NHS RESET
FOR THE FUTURE OF HEALTH AND CARE

NHS CONFEDERATION

MENTAL HEALTH SERVICES AND COVID-19

PREPARING FOR THE RISING TIDE

Supported by
NOVARTIS

August 2020

About NHS Reset

COVID-19 has changed the NHS and social care, precipitating rapid transformation at a time of immense pressure and personal and professional challenge. One message from leaders and clinicians across the UK has been clear: we must build on the progress made to chart a new course.

NHS Reset is an NHS Confederation campaign to help shape what the health and care system should look like in the aftermath of the pandemic. Recognising the sacrifices and achievements of the COVID-19 period, it brings together NHS Confederation members and partners to look at how we rebuild local systems and reset the way we plan, commission and deliver health and care.

NHS Reset is part funded through sponsorship by Novartis Pharmaceuticals UK Limited.

Find out more at ww.nhsconfed.org/NHSReset and join the conversation #NHSReset

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

To find out more, visit www.nhsconfed.org and follow us on Twitter @NHSConfed

The Mental Health Network, part of the NHS Confederation, is the voice of mental health and learning disability service providers for the NHS in England. It represents providers from the not-for-profit, commercial and statutory sectors – including more than 90 per cent of NHS trusts and foundation trusts providing secondary mental health services. Find out more at www.nhsconfed.org/MHN

Key points

- COVID-19 has and will continue to have huge implications for mental health providers and the individuals they support. During the peak of the crisis, there was a 30-40 per cent reduction in mental health referrals. Since the lift in lockdown restrictions, providers anecdotally report that referrals are rising to above pre-COVID-19 levels. They are seeing patients with more significant needs; a higher proportion of patients are accessing services for the first time; and there are increased Mental Health Act presentations.

- In this next phase of COVID-19, we expect there to be three drivers of additional demand: (1) demand from people who would have been referred to services had the pandemic not struck; (2) people requiring more support due to a deterioration of their mental health during the pandemic; and (3) new demand driven by people needing support due to the wider impacts of the pandemic, such as self-isolation and increases in substance abuse and domestic violence. There are particular concerns that the stark inequalities in accessing services and recovery rates that black and minority ethnic (BME) communities face will be exacerbated.

- Mental health providers are implementing the requirements of the phase three guidance, which includes fully restoring Improving Access to Psychological Therapies services and proactively reviewing all patients on community mental health teams' caseloads. Digital approaches will assist with restoring services, but staff burnout and social distancing will make this a major challenge.

- Mental health providers need to know what additional demand they will face to plan effectively. Work is ongoing nationally and locally by NHS trusts and commissioners to model what we may expect the increase in demand to look like. In advance of this, some providers are working on the expectation of a 20 per cent increase across all services. However, while responding to this demand, they will face reductions in their capacity due to infection control and social distancing measures, with some providers estimating a 10–30 per cent reduction in capacity.

- The additional £2.3 billion of funding for mental health announced in 2019 to implement the NHS Long Term Plan was widely supported. But there are serious concerns this will no longer be enough to cover the increases in demand and costs that providers now face following the pandemic. This includes the extra costs of personal protective equipment, increased infection control and cleaning costs, ongoing costs related to new digital services, additional estate capacity due to social distancing, and locum and additional permanent staff. It is vital that funding levels are reviewed and increased to meet higher demand for support.

- The impact of COVID-19 on the mental wellbeing of staff has been substantial. Mental health services have not yet seen the peak of demand and there are serious concerns over staff burnout, particularly among BME staff who are at greater risk. The NHS People Plan had a strong and welcome focus on supporting the wellbeing of staff, but there are major staff shortages in key areas of mental health provision. Without additional staff, the mental health workforce will be at even greater risk of burnout and high attrition rates.

- Mental health services quickly adapted to enable patients to continue to access services during the lockdown. Mental health emergency departments were quickly set up, 24/7 crisis phone lines were implemented across the country, and services replaced face-to-face appointments with phone and video appointments. Reductions in bureaucracy, leaner ways of working and the use of digital solutions helped to transform service delivery. However, the right balance will need to be found between online services and those delivered in person, as feedback from service users tells us that digital solutions are not always appropriate or easily accessible.

- Meeting the expected increase in demand for mental health services will require partnership working from across the health and care system, and beyond. A key feature of the pandemic so

far has been how organisational siloes have been broken down, allowing greater partnership working. Providers have had more freedom to quickly implement new services with their partners. This must continue, and there is a key role for integrated care systems to help ensure this happens. ICSs must give sufficient priority to the needs of mental health services to meet the additional demand that is coming.

- Many of the determinants of mental health are outside of the NHS's direct control. Housing, employment, debt and personal relationships impact on an individual's mental health and ability to recover and stay well. COVID-19's impact on these determinants has been significant. If social issues become entrenched for a large section of the population, there is a risk that low level mental health needs become more serious and more specialist care will be required. Government policies that exacerbate these existing inequalities will only lead to higher demand on services. A cross-government approach that considers the wider impact of policies on people's mental health is essential.

