
REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 22nd September 2020

Subject: Mental Health and Learning Disabilities

Responsible Officer: Javina Sehgal, Managing Director, Harrow Clinical Commissioning Group

Paul Hewitt, Corporate Director, People Services, Harrow Council, Local Authority

Public: Yes

Wards affected: All Wards affected

Enclosures: List all appendices/documents attached which include information relevant to the report

Section 1 – Summary and Recommendations

This report is a summary of the local Harrow Health and Social Care preparation and response for Mental Health and Learning Disabilities services during COVID-19.

This report is delivered by Lennie Dick, Head of Commissioning for Mental Health and Learning Disabilities, Harrow CCG. Seth Mills, Head of Service Peoples Services, Community Learning Disability Team, Children and Young Adults Disability Services, Harrow Local Authority

Section 2 – Report

Mental Health and Learning Disabilities Response to COVID-19

On 30th January the first phase of the NHS's preparation and response to Covid19 was triggered with the declaration of a Level 4 National Incident. Harrow Clinical Commissioning Group (CCG), Harrow Local Authority, Public Health Harrow, Voluntary Sector colleagues and partners across North West London have worked together to ensure the residents, citizens and patients received the treatment, care and support they required.

Enhanced bed capacity, increased testing capacity and Prevention and Control support and guidance was needed in all NHS organisations. Personal Protective Equipment (PPE) for the NHS and social care were all addressed as part of the challenge.

At the start of the Covid-19 outbreak in London, a decision was taken to co-ordinate Harrow's response through the newly formed Harrow Health & Care Executive, co-chaired by Harrow Council's Corporate Director of People Services and Harrow CCG's Managing Director, with senior representation from all local partners. There has been significant learning, with much more to do, but examples of the achievements across the partnership since the beginning of March 2020 are included in [Appendix One](#).

This paper sets out the local actions taken to ensure resilience and business continuity for Mental Health, Learning Disabilities and Autism services through the three phases; First Phase, Recovery and Restoration, and 'Phase 3', for Harrow CCG and Harrow Local Authority.

FIRST PHASE

Central and North West London Mental Health Foundation Trust (CNWL) is the main provider of Mental Health and Learning Disabilities services in Harrow. As an immediate response to the COVID-19 pandemic, CNWL implemented the Mental Health Emergency Assessment Centre. The function of this services includes:

- To ensure diversion of s.136 away from Emergency Department (ED)
- Offer face to face assessment, and manage a standardised agreed admission threshold for beds or to HTT, whilst screening all admissions
- To reduce staff "traffic" in ED by completing gatekeeping assessments elsewhere
- Single Point of Assessment (SPA)/Hub to divert non-medical emergencies to the relevant hub for patient's locality

- Non-medical s136 patients for Brent and Harrow to be diverted to Park Royal
- S136 pts medically fit for discharge to be transferred to Park Royal
- Brent and Harrow patients triaged by Urgent Care Centre (UCC)/Chaucer unit at Northwick Park as not requiring medical treatment will be transferred to the mental health unit at Northwick Park.
- Liaison nurses would screen patients in mental health unit reception and decide suitability for assessment in identified rooms on level 6 suite 2 or Health Based Place of Safety (HBPoS) suite on level 4
- High risk pts & pts presenting with aggressive behaviour will be assessed in the HBPoS suite
- Patients presenting with COVID 19 symptoms will be managed in ED
- Patients who require further medical treatment who are not presenting with COVID-19 symptoms will remain in Chaucer unit. Liaison will do parallel assessment for all such patients regardless of their medical condition.
- Intoxicated patients will remain in Chaucer unit until fit for transfer to relevant assessment hub

Harrow CCG and Voluntary Sector Partners COVID-19 Webinar

Harrow Voluntary and Community Sector Services along with faith groups played a crucial role in supporting those in the community, and those who often do not use statutory services.

Harrow CCG held a webinar with the Voluntary Sector Partners it commissions to share and discuss business continuity plans through the COVID-19 Pandemic.

The attendees included Harrow CCG Mental Health and Learning Disabilities Commissioners and Directors, Executive leads from Harrow Carers, Mind in Harrow, Harrow Mencap, Harrow Association of Somali Voluntary Organisations (HASVO), the Centre for ADHD and Autism (CAAS), and Harrow Association of Disabled People (HAD). Similar discussions took place between Harrow Local authority the Voluntary Sector providers.

Here is a summary of the discussions and progress from statutory services on the impact and response to COVID-19:

- Reducing bed capacity and set up MH Emergency Centre
- Increasing primary care resilience
- Increasing care home support
- Increasing Community resilience
- Service transition to virtual with limited F2F contact
- Food and medication supplies have also been delivered where necessary to support those in the community.

