



COVID-19 Mental Health and Learning Disabilities PREPAREDNESS

DATE OF REPORT:	31 st March 2020
TITLE OF REPORT:	Mental Health and learning Disabilities (MHLD) COVID 19 Preparedness
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1. SITUATION

This paper sets out the preparedness plan for the MHLD Directorate for the forthcoming weeks and months to ensure the maintenance of essential services during the pandemic peak period.

The paper covers all of the service areas for the Directorate:

- Children and Adolescent Mental Health Services (CAMHS)
- Adult Mental Health Services (AMHS)
- Older Adult Mental Health Services (OAMHS)
- Learning Disability Services (LDS)
- Integrated Psychological Therapies
- Commissioning Services
- Substance Misuse Services (SMS)

Whilst undertaking this work there has been consideration about how the Directorate support the wider system – District General Hospitals (DGH's) and Field Hospitals.

2. BACKGROUND

The MHLD Directorate employs over one thousand Whole Time Equivalent (WTE) staff across the three counties and provides services ranging from primary to tertiary care as well as a number of bespoke commissioned services across the age range. In addition, the Directorate have a large number of individually commissioned packages of care across AMHS and LDS. Services are delivered from a wide range of estate, which includes inpatient units and community bases, again across the three counties. Some of the services provided are integrated with Local Authority colleagues – generally, community based services.

3. ASSESSMENT

The Triumvirate team initiated a MHLD Command and Control hub, which is chaired by the AMD and is a tri weekly meeting by VC and Skype. The attendees include Heads of Service, Professional and Clinical Leads, Pharmacy, Mental Health Legislation Lead, Business Partners – Finance and Work Force and Directorate Support Manager. Notes and action log of each meeting are taken and distributed following each meeting. A member of the Triumvirate attend each of the Bronze Community COVID 19 and Acute COVID 19 meetings and are responsible for disseminating any relevant information through the MHLD Command and Control hub. Head of nursing is also participating in the intermediate beds COVID19 pathways group.

To ensure governance there is an established distribution list for the central management of dissemination of information. Notes of all meetings are taken and a central log of all information distributed to staff is kept over and above that which available via Global.

The MHLD Directorate have identified services that fall within Group One (Essential) and Group Two (Less Essential) have been identified through the Heads of Service's Business Continuity Plans (BCP). The work force data base information was submitted as requested. Directorate monitoring of staff that is self-isolating is in place to ensure support is provided and impact on current work force can be monitored.

Essential services comprise of:

1. All Inpatient services
2. Learning Disability Residential Services
3. Provision of Electro convulsive Therapy
4. Crisis Resolution Home Teams (CAMHS and Adult)
5. General Hospital Liaison
6. CAMHS – single Point of Access
7. Community Mental Health Teams (CAMHS/AMH/OAMH/LD) are currently being maintained undertaking desktop reviews.

This has led to the identification of a cohort of staff who can now be redeployed to essential services. These staff are now undertaking shadow shifts and receiving training relevant to the roles that they will be fulfilling. Redeployment of staff is being managed through the MH/LD command and control hub. A training programme has been developed to support the redeployment of staff to essential services.

All MHLD medical staff has been asked to link in with their relevant hospital site training in preparedness for managing COVID 19 cases within MHLD. We have cancelled the postgraduate programme to facilitate MDT training for staff including medics in terms of enhancing and skilling up for the pandemic. We have enacted COVID 19 contingency plans for on-call medical rotas include first and consultant. We have approached retired consultants and fast track them back into the service. There are a number of locums that will end within the next sixteen weeks and we are working with Medacs and medical recruitment to address this. There is an escalation process in place to cover periods of self-isolation and/or illness. The AMD is linking in with an All Wales and UK wide peer groups as well as adhering to professional body guidance.

The Triumvirate are also linking into a newly established National Mental Health Coordinating Centre. The National collaborative Commissioning Unit is refocusing resources away from clinical audit and compliance, establishing, and operating a National Mental Health Coordinating Centre. This centre will report to the Welsh Health Incident Group and is a joint operation with the NHS Mental Health Network, NHS Delivery Unit and Improvement Cymru. A direct link with WHSSC will also be made part of these arrangements where necessary. There will be guidance issued in respect of the delivery of the mental Health Measure throughout the pandemic.

The Interim Head of Nursing is also linking in twice weekly with the All Wales Senior Nurse Advisory Group (AWSNAG).

The Mental Health Legislation Lead attends the Command and Control Hub as there are likely to be temporary changes to the implementation of the Mental Health Act during the pandemic and our lead is linking in with the All Wales Group.

The Triumvirate have made the decision to maintain the role of the Quality Assurance and Practice Development Team to maintain business as usual throughout the pandemic. However, this is open to revision at any time.

Staff who can undertake their role from home have been identified and the IT requirements to support this have been submitted as requested by the Health Board.

All staff within the Directorate has been sent a memo by the Triumvirate to explain that future service changes are inevitable during the pandemic. Support to staff whose roles are likely to change is critical and in addition to the Health Board wide staff support mechanisms that are being put in place our some of our psychologists are doing some specific work with inpatient teams where it is anticipated that the impact of the pandemic will be greatest. In addition to this, a communication has also been issued to those who are currently accessing services provided by the Directorate.

The Directorate have identified the need for e/remote prescribing and we are developing a protocol to enable this, which is currently out for consultation and comment. Once this work is complete it will be submitted through the necessary governance framework

To support changes in service provision that have been identified or ways of working a capital requirements list has been submitted as requested by the Health Board.

