Board of Directors – Public

SUMMARY REPORT	Meeting Date:	24 November 2021
	Agenda Item:	7

Report Title:	**Winter planning and Covid recovery.**	
Author(s):	Jason Rowlands – Deputy Director of Strategy and Planning	
Accountable Director:	Beverley Murphy, Director of Nursing, Professions and Operations	
Other Meetings presented to or previously agreed at:	**Committee/Group:**	Nil
	Date:	n/a
Key Points recommendations to or previously agreed at:	n/a	

Summary of key points in report

1) **Service recovery:** Services have generally returned to pre-pandemic ways of working and ongoing arrangements to manage Covid safely are no longer impacting unduly on service delivery. The exception to this is for IAPT Services where services are predominantly delivered via technology.
2) **Service demand:** Sustained challenges continue to be experienced across the crisis care pathway. Workforce expansions have been made through Q2, more is planned in Q3-Q4 and significant improvement work is underway. Challenges are expected to remain through the winter period.
3) **Access and waiting:** Challenges continue across several services in respect of numbers waiting or length of wait to access. Recovery plans are in place for all relevant services, the sustained demand in other parts of the pathway are an additional pressure in making sustained improvements.
4) **Strong system working and planning:** The development of the winter plan and the Ten Point Plan for urgent and emergency care services across Sheffield has produced an integrated and system wide approach to ensuring resilience and improvement across key services. It focusses on key challenges and improvement opportunities that will support Trust services.
5) **Vaccination programmes:** Progressing well, with consistent uptake for Flu and Covid boosters. The impact of new regulations requiring all health and social care staff to be vaccinated by the 1st April 2022 are being assessed and managed through the SHSC command structure.
6) **Service expansion risks:** Remain in respect of the range of plans predicated on expanding our workforce along with seasonal workforce challenges around winter sickness.
7) **Workforce wellbeing risks:** There will be a cumulative impact on staff wellbeing as we move into winter following the last 18 months of pandemic and pandemic recovery.
8) **Financial risks:** Are low in respect of the financial impact of covid recovery and winter planning. However, there is a need to demonstrate full use of investments which has been challenging due to a lag in recruitment.

Recommendation for the Board/Committee to consider:							
Consider for Action		**Approval**		**Assurance**	**X**	**Information**	**X**

1. **Recommendation 1:** That the Workforce and Transformation Group reviews the current integrated workforce planning arrangements, defines what is required going forward and can assure the People Committee and Finance and Performance Committee that the necessary plans and arrangements are in place.

   BAF.0019: There is a risk that our long-term view of workforce planning and/or management of change fails to ensure roles meet future service needs

2. **Recommendation 2:** That the People Committee and the Staff Health and Wellbeing Group continue to review and consider the sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. The People Committee to be assured that our plans to support staff wellbeing are reflective of the sustained challenges that we can expect to continue.

   BAF.0013: There is a risk that we fail to identify key cultural and work pressures impacting on staff health and wellbeing, leading to ineffective interventions

Please identify which strategic priorities will be impacted by this report:				
Covid-19 - Recovering effectively	*Yes*	***X***	*No*	
CQC Getting Back to Good – Continuous improvement	*Yes*	***X***	*No*	
Transformation – Changing things that will make a difference	*Yes*	***X***	*No*	
Partnerships – working together to make a bigger impact	*Yes*	***X***	*No*	

Is this report relevant to compliance with any key standards ?					**State specific standard**
Care Quality Commission Fundamental Standards	*Yes*	***X***	*No*		***Safety and Good Governance***
Data Security and Protection Toolkit	*Yes*		*No*	***X***	
Any other specific standard?	*Yes*		*No*	***X***	

Have these areas been considered ? YES/NO					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety and Experience	*Yes*	***X***	*No*		*Risk of bringing the virus into inpatient and residential areas and causing harm to service users*
Financial (revenue &capital)	*Yes*	***X***	*No*		*Increased cost of overtime, bank and agency staff to cover staff absence* *Costs of managing increased demand for services as services recover*
Organisational Development /Workforce	*Yes*	***X***	*No*		*Risk of increased staff absence through contracting the virus or self-isolation* *Plans for expansion of services to deliver improvements in line with LTP and demand forecasts*
Equality, Diversity & Inclusion	*Yes*	***X***	*No*		*See section 4.2*
Legal	*Yes*	***X***	*No*		*Breach of regulatory standards and conditions of our provider licence.*

Title	Covid-19 recovery developments and preparing for winter

Section 1: Analysis and supporting detail

1.1 Background

Our Annual Operational Plan 2021/22 confirmed our strategic priority in respect of Covid was to ensure that our services recovered effectively, as follows:

- Ensure staff are vaccinated and service users are protected
- Improve capacity and reduce waiting times in those services affected by increased Covid demand
- Implement new agile ways of working

1.2 Service recovery

1.2.1 Information reporting periods

All activity data provided in the appendices and referenced in the body of the report is based on IPQR reported information for the period ending September 2021 and where appropriate October 2021 data is utilised. This ensures that the data used is consistent with other data and reports available to the Board of Directors.

