

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 1 December 2020

Subject: Mental Health Services and COVID-19

Report of: Greater Manchester Mental Health NHS Foundation Trust

Summary

This paper presents the GMMH organisational response to the COVID-19 pandemic and the steps taken to sustain services throughout the initial lockdown period and then develop a sustainable model of provision. Steps taken to forward plan the changing demand and impact on services as a consequence of the pandemic are also presented with a surge predicted to coincide with the autumn and winter months.

Recommendations

The Scrutiny Committee is asked to consider the report and advise on the following:

1. Do the steps taken by GMMH support the strategic objectives of the City Council to address local need throughout the pandemic; and
 2. Any further information required.
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Wards Affected: All

Environmental Impact Assessment - the impact of the issues addressed in this report on achieving the zero-carbon target for the city
Not Applicable

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Addressing the ongoing mental health needs of the population to support and enable them to engage and thrive in the communities they live. With improved mental health individuals will have improved access to employment creating strengthened economic communities.

A highly skilled city: world class and home grown talent sustaining the city's economic success	Recognition of the specific needs of the student population and providing intervention and treatment for this group, supporting Manchester as one of the leading University Cities in the UK.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Providing services to all age groups and demonstrating the highest level of contact with adults with Mental Health problems in England.
A liveable and low carbon city: a destination of choice to live, visit, work	Developing and delivering sustainable models of care that embrace digital technologies to connect with service users in a meaningful way, reducing the need for unnecessary travel.
A connected city: world class infrastructure and connectivity to drive growth	Engagement with National Networks and benchmarking services and ensure that residents of Manchester receive an optimum level of care and support.

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Background documents (available for public inspection):

Not applicable.

Mental Health Services and COVID-19

1.0 Introduction

This paper provides an update to Manchester City Council Scrutiny Committee on Greater Manchester Mental Health NHS Foundation Trust (GMMH) emergency preparedness and response to COVID-19 and specifically how mental health services in Manchester have responded to the pandemic. This report also provides an overview of the Trust's longer term plans and strategies in response to Covid-19 and includes:

- National guidance
- GMMH Covid-19 Governance Arrangements
- An overview of the work of Gold Command and Recovery Planning Group
- Response to COVID-19
- Demand and Capacity Planning
- Ongoing Work

2.0 Background

2.1 National Guidance

As members are aware, the NHS response to Covid-19 triggered the declaration of a Level 4 National Incident. The response was led nationally and incident and response management has been coordinated directly with CCGs, NHS providers and Local Authorities. As part of this response national guidance continues to be issued frequently and this guidance steers the work and priorities of the GMMH response.

The initial NHS guidance focused on the NHS emergency response (Phase 1) was shortly followed in April by the 'Second Phase of the NHS response to Covid-19' describing the move into the restoration and recovery period (Phase 2 and Phase 3). The national guidance for restoration and recovery including the identification of four phases of work:

- Emergency Response (March 2020 – April 2020) – Phase 1
- Release of Lockdown (May 2020 – July 2020) – Phase 2
- Living with Covid (August 2020 – March 2021) – Phase 3
- Building back better (12 months+) – Phase 4

All of the guidance and identified priorities for mental health have been considered and action through GMMH Covid-19 Governance arrangements outlined below.

2.2 GMMH Covid-19 Governance Arrangements

2.2.1 Gold Command

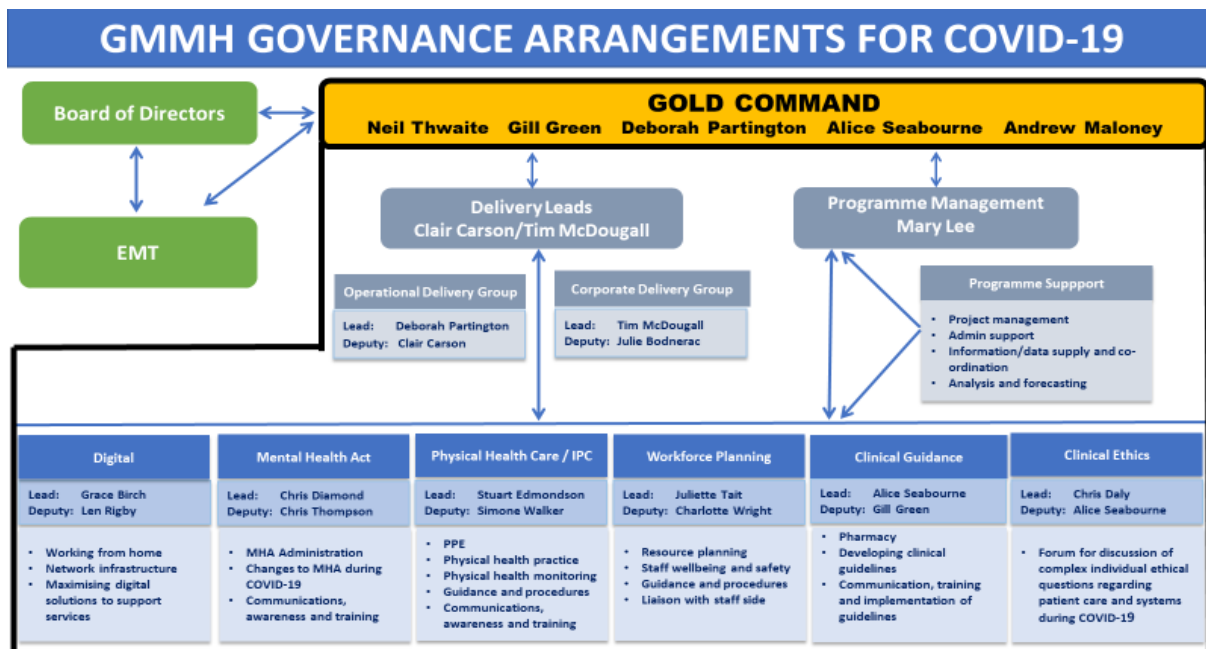
GMMH established a COVID-19 group in January 2020 and on 9th March this was escalated to a GMMH Gold Command structure in line with the GMMH Major Incident Response Plan. GMMH Gold Command operated daily with the following focus:

- Review the daily internal Situation Report (SitRep) for patients suspected/swabbed, operational services, corporate services and medical staffing.

