

Durham & Darlington Mental Health Services update

Current position in Durham (as at 28th October 2020)

During the second wave of the pandemic inpatient acuity and demand remains exceptionally high, with a continued trend in seeing a large number of people previously unknown to services. This is especially concerning with the increase in COVID within the community and forthcoming anticipated winter pressures

Crisis teams also remain very busy. There is some local and regional work ongoing to consider how we might make mental health support lines established through COVID sustainable in the longer term for non-crisis issues, however locally a mental health support line has been put in place for lower level needs which is available 24/7 this month via the Freephone Crisis number.

We have cared for a few patients with Covid-19 on the Lanchester Road site and have 1 Covid-19+ve patient at the time of writing this report. Several staff have also been affected by the virus to date. We are vigilant and have strict procedures for PPE adherence for staff in both our in-patient and community settings. We have risk assessment processes in place for any visitors to our sites.

Referral activity in all services dropped significantly in the spring but has now been restored to pre-pandemic levels if not higher in some cases.

Understanding the long term Mental Health Impact of COVID

From work being completed through the LRF recovery cell and internally within TEWV, it is clear that TEWV and the wider system should expect a surge of additional mental health demand over the coming months and years. Broadly speaking this will come from:

- **New covid19 related demand** - Mental health support for covid19 survivors; mental health impact of lockdown on vulnerable groups ; moral injury amongst frontline staff (*all* key workers)
- **Backlog of clinical activity** - Backlog of clinical activity not possible to be done due to restrictions (eg autism assessments, dementia assessments); increased referrals and demand as a result of referring agencies getting back to normality (schools, GPs, social care etc); delayed diagnosis and access to treatment for more routine/non urgent cases resulting in increasing complexity of case loads
- **Exacerbation and relapse of mental health conditions** - Relapse due to impact of Covid19 on mental health, continuity of care, bereavement, changes to social conditions,
- **Long term impact of the socioeconomic consequences** - Impact of unemployment, reduced finances, 'austerity' , relationship breakdown

TEWV has been able to produce a set of indicative figures, by area, of anticipated additional mental health demand over the next 5 years. These figures for the Durham population are shown below. Although not an exact science, these numbers have been built up through research and evidence from elsewhere, as well as expert clinical judgement. Similar to national predictions, we are anticipating significant volume of additional needs which will challenge systems and TEWV over the next 5 years.

	CYPS		AMH		MHSOP		All	
	Aged 0-17		Aged 18-64		Aged 65+		Total	
Local population:	111,432		333,044		113,217		557,693	
	MH system need	Secondary care need						
Expected increase in service users (over next 5yrs)	58,190	20,366	77,066	20,191	24,589	6,442	159,845	47,000
Yearly increase in service users	11,638	4,073	15,413	4,038	4,918	1,288	31,969	9,400
Monthly increase in service users	970	339	1,284	337	410	107	2,664	783
Weekly increase in service users	224	78	296	78	95	25	615	181

NB – forecasts are based knowledge/research to date and experience from other ‘similar’ past events, so are indicative estimates to aid planning and development work post-COVID

The figures in the table above are based on current (2019/20) referral patterns, and approximate proportion who may need specific support at either “system” level or from specialist services within TEWV. At system level (including primary and secondary care) over 5 years the number of people with a diagnosable MH condition who might need help from any part of “the system” are estimated to be up to 52% of CYP (some of this is made up of individuals with multiple episodes so actual % of individuals needing intervention is lower), 23% of working age adults and 22% of older people. The “new normal” for referrals to secondary care are predicted to be 61% above the 19/20 level for CAMHS; 43% above the 19/20 level for Adult Mental Health secondary care services (e.g. CMHTs, IHT, Crisis); 19% above the 19/20 level for Older People’s services (e.g. OP CMHTs; liaison teams). This is based on TEWV still seeing 35% of CYP and 26% of adult and older people’s system demand.