- The pandemic has emphasised the inequalities in health and social care highlighting the urgent need to address this issue going forward
- There were 3 pools of volunteers: 2 locals used for general support and one national which was mainly being used by NWL to support people who are shielding in the NHS. Locally, Harrow had access to about 800 volunteers who have opportunities to provide a broader range of help. This was being coordinated by Social Prescribers which have been allocated to each of the 5 PCNs and make link access to the responder scheme.
- LD services: access through health and social care team or the Single Point of Access. they were carrying out risk assessments prior to limited F2F appointments offered e.g. physio 7-day week service
- Telephone contact and follow-up
- Adult and Older people CMHTs running 7-day week service
- IAPT virtual offer with some F2F;
- Staff testing was available for key workers and CCG staff at Alexandra Avenue and at Marylebone Road

A similar reflection was given by Harrow Mencap, Harrow Carers, CAAS, Harrow Mind, HASVO reporting they had continued to operate with many volunteers working from home, providing support using virtual and digital methods:

- Supporting vulnerable people with food parcels
- Telephone contact checking on vulnerable patients
- Planning recovery and reinforcing guidance on social distancing
- Increase in counselling and mental health support
- Increase in benefits advice and food services as of last week
- Suspending drop-in activity to protect health and safety of carers
- More referrals for teenagers with behavioural issues and who cannot be kept inside
- Those with Education Health and Care need plans who are refusing to return to school possibly due to difficult environment
- Recovery plans as part of transformation for Community Mental Health services
- Engagement plans on hold to establish an integrated care working group to look at pathway with LA, VSOs and service users to ensure all needs are met
- Harrow User Group report collated 120 questionnaires through other organisations and put forwards some recommendations covering a range of support needs (primary care, carers, daily needs)
- Engagement with LA about test and track and implications for Somali cohort
- Providing information and advice to the Somali community on lock down measures and risk of mortality due to high incidence

- Issues remain around employment, housing and overcrowding and its impact

RECOVERY AND RESTORATION

As we entered the Recovery phase, many the discussion points have focused on tackling health inequality, emotional and psychological support. There has been an increased need for talking therapies to address post-traumatic stress disorder, bereavement, anxiety and uncertainty; for the entire community including staff. Offers around wellbeing are being planned including effective communication and engagement to inform service development and sharing information across partners. The Enhanced offer was not totally F2F or virtual but personalised and based on needs and meeting principles of equality of access, usually supported by a risk assessment.

The emerging themes and priorities from the Harrow CCG/ Voluntary Sector Partners Recovery and Restoration Webinar, focused on several areas including Health Checks. Quarterly monitoring is currently on hold but will soon be resumed. Due to social distancing rules, activity was expected to slow down therefore performance notices will not be applied given the circumstances. In relation to social isolation those with mental health conditions as well as young adults living alone and carers have been impacted. It is expected that the economic impact of the pandemic will increase the prevalence of mental health need.

Harrow CCG, Harrow LA and Voluntary Sector partners are ensuring a joined-up approach to restoration. The voluntary sector has provided evidence that shows that the pandemic has impacted people differently. Those with conditions such as PTSD, OCD and Eating Disorders have been particularly affected and we need to think about how these services target these groups, as some are able to seek help whilst others are less likely to do so. There has also been a lot of anxiety related to going back to work and business as usual. Service Users may also still have insecurities about the safety of services.

Feedback from service users on the greater use of digital/virtual platforms showed that many carers declined the virtual counselling offer. Services need to be flexible as virtual services do not suit everybody. Delivery of face to face services continues in a small amount of cases, following a risk assessment, precautions and according to the needs of individuals and members of staff. A number of staff live with shielding patients and individual profiles are being built in order to ensure services meet everyone's needs whilst keeping people safe and controlling the virus.

One VSO reported this was a complex picture which considers service objectives, staff and service user needs. The Face-to-face befriending service

has resumed and is now being conducted outdoors. About 20% of users have declined digital access to services and would like to wait. The reasons for not wanting to engage digitally are varied and sometimes complex. Plans going forward include up skilling staff and service users, offering support through buddying and taking a mixed approach according to individuals' needs.

Reducing health inequalities for vulnerable groups including BAME communities is being addressed as a priority. All staff across NWL are being and should be risk assessed. Harrow has a diverse population and a diverse workforce. It recognises its shared responsibility to address emerging disparities in risks and outcomes specifically in its immediate and future plans. Therefore, there will be:

- A focus on BAME support co-ordinated across mental and physical health services.
- Effective communication and engagement across all of our communities living and working in Harrow to ensure that equal access to advice, guidance, services and support.
- Proactive support and co-ordination through our PCNs including promotion of Health Checks.

