



# **Kirklees Health and Adult Social Care Scrutiny Panel**



December 2020



**Chris Lennox, Deputy Director of  
Operations, SWYPFT**



# Operational Challenges



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March 2020:

- Government announcement of national lockdown in response to national COVID-19 pandemic
- National shielding programme commenced
- Community mental health services began immediate development of business continuity planning

Challenges:

Estate challenges, including occupancy limits

Establishing plans to manage covid on the wards

IPC requirements

Maintaining contact with people that need it

Higher acuity across new and existing service users

Partner organisations changing practice and impact on SWYPFT

Increased staff absence across all services

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# Early Response



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Gold-Silver-Bronze command structure in place and a focus on OPEL level criteria to inform Business Continuity Planning

Continued to provide assessment, care management and interventions using telephone and ensuring face to face contacts when clinically required.

Established Cohorting Standard Operating Procedures for acute services with clinical pathway operationalised for COVID 19 positive patients. We are managing the care of patients who are covid positive on our wards.

Followed national guidance with local and service specific Business Continuity Plans and Phased Recovery Plans (linked with local providers, alliances and commissioners).

Crisis, IHBT and Mental Health Liaison pathways have continued to operate in full.

Implementation of Red, Amber, Green system to identify priority visits (i.e. Red = service users in an acute phase and contact to manage this is essential, Amber= service users with moderate risks who we may relapse if contact is not maintained, Green= low risk / routine contact.

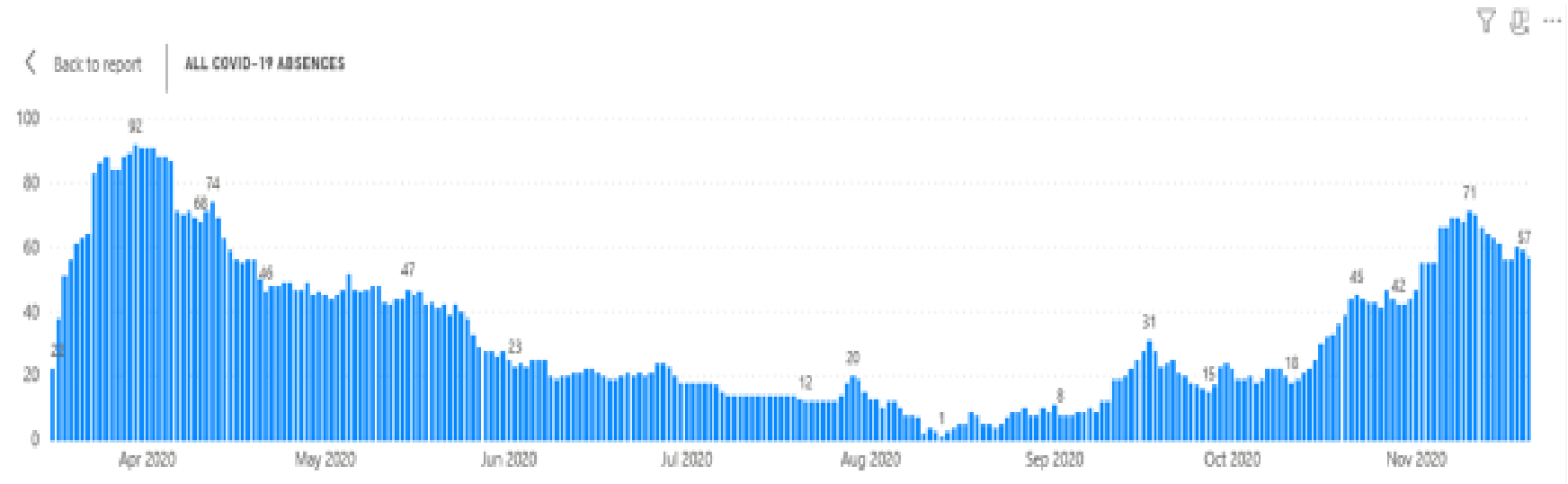
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# Ongoing staff resource challenges:



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Staff absence peaked in the first wave. Absence is now nearing those levels in the 2<sup>nd</sup> wave across the Calderdale and Kirklees BDU:



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# Steps toward recovery – how we are adapting

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Continue to deliver services safely, in line with guidance. All buildings risk assessed to ensure safe clinical space is available and optimised, and work areas are assessed as Covid secure.

