

## Update for Partners re TEWV COVID-19 Contingency Arrangements Week commencing 8<sup>th</sup> June 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.enquiries@nhs.net](mailto:tewv.enquiries@nhs.net) and they will provide details of our website which contains a large amount of information.*

***We introduced these briefings as part of our response to C19 and it would be helpful to get feedback on whether people have found them useful as part of our thinking what we provide in the future in terms of communication/briefings to partners. Please send comments to [tew.enquiries@nhs.net](mailto:tew.enquiries@nhs.net)***

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

### Community Services

- All community teams continue to provide phone, video and face to face contact depending on need and risk. As the external situation changes, teams are starting to review and revisit what activity they can safely step back up. All our teams remain available as normal should anyone need to contact them. *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.*
- We continue to receive and assess as many referrals as possible, either using available technology or face to face contact depending on clinical urgency. If you have any concerns about being able to access services please do contact your local team who will be able to help.
- All localities are working hard to make sure that 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 clinically or socially vulnerable during the pandemic, and mental health pathways we have put in place within localities continue to be effective.

### Inpatient and Crisis/Urgent Care Services

- We continue to see an increase in people who need admission for additional support, and keep this position under close daily review in each locality and Trustwide. This is concerning and may indeed further change as lockdown eases and issues previously self-managed as much as possible become more evident. However, we are continuing to manage within our bed capacity at present and have managed to retain COVID-specific areas on all sites.

- We are currently revisiting our guidance in relation to visitors to wards in light of the changes in national policy and advice over the past few days. We hope that a revised position will be agreed over the coming days so that we are able to balance the safety of patients, staff and visitors with enabling more direct family and social contact.
- Less restrictive leave/time off the ward arrangements continue to be helpful in supporting stepped discharge from more complex settings such as our rehabilitation wards. In line with the latest government guidance to the general public, clinical teams are considering how to facilitate more time outdoors to enjoy fresh air and exercise, and the possibility of meeting people in an outdoor space (where social distancing guidelines still need to be followed). Certain restrictions remain, and in particular people cannot visit family/friends in their homes. We have processes in place to safely support escorted leave, make use of opportunities for patients in secure environments, and consider bespoke approaches for patients, eg those with LD, dementia or autism, where preventing or reducing leave may represent a change in the patient's routine, potentially having detrimental effects on the individual's mental health. Similarly, specific arrangements are in place for informal patients.
- 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. Work is ongoing to consider how best to respond to more recent government guidance relating to wearing face coverings/masks in hospitals, and how we can also support any partners who may access our sites to have appropriate PPE.
- Our single crisis number - **0300 0200317** - is now in place and working well. This includes access for children and young people, older aged adults and those with learning disabilities and/or autism. The phone line (which, in line with national recommendations we will be transferring to a Freephone number) is open 24 hours a day, seven days a week and offers callers a series of options which will divert them to the appropriate local service. Full information relating to crisis services (all providing 24/7 support) is available at – <https://www.tevv.nhs.uk/services/crisisadvice/> .
- **CAMHS crisis and liaison service available 24/7**  
Crisis and liaison services for children and young people in North Yorkshire and York are now available 24 hours a day, seven days a week. Anyone who is concerned about a young person experiencing a mental health crisis can contact the service by calling our single point of access crisis telephone number 0300 0200317. The service provide emergency mental health support to young people up to the age of 18. Further information is available at [www.tevv.nhs.uk/CAMHScrisis](http://www.tevv.nhs.uk/CAMHScrisis)

### Support for Staff

We have now offered an antibody test to any member of staff who wishes to have one. This has been very well received by staff and demand has been high. We will be offering antibody tests over the next six weeks.

In keeping with less restrictive government guidance, the coffee shops at our main sites will begin to re-open from 15<sup>th</sup> June, with appropriate social distancing arrangements in place. We hope this will be a positive step for staff, patients and visitors to our sites.

## Care Homes

We continue to work closely with each of our local authorities to ensure we are able to play our part in supporting care home residents and staff appropriately. Each locality is involved in local multi agency care home mutual aid processes and providing input to care home support plans.

### “Building Back Better” (Recovery and Restoration Planning)

As partners will be aware there is a lot of effort going into planning for Phase 3 and 4 of the pandemic in line with national requirements. Unlike the acute trusts we did not stand down many of our services, but changed the way we were delivering them with an increased focus on remote delivery via telephone or a digital platform. There have been some exceptions to this, including memory clinics for dementia diagnosis and assessments as part of an Autism diagnosis (both for adults and children). However we are still developing plans to ensure that as we move into the next phases we continue to deliver our services. As part of this planning we are currently:

- Developing a model to help us forecast what the implications in terms of the mental health of the populations we serve, and the subsequent potential increase in demand for services, as a consequence of the pandemic. This will include the impact of the anticipated financial downturn and the impact on the emotional health and wellbeing of staff across the system. We will be happy to share this with the wider system when this is complete (we expect to be able to share this by the end of June at the very latest).
- Reviewing the options for how we can reinstate those services we have stood down whilst still maintaining the safety of our staff and service users
- Reflecting on the changes we have made as part of the response phase of the pandemic and identifying which of those we believe it would be helpful to maintain or stop. If you have any comments on this please send them in to [Sharon.pickering1@nhs.net](mailto:Sharon.pickering1@nhs.net)
- Exploring how we can continue to support the wider system and ensure our services in the future provided is a way that meets the needs of the patients and the wider system
- Looking at how we can get feedback on the changes we have implemented from service users and carers to ensure that we take their views into account in developing our plans
- Considering how we ensure we can maintain appropriate separation of covid positive patients that are admitted onto our wards
- Considering how we can ensure that our buildings can support increased numbers of staff to return to work bases whilst still maintaining social distancing/IPC preventative measures. Our current message to staff remains that if they can work from home then this is what they should do, however, as the restrictions get lifted further it may be necessary for more staff to return to the bases.