Key Issues for Durham System Working

Care Homes

Care Homes have been a particular focus for support over the past 6 months and much of this work is being fed into our recovery planning. Our plans, both within TEWV and working with partners, include:

- Continued support directly into Older People’s Care Homes (in particular those with EMI provision) to give bespoke support to individual residents and staff
- Continued work with DCC and health commissioners to provide similar bespoke input to specialist (MH/LD) Care Homes, for both residents and staff
- Continuing to build on our offer to care home staff which currently includes
 - Computerised CBT via Talking Changes
 - One off anonymised support over the phone via CNTW
 - 1-1 or other bespoke support for any care home staff via Care Home Liaison Team

- Self-guided support through the Recovery College
- New PHE e-learning on Psychological First Aid during COVID-19

We have recently had confirmation of an expansion plan for our care home liaison team (focusing on older people's homes). This plan will see an increase in specialist nursing capacity as well as Occupational Therapy and Psychology, to deliver increased and more intensive support for behaviours that challenge, and develop expertise within care homes to support people living with dementia who are experiencing acute mental health problems and associated distress. The team will support the development of a network of Dementia Champions in each home to help embed training into practice through on-going supervision and coaching through learning networks.

We also are currently considering how we might be able to align specialist MH/LD staff to specialist care homes to better support aligned practices and GPs.

Supporting System Activity

The mental health pathway that has been developed to support community hubs will continue to support partners in the system appropriately signpost any mental health need to services. We now also have some dedicated sessional mental health capacity working into the community hub to support staff with supervision, guided reflection and to assist manage/signpost more complex cases.

We have updated information for referrers and the public about what services are currently available and how to access them (including where self-referrals are possible).

The Recovery College Online continues to introduce new modules and courses/offers as feedback is shared with what the system would find most helpful. There has been positive feedback about this, substantiated by a significant number of increased 'hits' (total of over 13,500 additional hits during just 1 month with almost 12,000 new users).

