



# Healthy Staffordshire Select Committee

6<sup>th</sup> July 2020





### Extra capacity that is being implemented to deal with the likely increase in demand.

- → Additional older persons beds provided in Harplands Hospital and criteria relaxed in Q1 to facilitate timely discharge of patients with dementia from the acute sector. Step up capacity from the community also available.
- → Additional Older Persons / Dementia Clinical input to Care Homes in collaboration with the PERT Team and newly established IST (Intensive Support Team) provided.
- → During COVID-19 we have initially seen a reduction in referrals received into community mental health services. Activity is now increasing but has not reached normal levels. Aligned to this we have seen an improved engagement of those service users already known to us.
- → The absolute number of contacts with service users both 1:1 and groups has increased due to enhanced digital offering and resulting efficiencies.
- → Establishment of an all age 24 hour helpline to support the population of South Staffordshire during Covid 19
- → Additional dedicated mental health input to service users with Dementia and mental health difficulties discharged from Acute Hospital Services into Pathway 1 and Pathway 2 D2A services
- → Provision of additional Home Treatment Interventions from community mental health services over 7 days for service users known to us to prevent relapse and reduce the risk of hospital admission
- → Additional wellbeing sessions provided through the PAN Staffordshire & Stoke-on-Trent Wellbeing Services to support the psychological needs of the population.
- → Focussed work to create a dashboard to understand capacity and demand modelling developed to enable planning



#### Access to services by those who are known and not know to providers.

- → In October 2019 North Staffordshire Combined Healthcare NHS Trust opened our Crisis Care Centre which offers 24/7 all age access across North Staffordshire & S-o-T without the need for referral by another professional. This facility has allowed us to open an additional Place of Safety for MHA assessments.
- → The Trusts have maintained a maximum four week wait to full assessment upon referral into services. The intention is to maintain this including for routine referrals.
- → All service users under the care of our community services have been proactively risk assessed and categorised with a subsequent care plan in place to meet their needs.
- → There have been **no Mental Health services closed** due to the COVID-19 pandemic, with the exception of the children's short breaks respite service in Stoke-on-Trent, which successfully reopened on 22<sup>nd</sup> June 2020.
- → Increased access through the PAN Staffordshire & Stoke-on-Trent Wellbeing Services to a wider range of interventions through digital technologies.
- → Enhanced access to all services through digital technologies both to service users and care providers.
- → Access to 24 hour helplines now accessible to the public and directly linked into mental health service pathways.
- → Evidence emerging from clinicians that access by known CYP service users and carers has increased via adoption of digital technologies to provide 1:1 and group work.
- → Schools based Educational Mental Health Practitioners (EMHPs) defaulted to digital support for children and young people at home extremely positive feedback received.



### Pathways including means of self-referral.

- → Both Mental Health Trusts have 24/7 Access Teams who accept self-referral.
- → Walk-in 24/7 Crisis Centre in Stoke-on-Trent houses our Access, Crisis Resolution & Home Treatment Teams.
- → Sign posting is available to complementary services (e.g. voluntary sector).
- → If secondary care Mental Health is required, the referral is passed to relevant community service to ensure patient is prompt assessment and a care plan formulated.
- → Self referral by telephone or online to the PAN Staffordshire & Stoke-on-Trent Wellbeing Service.



## Implementation of social distancing guidelines and implications for access to services by patients.

- → Service users are being seen on a face to face basis where the **clinical need** suggests that this is required.
- → The Trusts has adopted a digital-by-default approach during the pandemic. DNA rates have reduced significantly and clinicians report patient engagement with services has improved.
- → Assessment and treatment is being delivered through **virtual platforms** where possible positive feedback received from service users on digital accessibility.
- There have been no issues with accessibility to a face-to-face appointment if clinically indicated. Where this is required, full social distancing procedures and the use of PPE is in place.
- → All wards in Harplands Hospital have been converted to single occupancy. This has resulted in the loss of 15 acute psychiatric beds (58 to 43) and 5 older persons beds. Services are currently operating safely within this reduced capacity. The Trust has applied for capital funding to permanently convert this capacity.
- → All wards in St Georges Hospital are single occupancy bedrooms with the majority being ensuite.
- → All new admissions are isolated and tested for COVID-19 whilst awaiting swab results during inpatient stays.



### Proactive measures being undertaken to identify and contact people at risk.

- → Each multidisciplinary team has a process in place for reviewing their vulnerable patients on a weekly basis, agreeing care delivery based upon a clinical RAG rating.
- → The Trusts have communicated with primary and community care services, social care, acute providers and the voluntary sector to ensure all are aware that services are open and ready to accept referrals.
- → Each multidisciplinary team has a process in place through digital solutions for reviewing their vulnerable patients on a daily basis, agreeing care delivery based upon a clinical RAG rating.
- → Services have extended their days of operation to cover seven days to support those service users identified as vulnerable and at risk of requiring home treatment or inpatient care.



### Potential increases in substance (drug and alcohol) misuse.

- → Community drug and alcohol services in Staffordshire are not provided by either of the NHS Mental Health Trusts. This is provided by Human Kind charity.
- → North Staffordshire Combined Healthcare NHS Trust continues to provide inpatient detoxification for drug and alcohol misuse to the Staffordshire population. Demand has increased during the COVID-19 pandemic. The Trust continues to work closely with Human Kind who commission the inpatient capacity.
- → In both Trusts the Mental Health services continue to work closely with the community provider of substance misuse services to ensure seamless care.



#### NHS Mental Health Long Term Plan Developments

- → The Trusts, along with local commissioners, had agreed an ambitious programme of expansion for Mental Health services during 2020-21 financial year across Staffordshire and Stoke-on-Trent.
- → This programme is aligned to and funded by the NHS Long Term Plan (LTP) for Mental Health and included developments in services such as:
  - → Home Treatment for Children & Young People
  - → Adults Eating Disorders
  - → Early Intervention in Psychosis
  - → Learning Disability Services
  - → Enhanced Community Services
  - → Core 24 Psychiatry Liaison Queens Hospital
  - → Educational Mental Health Practitioners in Schools
  - → Expansion of Wellbeing (IAPT) services pan-Staffordshire and Stoke-on-Trent
- → The programme continues to operate and after COVID-19 has been re-established with the aim of successfully implementing the LTP service developments identified for 2020/21.







### **Thank You and Questions**