Introduction

While ostensibly a physical health issue, COVID-19 has and will continue to have huge implications for mental health providers and the individuals they support.

During the initial response to the pandemic, mental health services were transformed almost overnight as the sector pivoted to support the acute sector. Trainee doctors were transferred to critical physical health care and mental health providers worked with rest of the system to transfer mental health patients out of acute beds, discharge patients from mental health beds where safe to do so, and identify areas on estates that would be appropriate for COVID-19 patients. Services operated with a high proportion of staff self-isolating while caring for a growing number of COVID-19 positive patients in both inpatient and community settings.

The sector has adapted at pace, implementing innovations to allow continued access to services, while protecting service users and staff from the virus. Services are now preparing for the expected increase in demand for mental health support following the COVID-19 outbreak. Simultaneously, providers are also implementing the third phase of the NHS's response to COVID-19 while dealing with the ongoing constraints of the virus, such as a reduction of capacity in inpatient wards due to infection control requirements.

The impact of COVID-19 on mental health and mental health services will be felt long after the physical health crisis subsides. Self-isolation, financial insecurity, bereavement and increases in substance abuse and domestic violence will affect people with pre-existing mental health conditions, the general public and the health and care workforce, with certain demographic groups disproportionately affected.

For NHS-funded mental health services to be given a fighting chance to meet the increased needs of those with an existing mental illness and the general population, several key conditions must be met, including improved modelling and extra resourcing

to meet additional demand; system-wide working; support for staff wellbeing; locking in effective innovations; and a cross-government approach to supporting the mental health of the nation.

> "It does feel that we are at a crossroads of how services are going to meet both current and future needs…the health and care system cannot go back to 'business as usual' following this pandemic; a thought that leaves you apprehensive…but also optimistic.
>
> Ken Taylor, Service User Representative, Mental Health Network Board

What mental health services need

Demand for services

During the physical health peak of the crisis, there was a 30–40 per cent reduction in mental health referrals, although this summary figure obscures significant service and regional variation[1]. We assess that the reduction largely reflects the closure of some referral routes and hesitancy about accessing NHS care during the pandemic, rather than reflecting a decrease in demand.

Since the lockdown restrictions started to lift, providers anecdotally report referrals rising to above pre-COVID-19 levels. They also report a higher level of severity of symptoms in the patients they are seeing, a higher proportion of individuals that are not already known to services and increased Mental Health Act presentations.

In this next phase, we expect there to be three key drivers of additional demand:

- **'COVID-19-suppressed' demand** – deferred referrals of people who would have been referred to services had the pandemic not struck; and deferred access to care by people with pre-existing mental illnesses.

- **'COVID-19-exacerbated' demand** – increased level of service needs for some people due to deterioration of their mental health during COVID-19. A Rethink survey of around 1,500 people with a pre-existing mental illness found that 79 per cent reported their mental health had got worse or much worse as a result of the pandemic[2], many of whom may now require a higher level of support. There is also evidence that people have been increasingly waiting until crisis to access services – a Royal College of Psychiatrists member survey showed that 43 per cent of respondents have seen an increase in urgent interventions, with 45 per cent seeing a fall in routine appointments[3].

- **'COVID-19-driven' demand** – additional people needing support due to the wider impacts of the pandemic, such as self-isolation, financial insecurity, bereavement and increases in substance abuse and domestic violence.

Different levels of support, which reflect individuals' different needs will be required. People with an existing severe mental illness are some of the most vulnerable in our society, and the wider impact of the pandemic on this group will be particularly hard. Many existing service users are concerned about the impact additional demand will have on their care, and it is important not to lose focus on caring for the most vulnerable.

Work is ongoing nationally and locally by NHS trusts and commissioners to model what we expect the increase in demand to look like. Modelling demand will mean services can plan how they will meet additional demands and tailor services to address the trauma people have experienced. Rotherham, Doncaster and South Humber NHS Foundation Trust, for example, is working on an expectation of a 20 per cent increase in demand across all services, and a 10–30 per cent reduction in capacity due to social distancing measures.

Different services, demographic groups and geographic regions will be impacted differently. There are particular concerns around the effect on those from a black and minority (BME) background. This group already face stark inequalities in accessing services and recovery. A higher vulnerability to the direct and indirect impact of the virus means there is a risk of exacerbating these inequalities.

Public Health England suggests that along with people from a BME background, young people, those living alone, people with lower household income and people with existing mental and physical health conditions are reporting the largest impact on their mental health[4]. The Centre for Mental Health suggest that an additional 500,000 people will require support for their mental health, with the majority requiring support for depression and anxiety[5].

Recommendation

Urgent work is required to better understand expected demand and its impact in different areas and on different groups.

