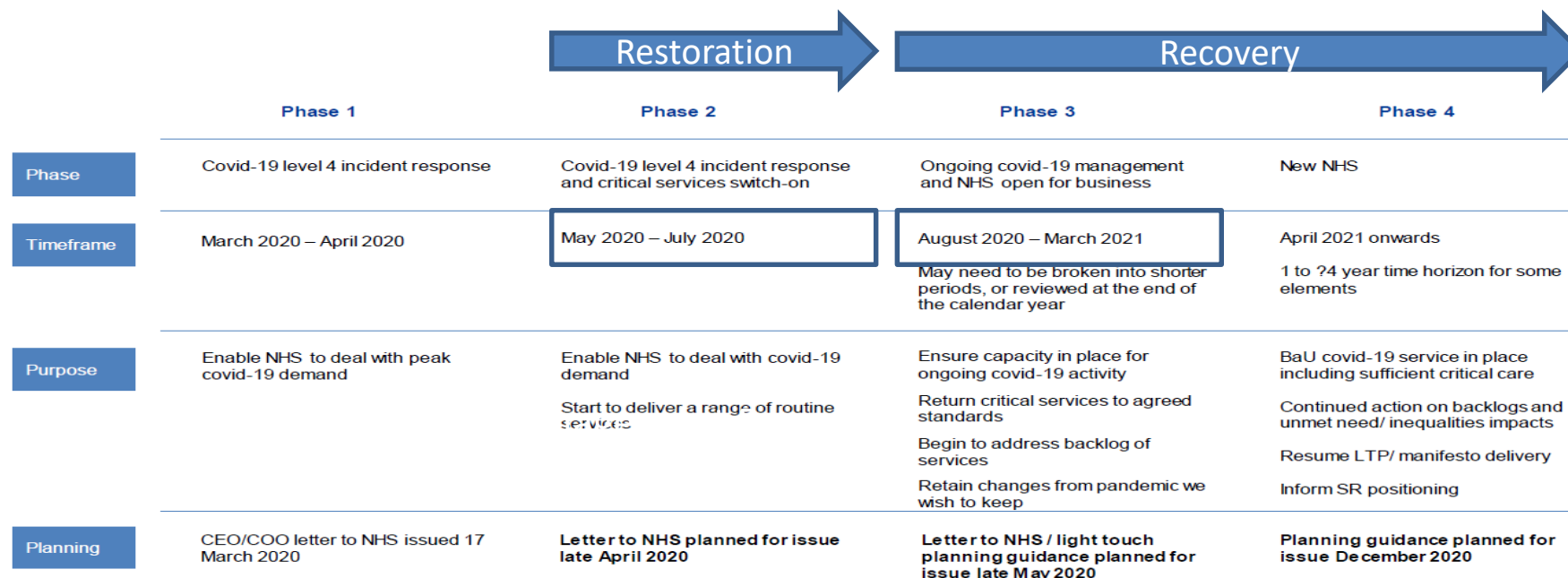


Covid-19 Restoration & Recovery Programme Update 10.07.20

High Level Definition of Restoration and Recovery

- **Response and Restoration** has been defined as the careful and considered risk assessed restoration of services whilst at the same time maintaining an incident management approach maintaining the benefits of a rapid decision making, escalation and communication approach.
- **Recovery** has been defined as the medium to longer-term transformation to a new business as normal aligned to the long-term plan and the need to build upon the transformation and innovation that has been delivered as a result of Covid-19.

What do we mean by Restoration and Recovery



Restoration:

- Careful and considered restoration of critical and essential services to deliver pre-Covid 19 levels of capacity and activity safely
- Continue to undertake risk assessments in relation to workforce, including vulnerable staff cohorts: BAME, shielded and high risk staff to inform our restoration plans
- Continue to undertake risk assessments on environmental and PPE factors and constraints to inform our plans, undertaking these at whole system level where required to ensure that equity of access is maintained and that solutions at whole system level are considered when necessary.
- Where possible restore routine non urgent services, fully utilising and securing local independent sector beyond June 2019
- Maintaining and continuing the transformation and innovation that has been delivered in response to Covid-19 in tandem with the recovery programme
- Timescales days and weeks (currently expected to run to July 2020) – Phase 2.

