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<b>Meeting Date</b>	<b>24 November 2020</b>				<b>Agenda Item</b>	<b>2.2</b>
<b>Report Title</b>	<b>Mental Health Services response to the COVID-19 pandemic</b>					
<b>Report Author</b>	Gareth Bartley, Head of Partnerships and Development					
<b>Report Sponsor</b>	Chris White, Chief Operating Officer,					
<b>Presented by</b>	Dai Roberts, Group Director, MH&LD Service Group					
<b>Freedom of Information</b>	Open					
<b>Purpose of the Report</b>	The purpose of this report is to give assurance around the continuation of Mental Health and Learning Disability services given the likely myriad of mental health issues that will result from the many facets of the Covid-19 pandemic which include impacts on people's family social and economic circumstances in addition to health needs.					
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Mental Health and Learning Disability services are designated as non- COVID19 essential services</li> <li>• The mental Health and Learning Disability Service Group performs to a high standard in the delivery of services consistently meeting all Welsh Government access and performance targets.</li> <li>• This has been achieved in a climate of increasing demand for mental health services as people are becoming increasingly willing to discuss and seek support for their mental health and wellbeing.</li> <li>• During this year performance has been maintained despite the additional pressures associated with Covid-19.</li> <li>• The Service Group is continuing to dedicate significant energy and resource to planning for the future delivery of sustainable and effective services in partnership.</li> </ul>					
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Recommendations</b>	The Committee is asked to note this report for assurance on the continued delivery of Mental Health and Learning Disability Services.					

## **MENTAL HEALTH SERVICES RESPONSE TO THE COVID-19 PANDEMIC**

### **1. INTRODUCTION**

The purpose of this report is to give assurance around the continuation of Mental Health and Learning Disability services given the likely myriad of mental health issues that will result from the many facets of the Covid-19 pandemic which include impacts on people's family social and economic circumstances in addition to health needs.

### **2. BACKGROUND**

Mental Health and Learning Disability services are designated as non- COVID19 essential services with Welsh Government issuing a specific framework for assurance to ensure as a partnership we continue providing not only urgent and emergency care but also services to help prevent a worsening or deterioration in an individual's condition.

The mental Health and Learning Disability Service Group performs to a high standard in the delivery of services consistently meeting all Welsh Government access targets under the Mental Health (Wales) 2010 Measure and for the provision of psychological therapies. This has been achieved in a climate of increasing demand for mental health services as people are becoming increasingly willing to discuss and seek support for their mental health and wellbeing.

During this year this performance has been maintained despite the additional pressures associated with Covid-19 as we have adapted to the restrictions on social distancing and guidance for infection prevention and control whilst anxieties of our population have grown.

In addition to present delivery the Service Group is also continuing to dedicate significant energy and resource to planning for the future through:-

- our Transforming Mental Health Services Programme with partners,
- developing proposals for the use of £0.9m additional resources through the Mental Health service Improvement Fund,
- the submission of a Strategic Outline Case to Welsh Government for the reprocurement of outdated adult acute facilities at Cefn Coed Hospital
- a developing Modernisation Plan for NHS learning disability services with commissioners in Cwm Taf and Cardiff & Vale Health boards and our own Regional Partnership Board

### **a. Context**

The pandemic is increasing psychosocial distress, people are fearful and anxious with anxieties relating not only to Covid-19 itself but also the loss of employment, reduced finances and to uncertainties over the future.

The main psychological impact is elevated rates of stress or anxiety. But as new measures are introduced –especially quarantine- levels of loneliness, depression harmful alcohol and drug use, and self-harm and suicidal behaviour are expected to rise. Suicide rates increased following the 2008 recession but didn't peak until 2012 and consistently around 25% of suicides are in contact with mental health services

Findings in relation to similar outbreaks include

- four times higher Traumatic Stress scores in children who had been quarantined,
- 50% increase in generalised anxiety,
- 28% increase in Post-Traumatic Stress and depressive symptoms in adults (three years on from quarantine),
- 10% maladaptive psychological reactions such as not reporting to work and current alcohol abuse/dependence symptoms (three years after the outbreak) associated with having worked in high-risk locations (such as SARS wards) and having been quarantined.