Support to care homes was established across Harrow Care Homes. This included proactive calls on the weekend to 'high-risk' Homes. This service includes:

- On-call Geriatric Consultant: available to support GPs (Mon – Fri, 8am – 8pm).
- Urgent Local Testing: arranged for residents and staff affected by outbreaks.
- Expansion of Hub Activities: to include COVID testing and patient monitoring.
- Integrated Working: with health and social care around testing in care facilities.

NW LONDON OUT OF HOSPITAL RECOVERY PLAN

Planning for recovery and second wave: Managing safety, risk, capacity and flow (*see Appendix One*); Our priorities for Harrow builds on the progress to-date in responding as a partnership to Covid-19, but recognise the specific challenges ahead, including in restoring access to services and support across our population to both shielded and non-shielded individuals, adults and children, and those requiring mental and physical health and care support.

The Covid-19 outbreak has put further pressures on a system already under financial strain and whilst we have been able to support each other to respond to the requirements of Covid-19 throughout the last three months, we are already seeing the effects in relation to increased demands across a wide-range of services; and, in a number of cases, increased acuity in those now presenting who require our help and support. Our key priorities are:

Managing Safety and Risk:

- Ensuring that effective measures are in place to support those living, working and receiving services in Harrow, whichever health or care services they require access to; and those who are in need of additional support, whilst being shielded, self-isolating, and / or recovering from a period of Covid-19 infection.
- We will achieve this by continuing to develop our borough delivery model, ensuring that care is as safe as possible working with our PCNs, Mental Health, Community, Social Care and Voluntary Sector organisations; including “Virtual First”; robust programmes of staff testing; ensuring ongoing supply of PPE; supporting self-care; and implementing appropriate “zoning” within services – all to provide an environment in Harrow which is both safe, and recognised to be safe, by those who need to access help and those providing it.
- We know a particular priority in Harrow will be continuing to support our many Care Home residents and shielded individuals, with specific arrangements in place for them; but we also recognise that only by safeguarding the population as a whole will we be able to progress our recovery journey.

Managing Capacity and Flow:

- Many of our services were already under significant pressure pre-Covid-19, and the restarting of services which were temporarily paused during the Covid-19 outbreak will create new demands.
- Our Recovery Plan focusses on improving productivity through integrating our work and our teams, restarting services in a way which develops and transforms them and doesn't just go back to how we were working before. In doing so we aim to reduce emergency need through proactive intervention in the community co-ordinated at the frontline. Critical to our success will be effectively supporting those with Long Term Conditions and tackling existing and new health inequalities across Harrow.

This year it is more important than ever for health and social care workers to receive their free flu vaccination and protect themselves, their patients and their families against flu. There is a driver for GPs to make every contact count. To this end Annual Health Checks for people with Learning Disabilities and Physical Health Checks for People with a Severe Mental Illness (SMI) should be undertaken whilst encouraging the uptake of the flu vaccine.

Suicide Prevention remains a key priority, with programmes running across NW London and a local programme being re-launched across Brent and Harrow.

The COVID-19 Pandemic drew attention to the significant increase in deaths for people with Learning Disabilities. LeDer Rapid Reviews were implemented nationally to monitor the impact of COVID-19 on this group, although all

deaths must still be notified on the LeDeR system during this period whether they are Covid-19 related or not.

The Executive Team at Central and North West London FT, Harrow's main Mental Health provider mandated that IAPT services be re-framed to develop and roll out an enhancement Covid19 specific programme of clinical support, interventions and signposting, covering three key areas:

1. Addressing pervasive anxiety and uncertainty arising from the global health crisis
2. Providing mental health support and advice around social isolation, including wellbeing, domestic violence signposting and helping to develop coping strategies and ways of managing mental health through the current crisis
3. Supporting front line healthcare workers and families through periods of extreme stress and loss and involve in backing up our crisis and secondary care services

As well as individual support, we will be offering specific online groups and will target specific vulnerable groups and people with long-term health conditions.

Over the last 2 years Harrow CCG and Harrow LA have co-chaired the Autism Health and Social Care Group, and the Learning Disabilities Health and Social Care Group. Both of these are quarterly meetings, Strategic in nature and co-produced with a Parents and/or Carer as Co-Chair.

This forum allowed Harrow CCG and Harrow LA to highlight national guidance, enhanced the support to the COVID-19 response, and help shape decisions and actions in relation to supporting people with Autism going forward. Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) had been raised as an issue nationally, Harrow CCG confirmed a letter had been issued to GPs to clarify and reiterate the guidance to ensure that a mental health capacity assessment is carried out before any decisions are made. Other points include:

- Care homes are now accessing multi-agency support coordinated by Harrow council on a weekly basis to ensure guidelines are being followed and good practice shared.
- CNWL had put measures in place to ensure that staff are supported to stay safe and work from home by working around individual needs. Staff risk assessments are being undertaken for staff to return safely to work.
- Physical care assessment and ADOS have been carried out whenever possible although it has been significantly reduced as they need to

have face-to-face assessments. The possibility of carrying out virtual ADOS are being examined.