- Review the National Mental Health and Specialist Services daily Situation reports
- Consider and cascade all relevant national, regional and GM guidance and communications
- Consider and review risks and ensure appropriate planning and actions are taken to mitigate identified risks.
- Daily operational group teleconference led by Director of Operations with all Heads of Operations to oversee service resilience and issues for escalation.
- Allocate and review the work of the six Gold Command sub-groups in operation. Each of the six sub-groups of Gold Command have a clear steer on the tasks and actions required of them.

The Gold Command governance arrangements established for phase one response are set out below.

Figure 1: GMMH Governance Arrangements for COVID-19 -



2.2.2 Recovery Planning Group

The move from phase 2 of restoration and recovery planning to phase 3 required a change to the Trust Covid-19 governance arrangements with the establishment of the Trust Recovery Planning Group and five key recovery workstreams. The diagram below provides an overview of the recovery workstreams and their priorities.

Recovery Plan Workstreams

Service Users and Carers

Gill Green, Director of Nursing and Governance

- Enhance service user support and wellbeing offer
- Evaluate service user experience to better understand the impact of COVID-19 and shape future services
- Enhance opportunities for implementation of Recovery Academy Programme including extending virtual programmes and facilitation groups sessions using social distancing

Workforce

Andrew Maloney,
Director of HR and Deputy CEO

Workforce modelling for services mapped to capacity plan

Future working arrangements – mainstreaming home working for medium and longer term

Supporting our vulnerable workforce including high risk, shielded and BAME Staff

Resource Operational Cell

- Manage capacity to meet COVID-19 requirements and increasing demand going forward in line with demand and capacity plan

Service Offer – Task and Finish Groups

Deborah Partington, Director of Operations and Alice Seabourne, Medical Director

Urgent Emergency Care

- Working with acute colleagues, agree new locations and working arrangements for urgent care centres
- Implementation of Urgent Emergency Care by appointment for mental health across GM
- Work with GM to improve crisis care offer

24/7 Helpline

- Implement permanent arrangements for 24/7 open access helpline

Capacity and Demand

- Monitor capacity plan against assumptions and respond to changes to plan and surges
- Addressing ADHD, ASC and Eating Disorder waiting times.

Adults of Working Age Inpatient

- Revise Red to Green improvement project
- Introduce standardised approach for the implementation of Medically Optimised Awaiting Transfer (MOAT)
- Implement service improvement projects and focused work to reduce DTOCs and Length of stay

Crisis Care Offer

- Work with GM and CCGs to develop and deliver a comprehensive Crisis Care Offer

IAPT

- Learning from the implementation of a fully digital service offer during COVID-19, develop new future service model

Community Models

- Develop future enhanced community models across all community services to support expected increased demand based on the principles of Recover, Restore and Reform
- Oversee the work of the 4 Community T&F sub-groups: CAMHS, SMS, Student Mental Health: and CMHTs including perinatal, EI and HBT

Health and Justice

- Redesign service model to embed best practice and lessons learnt throughout COVID-19

Homelessness

- Work with GMCA and LAs to develop a comprehensive and responsive mental health and substance misuse service to those who are homeless

Later Life

- Re-establishing MATs services, addressing variation in practice and ensuring access as required to diagnostic scans
- Re-establishing community services in the new 'Living with Covid' service model
- Developing a range of psychological tools to support the new service model of delivery

Physical Healthcare/ IPC

Gill Green,
Director of Nursing and Governance

Placing infection prevention control at the forefront of all service developments

Safe Building Programme

Implement Testing Programme including:

- Antibody testing
- Antigen swabbing
- Test, track and trace

Pharmacy

- To ensure responsive pharmacy service provision to remote community contacts
- To develop the business case for implementation of electronic prescribing

Business Support

Suzanne Robinson, Director of Finance and Liz Calder, Director of Performance and Strategic Development

- Demand and capacity planning – phase 3
- Estates – Review of buildings to comply with IPC requirements and social distancing
- Review of Corporate Governance Structure
- Digital – Support agile/remote working and increase network infrastructure as required
- Implement data warehouse
- Increase availability and access to tableau
- Alignment of information including ESR Establishment Control, Integra, Health Roster and Paris
- Implement new financial governance and reporting systems
- Financial regime/LTP prioritisation

In addition to our internal governance processes, GMMH has and continues to operate as part of the wider national and GM system governance and escalation processes. At the start of the pandemic GMMH initially linked in to the daily Manchester and Trafford COG system meeting. This has now become the Manchester and Trafford Community Cell that meets three times per week.

The work of Gold Command and the Recovery Planning Group throughout this pandemic has been extensive and an overview of the work undertaken by the Trust and by mental health services in Manchester is summarised in Section 3 below.

3.0 Response to Covid-19

The work of Gold Command and the Recovery Planning Group, implemented across the Trust including Manchester Mental Health services, is summarised below under each workstream.

