planning has taken place to the end of March 2021. The Trust has accounted for the restoration of services, increased cycle times due to safe delivery of service during COVID and growth. The impact of delivering services in a condensed period is taken account in restoration of services to contractual levels in addition to spikes in demand as a result of COVID, whether that is a consequence of not receiving routine services or as a direct result of the pandemic.

The forecasted workforce loss and the potential workforce availability have been reviewed. The COVID and Non-COVID workforce loss from March 2020 to July 2020 has been calculated at 7.4%, this includes sickness, isolation and shielding.

Recruitment and resourcing is progressing on the additional staff required. During the COVID pandemic the Trust recruited additional numbers of bank staff to support with the workforce losses faced as an organisation, the Trust will continue to use these to fill vacancies and will fully utilise this as we see a surge during winter and a potential second COVID surge. The Trust is continually monitoring flexible workforce resource to ensure workers are available and trained ready to deploy.

3. Impact on Service Delivery and Transformation

Following national guidance that was released in March 2020 the majority of mental health community services moved to a phone/video conferencing delivery model; however if a face to face appointment was required this was facilitated. This was particularly relevant for Crisis Resolution and Home Treatment Services and local mental health teams.

Inpatient wards were reconfigured to enable isolation facilities, a reduction in inpatient provision in Nottinghamshire has led to a number of patients being admitted to hospitals out of area, however this has started to reduce and plans to discharge patients or repatriate to Nottinghamshire are frequently reviewed.

Referrals to all services and admissions to inpatient wards initially decreased in March and April; however referrals started to increase from May and have continued to increase.

There are a number of national standards that the system is required to achieve in order to meet the service improvements outlined in the NHS Long Term Plan that was published in 2019. Performance against the standards had been improving in Nottinghamshire over the past 12 months; however COVID 19 has impacted on performance in some areas. The following services are on track for delivery against required standards by the end of 2020/21:

- Early Intervention to Psychosis Access
- IAPT (psychological therapies referral to treatment times; IAPT recovery rates)
- Perinatal- access to treatment
- 24/7 Crisis service for Children and Young People and Adults
- Crisis Resolution and Home Treatment Teams staffed to core fidelity levels
- Individual Placement Support (employment support)
- Implementation of 'stabilise and bolster' plans for community mental health teams

LTP Deliverables that are on track but there are risks with continued delivery:

- **Children and Young Peoples mental health access** is on track; however referrals have decreased which may impact on the year end position. Additional Mental Health Support Teams in Schools and new services are operational from September/October 2020 which will contribute to recovery in quarter 3/4
- **Out of Area Placements** (OAPs)– following a high number of out of area placements the system was in a strong position in March 2020 with clear plans to achieve 0 by

31/03/2021; this has been impacted by COVID 19 but there are on-going actions being taken including Crisis teams/community service developments and by retaining local subcontracted beds, plan to achieve target by 31/03/21

LTP deliverables not on track; Recovery plans are in place:

- **IAPT Access-** Target was achieved in quarter 4 2019/20. In quarter 1 referrals were 44% lower than the previous quarter. Referrals have started to increase and recovery actions in quarter 2 are based on increasing capacity (workforce) and marketing of services with a focus on mid Notts where the referral rate is below the national average.
- **EIP (access is on target), level 3 NICE** compliance is not on track due to recruitment/training delays – both have now recommenced. Plan to meet standard in quarter 1 2021/22.
- **Physical Health checks Severe Mental Illness (PHSMI)** – Target is 60%. Performance in March - 36.5%, July - 27.5%. Majority of checks are undertaken in Primary Care. Actions include review of health improvement worker (HIW) which was a pilot in Rushcliffe, for roll out across the system; GP survey to understand barriers to completing checks and agreeing actions; HIWs in secondary care to increase completion of checks, with EIP physical health improvements workers focusing on patients who have had 4/5 checks; priority actions for PCN CDs and GP mental health clinical leads

4. Conclusion

As has been outlined there is a continued focus on staff wellbeing to enable service delivery, however due to the pandemic there are on-going risks, which have been outlined.

Plans for Service Transformation in Nottinghamshire to meet the requirements of the NHS Long Term Plan are well developed. This includes plans for service improvement in:

- Community Perinatal Mental Health
- Children and Young People's Mental Health
- Adult Common Mental Illness (IAPT)
- Adult Severe Mental Illnesses – community care
- Crisis Care and Liaison
- Therapeutic Acute Mental Health Inpatient Care

Overall delivery of the plans will improve service delivery and improve patient outcomes in Nottinghamshire.

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