

**Update for Partners re TEWV COVID-19 Contingency Arrangements  
Week commencing 4<sup>th</sup> May 2020**

*Please note that this update is written to provide partners with updates in terms of action the Trust is taking in response to C19. It is not written as a public facing document and we would therefore ask that it is not used in that way eg on websites etc. If you would like to be able to direct the public to information about TEWV please email the communications team [tewv.communications@nhs.net](mailto:tewv.communications@nhs.net) and they will provide details of our website which contains a large amount of information.*

The Trust continues to implement their contingency plans in response to the evolving situation around COVID-19. Key issues and changes (applicable to all services) since our last briefing are:

Community Services

- We continue to provide phone and video contacts for community appointments wherever possible, with face to face appointments provided as needed. All our community teams continue to prioritise contact with patients assessed as highest risk and regularly review this to ensure any changes to individual presentations can be supported. Contact from the community teams can be supplemented by more frequent contact by volunteers or other staff where appropriate. *If you have any significant concerns about particular patient's wellbeing or there is any deterioration in their presentation please let your local community team or crisis team know so they can respond appropriately.*
- Whilst NYY Community referrals are low, we are continuing to operate to the same activity level prior to COVID -19, making best use of the technology changes to continue with patient interventions. Direct face to face contacts are continuing where there is not alternative to or when there is a clinical need or concern to see the patient in their home setting.
- We appreciate that referrals will continue to be sent into the Trust in line with clinical need, but it would be helpful if referring staff are able to explain to patients that unless there is an urgent need, it is likely to be some time before a full assessment can take place.
- We have over the past few weeks noticed a slight change in the number of people (individuals and partner agencies) contacting our services. All our teams are still working and so are available should anyone need to contact them.
- All localities are working hard to make sure that appropriate support is also being given to carers through this difficult period. *If there are any families or carers that you feel would benefit from more direct contact or additional support please do not hesitate to contact your local team*
- We continue to link closely with the shielding hubs being led by Local Authorities to make sure we are protecting those who may be the most vulnerable during the pandemic. In NYY we are also working closely with Commissioners and the Voluntary sector with meetings planned w/b 11<sup>th</sup> May to identify what we can do to work together and meet the needs of our community.

## Inpatient and Crisis/Urgent Care Services

- Foss Park officially opened Tuesday 21st April and patients have transferred from Peppermill Court, Cedar Ward (both AMH) and Cherry Tree House (MHSOP). Our final ward to move will be Meadowfields (MHSOP) and this is planned for w/b 11th May 2020.
- We continue to manage well with bed capacity, but are keeping this under daily review as the situation in the wider community and country changes. This has enabled us to move quickly to provide the necessary support and protection to all patients within our care in line with national guidance
- In response to the national guidance, our NYY inpatient units now have cohorting arrangements in place; each with dedicated areas to admitted & swab new patients & to separate COVID positive and negative patients. In order to accommodate this way of working, the acute inpatient settings are now of mixed sex with arrangements in place to support privacy & dignity of our patients. This will be monitored closely to ensure we mitigate any risks.
- Restrictions to visiting remain, as do revised arrangements for leave (detained patients)/time off the ward (informal patients) to minimise the risk of infection to patients and staff. Both these issues remain under regular close review.
- We continue to follow national PPE guidance as it is published and are working hard to ensure all staff who need it have appropriate PPE to keep themselves, patients and families safe.

Across NYY in Adult Learning Disability services we have developed a visual to help inpatients understand the reason for staff wearing PPE (appendix 1).

- Full information relating to crisis services (all providing 24/7 support) is now available at - <https://www.tewv.nhs.uk/services/crisisadvice/> .
- Following the introduction of a staffed all age 24/7 mental health crisis & support line, to assist partners in contacting key teams across North Yorkshire & York we have developed a single source of information that professionals & partners can reference to make contact with the respective TEWV. The summary page identifies the contact points for both routine referrals & crisis concerns across each of the specialities. To assist partners reaching the right contact first time, teams have identified dedicated contact numbers to avoid partners having to be placed in the 0300 circuit. Whilst existing crisis contact numbers continue to link with the 0300 number, we are in the process of updating all our local patient information & writing to patients with the 0300 number to explain its function. Since the service went live from 16<sup>th</sup> April the team have received 4084 calls
- As part of the Harrogate transformation plans, the crisis response home treatment team has now relocated into our Orchards base in Ripon, to operate alongside the CAMHS crisis & EIP teams. Access to alternative places to undertake crisis assessments remain within the bases of Windsor House in Harrogate & at the Harrogate District Hospital.
- Should emergency changes to the Mental Health Act come into force, we will ensure that all section 12 approved clinicians are fully aware of the impact this will have and any changes to practice this may make. We are not aware of any specific pressures or risks relating to AMHP capacity across our Trust patch at present. We are not currently planning to use digital technology for Mental Health Act assessments.

## Care Homes

We are acutely aware that the care home sector remains under increased pressure and this will inevitably have an impact on residents, families and staff working within those areas. We are working really closely with each of our local authorities to make sure that we are able to support the multi-agency response to this, not only so that residents can access mental health support when they need it, but also to support care home staff now and in the coming weeks.