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Mapped our demand and capacity going forward to take account of current, projected and potential including suppressed demand.

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Increased use of digital interventions e.g. video conferencing - we will look to retain this as appropriate.

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Continue to promote IAPT, specifically to those who are clinically vulnerable and have been most affected by restrictions.

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Build on partnerships with helplines providing mental health support to the general population e.g. 24/7 mental health helpline, staff support line, grief and loss service.

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Develop and strengthen the creative community offer led by Recovery Colleges, Creative Minds and our wider partners.

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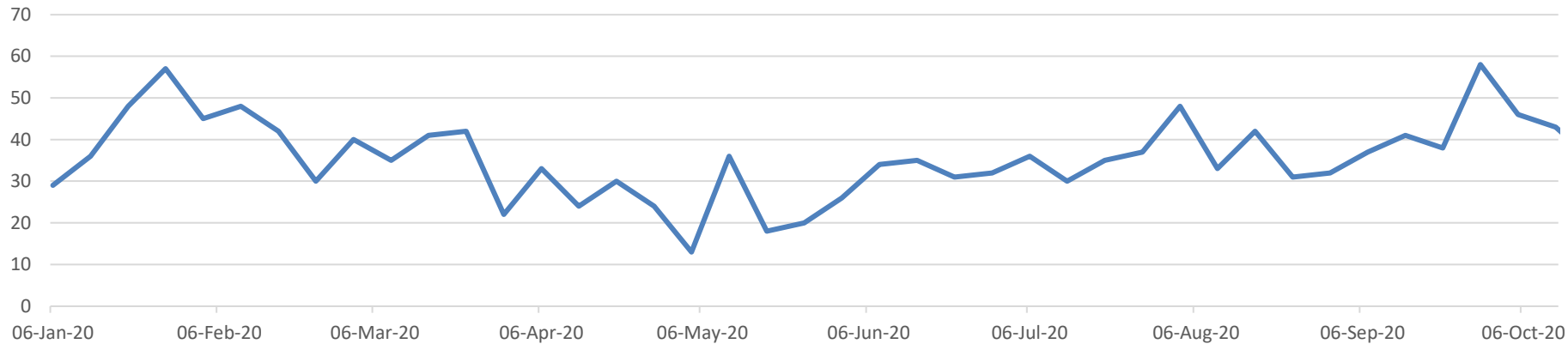
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# Demand for Services



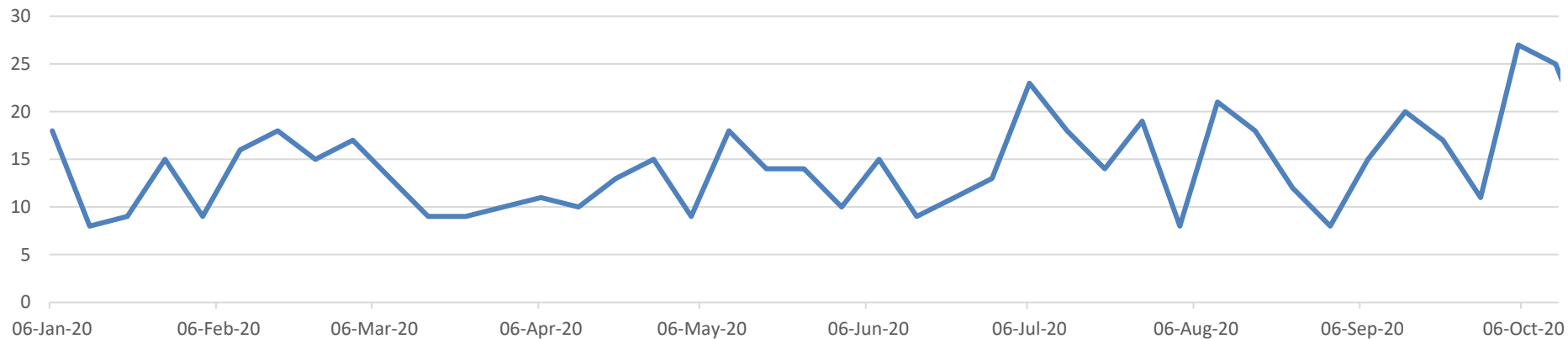
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Kirklees Core Teams - Referrals Received



Referral rates into community Mental Health services vary week on week, some increase, particularly in Core between April / May and October.