3.1 Physical Healthcare and Infection Prevention and Control (IPC)

The work of the Physical Healthcare and IPC workstream has included:

- Implementation of the COVID-19 Operating Framework for hospital-based services
- Completion of safe occupancy visits of all inpatient wards and rehabilitation units across the Trust.
- The supply and distribution of Personal Protective Equipment (PPE) that meets the required HSE/PHE standards
- Embedding good IPC principles across the Trust
- Developing of our physical healthcare offer including the development of care bundles for:
 - Diabetes
 - End of life care
 - Oxygen therapy
 - Physical observations
- Oxygen Supply and Equipment - the establishment of a multidisciplinary oxygen team and the development of Standard Operating Procedures to ensure an adequate supply of oxygen at all times.
- Implementation of the required testing programmes including:
 - Antibody testing
 - Antigen testing (swabbing)
 - Test, Track and Trace
 - More recent work of this group includes the mass testing programme for front line staff and the roll out of the new vaccine.
- Flu Vaccine Programme- commencement of the 2020 Seasonal Flu Campaign

3.2 Service offer

The work of the Service Offer workstream and the separate task and finish groups is shown in table 1 below:

Table 1 – Task and Finish Group Achievements

Task and Finish Group	Achievements
24/7 Crisis Helpline	<ul style="list-style-type: none"> Established one all age 24/7 open access mental health helpline available via a freephone number.
Urgent and Emergency Care	<ul style="list-style-type: none"> Established separate 24/7 Urgent Care Centres for mental health across all localities to support anticipated activity in A&E departments following Covid-19. Commenced collaborative work with acute partners to develop and implement urgent care by appointment for MH.
Capacity and Demand	<ul style="list-style-type: none"> Completed an analysis of demand and capacity across inpatient services to support the management of patient flow identifying key areas of work and escalation, and establishing dedicated workstreams for DTOCs and MOATs.
Adults of Working Age	<ul style="list-style-type: none"> Introduction of a standardised approach for the implementation of Medically Optimised Awaiting Transfer (MOATs) Implementation of service improvement projects with focused work to reduce DTOCs and length of stay.
Crisis Care Offer	<ul style="list-style-type: none"> Undertook the role of GM lead for crisis to support the development of a future sustainable crisis offer. Developed a proposal for an extended crisis offer including crisis beds and crisis café approach, agreed at GM level and mobilisation commencing
IAPT	<ul style="list-style-type: none"> Enabling all practitioners to provide e-therapy within weeks of the COVID-19 outbreak. This facilitate all staff to work from home and effectively create an isolation against any staff outbreak within the service, this ensured that services levels where unaffected across Manchester. Created a client and staff survey to understand the efficacy of the remote systems the service have put in place. The survey compared perceptions of remote therapy pre-Covid (February) against the perceptions mid pandemic (August). The outcomes of which have been overwhelming positive, both from a practitioner ability to adapt to offer a different form of therapy and from a client perspective, delivering flexibility and sustainment of levels of recovery and reliable improvement. Repurposed practitioner capacity very early in the pandemic, allowing the service to respond to an initial reduction in referrals. This enabled the service to provide increasingly efficient access to the service and as a result the service have reduced secondary waits throughout Manchester by over a 1000 clients. Relaunch of the patient portal that has allowed clients to input and attain assessment scores (online) prior to their initial appointment. This has freed up a significant amount of time at the initial appointment that can be dedicated to therapy. This has been complimented by an expansion of

	<p>the SMS appointment notification system that increased visibility of appointments, whilst improving communications with clients both prior to and during therapy.</p>
Community Models	<ul style="list-style-type: none"> • In response to Covid-19, adapted access to all community services to ensure appropriate and timely access, assessment and risk assessment. • Community mental health services implemented alternative ways of working in line with government advice on social distancing and risk assessment of individual service users. • Monitored all community contacts ensuring ongoing support during Covid-19 offering remote and face to face contact. • In recognition of the anticipated increased demand on mental health services following Covid-19, clinical divisions undertook a review of CMHTs over Phase 1 of recovery and restoration to inform the development of an enhanced, sustainable community offer.
Homelessness	<ul style="list-style-type: none"> • Face to face PIE training (Psychologically Informed Environments) were cancelled and replaced with Microsoft Teams one hour long 'Bite size PIE'. There have been 24 of these sessions attended by a total of 450 people, from a range of statutory and non-statutory agencies in the city. • Responded to the needs of the homeless population across the city of Manchester who were temporarily accommodated in hotels through the central government funded '<i>Everyone In</i>' campaign. • Manchester Dual Diagnosis Team (commissioned by Manchester City Council) were temporarily redeployed to support the team during this time. • The team developed online resources for use by colleagues/stakeholders/partner agencies, to support the management of the Manchester homeless population during the lockdown period.
Later Life	<ul style="list-style-type: none"> • Re-establishing MATs services ensuring access as required to diagnostic scans. • Implemented family therapy across in patients to support patients and families virtually during lockdown and maintained family attendance at ward round through virtual means • Implemented out of hours weekend and evening service to continue crisis response and support discharge through face-to-face contact. • Part of the task and finish group to approve remote memory assessment working via digital solutions. • Identified worker with care homes to deliver urgent response evenings and weekends. • Identified worker for care homes to support with COVID-19 outbreaks and response to care home staffing challenge. • Developed zoom workshop with local group to combat loneliness.

Student Mental Health	<ul style="list-style-type: none"> • Operational from 30.09.19 and provided comprehensive mental health service to 428 students. • Majority of students referred have experienced significant trauma and attachment difficulties and these adverse early life experiences will continue to impact on their emotional and health and wellbeing. • Meeting increased demand of referrals since new term of September.
Long Waiters	<ul style="list-style-type: none"> • Established a baseline position for Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Condition (ASC) including current waiters and future demand. Work has commenced with commissioners on waiting list initiatives and future service model.

3.3 Service Users and Carers

The work of the Service Users and Carers workstream is summarised below:

Recovery Academy - The Recovery Academy courses have restarted in line with Covid safe practice. Virtual programmes have been developed and during lockdown the team were able to expand the offer to benefit service users, carers and staff beyond the pandemic. Volunteering opportunities have been maintained throughout the pandemic and peer mentorship has continued to grow with some volunteer peer mentors recognised as GMMH Superstars during the pandemic.

Service User Experience and Engagement - Service user and carer engagement activity was understandably affected by the pandemic, however, despite restrictions the Trust continued engagement in a number of ways which included: Services adapted to deliver care by telephone and Microsoft Teams and to engage virtually with carers as a result of visiting restrictions.

Since the pandemic there has been national benchmarking which highlighted GMMH as a lead organization nationally for continued contact and engagement with service users, this is demonstrated in Chart 1 below.