Suicide prevention

Professor Louis Appleby, director of the National Confidential Inquiry into Suicide and Safety in Mental Health, is leading work on potential rises in suicides, looking to learn from previous financial crashes and pandemics. The groups most at risk have been identified as people with mental illness, those on lower incomes, children and young people, older people and people who are bereaved or traumatised. During lockdown, analysis of Google searches showed no change in people searching on suicide, but did reveal a rise in people searching on self-harm. This is concerning as self-harm is an indicator of a higher risk of suicide ideation.

Following the 2008 recession, suicide rates increased but did not peak until 2012. It is important to note that the risk is not always clinical: the risk in suicide rates following the 2008 crash is likely to be linked to economic adversity and housing problems. A survey by the Mental Health Foundation found that 24 per cent of unemployed people reported suicidal thoughts/feelings, more than double that of the population as a whole[6]. Therapeutically informed employment support for those impacted by COVID-19, and specialist employment support models for those with severe mental illness, such as the successful Individual Placement and Support (IPS), will help reduce the risk of suicide.

Suicide prevention requires a joined-up, public health approach targeted at those most at risk. Read more about the national work on suicide prevention.

Recommendation

Public Health England to lead an enhanced, national, public health approach to suicide prevention, targeted at those most at risk. This strategy must include the continued expansion of employment support.

Social determinants

The impact of COVID-19 on the social determinants of mental health will be significant. Instability in finances, housing and personal relationships will affect a large proportion of the population, impacting negatively on mental wellbeing and recovery. It will also impact certain groups disproportionately and will not always require a medical response.

The third sector supports people with a variety of social issues such as housing and bereavement, and will play an important role in the phase three requirement to increase supportive interventions to prevent relapse. But there is serious concern over the financial viability of many third sector organisations, particularly smaller, grassroots charities that rely heavily on fundraising. On average, charities are reporting a 24 per cent reduction in their income this year[7]. The £5 million of government support for mental health charities during the pandemic was welcome but will not make up for the reductions in funding they have faced.

Recommendation

Increased financial support and recognition for third sector organisations that support NHS mental health services.

Resource implications

The additional £2.3 billion of funding for mental health announced in 2019 to implement the NHS Long Term Plan (LTP), and the retention of the Mental Health Investment Standard (MHIS), will help build on the successes of the Five Year Forward View for Mental Health. However, this financial package was agreed pre-pandemic. LTP funding is heavily backloaded towards the final three years of the five-year plan and is earmarked to implement the existing commitments of the LTP.

The existing funding package does not consider the increases in demand and costs that mental health providers have and will continue to face, including costs relating to PPE, increased infection control and cleaning costs, locum staff, less efficient use of estates due to social distancing, ongoing costs relating to implementing and running digital solutions, increased use of the voluntary, community and social enterprise sector, and additional permanent staff. There are serious concerns from both providers and commissioners that the additional funding through the MHIS and LTP will not be enough to meet additional demand.

To provide good quality care that supports recovery, services need to be delivered from modern, therapeutic environments. Mental health estates are currently some of the worst in the system and the sector has largely been left out of previous capital funding announcements. The £250 million earmarked to eradicate dormitory accommodation is welcome, but needs to be a down payment on longer-term, capital investment to bring estates into the 21st century.

In March, the chancellor stated that the NHS would receive "whatever it needed, whatever it costs" to deal with the coronavirus outbreak. The impact of COVID-19 on the mental health sector is likely to be long term and significant. While the peak of mental health demand did not coincide with the peak of the physical health crisis, this should not hinder timely access to funds required by the mental health sector.

Ahead of the 2019 election, the Conservative Party committed to treating physical and mental health with the "same urgency." Extending the chancellor's financial commitment to NHS mental health services is a practical opportunity for the government to show its dedication to parity of esteem.

Without additional financial resourcing, the sector will not be able to both meet the additional demand caused by COVID-19 and fully implement the aims of the Long Term Plan. It is vital that funding levels are reviewed in light of this new normal and adjusted where necessary to meet increased levels of demand.

> "I think we need to accept that the surge isn't going to be… short term… It shouldn't be just more of what we're already doing…[we need to think] really differently about how we work with primary care, with schools, with all the other settings.
>
> Dr Julie Hankin, Chair, Mental Health Medical Directors Forum and Executive Medical Director, Nottinghamshire Healthcare NHS Foundation Trust

Recommendation

Funding levels agreed pre-COVID-19 to implement the NHS Long Term Plan will not be enough given the extra demand created by the pandemic. It is vital that funding levels are reviewed in light of the new normal and adjusted where necessary to meet increased levels of demand.

System working

Mental health services will not be able to meet demand for mental health support alone. Meeting the expected increase in demand will be a significant challenge and will require partnership working from across the health and care system.