All Kirklees Enhanced Referrals Received



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# Approach to outbreaks on the wards



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At the outset of the pandemic, the Trust establish an inpatient Standard Operating Procedure (SOP) to support the management of a patient/patients with potential, possible or confirmed COVID 19.

This standard operating procedure (SOP) applies to all Mental Health & Learning Disability inpatient units within South West Yorkshire Partnership NHS FT (SWYPFT). It is relevant to both registered and unregistered staff who are permanent, temporary, bank and agency staff who may come into contact with patients either possible or confirmed with COVID-19.

Principles of the SOP are that during the COVID-19 pandemic, all in-patient wards will aim to provide:

- Comprehensive, safe and effective in-patient assessment and treatment services for people with severe mental illness
- Enhanced levels of IPC measures to minimise the risk of spread of COVID-19 to patients, staff and the wider community
- Enhanced levels of physical health care monitoring and intervention, including that required to assess and treat COVID-19 symptoms
- Support to carers and relatives of patients to remain in contact
- Comprehensive discharge planning including crisis and relapse prevention
- Mental health promotion
- Psychological support with the impact of covid-19 including with social distancing, lockdown and anxiety regarding mortality.

# Managing Outbreaks in practice



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There is a recent example with service users testing positive on both Elmdale and Ashdale and in direct contact with significant numbers of other service users on the ward. The cohorting policy was adopted to allow the wards to remain open as functioning wards and ensure that admissions could continue where possible due to the continuing high demand for mental health acute beds.

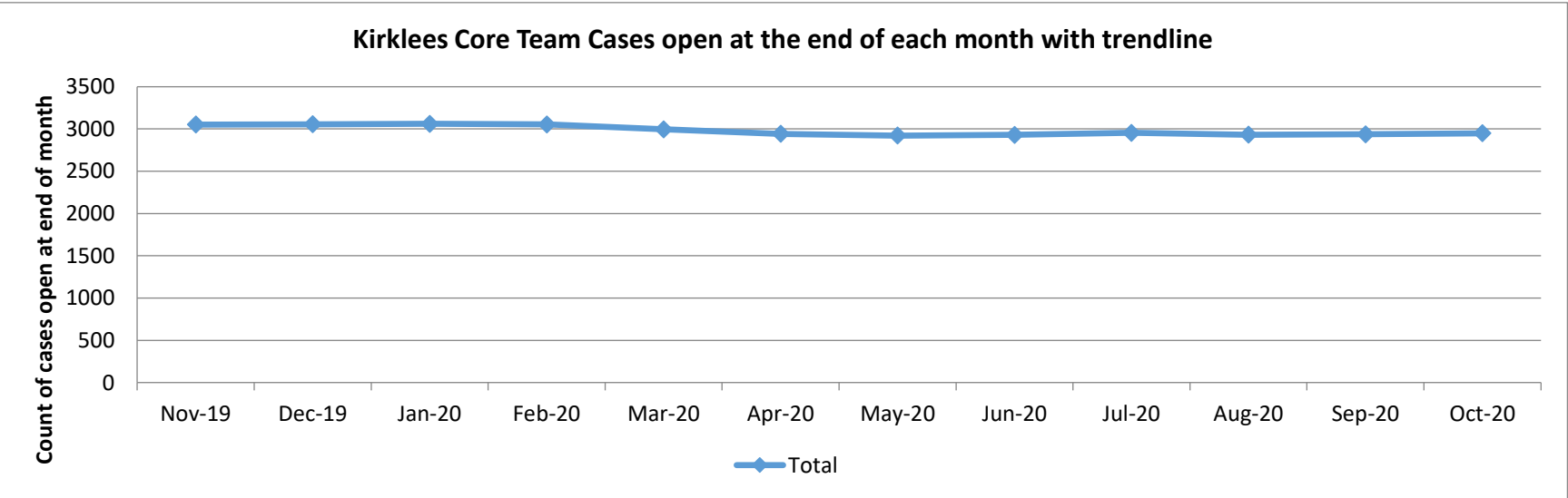
- Both wards clinically reviewed the service users that were required to isolate and identified if they could be sent on leave or discharged to complete this isolation, so they weren't restricted to the ward environment.
- The service users that were required to isolate were split into isolation and non-isolation pods - in effect, they were termed as 'households' for the 14day period, this allowed freedom within the pod area and interaction between the isolated service users to minimise the impact of isolation on their mental health.
- The service users who were not isolating on the ward could mix, take leave, and use resources such as the dining room, tea bar and garden.
- As beds became unoccupied, service users could be admitted to 'clean' beds/pods and the pod areas were reviewed daily to allow for the isolation pods to be reduced as service users were sent on leave or discharged.
- Following cohorting, several beds on each ward became immediately/quickly available for admission and continuous clinical review meant no discharges were prevented.
- Virtual visiting was encouraged
- Proactive risk management of service users was utilised to progress individuals to lesser restrictive settings.