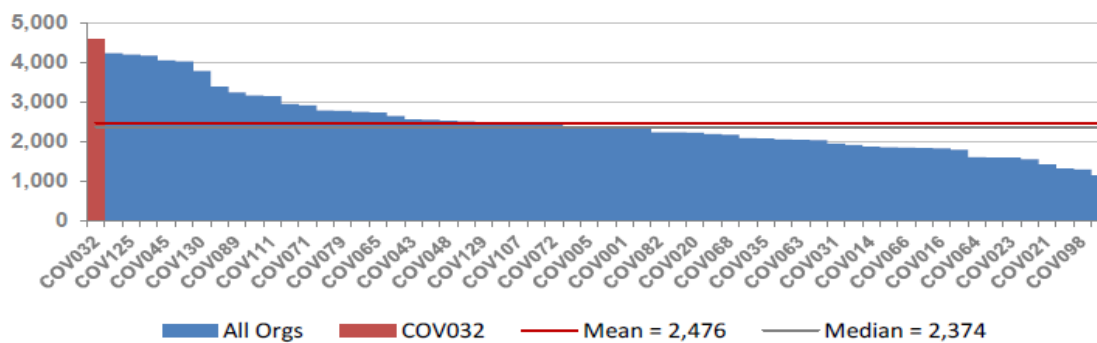
As part of the GMMH recovery workstream within its community services, GMMH engaged staff and service users to understand their experience during the pandemic. It engaged a response from 600 service users and 128 community staff to receive feedback on the changes to the way we engaged and whether it had impacted upon their care.

The feedback from both staff and service users highlighted areas for recommendation particularly around a choice of whether you receive virtual or face to face appointments and also a preference to support people in their homes who were shielding or anxious about the pandemic. The general response was there was no adverse effect experienced on the service users care and treatment which was significantly reassuring and a blended Face to Face vs Virtual model accepted.

This review and feedback has resulted in GMMH delivering a flexible and responsive model of service during the pandemic that has been nationally recognised through the benchmarking referenced.

Chart 1 – National Benchmarking – Community Contacts

Total clinical contacts delivered by adult and older adult community mental health services during September 2020 per 100,000 registered population



Source: NHS Benchmarking Network – Covid-19 Monthly Tracker Mental Health, Learning Disability and Autism Services. September 2020
COV032 = Greater Manchester Mental Health

Remote Video Mental Health Tribunal Hearings - The introduction of video hearings was necessary to ensure that the right to an appropriate statutory hearing for service users detained under the Mental Health Act continues to be fully supported.

Visiting and Leave Arrangements - The Trust monitors visiting to our inpatient areas based on national and regional guidance. This has been a constantly evolving situation as the pandemic situation rises and falls and the Trust visiting guidance has been revised on several occasions.

In October, a review and audit of all service users in hospital was completed to understand when they had last seen or been visited by their family/carers/friends. This was to ensure people were not left in hospital, unsupported and that any restrictions on visiting are in line with least restrictive principles and a recognition that carer and family support is invaluable in supporting recovery.

Service areas are continuing to monitor the situation on an individual basis for service users whose contact has been infrequent to assess whether arrangements can be safely made to maintain contact and we also have technologies on wards to ensure service users can contact virtually through these platforms. Leave guidance for both detained and informal patients has also been updated following the Government publishing new national guidance regarding Local Covid Alert Levels on 12 October 2020.

GMMH leave guidance has therefore been revised in accordance with the Local Covid Alert Levels Framework which is subject to change and regional variations. As such, the guidance is to be used in conjunction with the applicable Local Covid Alert Level to ensure that leave is consistent with current local restrictions.

Addressing Health Inequalities for Service Users - Support for BAME service users and carers has been maintained through:

- The GMMH 24/7 helpline and website are providing self-help and public health information around local services and community support.

- The GMMH Library and Knowledge Service continues to update the Covid-19 resource hub on the buzz website (buzzmanchester.co.uk/information/covid-19) which includes information in different languages and formats. The resource hub includes helplines for BAME communities into specific topics e.g. Nestac (Helplines), CAHN (bereavement), Saheli Women's Project (Domestic Violence). The 'Getting Start With Your New Device' guide, is being translated into different languages – Urdu, Farsi and Arabic. This is in response to feedback from Women's Voices which supports women in the BAME community.
- Buzz in Manchester are also delivering a range of partnership activities with BAME community groups such as the Caribbean and African Health Network, the Ibad Ur Rahman Trust, the Khizra Mosque, the Manchester Sickle Cell Cares group, the Black Health Forum, the Counselling for South Asian Women and Men groups.
- The Manchester Wellbeing Fund continues to support community schemes via the Covid-19 fast track small grants scheme which to date funds approx. 100 different projects across the city, including those which serve BAME communities.
- GMMH are contributing to a Domestic Homicide Review panel in Manchester which is looking at access to mental health support for BAME communities.

3.4 Workforce

The work of the Workforce workstream is summarised below:

Staffing - As the impact of the pandemic continues, GMMH operational and clinical services have noted a steady increase in staff unable to work due to self-isolation and Covid symptoms as well as those diagnosed with Covid-19. There has also been a steady increase in staff isolating as a result of Test, Track and Trace and related issues such as childcare when children have been sent home from school needing to isolate. This steady increase is compounded by non-covid related sickness and the need to ensure all staff are taking their required annual leave allowance. To ensure services are safely managed during this time, the Trust established the Resource Operational Cell as part of the Operations Directorate's response to the Covid-19 pandemic to coordinate the response to staffing pressures and ensure clinical services continue to be appropriately resourced.

Supply, recruitment and retention – To support pressures on staff resources the workforce team:

- Introduced cohort recruitment via recruitment events for Healthcare Support Workers and Registered Mental Health Nurses resulting in the identification of over 220 successful applicants.
- Utilised a range of innovative assessment methods in recruitment events including values based "round robin" sessions enabling a broader range of recruiting managers to contribute to the recruitment process.
- Introduced online development sessions to support prospective candidates to prepare for the recruitment process.
- Recruited student nurses whose training was paused during COVID-19 into Aspirant Nurse positions. These staff were invited to apply via a simplified process to work as RMNs once trained.
- Developed a streamlined Health & Wellbeing offer for staff to access, commencing with tools for self-help working up to access to the resilience hub for those who felt more effected.