Third sector partners are reporting increased contact from members of the public for mental health and wellbeing services. Local Mind branches have reported oversubscription to a new nationally coordinated mental health support service, Active Monitoring, contacts with the national advice and listening line CALL are the highest ever recorded and in June calls to the National Domestic Abuse Helpline increased by 77%.

Not all sections of the community are affected equally. Covid-19 and psychosocial distress is stratified reflecting social inequalities creating a “double whammy”.

As the number of cases of Covid-19 falls and tails off the mental health impact on the population will be steadily rising as people come to terms with the psychological, social, economic and physical effects of the pandemic. This impact could extend beyond 3 years.

However at present it is anticipated that increased demand will manifest itself predominantly in primary mental health care as part of the Local Primary Mental Health support service as we move through autumn and through the winter. After initially dropping drastically as people remained in their homes and with reduced attendance at GP surgeries activity levels have increased which will be maintained during the second wave as we emphasise the importance to our population that our services remain available.

**Key Service activity overview:**

- LPMHSS referrals reduced dramatically during Q1 but have risen steadily during Q2 and are approaching pre pandemic levels. More so in Swansea than NPT but this is expected to equalise. Continuing to monitor for increasing demand for primary mental health support.
- CRHT activity is now back to pre-pandemic levels as are admissions to adult wards.
- OPMHS admissions are also back in line with previous years.
- Adult CMHT referrals are still way down against previous years
- Older Peoples' CMHT referrals more or less match previous years in Swansea and are slightly down in NPT
- Psychiatric Liaison activity was down reflecting the reduced general hospital and Emergency Department activity in Q1 but is now above pre pandemic levels.
- Outpatient referral rates dropped considerably in Q1 and despite increasing are still below previous years' activity.

**b. Mental Health & Learning Disability Service Group response and planning for the future**

During the first Covid-19 wave we put in place processes for decision making and operational management. This included the establishment of a command and control system and Covid-19 response centre with Silver commander for the Delivery unit and locality based bronze leads. This remains in place but has been deescalated with the frequency of meetings reduced on the understanding that it will be escalated once again should a second wave occur or in response to winter pressures.

We established local arrangements for moving staff between areas to maintain essential services, urgent and inpatient care particularly, and implemented plans for upskilling the workforce in terms of covid-19 related physical healthcare. Additional equipment was provided across community and inpatient services and arrangements made for the increased demand for oxygen as none of our inpatient environments have, nor require in normal circumstances, piped oxygen.

***Digital innovation***

Covid-19 has driven learning at every level and provided us with new capabilities. This starts from basic adaptation challenges such as how to work at home to using remote working tools in particular which has enforced people to acquire greater technology awareness.

The crisis has resulted in a more digitally capable workforce and encouraged use of new ways of working. It has resulted in benefits of communicating for our outpatient service and improved technology access for our learning disability bungalows.

Commuting time savings have enabled increased spend on digital technology. Staff have benefitted from learning functions in Word and PowerPoint in order to undertake alternative roles.

Following assessments of home working capabilities the Delivery unit has facilitated an extensive uplift of digital technology available to staff, both hardware and software. This places the Delivery unit in a much better position for winter and any potential second wave than when the pandemic first commenced.

### ***Ensuring clinical prioritisation to support the most in need***

Across Mental Health and Learning Disability Services existing caseloads were risk assessed and RAG rated to identify vulnerability and prioritise allocation of resources to manage risk. This included capturing information on age, physical health issues, mental health issues and whether living alone/with elderly carers.

Urgent assessments and interventions have continued to work as normal with personal protective equipment used as necessary.

Within outpatient services caseloads were subject to a case note review to determine urgency and whether a virtual review or face to face review necessary to ensure prioritisation based on clinical need for ongoing care. Medical assessments for urgent referrals have continued to take place.

Monitoring clinics for specific treatments have been maintained with suitable social distancing procedures for people attending community teams. This includes Lithium clinics for bi polar disorder, clozapine atypical antipsychotic medication monitoring and depot antipsychotic treatment clinics. Standard operating procedures have been put in place to better control the number of people attending at any one time, use of space in waiting areas, hand washing facilities being available and basic checks for key Covid-19 symptoms before and during attendance. Personal Protective Equipment has been available throughout and used in line with national guidance.