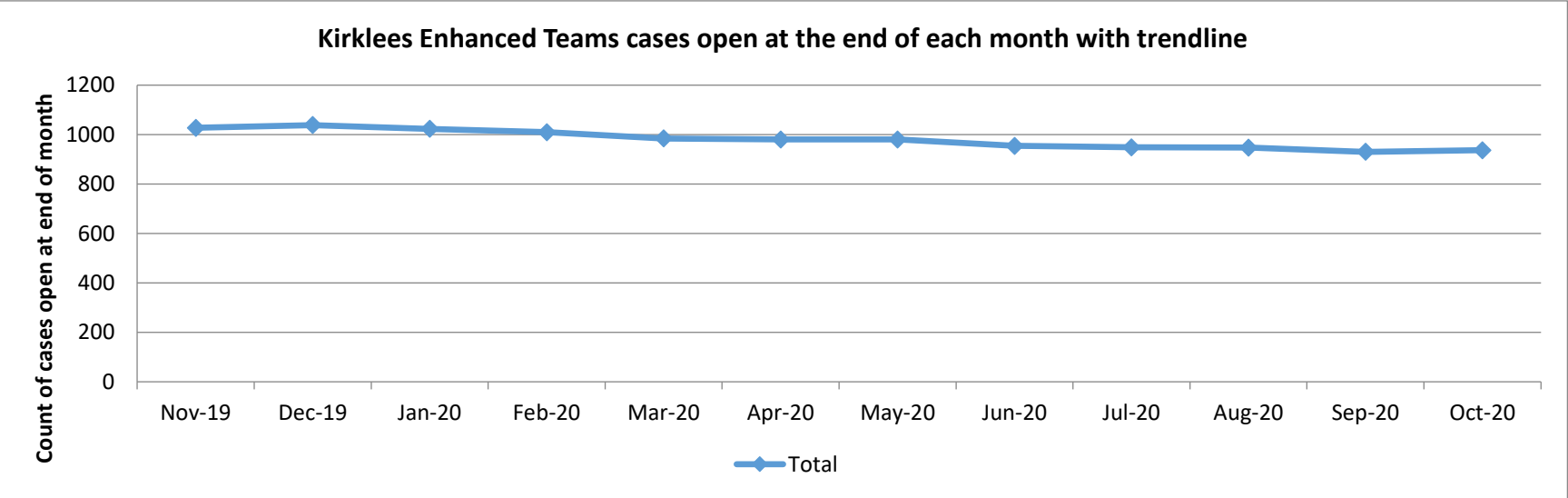
# Core and Enhanced Team Caseloads



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Core Team caseloads are approximately the same size now as 1 year ago across Kirklees whilst there has been a slight reduction across Enhanced Teams