Working from Home - The Trust has continued to accommodate circa 1000 staff to undertake their roles from home effectively which has been key in supporting their safety, welfare and the ongoing delivery of many services. The new GMMH Home Workers Deal, developed in partnership with trade unions, local managers and HR, outlines how these arrangements could be sustained beyond Covid. The deal provides a framework for staff and managers to work through to agree arrangements for a blended approach of home and office working, thus enabling staff to reach a more positive level of work life balance whilst ensuring services are fully maintained.

Working Safely – including Vulnerable Workers and BAME Risk Assessments -

Through engagement with the Staff Networks, we have developed an Individual Workers Risk Assessment to support safe working during COVID-19. The Trust is currently working towards an aspiration that all BAME staff will have a completed risk assessment, to date, this has been achieved for over 95% of this staff group. This has enabled us to support employees safe return to work, where appropriate, either in temporary new roles which allow for better social distancing or back to their current roles with safety measures put in place.

GMMH have recognized the support required in engaging our BAME community service users and carers during the pandemic particularly recognising the anxiety associated with the increased risk of COVID. Via communication and engagement with primary care, we have identified those most vulnerable and used the robust monitoring of engagement to prioritize contact and assurance through the use of talking therapies and PPE adherence. GMMH are more recently engaged with the MHCC Strategic Director to support the Manchester system in 'Long COVID' activities which will support people whose mental health has been affected during this pandemic and engage with local services.

Making Our Environments Safe - In partnership with health and safety trade union colleagues the Trust has developed a standard environmental risk assessment for services to complete. 100% of Trust buildings have been reviewed and environmental risk assessments developed. This has enabled us to categorise all our buildings as "Covid Safe" and therefore lead to a more supportive conversation to support those who will need to return to work, including those workers who were classed as vulnerable.

3.5 Business Support

Daily National and Local SitRep Reporting - The introduction of a national daily SitRep for mental health and specialist services necessitated the implementation of a new information collection system at pace. The development and implementation of an electronic data collection and reporting system now allows the presentation of live data through the use of tableau.

Phase 3 Planning - On 31st July 2020, national guidance on the requirements for the Phase 3 planning process was issued detailing the actions required for completion of the plan and submission of required templates. This guidance was shortly followed by specific mental health guidance "Implementing phase 3 of the NHS response to the COVID-19 pandemic" outlining further requirements for mental health, including completion of bespoke mental health planning templates. The NHS priority for mental health in 20/21 is the rapid expansion of services in line with the ambitions outlined in the 'Mental Health Implementation Plan 2019/20-20/23/24'. Therefore all ambitions previously stated in the NHS Long Term Plan for mental health still stand and systems are being asked to strive to

achieve the LTP plans for 20/21 whilst embedding the beneficial changes in response to Covid-19. The Phase 3 mental health planning guidance aims to ensure all parts of the system work to achieve this. All submissions have been system led and in line with the above timetable the plan was submitted to NHSE/I on 21st September 2020. As a system led process, the submissions have been collated on a GM level and information has involved cross cell working and provider and commissioner collaboration.

Estates and Capital Developments - In line with the required NHSE/I recovery planning timetable, GMMH prepared capital bids to the value of £2.7m to support living with Covid-19. The capital bids included:

- Dormitory provision:
 - Permanent changes to the dormitories at Laureate House (£400k)
 - Temporary changes at Park House to address the 4 bedded bays (£250k)
- Permanent refurbishment of 5 Urgent Care Centres in Bolton, Salford, North Manchester, Central Manchester and South Manchester (£1.25m)
- Digital developments to build resilience and support agile working and non-face to face contacts. (£800)

These bids have been approved by the GM Community Coordination Cell and by NHSE/I.

Digital – The GMMH IM&T Team were a crucial support to clinical services establishing alternative methods for services to continue during the lockdown period. GMMH has been seen as a trailblazer for successful roll out of MS Teams across the whole organisation at pace and the IM&T team continuing to support staff and services with digital solutions. In addition the team have Commenced engagement with Manchester and Salford CMHTs to support the rollout of MaST, which is a digital, managerial and supervision tool which supports clinicians in the management of their caseloads and prioritisation of contacts.

4.0 Demand and Capacity Planning

In response to the pandemic, GMMH was involved in the Mental Health Capacity Plan for Greater Manchester that was developed using high level assumptions for demand and capacity taking in to account the following information:

- Emerging information on likely demand which has been modelled and will be tracked and refined
- Current national Infection Prevention and Control guidance on distancing, the impact on capacity and inpatient occupancy
- Emerging service user and staff feedback on their experience and outcomes during the covid-response period

This capacity planning has used assumptions that will continue to be amended in line with national guidance and local assessment. In relation to this, financial information continues to be refined as greater understanding of the demand and capacity across GM is acquired.