1.2.1 Working differently because of Covid – service recovery

Most services have returned to delivering care in a way that is similar to pre Covid operation. We continue to experience significant challenges regarding managing demand and providing access to services, and these are discussed in Section 1.2.2 below. However, these challenges are generally no longer due to the changes adopted to manage the Covid pandemic and ensure the safety of service users and staff. This is evident by

- Activity levels have generally returned, or are close to pre-pandemic levels across most services, in some areas demand is higher. (Appendix 1)
- Some services are experiencing challenges with access and waiting times, however these challenges largely existed pre-covid. No new areas of risk regarding access are highlighted because of the ways services are now being delivered due to Covid, except for IAPT services. (see below)
- The proportion of face-to-face activity as a proportion of all activity has generally recovered and is in line with pre-covid levels for most services
- Working practices and arrangements across teams support the day-to-day delivery of services. While levels of remote and flexible working for staff remain, these should no longer impact on how individual service users access their care with respect to needing to be seen face to face or wanting to be seen face to face.

The exceptions to this are

- **IAPT Services:** Most activity was previously delivered in primary care in general practices. These facilities haven't been available to IAPT services during the pandemic and services are mainly delivered remotely/ on-line.

  Face to face appointments are currently offered to patients based on clinical need, any equality issues or barriers. The service aims is to start offering face to face appointments based on preference rather than need from April 2022. IAPT is working with primary care to establish room availability to enable a return to face to face clinics being offered a primary care network level.

  IAPT activity has increased through 2020 and into 2021 following the initial drop following the start of the pandemic. IAPT referral numbers for Apr-September 2021 are now higher than the pre-pandemic levels and reflect the services plan for further expansion. (Appendix 1)

Appendix 1: Summary of investments, demand and access challenges for key services

1.2.2 Managing demand across services

Our Annual Operational Plan anticipated increased need during 2021/22, due to the pandemic. Alongside this some services continue to experience challenges with access and waiting times with service specific Recovery Plans in place. Progress against the Recovery Plans was reported and reviewed by the Quality Committee in November. Additional investments have been agreed to support services manage demand and waiting list pressures.

Appendix 1 provides an overview of demand, access challenges and investments for the above services. Key points to note are

- **Crisis care services** (Out of Hours, AMHP, Decisions Unit, HBPoS) continue to experience higher rates of demand (referrals) compared to pre-pandemic levels.

  Investment has supported the CRHT Service to extend home treatment across the 24/7 period, and further investment and recruitment into Liaison and SPA/ EWS is agreed and planned for Q3.

- **Memory services** activity has recovered and is now exceeding pre-pandemic levels. Investment and recruitment is agreed and planned for Q3.

- **Emotional Wellbeing Services** demand has been increasing over Q1-Q2 and is now at pre-pandemic levels. Waiting lists have started further increase over Q2. Investment and recruitment is agreed and planned for Q3.

- **Sheffield Autism & Neuro-Development Service (SANDS), Eating Disorders Service, Relationship & Sexual Health Service** continue to experience increasing referrals, increased numbers on the waiting lists and increasing waiting times. Recovery plans are in place.

- **Caseload sizes** are increasing across several community services, part influenced by increased referrals and significantly impacted the challenges in supporting clients to move on and be discharged with appropriate follow-on support in place. Discharge rates have dropped significantly. This is impacting on the following services: Community Recovery teams, START Opiates, START Alcohol, Gender Identity, STEP, Eating Disorders, SANDS, Homeless Assessment Support Team.

- **Specialist Psychotherapy Services** have improved their position with less people waiting and shorter waiting times.

Appendix 2 shows the Trust wide activity for mental health services against the forecast demand model using the SYWFT forecasting tool. Key points to note are:

- **IAPT Services**: activity is above pre-covid levels and our Trust recovery plan. (see above, Section 1.2.1). The regional forecasting tool reflects that the service needs to expand further to increase the numbers accessing treatment in line with the original LTP forecasts. Service plans will deliver stepped increases in activity through the remainder of the year and into 2022/23.
- **Adult SPA** referrals: activity was above forecast in Q1 and then below forecast in Q2. This may be seasonal or normal variance and could also be impacted by 'lock downs'.
- **Older Adult Community Team referrals**: activity has increased each quarter, mainly with Memory Service referrals.

Appendix 1: Summary of investments, demand and access challenges for key services

Appendix 2: Demand and activity forecast comparisons

1.2.3 Sheffield's urgent and emergency care services: Ten Point Plan and supporting people's mental health needs

Alongside the challenges experienced by our mental health crisis services, this year has seen significant pressure put on the broader urgent and emergency care (UEC) services across Sheffield. As demand has returned to pre-pandemic levels, managing this activity alongside staff isolation, oscillating infection and hospitalisation rates and infection prevention and control measures has constrained the capacity within the system to manage.

This impacts on how the wider NHS services will be able to respond effectively and timely to people presenting with mental health needs, and the expectations placed across all services to respond across pathways and service boundaries.