Recovery:

- Transforming Services to a new deliver a new business as usual.
- Building on the transformation and innovation that has been delivered in response to Covid-19, taking into account the need to recover our workforce.
- Ensuring that health inequalities and population health impact of Covid-19 are understood and are used to inform the system recovery plan
- Aligning the recovery plan to the system Long Term Plan
- Communicating and engaging with the public and key stakeholders creating new alliances with citizens recognising the learning from phase 1.
- Ensuring that recovery plans are informed by the restoration of services
- Timescales weeks and months (phase 3 to March 2021 and beyond)

Mental Health – National and ICS Critical Path and Milestones

Milestone	Due Date	Status
Established all-age open access crisis services and helplines which are promoted locally working with partners such as local authorities, voluntary and community sector and 111 services	12/06/2020	Complete
Proactive contact and support in place for existing mental health service patients, especially those recently discharged from inpatient services	12/06/2020	Complete
Local partners engaged to ensure referral routes for children and young people are understood to ensure they have access to mental health services	12/06/2020	Complete
Plan for a possible longer-term increase in demand as a consequence of the pandemic, including by actively recruiting in line with the NHS Long Term Plan	12/06/2020	Complete
Enhanced psychological support for all NHS staff who need it.	30/06/2020	Psychological leads working with Acute Trust COOs on specific needs
Maintain open access crisis services	30/06/2020	Urgent Care Hub model fully established in all local areas
Prepare for increased demand due to Covid, including active recruiting in line with the NHS Long Term Plan.	31/07/2020	Development and introduction of new roles, changes to roles and skill mix.

Mental Health – Risks and Mitigating actions

Risk	Mitigation
<p>Risk to delivery of 2020/21 Transformation programme as part of our ongoing response to the LTP.</p>	<p>Comprehensive prioritisation process completed, supporting delivery of the LTP ambitions in 2020/21. This includes agreeing additional in year investment, to meet the MHIS and make best use of Transformation Funds that have been secured. Investment and planning complete, implementation planning underway</p>
<p>Risk to delivery of some key constitutional standards as a result of services being paused to respond to Covid:</p> <ul style="list-style-type: none"> • IAPT access and recovery rates • Physical Health Checks for SMI 	<p>Development of recovery plans and trajectories underway</p>
<p>In ability to create sufficient capacity to manage to the modelled additional demand as a consequence of Covid; including additional workforce requirements</p>	<p>Demand modelling complete, capacity planning underway</p>
<p>Assessment – increase in waiting times</p>	<p>Prioritise clinical need Utilise digital pathways where indicated</p>
<p>Unallocated cases – presently at full capacity, potential for: treatment delay, increased morbidity, increased harm and deteriorating health</p> <p>Impact on teams and individual staff wellbeing</p>	<p>Prioritise clinical need Utilise all pathways Workforce plans</p> <p>Supporting staff and enhancing wellbeing</p>

MH/LD Recovery, Restoration and Resilience

SRO: Simone Button **PMO: Ian Puttock**

ChYPS
Alison
Wallis

Urgent Care
Andy Lord

Acute
John Child

Community
Ruth
Hillman

Cross Cutting Themes

Service User & Family Engagement – Liz Holland
Workforce – New Roles, Teams – Claire Webster
Clinical Pathways – Nick Grey
Change Management – Jonathan Beder
Engaging Third Sector – Nick Lake/ Simone Button
Digital Technology – Jo Hillier
Data Collection & Demand Predictions / Clinical Intelligence – Gurprit Pannu
Education and Training – Claire Marr
Communications – Dan Charlton
Safer working environments- Nigel Burchett

LD Services
Ruth
Hillman

SOAMHS
Padma
Dalby

**Primary
Care & IAPT**
Juliet
Couche

**Wider
System**
Sophie
Holmes

Acute Inpatient Services

Key Objectives

- Extension and continuation of the existing focus on reducing Out of Area Placements and maintaining the current improved reduction in acute bed occupancy
- Focus on maintaining the reduction in extended length of stay
- Maintaining the system focus on delayed transfers of care
- Continuing to advocate and press for commissioning actions to improve the situation with delayed transfers of care
- Using what the data tells us from the Covid period to inform future actions and establish clinical changes to maintain a sustained reduction in bed occupancy.
- Continue to ensure alternatives to admissions are considered on every occasion
- Continue clinical engagement and leadership in this agenda with support from new Medical Director for Transformation
- COO led review of Operational Hub and decision as to whether to recruit to Deputy Director for Patient Flow

Urgent Care and Crisis Services

Key Objectives

- Mental health assessment is available 24/7 within a local Haven.
- Mental health assessment available in A&E for people with co-existing physical health needs 24/7 at: Worthing Hospital, St Richards Hospital, Princess Royal Hospital, Crawley UTC, Eastbourne DGH, Conquest Hospital.
- CRHT teams accept AMHPs and Clinicians within community mental health teams as 'trusted assessors' avoiding need for repeat assessment.
- Third sector (staying well) services are available for people who require social and emotional support to manage situations which could otherwise result in crisis.
- Mental health support and clinical triage available 24/7 and accessible by NHS 111.
- CRHT able to offer core fidelity intensity of treatment and psychological interventions.