4.1 Demand and Capacity Modelling Assumptions

Suppressed Demand - During the lockdown period there was a reduction in the referrals received into community based services that was potentially a consequence of reduced

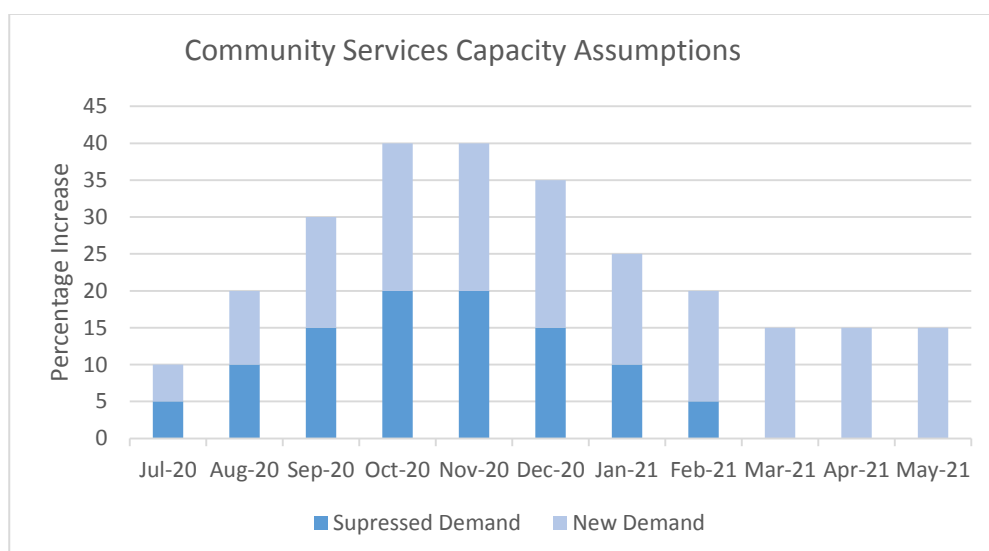
access to General Practice. GMMH has taken the assumption that this suppressed demand will return from July as General Practice returns to more usual functioning.

New Demand – It was anticipated and we are seeing an increase in demand on Mental Health Services for existing and new services users – exacerbation and new presentation, of trauma, psychosis, anxiety, depression, addiction, bereavement, safeguarding and crisis presentations.

The combined impact of the Suppressed and New Demand is forecast to peak this autumn before stabilising in early 2021 with a predicted 15% overall increase in demand on services.

Chart 2 below provides a summary of the assumptions of how the suppressed and new demand would impact on GMMH services.

Chart 2 – Community Services Capacity Assumptions



4.2 Inpatient Capacity Planning

Planning for inpatient services took into account the potential double impact of both a surge in demand (requiring additional bed capacity) coupled with a reduced bed capacity through providing environments that enable suitable social distancing. This is summarised in table 2 below.

Table 2 GMMH Bed Base Planning

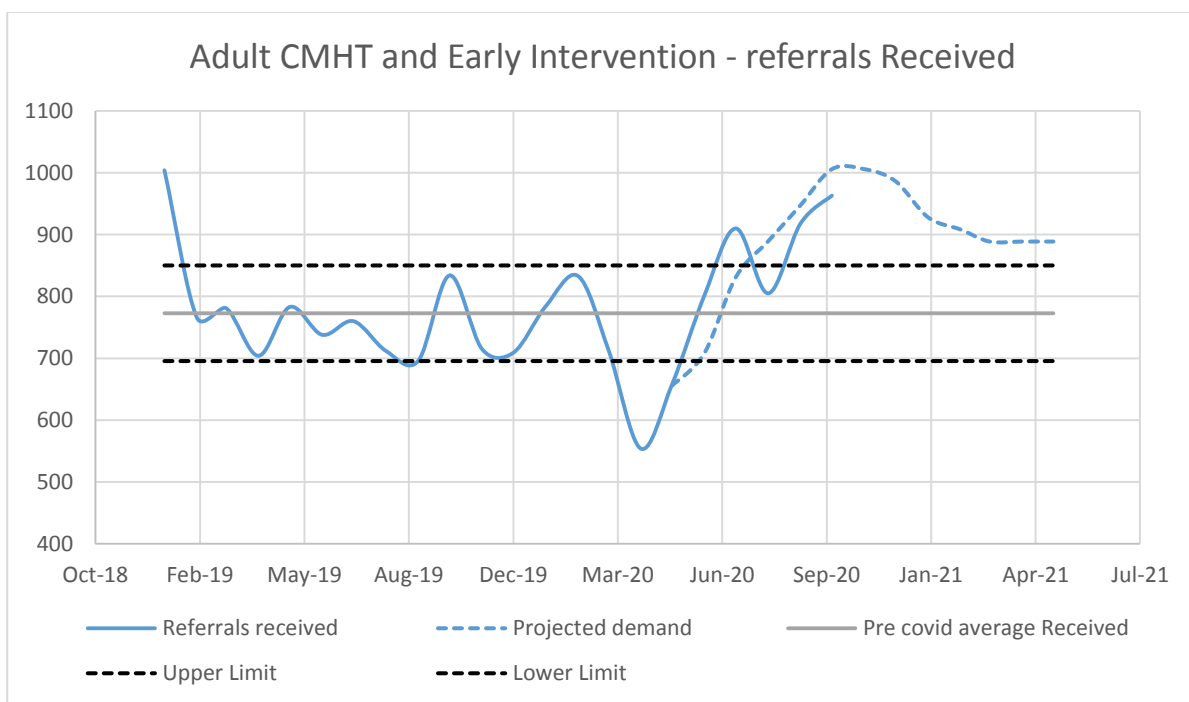
Service	% Bed base reduction to support social distancing	% Predicted Surge in Admissions
Adult Acute	5%	10%
PICU	5%	10%
Older Adult	15%	5%
Rehabilitation	0%	5%

4.3 Community Activity

Across GMMH the suppressed demand upon community services was experienced. Chart 3 below provides a representation of the referrals to the Manchester CMHTs and Early Intervention Teams demonstrates the suppressed demand with the pronounced dip in referrals between March and May where there were approximately 350 fewer people referred to the service than the baseline average. Since June 2020, and as predicted, this trend has reversed with an additional 500 people being referred into Adult community and Early Intervention services above the baseline average.

While it is not possible to accurately split which referrals are covid suppressed and new demand, it is apparent demand is currently approximately 30% above the baseline average for the city. This is demonstrated in chart 3 below.