During the physical health crisis, several mental health providers, both statutory and non-statutory organisations, reported that traditional organisational siloes had been broken down, allowing greater partnership working. The reduction in bureaucracy and the urgency with which different approaches needed to be implemented meant that providers felt the freedom to quickly implement new services with their partners. Norfolk and Suffolk NHS Foundation Trust, for example, worked with its local Mind to implement a new community support offer for patients, which was up and running in a matter of weeks.

Integrated care systems

Integrated care systems (ICS) will play an important role in helping to prepare and deliver services to meet increased demand.

A successful response to the mental health implications of COVID-19 will need to be wider than the NHS. ICS leaders see themselves as 'system' rather than 'NHS' leaders – their role in planning and delivering a response will be vital. As we expect existing health inequalities to be exacerbated by COVID-19, the population health approach that is taken by ICS will also be beneficial.

Due to the population size they cover and local authority involvement, ICSs have the potential to be successful vehicles for integrating different parts of the system. The move towards system-level commissioning, further outlined in the phase three guidance, also presents opportunities to implement more place-based services in partnership with social care, third sector organisations, housing providers and employment support specialists to provide a more holistic offer that supports people to recover and stay well.

ICSs also have a role to play in deciding the priorities of their local systems. We know that when patients' mental wellbeing is looked after, physical health outcomes are better. All parts of the system will be treating patients whose mental health has been impacted by the pandemic, and therefore the provision of appropriate psychological support will positively impact the entire health and care system. As more responsibility is devolved to ICSs, there is an opportunity for them to lead mental health transformation, which will benefit the whole system.

However, providers are concerned that the needs of mental health services, such as additional capital funding and workforce, will not be prioritised at system level, due to the increasing demands from the acute sector and historical levels of disproportionate funding and policy focus. ICSs must give sufficient priority to the needs of mental health services in order to meet the additional demand. We welcome the requirement of the phase three guidance for systems to work with mental health providers and clinical commissioning groups to ensure funding is allocated to core mental health LTP priorities.

Recommendation

The needs of the mental health sector, including additional capital funding and workforce, must be prioritised at system level.

Primary care

Early modelling suggests that a large proportion of the additional demand for mental health services will be for anxiety and depression. This demand is likely to impact most severely on primary care, which is often the first port of call for people experiencing feelings of anxiety and depression.

Primary care has always played an important role in supporting people with their mental health. Primary care services can identify and support patients who are struggling with their mental wellbeing early on, preventing more serious mental health issues and reducing demand on secondary services. The successful expansion of Improving Access to Psychological Therapies (IAPT) is an example of a mental health service delivered in primary care that supports people with a common mental disorder and reduces demand on secondary services. They can also provide step-down care, supporting patients who no longer require secondary services to stay well.

The creation of primary care networks (PCNs) presents an opportunity to improve mental health support in primary care and help meet the additional demand created by COVID-19. PCN clinical directors see mental health as one their key priorities. Many are already employing mental health professionals and social prescribers, upskilling existing staff and creating stronger links with the third sector and secondary care, all of which strengthens the mental health offer in primary care. The Mental Health Network and PCN Network, both part of the NHS Confederation, published a briefing on how PCNs and mental health providers can work together to prepare for the surge in demand.

Recommendation

PCNs and mental health providers must work together to provide more seamless, integrated mental health care for both the general population and those with an existing mental illness.

Non-statutory providers

Third sector and independent providers work hand in hand with statutory mental health providers to provide a variety of high-quality care for service users. During the pandemic, where existing relationships between statutory and non-statutory organisations were well established, outcomes were more positive, for example around accessing PPE and supporting service users who have been discharged from mental health inpatient wards to the community. To effectively plan bed capacity and patient pathways, partnership working with the independent sector is particularly important and can help reduce out-of-area placements.

NHS trusts are looking at how they can better support their third sector partners, including through supporting them to tap into NHS Charities funding and sharing access to digital platforms. The NHS must look to how it can better support third sector organisations to continue to provide these services.

Recommendation

NHS trusts must look at practical ways they can better support and integrate third sector partners, such as supporting access to NHS Charities funding and sharing access to digital platforms.

Local authorities

Local authorities play an important role in supporting people with severe mental illness and learning disabilities to live in the community. The impact of COVID-19 on local authority budgets has been significant, with extra demands for resources and reductions in parts of their income. This is on top of considerable reductions in budgets since 2010. Providers are concerned that the services funded by local authorities that keep people well and out of hospital will be at risk. This would only further increase demand on both secondary and primary care services, as service users are not supported to live independently in the community.

There has been additional funding from the government to support local authorities during the pandemic, but a long-term settlement for social care that recognises the specific needs of working-age adults is desperately needed.

Local authorities can also help support the general population's wellbeing through use of the public health grant. As mentioned, we expect a high proportion of the additional demand for mental health support to be non-medical. Self-care and resilience building will be an important tool in preventing more serious and long-term mental illness. Public health messaging and access to resources can help the 49 per cent of the population who felt anxious or worried in June due to the pandemic[8].