Community Services

Key Objectives

- Establish which elements of assessment and intervention are required to be delivered by which medium (ie face to face, virtual) to build a blended model for use across the area involving Estates/IT and HR
- Utilise mindistrict modules to provide some short term intervention aligned with PCW offer for those referred to ATS (beginning as first phase in East Sx)
- Identify likely presentation types and cohorts (ie those not known and those already in service) identify appropriate digital offer for getting advice/getting targeted support quadrants. Utilise available data to predict numbers.
- Review the case flow and build demand and capacity model which supports reduction in caseload
- Older Peoples' offer to be reviewed in partnership with PCW to make best use of digital offer for this age group in both services
- Having identified likely presentation types and cohorts (ie those not known and those already in service) identify appropriate digital offer for getting advice/getting targeted support quadrants
- Utilise available data to predict numbers (this is going to be really hard)
- Work across all age groups and workstreams to design a proactive comms strategy using local media as well as social media around normalising reactions and how to get help to ensure specialist services are not overwhelmed with demand that should be managed elsewhere

Children and Young People Services

Key Objectives

- Define, create and disseminate psychoeducation for families/professionals in line with "getting advice".
- Develop and roll out COVID 19 specific short term interventions for specialist CAMHS
- Review A&E diversion with CCG and acute partners for a plan for sustainable investment/service operations
- Digital advice information for school, parents/carers children and young people (post COVID)
- Build on work to introduce digital platforms to support care and treatment i.e. Minddistrict (already begun before COVID)
- Provide information on anxiety, low mood and potentially PTSD (already available on websites but will up-date with health anxiety/OCD in mind)
- Review the introduction of larger events such as interactive webinars for both mental health and wider community forums.
- Develop in conjunction with the CCG an understanding of the scale and duration of any surge(s)

Learning Disability Services and Neurodevelopmental Services

Key Objectives

Complex Physical Health Pathway (Health inequalities and Response to LedER)

- Make clear plans to restore face to face CDS provision to those at high risk of premature mortality due to complex physical health needs specifically dysphagia and respiratory illness
- Support uptake of Annual health checks and the Help us Help you primary care program through direct clinical provision and partnership working in the Sussex Covid response partnership planning.
- Implement learning from the Rapid Response LeDER reviews
- Trial new ways of providing urgent multidisciplinary falls assessments

Behaviour Support and Mental Health

(CTRs , reduction in inpatient care , admission avoidance supporting discharge planning , reduction in restrictive practice and delivering improvement standards)

- Provision of proactive remote assessments and support to care providers and families regarding behaviour and mental health support
- Provision of specific resources for direct care providers and families sensory and engagement activities , communication tools ,provision fo easy read info and bespoke behaviour support plans .
- Provision for face to face crisis support when needed , close liaison and joint working and partnership with MH and A&E crises provision

Neurodevelopmental (Autism strategy and community services)

- Provide consultation and advice to acute and urgent care colleagues for their autistic patients.
- Provide a prioritised pathway for autism and ADHD diagnosis for those in urgent and acute settings.
- Work at STP level to develop a lifelong neurodevelopmental pathway

Older People Mental Health and Dementia Services

Key Objectives

- Reopening MAS / DAS Services
- Review of referrals of people with dementia into SOAMHS/DOP Mental Health
- Respond with Urgent Care Intervention for people with Dementia
- Review and respond appropriate to the input that will be required in Care Homes.
- In conjunction with Community workstream plan for the appropriate response to the needs of the older people presenting with PTSD and/or complex bereavement as a result of Covid
- Understand older people's use and preferences re remote appointments and respond with the appropriate and proportionate digital offer.

Primary Care and Wellbeing and IAPT Services

Key Objectives

- Understanding the demand by working with NHSE and IAPT Leads and cross-checking with service-level benchmarking
- Within determined timescales agree and implementing exit strategies for staff redeployed to other Covid initiatives e.g. MH Line, CRHTs.
- Developing additional training and supervision packages for staff
- Exploring and implement ways to increase clinical capacity
- Developing the clinical offer/ model that will meet the needs of the post-Covid MH surge - complex bereavement/ trauma, depression etc
- Working with Estates and IM&T leads to clarify what 'new normal' will require in relation to Estates/ IM+T solutions
- Working with clinicians to develop a clinically-led F2F prioritisation process i.e. which clients would/should be prioritised for F2F assessment/ treatment.

Sector Connector opportunities...

- Co-production and co-operation for Restoration and Recovery plans
- All ages - children and young people, adults, older people, families and carers across specialist MH and primary care services etc
- Specific areas of development eg. opportunities for enhanced 'connection' at triage, discharge
- Enhanced awareness and understanding of non-NHS opportunities at service and team level and how to work better together
- Commissioning opportunities to underpin better sector connection
- Other ideas....