Chart 3 – Manchester Adult Community Mental Health Team’s (CMHT) and Early Intervention

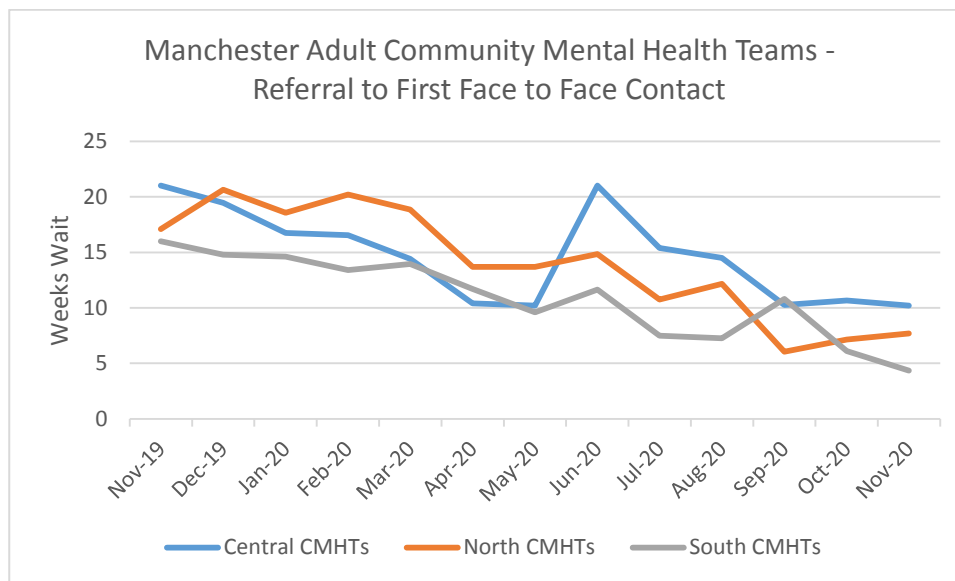


Throughout the pandemic, a continued emphasis across the Manchester services has been to retain contact with service users to support them through this difficult time and provide a timely response to new referrals.

Chart 4 summarises the reduced average waiting times from referral to first appointment. While it is recognised that there remains progress to be made, it is noted that this is a significantly improved position that has been sustained from November 2019 and throughout the period of the pandemic.

The chart below does not include virtual assessments, that has been the choice of some service users, and would again improve the position further.

Chart 4 – Reduced Waiting time (weeks)



Delivering a blended model of Face 2 Face vs Virtual contacts has enabled services to identify efficiencies in their services with reduced car travelling time between visits etc and a focus on caseload support during this period.

4.4 Digital Approaches

Fundamental to GMMH's community offer has been the capacity to implement innovative approaches to engaging service users through non face to face contact. A combination of approaches is now used via MS Teams, telephone to engage service users in a therapeutic contact. This approach has helped protect service users and GMMH staff from COVID-19 cross infection while also increasing contact opportunities and in October an average of 81% of service users had a contact within 4 weeks and 88% within 6 weeks for all Manchester Community teams. This new approach to working has been a practical response to a crisis and currently 50% of known service users are seen via a face to face contact and 50% virtually though with flexibility to escalate face to face contact if this is clinically indicated.

4.5 Crisis Response

With the GMMH Covid-19 response has been the development of a specific approach for Manchester this has included:

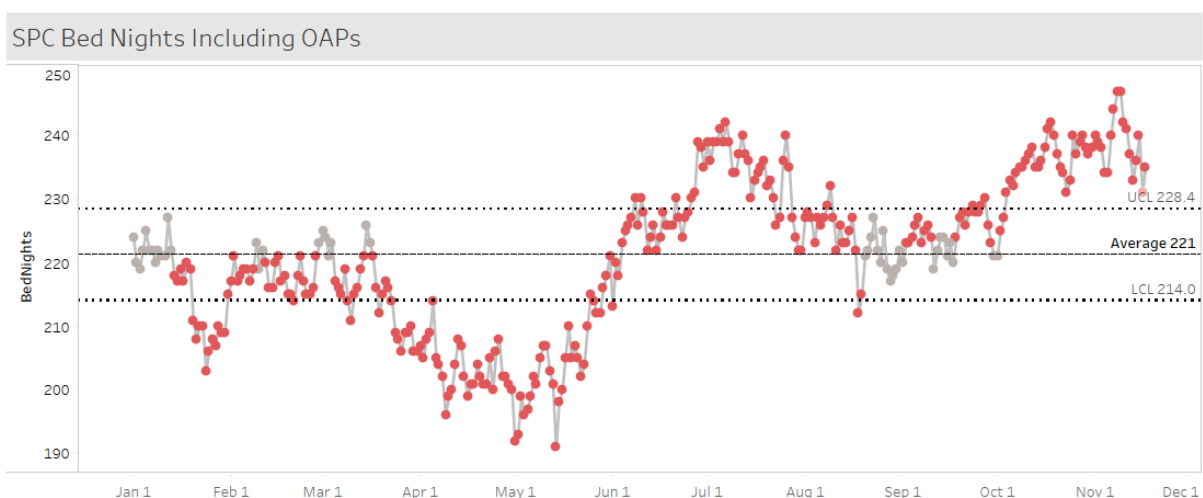
- An extended 24/7 helpline for known and unknown services, carers and their family's where people experiencing a mental health crisis can receive expert help instantly and advice and we can intervene to prevent their crisis escalation.
- Streaming people away from Accident and Emergency Departments whom are experiencing a primarily mental health crisis and offer real alternatives by funding or collaborating on alternatives to A&E attendance
- Planned Crisis Café's - Number 93 as an alternative to hospital admission and provisionally due to open before Christmas.
- Plans to increase the CORE fidelity and the out hours offer for GMMH Home Based Treatment Teams.

- A strengthened resilience in our emergency and urgent care pathway/infrastructure to stand up services in the context of this second wave of the COVID 19 infection working together to protect our staff and our patients.
- Standardise GMMH emergency and urgent care offer to service user and their families in mental health crisis using best practice guidelines and adhering to the NHS (LTP).
- Promote hospital admission as being the absolute last resort and support increase in mental health demand and admission for those in the greatest need.
- Engaged with GMP to share directories for crisis alternatives for their workforce to signpost the public to appropriate voluntary and third sector agencies.