Recommendation

A long-term, sustainable settlement for social care that recognises the specific requirements of working-age adults with mental health needs.

Schools and education

Children and young people, especially those with an existing mental health issue, have been identified as being particularly at risk. A Young Minds survey found that 80 per cent of respondents agreed that the pandemic had made their mental health worse, mainly related to increased feelings of anxiety, isolation, a loss of coping mechanisms or a loss of motivation[9]. The significant reduction in referrals to child and adolescent mental health services (CAMHS) during the pandemic is likely, in part, to be due to the closure of schools and associated referral routes.

School staff play a vital role in supporting their students' mental wellbeing and spotting where specialist care is required. As schools re-open in the autumn, staff will be faced with a student population that has experienced unprecedented trauma. Staff need to be

confident in their conversations with students and in knowing when to refer to more specialist support.

Spotlight: Enabling young people to access support during school closures

Place2Be, a charity that provides mental health support in schools, has teamed up with digital providers including Xenzone and Healios to make sure young people can still access support during school closures.

It also launched an introductory online training on mental health for teachers and has trained 750 within a few weeks. Find out more about Place2Be's work.

The implementation of mental health support teams (MHSTs) in around 25 per cent of schools by 2023[10] will help build up the link between schools and CAMHS services and provide less fragmented care for children and young people in many schools. We would welcome a commitment to implementing MHST in all schools.

Recommendation

Learning from the trailblazer MHSTs should be used to inform the expansion of teams to cover 100 per cent of the student population, an increase on the current commitment to cover 25 per cent by 2023.

Supporting staff wellbeing

Staff working in NHS-funded mental health services have gone above and beyond to care for patients during the pandemic and have quickly adapted their way of working with and supporting service users. Many staff will have experienced prolonged periods of trauma and, unlike physical health services which have seen the peak of the crisis, the demands on mental health services are likely to continue to rise and remain high for some time. It is important to remember that NHS staff are part of the general population and will have experienced the same consequences of lockdown, including financial instability, bereavement, loneliness and isolation and difficulty with personal relationships.

Mental health services had severe challenges around recruitment and retention pre-pandemic. If services do not look after existing staff, it will not be possible to provide the support patients need. While the risk of staff contracting the virus has decreased, we are now facing increasing demands on services and expect this additional demand to continue for some time. Leaders report their staff are fatigued and many are facing burnout. Staff wellbeing has been a concern for senior mental health leaders since the beginning of the pandemic and trusts early on stepped up their offer of support for their staff.

Approaches include fast-track access to psychological support, access to wellbeing resources including guidance on financial support, family testing for COVID-19 to reduce anxiety, access to free support apps such as Headspace and Sleepio, engagement with staff networks, increased visibility of leaders, and additional and more creative ways of communicating with staff, including thank-you cards and gifts.

It is important to note that different staffing groups will be affected disproportionately by COVID-19. BME staff make up 17.8 per cent of staff working in NHS mental health trusts[11] and it is now well documented that BME individuals are at higher risk of dying from COVID-19. The anxiety that this caused for BME staff and

their families cannot be underestimated. In response, trusts are required to undertake risk assessments with their BME staff – some also extended this to staff who live with someone from a BME background. Trusts also worked with BME networks within their organisations to hear their concerns. Comprehensive guidance for managers and staff on managing risks was provided and leaders continue to listen and act on the concerns and anxieties of BME staff. We welcome the strong focus in the latest edition of the NHS People Plan on tackling the inequalities that exist for some staff.

While we need to work to retain the staff we have, recruiting additional staff will help improve working conditions for all. Stepping Forward, the 2017 workforce plan for mental health, committed to recruiting an additional 19,000 members of staff[12] and the LTP requires an additional 27,460[13] staff. Progress on recruiting these additional posts has been difficult, but we have seen mental health nursing applications increase by around 30 per cent in 2020. A recent report from Think Ahead found that approximately 4 million people would consider a career in mental health[14].

The quality of buildings that staff work in improves the care they can provide, in turn improving recruitment and retention[15]. The £250 million announced by the government to eradicate dormitory accommodation was warmly welcomed by the sector. It will also allow for better infection control, should we face a second wave. However, removing dormitory accommodation is only the beginning. The Royal College of Psychiatrists has calculated that the cost of modernising the mental health estate, which would improve working conditions, requires around £3.3 billion in additional infrastructure funding[16].

There is an opportunity for mental health services to capitalise on the growing interest in mental health among the population. The impact of COVID-19 on the employment market has already been significant and we are likely to see more job losses once the furlough scheme ends. NHS-funded mental health services can provide good quality, rewarding employment for those looking for work.

NHS Employers, which is part of the NHS Confederation, has been leading the workforce strand as part of the NHS Reset campaign. Find out more about the system's response to supporting the workforce.