A scoping exercise around the availability of PPE was undertaken in line with Health Board guidance and ordered the required PPE that has been distributed from a central hub. Further PPE will be obtained via the Bronze PPE cell. Operational links have been identified and are currently contributing to the modelling work that is being undertaken.

The on-call system has been reviewed and identified that it is currently fit for purpose though this will be kept under review through the Command and Control Hub. Consideration is being given to extend senior management cover across seven days.

All non-essential meetings have been identified and stood down for the next sixteen weeks. For those in work we are practicing social distancing and all meetings are taking place via VC/Skype.

All senior leaders within the Directorate have identified delegation of responsibility should they become unwell which will be communicated via the Command and Control Hub as and when required.

Actions undertaken to ensure preparedness for managing COVID 19 within the MHL D Directorate

- Week beginning 26th March there was an increased focus on patient flow and discharge within all inpatient services.
- This was done in collaboration with the Directorate Commissioning Team. Ingress and Egress IPC measures are in place for staff to reduce the risk of contamination to patients and staff within the inpatient settings. The inpatient wards have identified green and red zones in the event that there will be patients with COVID 19 patients within our service, however we are aware from other services, for example, ABUHB, that this will have limited impact on slowing the spread within the designated areas.
- Two algorithms have been completed and been escalated through the Bronze groups to tactical, these include:
 - Accident and Emergency/Front of House Diversion

- Assessment of a Suspected Case of COVID19

Further algorithms will be developed as required and escalated via the Bronze route.

- AMH services had a pre-existing business continuity escalation process, which is being enacted. This involved the Centralisation of the section 136 place of safety. Whilst this has not been an ideal situation from the Local Authority perspective, we will endeavour to support soft section 136 options on a county basis. We are also working with Local Authority partners to enhance the provision of Approved Mental Health Practitioners (AMHPS) as well as pooling staff to ensure seven-day provision to enable section 136 assessments to take place within the three counties wherever possible. Head of service is currently scoping the possibilities of supporting the three LA's by re-warranting AMHP that are currently in MH/LD directorate practitioner roles, impact assessments are being undertaken to ensure that there is a whole system benefit to this.
- The section 136 facility for young people has been maintained on the ward with the Age appropriate bed.
- Local Primary Mental Health Services (LPMHSS) continue to provide telephone triage but in line with government advice and the implementation of social distancing interventions are not being provided, unless the telephone assessment indicates a level of risk that requires intervention.
- In some instances, the home treatment function of the CRHT normally provided by CRHT's has been moved to the CMHT's. This will enable the CRHT's to undertake assessments away from the Accident and Emergency Departments.
- Professional Leads are supporting the Heads of Service by reviewing their respective staff groups to ensure that staff can be deployed to support essential services both within and outside of the Directorate.
- The ANP's within the Directorate have been identified for up-skilling during the pandemic, the purpose of which is to enhance the care that can be provided on Mental Health inpatient wards in an attempt to reduce transfers to the general hospitals unless absolutely necessary
- CAMHS – desktop review undertaken RAG rated to identify risk – still providing face-to-face intervention but only where high risk and asymptomatic. Letters sent to all referrers saying service is only accepting high-risk referrals. Staff identified for redeployment to support essential services currently undertaking the necessary training. Information leaflets with key support networks/APPS and website developed and sent to all clients.
- CAMHS - Tier zero commissioned services have been suspended as unable to deliver and maintain due to government advice re stay at home and social distancing.
- ASD services have been suspended – prolonged assessment process is not achievable within current government guidelines – all on the waiting list have been written to and provided with an information sheet on available resources. Children with co-morbid conditions will be triaged through the CAMHS single Point of Access. Workforce has been deployed to essential services.
- Psychological Therapies – all psychological therapies have been suspended apart from those with those with high-risk eating disorder as well as others engaged in psychological intervention. Information packs developed to send to clients on wellbeing and managing distress.
- Therapies - Desktop review of all clients and risk rating undertaken to provide high risk cases with telephone support single point of contact in place and any referrals will be triaged and actioned according to risk. All clients written to and provided with support information. Waiting list suspended and will resume post COVID. All groups suspended.
- Eating Disorder Services - Desktop review of all clients and risk rating undertaken to provide high-risk cases with telephone support. Workforce review undertaken and key

staff identified for deployment. Service will provide telephone or face-to-face dependant on risk, monitor re feeding and biochemistry as required only for high-risk cases.

- Veterans - Desk top review of all clients and risk rating undertaken to provide high risk cases with telephone support
- Perinatal – Desktop review undertaken on all clients and only high-risk cases prioritised for telephone consultation and or face-to-face contact. Post-delivery checks undertaken by telephone and mothers in the high-risk group will be monitored. All clients provided with support information sheet/advice via letter on wellbeing and links to pregnancy, Obstetrics, and Gynaecology.
- Older Adult CMHTs and CTLD are proactively linking with the County Hub arrangements to ensure that prioritised lists of vulnerable patients are shared so that they can access the relevant community support mechanisms being co-ordinated at a Locality/County level.
- Within Substance Misuse Services, there is potential risk of increased fatal and non - fatal overdoses, which may bring individuals into our hospital sites. In addition, because of risk taking behaviour these individuals may not have observed social distancing and self – isolating requirements. Staff routinely provide advice to clients on social distancing and risks associated with sharing of supplies. Letter are routinely given to clients when starting or changing prescriptions.

4. RECOMMENDATIONS

For the tactical group to note the above actions and approve.