4.6 Inpatient Admission

Mirroring the demand across community services, at the point of the initial lockdown in March, there was a notable reduction in demand for inpatient admission. This was reflected across both the Manchester and wider GMMH bed base. This, coupled with the covid suppressed demand within the community services was cause for concern as it indicated that there were vulnerable service users who previously had been accessing services. Chart 5 demonstrates this reduction in bed demand between March and May though also demonstrates the increase in demand that was experienced towards the end of the lockdown period that rose sharply over the summer months and has risen during the autumn to a peak in November.

Chart 5 – Manchester Adult Acute and PICU Inpatient Admissions



As part of the Phase 3 capacity planning, GMMH predicted a 10% surge in inpatient demand and developed a plan to meet the increase in activity. This plan centred on:

- Reducing delayed transfer of care – working with partners to identify alternative placements and reduce demand on inpatient wards.
- Enhance the community provision – providing crisis alternatives and support as an alternative to hospital admission, thereby reducing length of stay.
- Safely increase bed capacity through robust infection prevention and control measures and environmental/practice changes that optimised the bed base.
- Further independent sector capacity to support the reduced bed base and surge in demand.

4.7 Student Mental Health

The service went operational on 30 September 2019 and has provided a comprehensive mental health service to 428 students (as at 30.10.20). The students referred to the service present with complex mental health needs often with ongoing risks. Common themes within the students include histories of neglect and abuse through childhood and adulthood, drug/alcohol misuse, severe mental illness e.g. Bipolar Disorder and psychosis, and current self-harm/suicidal ideation. They are frequently exhibiting symptoms associated with complex trauma presentations including difficulties with attachments and emotional regulation. A significant proportion have an existing diagnosis of Emotionally Unstable Personality Disorder (EUPD) or have traits of this.

Since September, the service has noted an increase in referrals to this team following the specific student lockdown and needed to increase capacity using resource from alternative teams to continue to see new referrals in a timely manner.

4.8 Winter Planning

GMMH has developed a comprehensive winter plan that details the systems in place to ensure business continuity and the operational arrangements in place to support these. It ensures that the interface and communication with partner organisations remains active and supportive, and describes how GMMH can support the wider system at times of pressure and the actions that will be taken when both GMMH and partner systems are facing significant challenge. The main emphasis of the winter plan is upon the following areas:

Governance and on call structures - the systems and structures that enable escalation to support local decision-making, provide senior leadership, address any concerns and ensure business continuity plans are enacted when required.

Emergency Planning - GMMH as a mental health provider, has plans and responds to, a wide range of incidents and emergencies that could affect health or patient care. These range from extreme weather conditions, a major transport accident or most recently the COVID-19 Pandemic which has required an emergency response.

Maintaining capacity and patient flow – This addresses all aspects of care that support service users moving through the services and prevent bottlenecks and blockages in any one part of the system. This is crucial in maintaining steady flow across all parts of the system.

Supporting people in mental health crisis – It is essential for GMMH to provide a timely response to people in crisis over a 24-hour period. Our section 136 facilities, Mental health Liaison Teams, Home Based Treatment Teams and Urgent care centres are all developed to respond to this broad range of need, and often in the most challenging of circumstances.

GMMH Systems engagement – The table below summarises the Manchester and Trafford Network local system engagement.

Meeting/Conference Call	Frequency	GMMH Representative
Operational Delivery Group Meeting.	Monthly	Strategic Lead for Urgent Care & North Manchester Division Head of Operations.
Manchester/Trafford Community Cell/COG	3 x Weekly	Executive Director of Operations.
Manchester COVID 19 Public Health Response Group.	Weekly	Central Manchester Head of Operations.

5.0 Ongoing Work

As part of the GMMH continued response to the pandemic four areas are currently under particular focus in our preparations to support service users and our workforce:

5.1 Infection Prevention and Control (IPC)

With the onset of the pandemic, the GMMH IPC team implemented a 7 day per week service with on call capacity to deal with escalating cases of COVID-19 across services, monitoring outbreaks and reporting directly into the GMMH Gold Command. COVID-19 safe occupancy assessments have been completed by the IPC team across all inpatient and community sites.

The Trust continues to issue new IPC guidance and iterate existing guidance as National policy and regional planning evolves. This includes:

- Covid19 Admission Discharge Transfer guidance
- Covid19 Removal from Isolation guidance
- Covid19 Safe driving for Community Staff
- Clinically extremely vulnerable people
- GMMH Test, Track & Trace Procedure

All Covid-19 outbreaks are externally reported through the Greater Manchester Single Point of Contact route and daily sitrep reports are provided by the IPC team. GMMH also completes statutory reporting to NHS England on a daily basis detailing all inpatients with confirmed Covid-19 and staff absent from work through infection.

5.2 Vaccination

With progression towards a COVID-19 vaccination, GMMH is developing plans to deliver the vaccine in early December across all staff groups. In most circumstances service users will receive the vaccine via their GP, and as such this will not be provided through GMMH though in some circumstances, if indicated, the vaccine will be administered to inpatients.

5.3 Lateral Flow Testing

GMMH is currently in the process of planning the roll out of Lateral Antigen Testing (lateral flow testing) to help reduce the risk of infection. This is a programme across NHS organisations to track the spread of COVID-19. These are rapid turnaround tests that can process COVID-19 samples without the need for laboratory equipment, with most generating results in under half an hour.

6.0 Recommendations

This paper has summarised the actions taken by GMMH from January 2020 when it was becoming apparent that the COVID-19 Pandemic was a worldwide virus that would affect the delivery of services and the ongoing actions being taken by the organisation to strengthen our offer to service users and build resilient systems for the future. The Overview and Scrutiny Committee is asked to consider the report and advise on the following:

1. Do the steps taken by GMMH support the strategic objectives of the City Council to address local need throughout the pandemic; and
2. Any further information required.