



NORTH LONDON PARTNERS
in health and care



North Central London Joint Health Overview and Scrutiny Committee
29 January 2021

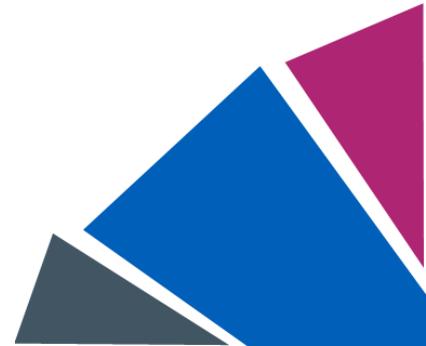
Mental Health Update

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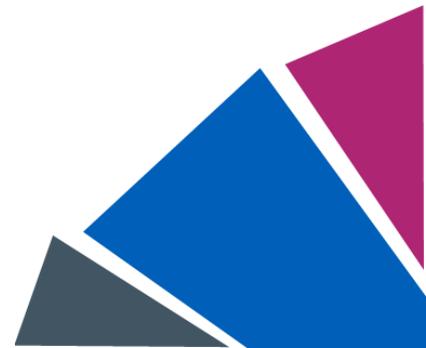
Introduction

- This morning will cover:
 - Current position on COVID-19 response
 - Transformation of services through the pandemic
 - Plans for further transformation of mental health services
 - Reducing inequalities
 - Moving to system based working in planning and delivering services
- Time for questions and discussion at the end



Current position

- Well prepared for latest wave and had all the necessary plans in place
- Priority is keeping patients and staff safe and supported
- Differences in latest wave are:
 - New variant is more transmissible – with higher prevalence
 - Major patient and staff COVID-19 vaccination programme – all Enfield care home residents and staff now vaccinated and 40% of BEH staff, increasing rapidly
- All efforts currently focused on COVID-19 response and future recovery



Current challenges

- Demand for acute mental health support has not reduced significantly in current wave, as it did in first wave
 - Mental health referrals not been materially affected by current lockdown
 - c. 20% decrease in Crisis Team face to face appointments but c. 10% increase in telephone contacts since mid Dec due to lockdown
 - Enfield Community Services referrals have reduced since mid Dec
 - 50 – 70 mental health inpatients with COVID at any one time (BEH + C&I)
- Reduced mental health bed capacity due to infection measures needed during current COVID wave
 - 25 - 40 beds closed at any one time to manage infections (BEH + C&I)
 - Resulting in 15 – 30 out of area placements at any one time (BEH + C&I)
- Staff absences due to COVID infections / self-isolation
 - Average 7% staff absences, compared to normal c. 4%, however, absences in specific teams / wards up to 11%



Transformation of services through the pandemic

Supporting service users

- Minimising spread through tight infection control and cohorting inpatients
- Vulnerable patients being supported in the community
- Single Point of Access for referrals to each Trust, inc children and young people

Supporting staff

- All Trust staff receiving COVID vaccinations ASAP
- Supporting staff through regular communications, support helplines, relaxation spaces, psychological support
- Supporting BAME staff and others at higher risk



Transformation of services through the pandemic

Innovating services

- Increased virtual consultations for patients, where clinically appropriate and possible – but face to face still important
- Using digital technology to support more flexible working for staff
- New ways of working to support social distancing

Working in partnership

- Supporting acute hospitals, including A&Es
- BEH providing increased local physical health bed capacity on Chase Farm site to support discharge of patients from acute hospitals
- Redeploying staff to areas under most pressure



Future plans

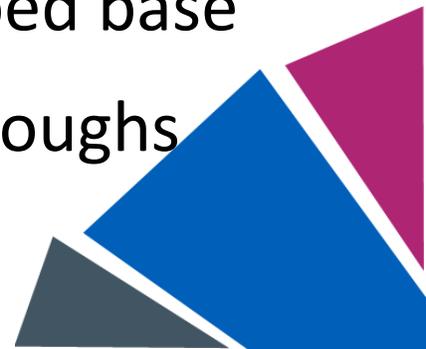
We have learnt a lot from the pandemic and are embedding positive changes to improve services:

- Continued use of virtual consultations
- Better support for staff
- More flexible workforce roles
e.g. Peer Support Workers
- More flexible staff working and use of our estate
- Working more closely across NHS, Council and voluntary sector partners



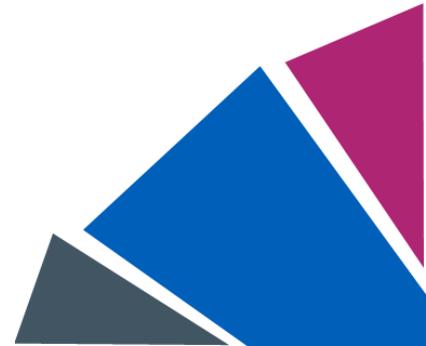
Future plans

- NHS Long Term Plan commits additional investment to mental health services
 - £18m new mental health service developments in 2020/21
- NCL following national NHS strategy to focus investment on expanding capacity of community mental health teams and Crisis Houses / Cafes
- National and NCL strategy is to reduce need for admission to a bed unless clinically necessary and ensure patients can be admitted to a bed locally
- With investment in alternatives, can manage this within current bed base
- NCL plans also seek to 'level-up' investment, so outer London boroughs receive proportionally greater share of new investments



Future plans

- Transforming community mental health services:
 - Increasing capacity of teams – e.g. 100 new community team staff at BEH
 - Voluntary sector being commissioned to provide additional support
 - Will avoid many patients going into crisis through better support earlier
- Strengthening Crisis Houses/Cafes in each borough:
 - Changing clinical model to focus on being a better alternative to admission rather than about supporting ‘step down’ from a ward
 - Increasing capacity, with more Crisis House staff, 5 more beds in Haringey and new Crisis House in Camden



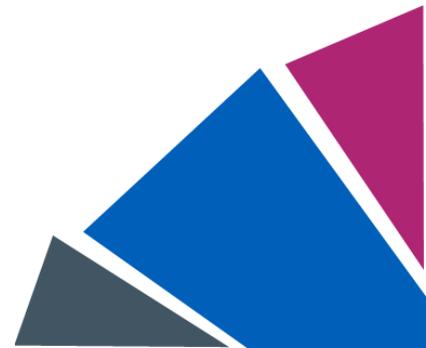
Reducing inequalities

- COVID-19 has highlighted health inequalities, major aim of future plans is to reduce inequalities
 - e.g. reduced life expectancy of c. 10 – 15 years of people with serious mental health conditions
- Supported by strengthened population health management to:
 - Analyse public health data and identify specific gaps / health inequalities in provision in specific populations / communities
 - Focus investment to specific improvements in services and outcomes
- NCL Mental Health Trusts now have dedicated Equalities, Diversity and Inclusion Lead, to address inequalities in patient care and for staff



Collaboration and system based working

- Nationally, NHS is increasingly working in Integrated Care Systems (ICSs) with local Integrated Care Partnerships (ICPs) at borough level
- NHS providers across NCL are working much more collaboratively, informed by the COVID-19 response and need to deliver integrated care
- For mental health, this means plans for future developments of services are being managed at NCL level



Summary

- NCL mental health services are responding well to current wave of COVID-19, but face significant challenges
- Pandemic has led to many beneficial changes in how services are provided, which will be maintained going forward
- Future plans are well developed for strengthening local mental health services further, through additional investment over next 3 years
- Health and care services are increasingly working together to provide better, more integrated care at local level and address health inequalities