- The community transformation programme has been soft launched. Staff teams have been allocated into 3 teams at Bentley house. The service will operate 7-day week to help reduce hospital admissions.
- The service carried out a temperature check on the provision of a virtual service and the result is that some service users like it while others prefer face-to-face. Shielded patients from LA and CCG lists (150 of which are mental health patients) have been contacted weekly and all have been allocated a key worker. Some patients asked not to be contacted as they have enough support.
- Harrow Local Authority has been providing food deliveries, support to schools and bereavement support in addition to the COVID helpline which is still in operation.

PHASE THREE

Harrow has begun to implement the latest Phase Three national guidance. This includes:

NHS Priorities from August:

- Accelerating the return of non-Covid services
- Expand and improve mental health service
- Restore and expand services e.g. IAPT and 24/7 crisis helplines
- Validate system plans for mental health service expansion trajectories
- Continue to reduce the number of people with a learning disability in specialist inpatient settings by providing better alternatives and using Care and Treatment Reviews

Prepare for winter and possible Covid resurgence:

- Continue to follow good Covid-related practice to enable safe access to services and protect staff
- Continue to follow PHE infection prevention and control guidance to minimise nosocomial infections
- Sustain current staffing, beds and capacity, and make use of independent sector and Nightingale hospitals
- Deliver an expanded flu vaccination programme
- Expand the 111 First offer and maximise 'hear and treat' and 'see and treat' pathways for 999

Supporting the Workforce:

- Deliver the commitments in the NHS People Plan for 2020/21 including urgent action to address systemic inequality experienced by some
- of our staff including BAME staff

- Develop a local People Plan to cover the expansion of staff numbers, mental and physical
- community engagement to mitigate identified risk in the community Accelerate preventative programmes which proactively engage those at the greatest risk of poor health outcomes
- Strengthen leadership and accountability for tackling inequalities
- Protect the most vulnerable from Covid with enhanced analysis and
- support for staff, and setting out new initiatives to develop and upskill staff

Action on inequalities and prevention:

- Ensure data is complete and timely to support understanding and response to inequalities

Harrow is also enhancing and investing in the Long-Term Plan to ensure we met our ambition. These areas include:

- Perinatal Mental Health
- Children & Young People's (CYP) Community based services and crisis services
- Children & Young People's (CYP) Eating disorder services
- Adult Severe Mental Illness (SMI) Integrating primary care and community Mental Health
- Improving Access to Psychological Therapies (IAPT)
- Crisis Teams
- Therapeutic Acute

The Phase 3 planning process closes on 21 September. For Mental Health, this process will enable us to allocate the additional funding that is required to meet the Mental Health Investment Standard (MHIS) in 2020/21. The final plans will also need to be agreed and signed off by the lead Mental Health Provider.

Ward Councillors' comments

Financial Implications/Comments

The paper does not ask the Board for a financial decision. Phase 3 Mental Health planning will support allocation of the Mental Health Investment Standard (MHIS) uplift to ensure sufficient investment.

Legal Implications/Comments

N/A

Risk Management Implications

Identify potential key risks and opportunities associated with the proposal(s) and the current controls (in place, underway or planned) to mitigate the risks.

Please see:

https://harrowhub.harrow.gov.uk/downloads/file/9714/committee_report_templates_-_implications_guidance

Note: Risk implications must be signed off by Corporate Director.

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out? Yes/No (delete as appropriate)

If yes, summarise findings, any adverse impact and proposed actions to mitigate / remove these.

If no, state why an EqIA was not carried out.

Please see:

https://harrowhub.harrow.gov.uk/downloads/file/9714/committee_report_templates_-_implications_guidance

Council Priorities

Please identify how the decision sought delivers these priorities.

1. Tackling poverty and inequality
2. Addressing health and social care inequality

Section 3 - Statutory Officer Clearance (Council and Joint Reports)

[Note: If the report is for information only, it is the author's responsibility to decide whether legal and / or financial / Corporate Director clearances are necessary. If not, the report can be submitted without these consents.]

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the* Chief Financial Officer
Date: 16/09/2020		
		_____ on behalf of the*

Name: Sharon Clarke



Monitoring Officer

Date: 16/09/2020

Name: Paul Hewitt



Corporate Director

Date: 16/09/2020

Ward Councillors notified:
MANDATORY

YES/ NO

** Delete as appropriate.*

Section 4 - Contact Details and Background Papers

Contact: Lennie Dick,
Head of Commissioning for Mental Health and Learning Disabilities, Harrow CCG.

Background Papers: NW London Out of Hospital Recovery Plan:
Harrow

Harrow Health & Care Executive Approved