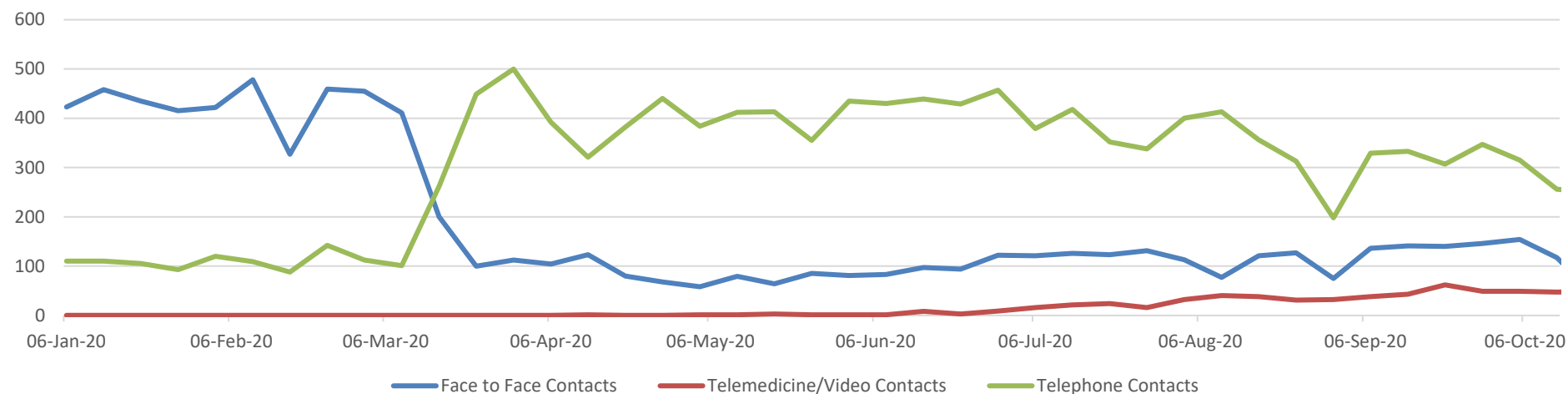
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# Core and Enhanced Team Contact Method

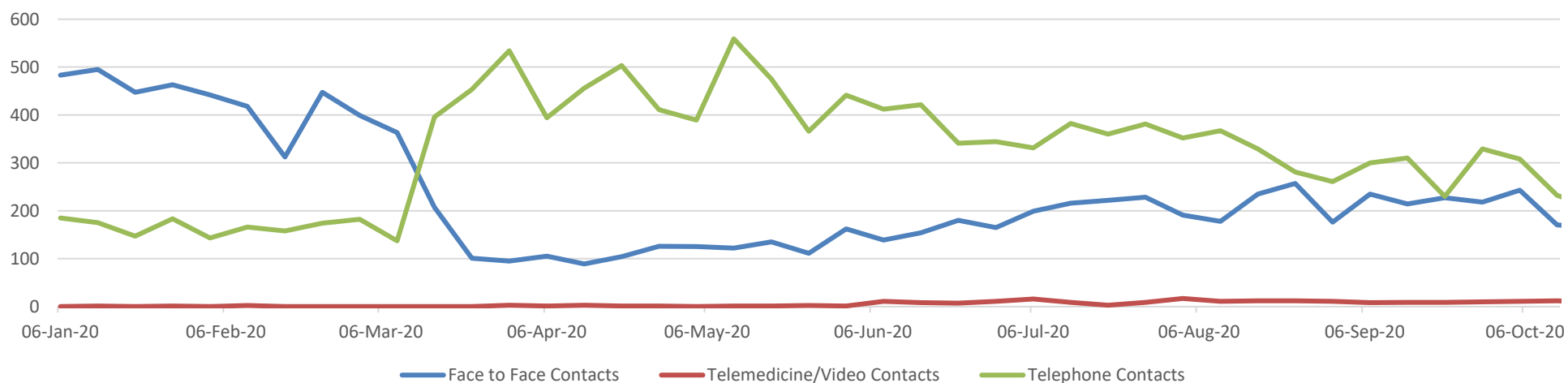


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Kirklees Core Teams Contact Methods