The reasons for the current challenges within UEC are complex which mean that it will take all parts of the system working together to ensure a strong recovery across urgent and emergency care services. The NHS has a Ten Point Plan on how the whole system will work together to ensure UEC services have resilience, by:

The Sheffield ACP has developed its local plan under this framework.

Appendix 4 summarises the areas of focus to support people's mental health needs within mental health services and across the broader urgent and emergency care services. Key improvement actions being taken are

- Maintaining alternatives to A&E through crisis cafes and new alternatives for 16-17 year old 72-hour safe spaces as alternatives to crisis presentations,
- Increased capacity within Liaison Services
- Testing of an integrated mental health emergency response/ ambulance.
- Establishing appropriate and designated space within A&E to support people presenting with mental health needs.
- Existing programmes of work focussing on addressing bed pressures, delayed discharges, housing needs, reducing lengths of stay and effective bed management and escalation processes

The Ten Point Plan framework aligns with the identified risks and actions agreed as part of the Sheffield Winter Plan (see below).

Appendix 3: Ten Point Plan and supporting adult and children's mental health needs

1.3 Preparing for winter

1.3.1 Sheffield Winter Plan

Sheffield's Gold and Silver command have developed a risk-based plan for managing pressure, demand, and risk this winter. Five high risk pathways have been identified, and one underlying risk (fragility of social care, which consolidates workforce and finance risks). Sheffield's Gold and Silver commands plan to manage the risks as a system, thereby minimising the latent harm caused by ongoing challenges affecting our health and care system.

The Director of Nursing, Professions and Operations represents the Trust and the needs of our service users and services.

Appendix 5 summarises the Winter Plan for Sheffield ACP and for SHSC services. The SHSC Plan identifies risks and mitigations in the following areas

- Inpatient capacity: impacted by delayed discharges, reduced bed stock due to estate challenges.
- Workforce: impacted by winter sickness, covid, vacancy rates for inpatient nurses, plans to deploy staff to support winter pressure areas.
- Vulnerable clients groups: impacted by increased likelihood of delayed care.

Appendix 4: Winter Plan for Sheffield and SHSC

1.3.1 Vaccinations – Flu and Covid boosters

The Trust's vaccination programme continues and has expanded to include Covid boosters and flu vaccinations. The programme is delivered directly by c30-40 vaccinators within the Trust and vaccines are administered directly to staff alongside any staff who chose to get vaccinated elsewhere.

Covid vaccinations

- 86.3% of staff have had both covid doses as of w/c 27 September.
- 1.8% of staff have had 1 dose

- 11.9% of staff have had no doses (within clinical services 9.8% of staff have had no doses, n=185)

Covid boosters

The Covid booster programme started on the 11th October, and as of 17 November

- 1,432 of staff are recorded as having a covid booster, with
- 897 given by the Trust and 535 via GP or primary care services

Flu vaccination

The 'Flu campaign started on the 5th October, and as of 17 November

- 1,787 of our staff are recorded as having a 'flu vaccination, with
- 1527 by us, and 260 via GP or primary care services
- Aiming to achieve 85% Flu vaccination rate at 12 weeks would need c2,465 by the 26th December. As of the 17 November c.61% of staff have had a Flu vaccine by the 7th week of the programme.

1.4 Legislation updates

1.4.1 Care home staff vaccination

The UK government passed legislation, supported by a reinforcement letter on 23rd August 2021 that all care and nursing home staff must be fully vaccinated by 11th November 2021.

8 staff have refused to have the vaccine across the relevant services (Birch Avenue, Woodland View, Buckwood View), and have been re-deployed to other areas. Staff deployment across the three nursing/ care homes is being co-ordinated to mitigate the impact and the position remains within the minimum staffing levels.

1.4.2 Health and Social Care staff vaccination

The national consultation on mandatory vaccination for frontline health and social care staff, as a condition of employment, has closed and requirements have been confirmed for staff to be vaccinated by the 1st April 2022.

Gold Command has initiated a review of where current non-vaccinated staff work and assessing the impact against minimum staffing levels and business continuity plan. For staff to have received both Covid vaccine doses by the 1st April 2022, they need to have received their first dose by the 3rd February 2022. Impact and risk assessments along with mitigation plans will be confirmed to Gold Command.

1.4.3 Central Update and New Guidance

No updates of note received. Gold Command continues to receive, review and enact all new guidance as it is received.

Section 2: Risks

2.1 **Service demand:** Crisis care services continue to operate under pressure. A range of plans are in place to improve the pathway for service users, address blockages within the pathway and increase capacity and resilience at key access points. However sustained pressure on services is expected to remain until the plans have the desired and intended impact.

BAF.0024: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care

2.2 **Access:** Challenges remain in respect of long waiting across several services. Recovery Plans are in place and monitored via the Quality Committee. However, the capacity required to address the challenges in the short term is unlikely to be available and is still being assessed. There is a risk that current access challenges are further compounded as we enter the winter period in respect of staff wellbeing and broader service resilience.