## Staff Testing Capacity

Additional testing capacity across all areas that has been mobilised in the past week and more has really helped us to support staff to either remain at work, or appropriately stay at home as needed. Thanks to corporate and CCG/NECS staff being willing to work into different roles, we have also now been able to implement a mobile testing service across North Yorkshire and York, and Durham and Darlington, for staff who are unable to attend a testing centre (ie don't drive or are too unwell to travel). We are currently looking at how this service might be able to support Tees and Forensic Services, as well as local partners where there are particular pressures.

## Impact of COVID-19 on BAME healthcare professionals

We recognise there has been much talk in the scientific and healthcare communities, as well as the media around the impact of COVID-19 on members of the BAME communities. It is important that we take every measure possible to protect our staff, particularly those that are at risk and in vulnerable groups. Work is taking place to address how we support colleagues in this higher risk group and we are currently seeking the views and input of BAME staff in how we can best support them during this time. We will also be ensuring risk assessments are undertaken for our BAME staff

## Dynamic Support Register for LD / Autism

There are daily video calls with CCG, LA's, TEWV and when required acute hospital liaison nurses and clinical staff to discuss high risk people and develop multiagency strategies to prevent admissions and provide collaborative responses to complex situations. Anyone can make a referral to the DSR and on the call it can be discussed if a Care and Treatment Review is appropriate for an individual. The register has been updated to reflect people that are at high risk from Covid and to track people that are confirmed as Covid positive whether in hospital or not. For TEWV staff there is a daily agenda item on our 9am sit rep to prompt teams to consider if there is anyone that requires escalation to the 4:15 call, ensuring that the clinical staff with the most knowledge of an individual are on the call.

## Access to Advice and Support for Partners

Local teams continue to have processes in place to provide support and advice to all partners in relation to clinical issues. We are now working closely with NYCC and CCG colleagues to develop a care home action plan to ensure residents are supported with access to IPC advice, guidance and training, daily calls and plans to shield covid free environments.

Recovery College Online now has 40 courses including 3 focused on the coronavirus pandemic – one for children, one for young people and one for adults. We've added information for people caring for a loved one with dementia during lockdown and well-being tips for people working from home. We are very pleased to be hosting X-System on Recovery College Online – this is a series of musical playlists and breathing exercises devised by Nigel Osborne MBE to help support well-being. Since the beginning of March this year, the College have had an increase of over 14,000

visits to the website, including 11,800 new users. Over 1500 people have signed up for free online learning accounts during the same period. Other mental health trusts and organisations are also now signposting service users to RCO.

The courses are free to access via the link below, or via Recovery College Online on Facebook:

[www.recoverycollegeonline.co.uk](http://www.recoverycollegeonline.co.uk)

The national NHS mental health hotline to support NHS staff through the pandemic remains available on **0300 131 7000** between 7am and 11pm, 7 days a week, or text FRONTLINE to 85258, 24 hours a day.

Hospice UK have also recently launched a bereavement helpline which partners may find useful – 0300 3034434

North Yorkshire CCG, Vale of York CCG and North Yorkshire Police, Fire & Crime Commissioner Advice to Support people with a Learning disability exhibiting potential challenging behaviour during lockdown

In these unprecedented times in relation to the current Coronavirus (COVID-19;) it is important that the guidance that is being published/advised by Public Health England is followed to ensure that everyone is implementing the necessary measures to promote the health and safety of everyone that we support. However, for some individuals who have Learning disabilities, Autism Spectrum Disorder and additional mental health needs; social isolation, a reduction in physical activity, unpredictability and changes in their routine can all contribute to increasing anxiety and undue stress.

Therefore it is understood that the essential care provided for those individuals with a relevant diagnosis continues in line with the expert advice/ guidance that has been sought from those professionals within the Community Health Care and Social Care Teams that has been received on this matter; that an enforcement of a reasonable excuse with regards to the new legislation can be considered for these individuals.

In line with this, Public Health England have recently published guidance on the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 via The Secretary of State following Regulations in exercise of the powers conferred by sections 45C(1), (3)(c), (4)(d), 45F(2) and 45P of the Public Health (Control of Disease) Act 1984(a).

Regulation 6 states:

6(1) *During the emergency period, no person may leave the place where they are living without reasonable excuse.*

6(2) *For the purposes of paragraph (1), a reasonable excuse includes the need –*

***To provide care or assistance, including relevant personal care within the meaning of paragraph 7(3B) of Schedule 4 to the Safeguarding of Vulnerable Groups Act 2006(1), to a vulnerable person, or to provide emergency assistance;***

In this instance there is sufficient evidence within section 6(2d) that for therapeutic purposes and exercise it is considered appropriate for the individuals outlined above to be continuing to access this pragmatic stance to avoid an increase in anxiety which is likely to intensify a heightened response.

This may mean that these individuals may require a degree of flexibility and a higher capacity of staffing to be with them at all times whilst outdoors to ensure that the likelihood of risk and safety measures are being implemented as appropriate as per local protocol and guidance.

The following guidance will continue to adhere to:

- Staying 2 metres (6ft) away from other people (within the community setting) at all times;
- Washing their hands before they leave the property and upon return to the property (and wherever else necessary);
- Not meeting others whilst out in the community