In Older Peoples Mental Health Services (OPMHS) arrangements have been put in place for contact with patients and carers to be maintained through regular wellbeing checks with drugs for Dementia reviews being undertaken over the phone where appropriate. Care home in-reach services are providing support to care homes with daily phone calls providing advice and undertaking medical reviews as well as managing referrals that are received for people at risk of crisis and placement breakdown.

As with other services use of technology to maintain contact has been important but there are barriers for some families either through their access to equipment or availability of data. We have increased the availability of IPADS in wards and community services to help with this.

### ***Improving acute care pathways***

As part of the learning from the first Covid-19 wave admission pathways for all service areas were amended to reduce the risks of infection across multiple sites when people are admitted.

The OPMH admission pathway was amended with Onnen ward in Ysbryd Y Coed now the acute admission ward for the Health Board area to enable a quarantine approach to be taken that reduces risk of infection spread amongst multiple units. A pathway has been agreed out of Onnen to either Tonna Hospital in Neath Port Talbot or the other Ysbryd Y coed wards depending on the person's residence when it is clear they are free of infection. The normal assessment work commences on admission.

A similar approach has been implemented for Learning disability acute admissions to reduce the risk of introducing infection to multiple sites. Pre pandemic acute admissions were to the unit sited within the Health Board boundary where the person was resident. Presently all admissions are made to Dan Y Deri for the specified quarantine period of 14 days.

Changes have also been implemented to the acute admission pathway for Adult Mental Health Services to provide a single point of admission as Ward F NPTH with treatment following the quarantine period of 14 days, if necessary, provided in Tawe Clinic in Swansea.

For secure services admissions are predominantly of a planned nature allowing sufficient time for specific measures to be taken according to the individuals needs pre-admission to ensure that the risk of introducing Covid 19 is minimised. Whilst not adopting a single admission unit approach the points of admission across the service have been limited.

### ***Transforming Mental Health Services Programme***

The Transforming Mental Health Services Programme was developed at the end of 2019 through the West Glamorgan Regional Partnership Board to improve the delivery of a range of services to everyone experiencing mental health problems, irrespective of the severity with a focus on prevention and earlier intervention.

The programme was suspended due to the pandemic in March 2020 with project managers redeployed to support covid-19 emergency planning across the Health Boards but was reinitiated in July with projects asked to take specific account of the impact of Covid-19 as well as longer term development. There are a series of projects in this programme and all projects are multiagency with service users and carers key members of all project team meetings. The following are key areas:-

**Access to Adult Mental Health Services** - Changes have been implemented to centralise the referral route for Adult Mental Health secondary care services in each of our Local authority areas rather than it being to individual CMHTs for small geographical patches. These single points of access deal with all requests for secondary mental health care from Primary care clusters, Police, Ambulance and other Health Board services across 7 days and 24 hours. This simplifies the route to

support and ensures that all new referrals are reviewed on a daily basis and triaged appropriately. This development was identified pre pandemic but fast tracked and is being evaluated and pathways refined with Primary Community and Therapies Service Group based on learning during operation.

**Psychological Therapies** - Increasing the availability and range of Psychological therapies is a Welsh Government priority. In the initial response to Covid-19 non-emergency face to face appointments were risk assessed and provided on a clinical needs basis while group based psychological therapies were suspended due to social distancing requirements. This resulted in a growing number of breaches against the target for commencing high intensity psychological therapies within 26 weeks. The project has therefore worked to adapt working practices through the utilisation of digital platforms such as “attend anywhere” to offer 1:1 virtual appointments and the use of “Teams” to offer virtual group interventions, being the first Health Board in Wales to successfully implement this approach. Consequently the Health Board is once again compliant with the waiting time target and work is continuing to provide increased low intensity interventions, as well as high intensity, in a stepped care service model that will drive waiting times down further by ensuring people get the appropriate level of intervention for their needs.