BAF.0024: There is a risk that we will be unable to deliver essential improvements in the quality of care in all services within the agreed time frame to comply with the fundamental standards of care

2.3 **Workforce expansion:** There is a risk that planned recruitment may not result in the required workforce increases to support service expansions over the medium to longer term. Recruitment has been successful by the end of Quarter 2 for IAPT and the Crisis Resolution and Home Treatment services. Looking ahead further workforce expansions are required to support the development of Primary Care Mental Health Services and the Assertive Outreach Service. Further expansion is planned across IAPT, SPA/ EWS, Liaison, Memory Services because of increased investments from the Spending Review.

BAF.0019: There is a risk that our long-term view of workforce planning and/or management of change fails to ensure roles meet future service needs

BAF.0026: There is a risk that there is slippage or failure in projects comprising our transformation plans

2.4 **Financial pressures:** There was a risk that financial pressures may be generated into 2022/23 due to the commitments made this year with the absence of guidance for H2 and some uncertainty over the recurrent commitment of the £2.8 million Spending Review Funding. This risk has lessened. Initial review of NHSE Guidance for H2 issued on 30 September suggests no significant changes impacting on the SHSC. Alongside this SHSC has a significant cash surplus over plan, more money is being allocated to the ICS system to support elective demand, reducing the need for financial assistance and the Spending Review Funding is being committed on a recurrent basis.

BAF.0022: There is a risk that we fail to deliver a break-even position in 2021/22

2.5 **Partnership and system working: SHSC** is positively engaged with the development of system wide plans in respect of Winter Planning and the UEC Ten Point Plan. This active approach will ensure cross system working supports a co-ordinated approach.

Section 3: Assurance

Triangulation

3.1 a) Covid Recovery Plans reported to Quality Committee

b) Trust wide IPQR reporting through the SHSC performance process, reviewed by service leadership, Board Committees

c) SHSC weekly updates on service demand and covid pressures

d) Winter Plan developed and agreed by Sheffield ACP

e) Ten Point Plan for UEC assured through SY ICS

f) Daily sitrep to NHS Digital staff absences and numbers of patients with Covid

g) National Immunisations Management System (NIMS) provides nationally validated information regarding uptake on Covid and Flu vaccine uptake

h) Major Incident Control structure of Gold (Strategic), Silver (Tactical) and Bronze (operational)

Section 4: Implications

4.1 Strategic Aims and Board Assurance Framework

Implications and risks are highlighted in the above sections.

4.2 Equalities, diversity and inclusion

Non highlighted directly at this stage due to limited data sets. Supporting performance related information in respect of access and waiting times and protective characteristics is being produced to ensure access is understood in respect of equalities, diversity and inclusion.

Future change needs to be aligned to the NHS Advancing Mental Health Equalities Strategy (2020), which sets out the action needed to address the gaps experienced by communities who are not receiving the services they need. Many mental health services are struggling to address the issues faced by our Black Asian Minority Ethnic Groups (BAME), who in some incidents are subject to a racialised experience of care. Young black men are more likely to access services through the criminal justice system and find themselves in the most restrictive part of the mental health care system. In addition, there is an increasing understanding of the disparity experienced by our Lesbian Gay Bisexual Transgender and Queer (LGBTQ) communities in receiving the right care at the right time.

It is important to note that the Global Pandemic has further worsened the inequalities experienced by some communities, making some services more difficult to access due to digital poverty and worsening social determinants that can impact on mental health.

As part of wider Trust developments, is the design and implementation of the Patient and Carer Race Equalities Framework (PCREF), which is in train. As part of the redesign, transformation, and evaluation phases, is examining what

we change through an anti-discriminatory lens and ensure check and challenge is embed in the process to prevent racialised and discriminatory practice.

Investments through the Mental health Investment Standard and Spending Review Funding are focussed on key service area across homeless, drugs and alcohol, community mental health and crisis care services. This brings significant opportunity to ensure we design our services in line with the NHS Advancing Mental Health Equalities Strategy

At the centre of redesign will be the aligned to the new Clinical and Social Care Strategy, which is committed to addressing inequality. Our developing partnerships, especially with the VCS, will be critical to ensuring we get our service offer right for the communities we serve.

4.3 Culture and People

There is a sustained impact upon staff of working through the pandemic, managing new needs, working through winter pressures and the impact of restricted workforce numbers. We should ensure that our plans to support staff wellbeing are reflective of the sustained challenges that we can expect to continue.

4.4 Integration and system thinking

Effective joint working is demonstrated through the development of the winter plan and the urgent and emergency care Ten Point Plan. This provides good opportunities to continue building integrated approaches on a multi-agency basis.

4.5 Financial

None highlighted directly through this report. The Contract governance processes between the Trust and Sheffield CCG ensure that the financial plan is aligned with the delivery plan in respect of additional in-year investments.

MHIS investments for 2021/22 have been clear. However finalising plans for the best use of the Spending Review Funding to support services with Covid recovery has been delayed and this will impact on when the benefits within services and for the people of Sheffield will be experienced.