We will continue to develop and review our plans so if you have any suggestions you would like us to consider as part of this process please feel free to contact [Sharon.pickering1@nhs.net](mailto:Sharon.pickering1@nhs.net)

## **Right Care, Right Place**

There is an expected increase in demand for Mental Health services due to the Covid-19 pandemic. Most of this increased demand will be in Primary Care. GPs are already reporting an increase in MH issues reported by patients. In addition, GPs have requested improved communication and liaison with secondary mental health services for those patients currently receiving care. In response to this anticipated ‘4<sup>th</sup> wave’ and discussions with the Primary Care networks, Local Authorities and 3<sup>rd</sup> Sector Partners, TEWV, through the Right Care, Right Place

Programme have been working to develop new models of engagement with Primary Care and communities.

## **Embedding MH into Primary Care- Primary Care Mental Health Link Working (PCMHLW)**

As part of the Right Care, Right Place programme the Trust has been exploring the potential to embed MH workers into primary care with an aspiration to develop 1<sup>st</sup> contact mental health workers in general Practice should additional funding be available in 2021. Plans are now in place to pilot this approach across North Yorkshire & York prior to broadening this across the Primary Care Networks.

This project will link and co-locate IAPT, Access Primary Care MH services into GP Practices. By having these staff within the primary care setting and partnering them with Social Prescribers it will increase access to mental health services across a broad spectrum of provision from informal community provision, 3<sup>rd</sup> sector and voluntary services to the statutory services.

In light of the Covid-19 emergency, this in-reach will be limited to a virtual contact with IAPT and Access Team and the Integrated Community Teams so that we can support

- Referral & triage at the point of GP decision-making
- Support with complex cases & shared decision-making about risk
- Opportunity for advice, guidance, coaching and education

It is planned, once lockdown measures are relaxed, to co-locate staff and attend meetings and see patients in person. The PCNs have indicated that they are looking to access new monies in 2021 to create new 1<sup>st</sup> Contact MH workers that will sit alongside the Social Prescribers and allow patients to navigate directly to them.

The project will progress in three stages:

- **Stage 1** – Pilot, in a small number of practices in each geographic patch, identified MH clinicians linking with the practice MDT meetings (virtually, using MS Teams). Meetings will be held fortnightly or monthly depending on the area and will initially focus on patients that are complex or where advice and guidance is required to ensure that the individual receives appropriate care. Practitioners from IAPT and Access or Community MH Teams will join the meetings.
- **Stage 2** – Once social distancing measures are relaxed, services will start to, where possible, physically attend the MDT meetings. It is anticipated that this will further strengthen the relationships. As lockdown measures are relaxed further, services will look to provide some face to face contact with patients ie Triage, Assessment, brief interventions, some therapy sessions etc. We will start to explore how we can access a much broader range of solutions to meet people's MH needs in their local communities through closer working with partners across the Health, Social Care and 3<sup>rd</sup> Sectors. We will explore the potential of Social Prescribers joining the MDT meetings.
- **Stage 3** – (Dependent on new investment). PCNs have indicated that they will look to target new investment expected in 2021 on Mental Health. PCNs have suggested that they could fund additional MH practitioners to become 1<sup>st</sup> Contact MH Workers, based in practices or groups of practices that would be able to provide Triage, Assessment and Interventions in the GP Practices, allowing patients to navigate directly to the MH practitioners rather than referred by the GP. These workers will sit alongside Social Prescribers or Local Area Coordinators (depending on location) to work together to find a range of solutions across Health, Social Care and 3<sup>rd</sup> & Community Sector provision.

The anticipated benefits of this phased approach include:

- Improved relationships between the Primary Care and Secondary Care services, with identified Primary Care MH Link Workers attending the MDTs. This will broaden to across the Social and 3<sup>rd</sup> Sectors as other partners become involved.
- Ability to make informed timely decisions regarding an individual's care needs. The practitioners involved will be B6 or higher and able to make independent clinical decisions.
- Provide guidance, advice and support to the Primary Care Team regarding MH services etc
- Improved communication for GPs relating to people currently active to Secondary MH services
- Triage, assessment, and timely access to IAPT and Secondary Care when required.
- Improved access to specialist advice and input through the PCMH Link Workers
- Increased satisfaction from those using the service
- Increased access to services across the Health, Social Care and 3<sup>rd</sup> Sectors
- More effective use of estate and community assets.

For further information please contact David Kerr – Right Care, Right Place NYY Programme Lead  
[d.kerr2@nhs.net](mailto:d.kerr2@nhs.net)

#### Access to Advice and Support for Partners

Local teams continue to provide support and advice to all partners in relation to clinical issues.

Recovery College Online continues to be well used by staff in all sectors, users families and the general public at the minute. The courses, which are being added to all the time in response to feedback and demand, are free to access via the link below, or via Recovery College Online on Facebook:

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