We know the impact of COVID-19 on the mental wellbeing of the workforce has been substantial. Mental health services have not yet seen the peak of demand and there are serious concerns over staff burnout. The recent version of the NHS People Plan has a strong focus on supporting staff wellbeing, but without additional staff the workforce will continue to face risks of burnout and high attrition rates. We have seen there is growing interest in mental health careers – now is the time to capitalise on this.

Recommendation

Health Education England to lead a dedicated campaign to encourage people into mental health careers.

Case study: Providing timely and inclusive staff support at Greater Manchester Mental Health NHS Foundation Trust

Greater Manchester Mental Health NHS Foundation Trust (GMMH), which employs over 5,700 staff across more than 150 sites, swiftly established a number of trust-wide initiatives to support staff mental health and wellbeing during the COVID-19 emergency. The organisation has made a particular effort to ensure that staff support is meaningful and inclusive.

GMMH has created a hub of digital wellbeing resources that all staff can access via its intranet. Resources are updated on a regular basis and include information on mental and physical wellbeing, guidance on working from home, financial support and information on national offers, including access to free support apps.

Via regular all-staff briefings, the trust's leadership has been keeping staff informed and motivated, re-enforcing the message that everyone is doing their bit as part of a wider team approach.

The trust has supported its BME, LGBTQ+ and disabled staff networks to meet virtually during the crisis. Meetings have been well attended, including by chief executive Neil Thwaite and other executive directors. They provide an invaluable opportunity for staff to share first hand how they are feeling and the impacts of COVID-19 – and for the trust to take positive action.

GMMH's online support package includes numerous resources for parents who are working while also supporting children at home. Tailored support will continue to be offered to parents and carers as the workforce transitions through the next phases of the pandemic.

cont…

…cont

The organisation reports that maintaining close contact with various staff networks and trade unions has been key. These groups represent the employee voice and provide the necessary guidance to ensure that the support on offer makes a difference to all staff.

Senior leadership has continued to engage with staff via existing communication channels and networks, asking for their feedback and views at all times. Offers of wellbeing are then tailored to respond to staff needs.

The trust has completed a detailed survey with homeworking staff – which as a group had previously reported feelings of loneliness and isolation – to understand more about their experience and the challenges faced during COVID-19. 85 per cent responded and this data is being used to inform ways of working for all staff within this new normal.

Sustaining innovation

Mental health services quickly adapted to enable patients to continue to access services and to reduce the risk of patients and staff catching the virus. A palpable sense of urgency facilitated the implementation of 24/7 crisis phone lines across the country a year ahead of the LTP ambition. Mental health emergency departments were also quickly set up, reducing the burden on A&E departments and improving care for those in crisis. Decreased levels of bureaucracy, including reductions in Care Quality Commission (CQC) inspections and reporting requirements to NHS England and NHS Improvement and commissioners gave providers the space and freedom to implement these new approaches at pace.

The scale of digital transformation within mental health settings has been significant, for both the mental health workforce and service users. Services implemented phone and video appointments in place of face-to-face appointments at pace. Sussex Partnership NHS Foundation Trust, for example, provided more than 10,000 online appointments in two months from a very low base[17].

Other digital transformations, such as the use of video calls for shielding consultants to connect to inpatient mental health wards, and allowing remote second doctor opinions for Mental Health Act assessments, have helped protect service users and staff from the virus and helped to mitigate issues around staffing capacity.

Digital approaches will continue to form part of care pathways for patients. But feedback from service users tells us that digital solutions are not always appropriate or easily accessible. Around 4.8 million people in the UK have never used the internet[18] and providers are looking into repurposing equipment for service users who do not have the technology to access digital services. There are also additional costs for providers relating to implementation and sustaining digital solutions that have not been factored into existing national financial allocations.

Service user experience must play an integral role when the sector is looking at what transformations should be maintained post pandemic. Face-to-face services continue to be beneficial for both the workforce and service users and a blended approach, which gives service users choice, will be required. We welcome the requirement of the NHS England and NHS Improvement phase three letter to develop digital pathways in ways that increase inclusion.

> "As somebody who's really struggled with the digital side to see my psychiatrist, I'd be concerned that it becomes the default position to go down the digital line because it's perhaps quicker to use that approach than face to face.
>
> Ken Taylor, Service User Representative, Mental Health Network Board

Recommendation

- Additional, long-term funding is required to support the increased use of digital approaches.
- The experience and views of service users must be taken on board when looking at what innovations are maintained post pandemic.

Case study: Delivering group online therapy sessions

The use of groups to deliver talking therapies and other therapeutic sessions has long been part of how mental health services operate. Group sessions have traditionally been delivered face to face, but in the wake of lockdown, trusts had to adapt how services are provided.