The need to ensure in-year investments become recurrent and supported with additional investments in line with the MHIS and Long-Term plan programme are clear and we will continue to work with commissioning leads across the ACP and ICS to maximise investments for the people we serve.

4.6 Compliance - Legal/Regulatory

Continuing to follow the guidance will ensure compliance with our constitutional rules and regulatory requirements.

Section 5: List of Appendices

Appendix 1: Summary of investments, demand and access challenges for key services

Appendix 2: Demand and activity forecast comparisons

Appendix 3: Ten Point Plan and supporting adult and children's mental health needs

Appendix 4: Winter Plan for Sheffield and SHS

Appendix 1: Summary of investments, demand and access challenges for key services

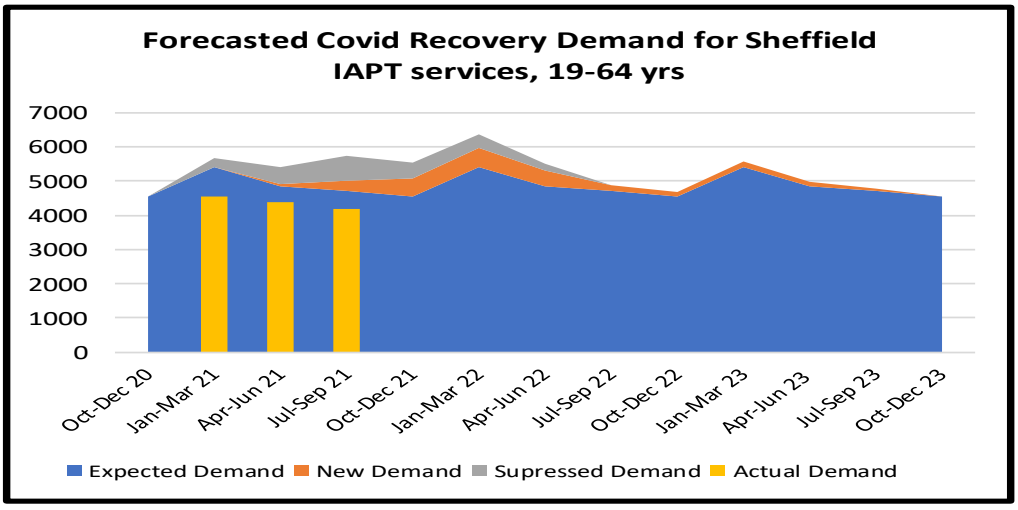
	PLANNING ASSUMPTIONS								CURRENT STATUS				
	Expected challenges		Investments		Workforce		Activity		Activity			Workforce	Access & waiting times
	Covid demand	Access/ waiting	MHIS 20/21 FYE + 2021/22	Spending Review Funds (SRF)	Staff expansion	Q3-Q4 plan + extra agreed with SRF	Pre covid (2019/20)	Apr-Sept Plan	Actual activity ending September	At pre-covid level	In line with Plan	Workforce recruitment	Access challenges
Improving Access to Psychological Therapies (IAPT)	Y		£900,000	£155,000	20 wte by Q2	+ 40 wte + 12 wte (SRF)	13,591 entered treatment	7,391 treatments 8.7% increase	8,561	**Yes** above	**Yes**	**On Plan** **+ more planned**	**No**
Liaison services within A&E and general hospitals	Y		Nil	£109,000	Nil	+ 2.5 wte (SRF)	6,092 referrals	3,500 referrals 15% increase	3,037	**Yes** at pre covid level	Below expected increases not happened	**New** **recruitment underway**	**No**
Single point of access/ Emotional wellbeing service	Y	Y	Nil	£183,000	Nil	+ 6 wte (SRF)	10,036 referrals	12,000 referrals 19.5% increase	5,240	**Yes** above	Below 5% increase on pre pandemic	**New** **recruitment underway**	**Yes** 1,212 on list average wait of 17 wks Sept: 23 wks
Primary and community mental health services	Y		£3.3 million	Nil	8 wte by Q2 (SHSC employed)	Nil	1,026 referrals	1,239 treatments 20% increase				**Delayed** **Now recruiting**	No
Recovery Services: Assertive Outreach	Y		£924,000	Nil	16 wte by Q2	Nil	N/a	N/a	N/a	N/a	N/a	**Delayed** **Now recruiting**	N/a To be mobilised

Recovery Services: SCM & Physical Health	Y		Nil	£103,000	Nil	+ 8 wte (SRF)	Tbd 2022/23	Tbd 2022/23	N/a	N/a	N/a	**New** recruitment underway	N/a To be mobilised
Crisis services and access to home treatment across the 24/7 period	Y		£1.5 million	£325,858 Crisis Cafe	21 wte by Q2	Nil	1,292 referrals	1,551 referrals 20% increase	623	**Yes** at pre covid level	Below at pre covid level	**Complete**	**No**
People detained under Section 136 and need for access to a Place of Safety	Y	Y	Nil	Nil	Nil	Nil	412 admissions	543 admissions 31% increase	249	**Yes** 20% higher than pre-covid	**Yes** 20% higher than pre-covid	Non planned	**Yes**

