

Update for Partners re TEWV COVID-19 Contingency Arrangements

In response to the COVID-19 pandemic, TEWV have already begun to implement the following contingency arrangements. We felt it was important to update you on some of the key measures, which hopefully will assist in conversations with colleagues, patients and their families. These will evolve as the situation changes over the coming days and weeks and we will keep you up to date with any significant issues.

Inpatient and Crisis/Urgent Care Services

- We are prioritising staffing of crisis teams, hospital liaison teams and inpatient areas to ensure those with the most significant levels of need remain safe. This is likely to mean that staff from other areas are redeployed temporarily. Wherever possible, we are making efforts to support people in alternative ways to inpatient care, and when admission is required we are working hard to keep these admissions as short as possible.
- In light of the updated national guidance to help further prevent the spread of coronavirus, we are stopping visits to all of our inpatient wards (Phase 2 of the visitor guidance dated 20.3.20). This is with immediate effect. We appreciate that this is a difficult decision but it's important that we protect the people in our care, as well as our staff. We know keeping in touch with family and friends is important so we have ordered skype-enabled tablets for wards to facilitate 'virtual' visiting and friends.

We recognise there will need to be some exceptions, for example:

- End of life care; the decision should be on a case by case basis and take into account the potential negative psychological impact if the visit does not happen.
 - When the family are directly involved in providing care and are part of the treatment plan, and if that care changes, that could cause significant deterioration or risk (e.g. someone with severe autism).
 - Where there is a potential exception, this must be agreed by the relevant head of service and clinical director as being reasonable on the balance of risks, and taking into account advice from IPC.
- Where individuals are detained under the Mental Health Act, we will need to review how we support leave from the ward where this is clinically appropriate to minimise risk of infection to themselves, other patients, the public and staff. Should the proposed 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 actively working with each local authority to ensure we can co-ordinate any potential pressures or risks relating to AMHP capacity.

Community Services

- All non-urgent community appointments (including all IAPT appointments) will be moved to phone contact or video appointments wherever possible. We are rapidly rolling out technology to support this across the Trust. All individual patients who have not already been contacted will be contacted over the coming days to agree alternative arrangements that best meet their needs (recognising, for example, that not all will have access to online technology or feel comfortable using that). This may include reviewing the frequency of contact as needed to best manage within our fluctuating staff capacity.
- For patients who have recently been referred and are awaiting an assessment, it is possible we may need to get in touch with them to postpone this. We will continue to try to assess anyone where there is a high level of risk identified, or the assessment cannot be safely postponed. 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. Where assessments do go ahead, it may be that these need to be undertaken online or on the phone.
- All community teams have identified all those with the most significant levels of clinical risk and are agreeing individual support plans with them. This will be assessed again in light of guidance around priority vulnerable groups (ie those with significant underlying health conditions). Any patient in the following categories will continue to be seen, with appropriate PPE where there are symptoms or confirmed cases of COVID-19:
 - Administration of depot injections
 - Taking bloods for Clozapine monitoring
 - Titration of some medications where they have been commenced due to high risk behaviours
 - Individuals presenting with Behaviours that Challenge where there are high levels of risk to self or others, safeguarding issues or possible admissions to inpatient wards
 - Mental Health Act assessments

Care Homes

We have been in touch with the care homes we work with, across the locality, to explain how we are working in the current situation. We are taking steps to support the mental health needs of care home residents, whilst minimising the need to enter premises and see people face-to-face.

Our community teams have rag-rated all clients currently on our caseload and are keeping in touch with them according to need and severity of symptoms. Care homes can continue to contact us as normal and we can respond either with general guidance or more urgent support if required (including through our usual out-of-hours service).

We are also asking partners to us know as soon as possible if they have a confirmed case of Covid-19 in a care home.

Face-to-face contact will continue for the same groups as community patients (see above) but Skype or telephone will be used as much as possible for other appointments, for example:

- following up on a patient recently discharged from an inpatient setting
- information-gathering preparatory to an assessment (where care home staff have concerns about a person's behaviour or are finding it challenging)
- formulation sessions
- development of behaviour support plans

Prescribing and Access to Medication

All teams have systems in place to make sure patients continue to have access to prescriptions and medication. Aside from the specific work relating to lithium, depots etc. outlined above, we will also:

- Discharge patients from inpatient settings with 28 days' supply of medication wherever it is clinically safe to do so and there is no identified risk
- FP10 Prescriptions will not be issued for longer than normal to avoid putting pressure on the supply chain and community pharmacies
- Work will be co-ordinated within teams and across teams where and if needed to ensure that all patients who currently receive prescriptions directly from us continue to be able to access these in a safe way
- For stable patients, teams will consider issuing multiple post-dated prescriptions or instalment prescriptions for the normal quantity, e.g. 3 x 28-day prescriptions
- Prescriptions will be given directly to patients or their carer, or collected by them from a Trust clinic setting; if this is not possible due to illness or self-isolation, prescriptions will be posted to the patient, or a community pharmacy nominated by the patient or their carer, with a follow up call to confirm receipt.

Access to Advice and Support for Partners

Local teams will continue to have processes in place to provide support and advice to all partners in relation to clinical issues. As noted above, we are prioritising staffing of our urgent care services to ensure we are able to see anyone who needs assessment and support very quickly.

We are also aware that this is a really worrying time for staff across the system. To help staff in all areas, patients, families and the general public, our Recovery College online have developed a new course "Coping during the pandemic". The course includes information on preventing the spread of coronavirus (COVID-19), advice on managing concerns and supporting wellbeing, and advice on supporting children and young people. This course is free to access via the link below:

<https://lms.recoverycollegeonline.co.uk/course/view.php?id=373>