West London NHS Trust used MS Teams to deliver group sessions, as the trust already had access to the software and clinicians were familiar with the platform. While developing the sessions, one of the areas the trust focused on was offering training and support to staff and service users.

Training: Clinicians and service users needed information and support for group sessions to run effectively. The trust developed a one-hour weekly training session for clinicians to ensure the session was accessible for all staff to join, with 150 clinicians attending so far.

Guidance: Specific guidance for clinicians and service users has been developed, supporting clinicians to set up meetings, share joining instructions with service users and manage an ongoing meeting. Remote working pages of the intranet include both clinical and technical guides to support clinicians to run sessions.

Ongoing support: The trust offered drop-in sessions run jointly by the IT team and clinical staff for clinicians on a weekly basis, to provide ongoing technical support to those running remote group sessions.

The trust is looking to adapt electronic patient records to note which software is preferred by the patient, as well as including the reporting of the calls via their business informatics dashboard. The trust will be reviewing outcomes from different treatment groups delivered virtually, and will co-produce a research project with service users that will focus on understanding the experience of having treatment via video, with a particular focus on equalities issues and how these have been impacted by use of video calls. The trust will also compare the experience of groups that started face to face and were completed via MS Teams, versus groups that were solely conducted via MS Teams.

Mental health in all policies

Many of the determinants of mental health are outside of the NHS's direct control. Housing, employment, debt and personal relationships impact on an individual's mental health and ability to recover and stay well. COVID-19's impact on these determinants has been significant.

If social issues become entrenched for a large section of the population, there is a risk that low level mental health needs become more serious and more specialist care will be required. People with an existing mental illness are already less likely be in employment or in good quality housing. They are also more likely to be in debt and in the criminal justice system. Government policies that exacerbate these existing inequalities will only lead to higher demand on services.

A cross-government approach that considers the wider impact of government policies on people's mental health will help to reduce the demand for mental health services and support more successful recovery. For example, people with a severe mental illness are more likely to be overweight[19] and are therefore more likely to suffer from related physical health conditions, such as diabetes. The recently announced obesity strategy currently has no specific actions to support people with mental illness to lose weight and we would welcome a focus, that is co-produced, on how the system can better support people with a mental illness to lose weight.

We are heartened by the creation of a cross-government mental health taskforce, convened by the Department of Health and Social Care and led by Rt Hon Michael Gove MP. The taskforce includes the Department for Digital, Culture, Media and Sport, the Department for Environment, Food and Rural Affairs, the Department for Work and Pensions, the Department for Education, the Ministry of Housing, Communities and Local Government and Department for Business, Energy and Industrial Strategy. Each department is looking at what action they can take to support the psychological recovery of the population.

Member view: The IPS model at Sussex Partnership NHS Foundation Trust

The Five Year Forward View recognised employment as a health outcome and committed the NHS to the implementation of Individual Placement and Support (IPS), which is extremely well-evidenced, having been researched over 27 randomised controlled trials. It is also included as a mental health priority in the NHS Long Term Plan, so there is funding available for services. IPS services will generally be commissioned at ICS level or at 'place' level by CCGs.

The full implementation of the Long Term Plan – given the commitment to increasing access to specialist employment advice for people with mental health problems – will lead into improved recovery, improved wellbeing and improved social cohesion at a neighbourhood level. It will be important to ensure that each place links with JobCentre Plus and their offers, has employment advisers within IAPT and an IPS service, if the full benefits are to be realised.

The ending of the furlough scheme will increase unemployment and we are likely to see to an increase in low mood, anxiety and suicidal ideation. For some, more specialist employment support through IAPT or IPS in secondary services would be the ideal help. Between now and March 2021, we must make sure these services are commissioned and valued, and that there is a system in place to identify those most at risk.

cont…

…cont

This number needs to be increased as we move into the next phase of the COVID-19 crisis particularly, to provide a retention service for people with common mental health problems. Employment advisers would not necessarily need to be permanently based in primary care but must be integrated as core and valued members of the team. There must be enough of them to meet increasing demand. It is crucial that primary care networks remember the importance of mental health and the role that employment has to play within it.

The development of integrated care systems brings the opportunity to take a broader view of social and economic determinants, such as employment, which affect mental health and wellbeing. Within the Sussex ICS – Sussex Health and Care Partnership – local authority and third sector partners are at the heart of a new mental health collaborative which aims to deliver an approach to employment support. The IPS, within specialist mental health services in Sussex, run by Southdown Housing, has continued to support people into work throughout the crisis period.

As well as working to meet the employment needs of people under the care of specialist NHS mental health services, specific initiatives have been implemented during COVID-19 to support the mental wellbeing and employment needs of the wider community. One example is Project Wingman, which has harnessed the expertise of UK airline personnel who have been furloughed, grounded or made redundant to run special 'airline lounges' at Mill View in Hove and Langley Green in Crawley, to support the wellbeing of staff working at the hospitals. This is an example of how health and care services are thinking creatively to bring in fresh expertise to support service delivery.