Appendix 2: Demand and activity forecast comparisons

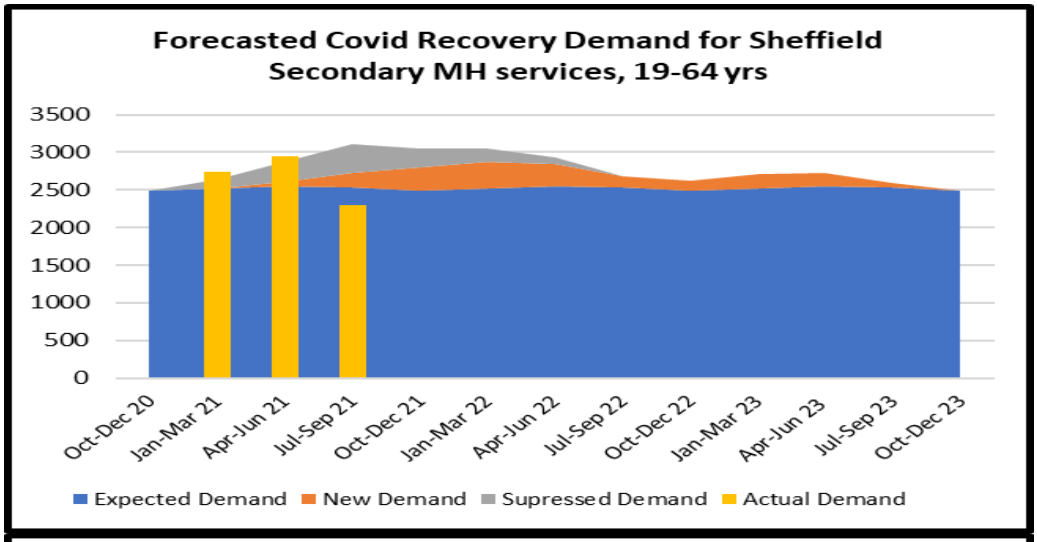
This forecasting tool uses prevalence data, historical demand data (referrals) from each mental health provider in SY ICS and estimates of suppressed demand, to forecast what the impact of the Covid pandemic may have on forthcoming demand for services. We have used referrals to services in 2019/20 as our baseline for expected demand for:

- IAPT –referrals to IAPT (all ages)
- Secondary MH (18-64) –referrals to SPA
- Secondary MH (65+) –referrals to Older Adult CMHT



Note
IAPT activity at exceeding pre-covid levels for Apr-Sept, but below forecast tool levels

No access issues: Access standard achieved at 97.5% in 6 wks



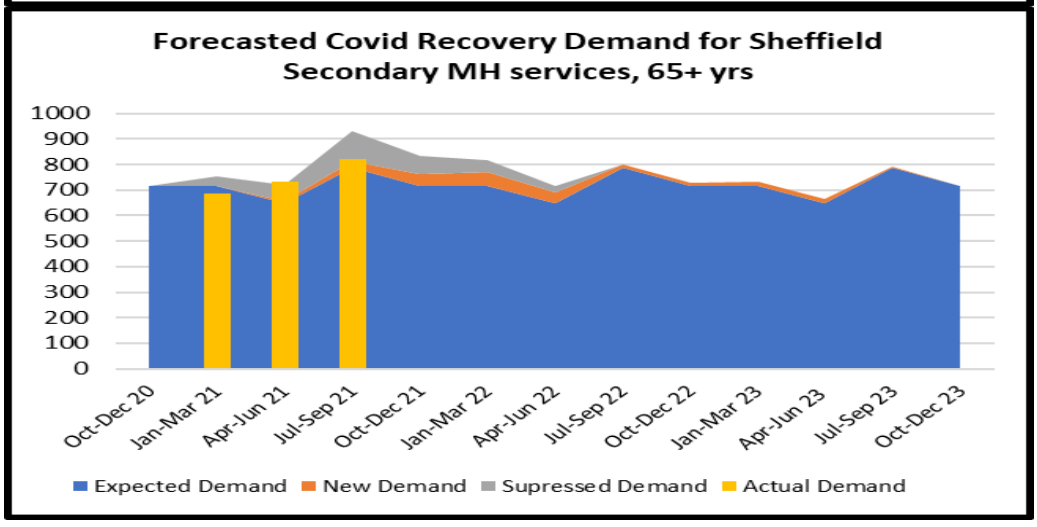
Note
Activity reduced July-September

Access challenges

1,212 on list

average wait of 17 wks

Sept: 23 wks



Note
Activity/ demand increasing, mainly via Memory Services

No access issues: Average waiting time of 4.7 weeks

What demand would be if we repeated 2019/20 activity

New demand caused by the impact/ aftermath of the pandemic

Actual activity that has happened

Demand that existed from the pandemic but couldn't access services and now needs seeing

Appendix 3: Ten Point Plan and supporting adult and children's mental health needs