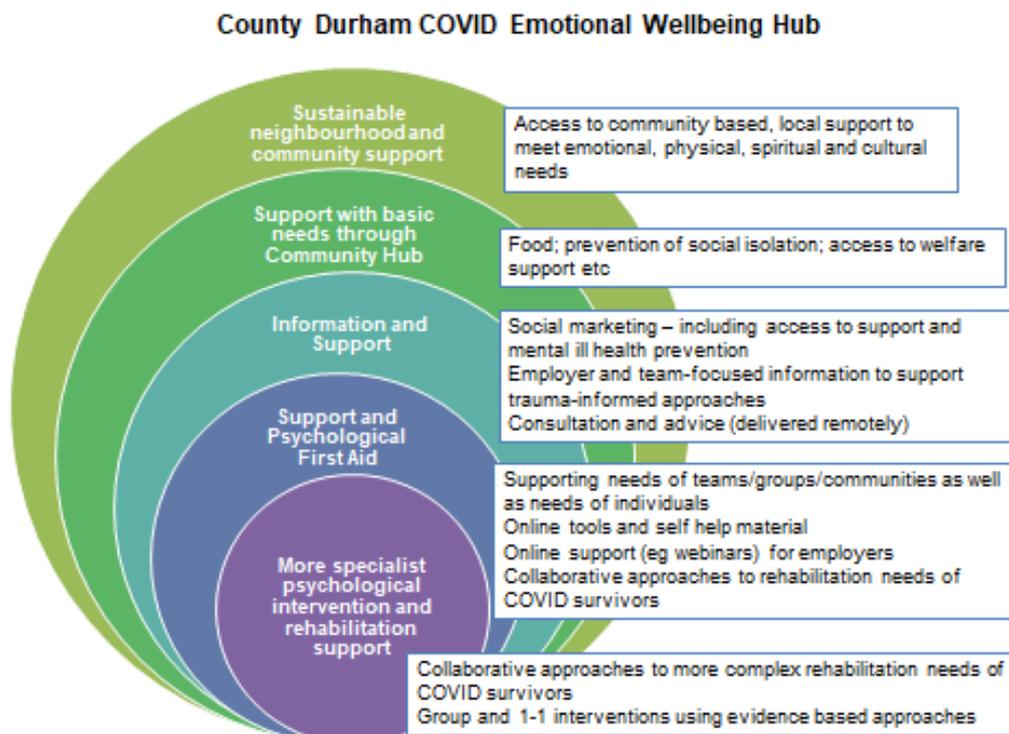
Workforce Support

A small multi-agency working group has been set up to rapidly consider how best as a system we can support the key worker workforce in particular over the coming months through a 'resilience hub' or similar. This build on the resources put in place through lockdown period (such as the care home support outlined above)

Community/Population Support

There has been a lot of work at a system level to develop our capacity and approaches to supporting people's mental health more strategically. However, the existing system is not equipped or able to meet the totality of COVID-specific need that we are anticipating. We have learned a lot about what has worked and what hasn't since March, and parallel work to understand more specific impacts on the community (via DCC) and workforce (via Public Health) will add important detail to this.

We have, in response to recommendations from the LRF Health Impact Assessment and in response to organisation-specific requests to consider the concept of 'resilience hubs' developed a multi-agency model for a County Durham COVID Emotional Wellbeing Hub. The model builds on system strengths and existing provision, and provides a more collaborative approach which is non stigmatising. It provides a COVID lens to systemic pathway developments and seeks to offer a similar approach to that already delivered in Lancashire and South Cumbria. The infographic below summarises the proposed service model, which will be complementary to support via the ICS for health and social care staff (additional detail for each level is shown at appendix 1):



There are a number of key differences between this proposal and the current situation, including:

- More systemic, collaborative approach to managing COVID-specific need
- Greater integration across physical and mental health care
- Clearer stepped approach to maximise use of community resources and provide a clearer focus where more specialist care is needed

This model will be specifically applicable to people with COVID-specific needs, ie mental health support for covid19 survivors; mental health impact of lockdown on vulnerable groups; moral injury amongst frontline staff (*all* key workers, not just health and social care staff). All other needs will continue to be supported through existing services. Learning from this approach will be used to directly influence and help shape our response to the Community Mental Health Framework more generally.

Additional Resources

We have been successful in securing additional funding (some recurrent, some non-recurrent) from the MHLDP for a range of services, many of which are in line with pressure areas identified previously by PCNs and practices. These include:

- Enhanced primary care service: staff to work alongside the access service and practice based mental health workers to provide a range of low level interventions such as 12 week group work, DBT skills, medicines titration etc. This links to a proposal developed with Sedgfield and Easington PCNs in 2019/20 to complement existing provision. The additional resource should provide stabilisation support to individuals whilst waiting for other interventions (eg Talking Changes) and provide short term, community based intervention following assessment through access for people who do not require secondary care but do need a level of additional support. Should be operational December 2020/January 2021
- Dedicated capacity to better support people with personality and relational issues, using structured clinical management approaches
- Community based befriending and peer support offers being developed the Resilient Communities Group. This very much stems from ideas generated in 2019 from practices, PCNs and partners/service users in relation to developments that would make the biggest difference. Further information will be shared with PCNs as implementation progresses to make sure the development appropriately meets need and supports practices
- Early work to test options for ARRS roles prior to national resources being available from April 2021, eg for 'first contact' type roles and more targeted roles to support specific groups, eg those with dual mental health and substance misuse needs
- COVID related investment and change including the County Durham Together Hub and associated Emotional Wellbeing Resilience Hub
- Development of a virtual "one stop shop" for information about mental health services and support

Moral Injury/Impact of COVID on Frontline and Essential Workers

Frontline and essential workers may have come across difficult situations in the pandemic and be troubled by their own, or others', actions that they feel go against good practice. As part of a multiagency group we have designed a quick survey to identify these situations and anything staff feel would help nationally or locally. This survey has been widely shared across the whole system, including statutory, voluntary and local business sectors. The results of this are currently being analysed and can be shared with the AWOSC at a future meeting.

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