**Local Primary Mental Health Support Service** – Reflecting the expected increase in demand for primary care level mental health support we are reviewing the operating procedures of the Local Primary Mental Health Support services (LPMHSS) which works alongside primary care clusters assessing need and delivering advice and brief interventions. Like many services the LPMHSS rapidly adopted video and telephone appointment technology to deliver its functions which offers opportunities for efficiencies and additional choice to patients. In addition proposals for the use of Mental Health Service improvement funds to increase resources were approved by Welsh Government and the project is currently working with cluster leads and the Primary, Community and therapies service group to develop a working model of Primary Mental Health Practitioners across all 8 clusters building on the learning from initial pilots using Transformation funds which ends in March 2021.

**Wellbeing and prevention** – This project, led by Public Health Wales, is looking to explore and develop a coproduced approach to help inform how people can best be supported to look after their own mental health and wellbeing. The aim is to have a long term view of what influences changes in people's behaviours from their perspective making it more likely to be sustainable. In addition there has been a short term increase both nationally and locally in third sector funding to enhance the availability of low level mental health and wellbeing support in response to the expected increase in demand due to the wider impacts of the pandemic. Welsh Government made additional section 64 funding available to existing recipients and have funded Mind Cymru to coordinate a locally delivered telephone support and intervention service called Active Monitoring. In partnership with Swansea and Neath Councils for Voluntary services the Health Board has agreed a small grant scheme for the distribution of £200,000 to be used between now and March 2021 specifically for this purpose.

**Mental Health Sanctuary service** – Along with partners in the last year the Health board developed proposals for commissioning an out of hours support service and safe space for people experiencing emotional distress operated by the third sector but accessed via the mental health single point of access. This service was due to come on line in April but had to develop an interim operating model to function as a telephone support service to take account of social distancing and lockdown restrictions. The revised service became operational in May opening from 6pm to 3am each day and is now able to offer limited face to face interventions. This has severely hampered use of the service to date but a multiagency steering group chaired by a local authority officer is monitoring how it is working and overseeing amendments to increase activity.

**Older People's Mental Health Services** -In recent years there has been significant investment and modernisation of specialist mental health services for older people. This project is revising pathways across primary and secondary care for memory assessment services recognising the importance of clear and timely services for people worried about memory loss and to build on the investment to date to deliver a community focused service model. This work is being aligned to dementia strategy actions in the West Glamorgan Regional Partnership and the older peoples clinical redesign group to ensure it is clearly joined up, avoids duplication and ensures the physical and mental health of older people is addressed together.

**Addressing Health Inequalities** – People with mental health difficulties have poorer physical health than the general population and tend to have a shorter average lifespan. This project seeks to work in co-production with our service users & communities to develop a strategic framework that sets a foundation for future actions beyond the time of the programme based on behavioural science principles and evidence. At the same time the aim is to ensure that the key clinical guidance for improving the physical health of people with serious mental health difficulties is being delivered consistently across Swansea and Neath Port Talbot.

### ***Mental Health Service Improvement Fund proposals***

Welsh Government allocated additional funding for 2020/21 in the form of the Mental Health Service Improvement Fund (MHSIF) available to the NHS for mental health services across Wales. For the Swansea Bay Health Board area £902,000 of recurrent funding was provided of which the first 6 months were released to cover costs associated with the response to Covid-19.

Thereafter Welsh Government asked for proposals to be agreed by them against national priorities. Appendix summarises the proposals which were developed and agreed local authority partners to ensure that local priorities for service improvement and long term sustainability against our local strategic framework for mental health were reflected.

### ***Modernising Learning Disabilities***

NHS Learning disability services are commissioned from Swansea Bay University Health Board and provided by the Mental Health And Learning Disability Service

Group across three Health Board areas, Cardiff & Vale, Cwm Taf Morgannwg and Swansea Bay, in partnership with the 7 local authorities serving these areas.

As a Service Group we procured an external clinical review of Learning Disability services and with commissioners we are developing a revised service model that reflects the most recent practice, clinical guidance and is in line with the Welsh Government's Improving Lives programme.

The new service model focuses on maximising the life opportunities for people with a learning disability through expanded community focused delivery to support individuals and families with the most complex needs, where hospital based care is provided when necessary but is part of an overall path to community living.