7. Supporting adult and children's mental health needs.

National commitments: what you can expect from us

Addressing Mental Health Pressures

- We will continue to increase investment in mental health, with clear published expected investment profiles for each ICS, to:
  - improve access and capacity in community based mental health crisis services and alternatives to A&E for children and adults;
  - improve access and capacity in adult mental health liaison and CYP equivalent services in ED and general hospital wards; and
  - increase dedicated MH capacity in ambulance services to reduce avoidable conveyance to ED.
- Data and analysis: We will develop and share specific mental health data reports from ECDS, split by age at region, ICS and provider level on total attendances, and 12h waits in ED for mental health patients. Intended to bring transparency benchmarking and identify systems with highest mental health pressures for the first time at national.
- We will ensure that all CCGs/providers in England have s.140 compliant MH bed management protocols in place, and all regions have clear MH escalation process.
- We will develop and issue national guidance on open access community MH crisis services, including expectations for access to urgent mental health care via NHS 111 and delivery against proposed new standards.
- We will develop and issue national guidance on adult acute mental health inpatient care (including flow and discharge).
- We will explore strengthening national mechanisms to support integration of NHS/LA mental health services (eg BCF, DHSC social care plan).
- We will work with CQC in relation to closures of CAMHS beds to better align bed capacity and bed demand at system level.
- We will improve integration between CYPMH and acute trusts (with particular focus on supporting the paediatric workforce) through ensuring there are clear pathways and guidance to support joint working, and integration, across physical and mental health.
- We will continue the roll out of CYPMH provider collaboratives.

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Supporting adult and children's mental health needs.

System commitments: what we expect from you

Actions at regional level

UEC and MH regional leads to ensure MH integral to winter planning.

Use ECDS dashboards to identify ICS with high/worsening mental health ED pressures, as well as where improvements have occurred.

Bring systems together to share learning.

Ensure all local areas have s.140 compliant MH service escalation in place as well as clear regional process.

Ensure MH funding allocated in line with MHIS; provide system support/challenge where spend not in line with expectations or LTP delivery off track (based on regular assurance returns).

Support use of discharge/LTP MH funding to enable multi-agency discharge planning / admission avoidance across providers CCGs and LAs and VCS, including through MADE events.

Promote and encourage access to staff wellbeing hubs and other initiatives.

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Actions at system/ICS level

Promote 24/7 urgent MH helplines locally. Ensure all are profiled onto NHS 111 DoS as a minimum in short term (ahead of formal access to urgent MH care via 111 as per LTP).

Expand capacity and range of alternative spaces to A&E to meet urgent MH needs in the community.

Explore liaison at ED front door to support diversion where possible.

Allocate share of local capital funding for MH capacity pressures.

Ensure MH integration with ambulance response for see and treat to minimise conveyance toE.

Ensure NHS working alongside LA mental health services, including through place-based funding, s.75 arrangements, regular MADE events and use of discharge funding.

In particular, work with LAs on adult bed pressures – by commissioning and developing market of short/long term supported housing and AMHP provision as priorities.

Work with CYP LA services to avoid lengthy delays in ED or paeds wards for CYP with MH needs while awaiting LA input.

Put in place s.140 compliant bed escalation protocols.

Afford funding/operational freedom to provider collabs, embed light touch approach to contracting avoiding lengthy processes.

Actions at provider level

Invest in staff wellbeing initiatives.

Recover face to face care in CMHTs, particularly to prevent relapse for people with SMI to prevent relapse and high acuity presentations to crisis services.

Focus on reducing excessively long LoS in inpatient MH services using approaches such as setting estimated discharge dates, recording purpose of admission, red to green, D2A, 'perfect week'.

Ensure exec clinical/operational oversight of bed escalation and MH inpatient flow, with daily flow meetings, senior alerts for ED waits above 4/6hrs, long stayers in wards.

MH providers should work with the police to reduce avoidable use of s.136.

Acute providers should work with MH services to ensure dedicated MH assessment space available in or near acute hospital sites.

Provider Collaboratives to develop capability to directly sub-commission at place flexibly, including VCS and LA providers, with reduction in l contracting and procurement processes.

Sheffield ACP high risk pathways and mitigating actions

Risks	**Mitigating actions underway and planned**
Five high risk pathways • Urgent care • Hospital discharge and flow • Care for 16-17 y.o.s experiencing mental health crises • Care for adults experiencing mental health crises • End of Life Care	
Care for 16-17 y.o.s experiencing mental health crises: inability to find appropriate care for 16-17 y.o.s experiencing mental health crisis, especially those waiting admission to Tier 4 beds *Silver leads: SB, CR*	Medical Director level Clinical Oversight Group established and which now meets when a young person presents in A&E in MH crisis and a decision to admit to a Tier 4 bed – clear principle of addressing the YP's best interests, not organisations' preferences SCFT is now the Lead Provider for Tier 4 CAMHS services and hosts the Provider Collaborative Hub. This has a defined role of identifying beds to facilitate early discharge.
Care for adults experiencing mental health crises: Adults in mental health crisis don't get the help and support they need *Silver leads: BM, AC*	Existing operational groups (including coordination and oversight through Contract Management Board) oversee this, but agreed to keep under watching brief at Silver Proposal to increase MH Liaison team capacity in ED Implement improvement support from NHS England regards review of pathways at place level to enable people to achieve right support right time and Implement escalation calls to prevent crisis & support discharge from Care Trust Implement professional support and review for AHMPS and Social workers seconded to Care Trust Implement capital planning to develop appropriate accommodation with support to increase range of community options available to adults with a learning disability & experiencing mental ill health.