Kirklees Enhanced Teams Contact Method



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# Recovery College Activity



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- **Joined Calderdale and Kirklees Recovery Colleges together** –best use of resources
- **New website**, procured, designed and operating in full
- **Daily links** texts and emails to learners from end of March to mid August – based on a theme each day (Meditation Mondays, Wellbeing Wednesdays, Physical Thursdays etc.)
- **Produced weekly, now fortnightly newsletter** to keep people connected (highly praised by learners and partners). Printed to those not online and sent via post
- **Advertising partners and community offers** – online courses and relevant projects
- **Survey in lockdown** – called learners with 198 who took part. Questions asked about most pressing needs, our work and use of technology which helped us improve our offer
- **Daily use of social media** – Facebook closed groups created to sit along course content and connect learners (100 people engaged in these groups)
- **Worked with Support to Recovery and Creative Minds** to send 100 wellbeing packs to our learners who were not online -12 packs sent to each learner every 2-3 weeks
- **Created, printed and sent a support leaflet** to learners for both Kirklees & Calderdale
- **Weekly huddle with volunteers** – on Microsoft Teams since lockdown
- **Supported Discover 2020** – Oral histories project - Recorded interviews with people with mental health and how they coped with lockdown – podcasts available
- **Produced physical health magazine** (2 issues)
- **YouTube** – content – poetry, podcasts, vlogs, course content support etc.
- **Change of course design** – online & blended learning. High quality printed workbooks
- **Produced and delivered new courses** with workbooks and course materials sent to homes. Re-started face to face courses (although currently suspended in lockdown 2)
- **Created bank of paid sessional facilitators (with lived experience)**– using Leeds Regional fund monies to deliver blended learning –planning 9 new courses x 8 sessions

# Recovery College – some feedback



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Just a note to say a huge thank you to The Recovery College for keeping the home fires burning (nod to VE day there 😊) while we are all away in lockdown and socially distancing. I originally thought that lockdown meant meltdown and the thought of missing my routine of going to work made me feel physically sick.

However Rachel, Matt and the RC team have made sure that the attendees have been kept busy with a daily dose of something different to take our minds off our minds.

Just wanted to email and reach out a bit as to be honest I have really been struggling lately during this period - it's really exacerbated negative mood and feelings. But I wanted to say how much I appreciate the texts every day from RC and also the Keeping Connected newsletters coming through. It's really nice to see them popping up via text every day!

I'd just like to say I am so grateful for the ongoing support from The Recovery College during this difficult time and I feel it is great that courses such as these are available. Thank you so much.

I received the wellbeing packs yesterday, when I opened them I was blown away it also brought a tear to my eyes to now that each pack had been carefully thought about. I'm having to self isolate for 12 weeks and we are now on week nine, I've not coped with it very well at all until my packs arrived. When I'm ready I'll do a piece for the newsletter probable from one of the tasks in the pack. I'd be grateful if you could send me the pack for June too.

[Ckrecovery.wellbeing@swyt.nhs.uk](mailto:Ckrecovery.wellbeing@swyt.nhs.uk)

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# Carers Passport

We launched our new **carers' passports** for both unpaid carers and our staff who are carers for their family, friends and loved ones on 26 Nov:

## Celebrating Carers' Rights Day

**Thursday 26 November**

**12:30pm – 2pm**

**Microsoft Teams**



The Carers Passport looks to bring together the good work in the Trust and build on this, giving a clear pathway and formalised structure to access support and information, ensuring all carers receive the equal opportunity for support and partnership working.

The carers passport will be available digitally for partners and key workers to download/print and give out. We are also ordering hard copies for people who don't have access to internet.

We have established a Trust wide Carers Leads Network to further develop the framework and the implementation of the passport via the care planning process. This will help drive our offer and all other aspects of work related to carers.

The Carers Passports will help to:

- Identify carers
- Provide clear co-productive working practices
- Provide clear confidentiality and information sharing procedures
- Tell carers what they can expect from the trust
- Provide clear pathways to advice, support and information

More information: [Aboobaker.Bhana@swyt.nhs.uk](mailto:Aboobaker.Bhana@swyt.nhs.uk)

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# Local Recovery



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Through this year:

- We have maintained our services to those people in need of crisis care
- We continued to provide face to face visits to those who were identified as clinical priorities within all community teams
- We continually re- evaluated individual risks to ensure that people were getting the right contact to meet their needs (digital exclusions)

As we continue with recovery we are:

- Recommencing memory clinics
- Recommencing psychological therapy face to face groups
- All enhanced and EIP now restoring face to face contact with the majority of service users
- Planned restart for the community clinics within Core

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