Recommendations

Mental health services have faced unprecedented challenges due to COVID-19. They quickly and effectively moved to different ways of working to protect service users and staff. As we move to the next phase of the pandemic, we expect demand for mental health support to increase and to remain high for some time. This will have serious implications on resourcing and staff wellbeing. Partnership working will be integral to services being able to meet and mitigate additional demand.

To prepare for the expected surge in demand, we're calling for:

- Urgent work to better understand expected demand and its impact in different areas and on different groups.
- Public Health England to lead an enhanced, national, public health approach to suicide prevention, targeted at those most at risk. This strategy must include the continued expansion of employment support.
- Increased financial support and recognition for third sector organisations that support NHS mental health services.
- Funding levels to be reviewed in light of the new normal and adjusted where necessary to meet increased levels of demand.
- The needs of the mental health sector, including additional capital funding and workforce, to be prioritised at system level.
- PCNs and mental health providers to work together to provide more seamless, integrated mental health care for both the general population and those with an existing mental illness.
- NHS trusts to look at practical ways they can better support and integrate their third sector partners, such as supporting access to NHS Charities funding and sharing access to digital platforms.

- A long-term, sustainable settlement for social care that recognises the specific requirements of working-age adults with mental health needs.
- Learning from the trailblazer mental health support teams to be used to inform the expansion to cover 100 per cent of the student population, an increase on the current commitment to cover 25 per cent by 2023.
- Health Education England to lead a dedicated campaign to encourage people into mental health careers.
- Additional, long-term funding to support the increased use of digital approaches.
- The experience and views of service users to be taken on board when looking at what innovations are maintained post pandemic.

There has been resounding agreement from providers and service users alike that we cannot return to business as usual and that the opportunities the pandemic has created cannot be wasted:

> My challenge (if I can call it that) is to make sure that we don't step back in time but continue to move in the right direction and continue building the relationships that were formed at the beginning of the pandemic, making sure that the health and social care include the VCSE organisations, service user and carers. Let's be BOLD and making sure that we hit the right RESET button.
>
> Marsha McAdam, Mental Health Ambassador and Peer Consultant

References

1 Health and Social Care Select Committee (2020), Oral evidence: Delivering Core NHS and Care Services during the Pandemic and Beyond.

2 Rethink Mental Illness (2020), Rethink Mental Illness COVID-19 briefings Access to NHS mental health services for people living with severe mental illness.

3 Royal College of Psychiatrists (2020), Royal College of Psychiatrists' briefing Analysis of second COVID-19 RCPsych member survey – indirect harms.

4 HSJ (2020), Lockdown stops one in four adults getting mental healthcare.

5 Centre for Mental Health (2020), Covid-19 and the nation's mental health: Forecasting needs and risks in the UK.

6 Mental Health Foundation (2020), Coronavirus: The divergence of mental health experiences during the pandemic.

7 Institute of Fundraising, 2020. Charities are facing a £12.4bn shortfall in income for the year due to impact of coronavirus. [online] accessed 10 August 2020.

8 Mental Health Foundation (2020), Coronavirus: The divergence of mental health experiences during the pandemic.

9 Young Minds (2020), Coronavirus: Impact on Young People with Mental Health Needs.

10 House of Commons Library (2019), Briefing Paper: Support for children and young people's mental health.

11 NHS England (2020), NHS Workforce Race Equality Standard: 2019 Data analysis report for NHS Trusts.

12 Health Education England (2017), Stepping forward to 2020/21: The mental health workforce plan for England.

13 NHS England (2019), NHS Mental Health Implementation Plan 2019/20–2023/24.

14 Think Ahead (2020), Public knowledge and perceptions of careers in mental health.

15 NHS Confederation (2020), Capital Funding: how to create a winning bid.

16 Royal College of Psychiatrists (2020), Next steps for funding mental healthcare in England: Delivering the Long Term Plan.

17 Digital Health (2020), Sussex Partnership leads the way in Attend Anywhere digital appointments.

18 Office for National Statistics (2019), Exploring the UK's digital divide: The scale of digital exclusion in the UK; those who aren't currently using the internet, how digital skills vary for different groups of the population and some of the barriers to digital inclusion.

19 Bradshaw, T & Mairs, H (2014). Obesity and serious mental ill health: A critical review of the literature. Healthcare (Basel). 2014;2(2):166-182.

Visit us at **www.nhsconfed.org/NHSReset**

Join the conversation #NHS RESET

NHS CONFEDERATION

Supported by NOVARTIS

18 Smith Square, Westminster, London SW1P 3HZ

Tel 020 7799 6666
www.nhsconfed.org

Email enquiries@nhsconfed.org
Follow the NHS Confederation on @nhsconfed

If you require this publication in an alternative format, please email enquiries@nhsconfed.org