Mental Health – Risks and Response to Winter

Sheffield Health and Social Care NHS FT

Setting the scene

- Variation in demand for mental health inpatients care is not directly related to winter illness. Spikes in demand are sometimes evident in November and January.
- However, inefficient mental health inpatient flow can impact on systems demand in terms of presentation at ED, those waiting for a mental health beds and some people who are admitted to a medical bed.
- People with Dementia are more likely to be admitted in winter and are a greater risk of delayed care in an Acute Trust.

Winter risks

SHSC Risks

- Delayed discharges / delayed care in Acute/Older Adult Mental Health Beds impacting on flow delays relate to housing, social care placement identification and people with complex emotional needs.
- Reduced bed stock due to estates issues c. 10 beds lost.
- Commissioned and spot purchase out of area bed usage control over the formers and availability of the latter.
- Winter staff sickness combined with COVID most impactful areas are the Decision Unit , Out of Hours Crisis Line and 136 suite, which impact on system capacity if not operational, i.e. ED.
- People with complex emotional needs are most likely to present at multiple access points across the system and are very likely to be subject to delayed care once admitted to an Acute Admission Unit.
- People living with Dementia are more likely to be admitted.
- Vacancy rate for inpatient Registered Nurses remains high and could impact on business continuity of inpatient ward operations.
- Recruiting to deliver winter initiative is a challenge due to the local and national context, often requiring redeployment from other areas, impacting business continuity elsewhere.

System Risks

- ED capacity due to people presenting in all types of crisis.
- Delays in transferring people to an acute mental health bed, again impacting on capacity.
- Decisions Unit and 136 closures due to staffing issues impacting on ED.
- People living with Dementia delayed in a medical bed, impacting on STH flow.

Increased risk of seasonal sickness absence (covid or other) impacting upon staffing resource and system resilience.

Plans and mitigation

Risk	Action	Progress
1. Acute and older adult mental health bed capacity is adversely impacted by delayed discharges.	• Systems in place to internally and externally manage delayed discharge, which seeks system help to expedite challenges thus impacting on flow. • Refreshing SHSC step down house model to be more responsive to flow challenges, with a reduced length of stay • HTT now 24 hours to support admission avoidance and step down and will be strengthened in coming weeks • SHSC and SCC to appoint a locum Social Worker to exclusively coordinate onward packages of care for Older Adults whose discharge from hospital is delayed	Actions identified are close to being embedded and not in place in previous years. Locum social worker requires progression.
2. Acute and older adult mental health bed capacity is adversely impacted by delayed discharges.	• Procured 6 male and 6 female beds through a private provider to mitigate beds lost due to estates work. • A Band 7 nurse who is dedicated to managing the flow of people in commissioned and spot purchase beds, with the ultimate aim of ensuring a 30 day LoS. • Actions in 1. will deliver on supporting flow for internal beds.	Actions identified are close to being embedded and not in place in previous years.
3. Decision Unit, 136 Suite and Out of Hours Crisis Line has not always been operational 24/7, 365 days per year.	• Additional recruitment to these crisis points to sustains operations. • Business continuity for these crisis points will be prioritised and support through redeployment. • Review of Decision Unit staffing model to support business continuity.	Moving forward additional recruitment
4. Meeting the needs of people with complex emotional needs (Personality Disorder & Autism) in a way that is appropriate and helpful	Proposal to use discharge funding to provide an non-hospital based offer to: • Support people's discharge from hospital through an enhanced psychological and social offer. • Admission avoidance through an enhanced offer that includes the decision unit and out of hours crisis line.	Scoping underway
5. Lack of availability of intermediate care for people living with dementia.	• Proposal to repurpose some beds at Birch Avenue and Woodlands view of provide stepdown/intermediate care for people occupying a medical bed. • Identify additional resource for Old Age Mental liaison nurse at STH to support dementia care.	Agreement by the CCG required Funding for Old Age Liaison post
6. On going long term and short term recruitment challenges.	• System in place to support rapid inpatient nurse recruitment in the Trust. • Examining ways forward to support temporary recruitment and redeployment for any approved initiatives. • Examining a way forward to use VCS to support initiatives • Ensuring that HCSW have a career pathway	In progress
7. Manging winter sickness.	• Deliver Flu and COVD vaccination campaign. • Agree safer staffing levels for inpatient services, Decision Unit, Crisis Line and 136 Suite. • Refresh Business Continuity Plans and schedule of staff redeployment.	In progress