### **3. GOVERNANCE AND RISK ISSUES**

As highlighted in the context section above there are anticipated increases in demand for mental health and wellbeing support as a consequence of the pandemic. It is the wider determinants of poor mental health that will have the biggest impact on demand with instability in people's finances, housing uncertainty and changes to personal relationships and social networks affecting a large proportion of the population.

There are likely to be three drivers of demand

- i. Demand from referrals for people that we would expect from existing prevalence rates
- ii. People already involved with services requiring additional support due to their mental health deteriorating during the pandemic
- iii. New demand from people requiring support due to the impact that the pandemic has had upon their mental health

Alongside this there is an ongoing risk of a reduction in capacity during the pandemic due to workforce sickness or isolation and limits due to social distancing requirements in environments.

As the increase in demand is predicted to fall predominantly at a primary mental health and third sector level we have established a joint planning forum to mitigate risk and ensure a joined up response between the Primary, Community & Therapies Service Group and the Mental Health & Learning Disability Service group.

In addition the adaptations in services and digital innovations set out above offer the opportunity for service efficiencies and mitigation of risk.

A Mental Health dashboard is in the process of being developed with Digital services to provide an easy indicator of changes in demand across the whole system of mental health care against which we can respond not only as a health board but also as a partnership.

It should also be noted that the National Collaborative Commissioning Unit is preparing a modelling tool for Mental Health on behalf of Welsh Government which should be shared in November. This will be reviewed and integrated with the demand and capacity work that has already been undertaken by the Service Group

#### **4. FINANCIAL IMPLICATIONS**

There are no additional financial implications from the content of this report which is providing an update on ongoing work within the Mental Health and Learning Disability Service Group.

The first 6 months of Mental Health Service Improvement funding was used principally to address additional costs in the following areas due to Covid-19:-

- Loss of Income – where we were unable to provide external training for PBM and PBS (Positive Behaviour Management and Positive Behaviour Support) to other Health Boards, local authorities and private providers
- Additional Medical Staffing rotas – we initially doubled up on junior rotas at night and day and added an additional junior during the day.
- Additional pay and enhancement costs from redeploying staff and backfilling where substantive staff were unavailable due to being symptomatic/asymptomatic/shielding
- Additional Continuing Healthcare costs where additional arrangements were put in place over and above the existing contractual arrangements in response to COVID and the needs of vulnerable patients
- Additional non-pay costs – increased usage of PPE and increased pricing of consumable items

#### **5. RECOMMENDATION**

The Committee is asked to note this report for assurance on the continued delivery of Mental Health and Learning Disability Services.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
This report outlines the actions taken to ensure we continue providing not only urgent and emergency care but also services to help prevent a worsening or deterioration in an individual's condition in line with the Welsh Government's assurance framework for mental health and learning disabilities.		
<b>Financial Implications</b>		
This report outlines ongoing work for assurance. There are no new financial implications.		
<b>Legal Implications (including equality and diversity assessment)</b>		
The future planning and modernisation of services is carried out in line with Health Board requirements for Quality Impact Assessments and statutory duties for equality impact assessments.		
<b>Staffing Implications</b>		
This report outlines the changes made to adapt to the impact of Covid-19 which has included revisions to working practices.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<ul style="list-style-type: none"> <li>○ <b>Long Term</b> - The modernisation of services is being carried out with a view to long term sustainability of services and even changes to services in response to immediate needs due to Covid have reflected the long term strategic aims of the health board's clinical services plan.</li> <li>○ <b>Prevention</b> – We are including projects on supporting the expansion of wellbeing services that prevent escalation to more complex care.</li> <li>○ <b>Integration</b> – We are sharing aims and objectives through the Regional Partnership Board oversight.</li> </ul>		

- **Collaboration** – Working through formal and informal structures with a wide range of stakeholders we are designing solutions to the common problems we face pooling our expertise to deliver more effective and sustainable outcomes.
- **Involvement** - All Transforming Mental Health Services Projects are multiagency with the involvement of the third sector, service users and carers.

<b>Report History</b>	First Report
<b>Appendices</b>	Appendix 1 – Summary of Mental Health Service Improvement Proposals 2020-21