


# Agenda Item 7

 <b>Lincolnshire</b> COUNTY COUNCIL <i>Working for a better future</i>		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>22 July 2020</b>
Subject:	<b>Lincolnshire Partnership NHS Foundation Trust: Response to Covid-19</b>

## Summary:

This report describes some of the response and impact of Covid-19 for patients served by Lincolnshire Partnership NHS Foundation Trust (LPFT). The Trust's staff have: -

- played a full part in the health and care response to Covid-19 to date;
- changed service delivery to meet patient needs during lockdown;
- seen improvements in the use of "digital first", which we want to continue using;
- ensured delivery of key targets to ensure quality services are provided;
- established staff well-being and support including for BAME staff;
- worked to set up recovery and restoration processes to move to the "new normal"; and
- completed a questionnaire to gauge staff and patient experiences of working during the Covid-19 pandemic.

Managing the situation continues and recovery and restoration plans are in place and being implemented.

## Actions Required:

To consider the information presented by Lincolnshire Partnership NHS Foundation Trust on their response to the Covid-19 pandemic.

## 1. Lincolnshire Partnership NHS Foundation Trust Response and Learning – Covid-19

### System Work to Respond to the Pandemic

Lincolnshire Partnership NHS Foundation Trust (LPFT) has worked as part of the wider health and social care system to support the response including: -

- daily touch points between Lincolnshire chief executives and senior leaders;
- shared mutual aid, including local authorities and voluntary sector (PPE, testing, situation reports, communications and staff support);
- Clinical Commissioning Group and Providers working closely on response, restoration and recovery cells (linked to the Local Resilience Forum);
- aligned approach on key areas of workforce, digital, information governance;
- rapid decision making and system collaboration;
- Mental Health, Learning Disability and Autism care high on agenda as one of system priorities; and
- East Midlands Mental Health, Learning Disability and Autism Alliance meeting weekly – mutual aid (e.g. autism assessment, electro-Convulsive Therapy).

### Service Transformation to Respond to Pandemic

Services have been adapted to ensure that the organisation remains responsive to our patients whilst respecting the restrictions in place. Some examples of the services changes made are included here: -

CAMHS	Change our teams have put in place
CYP crisis service and home treatment team	CYP moved to an integrated 'hub' model operating from 3 sites – Boston, Grantham and Lincoln Integrated patient offer Makes best use of workforce Builds on excellent working already in place
Out patients	Urgent / essential patients only were seen
Best practice guidance	Issued by our service in North East Lincolnshire, which serves a particularly deprived population

Learning Disability	Change our teams have put in place
Transforming Care	Identified vulnerable groups and developed hospital passport to identify social, communication, interaction needs all in the same time and involve service users and carers
Discharge planning	Worked closely with NHS England and CCG to identify possible discharges of patients and community packages and we have the ability to increase staffing within the LD crisis service to avoid admission
Out patients	Patients being offered different options for accessing care

Older Adult	Change our teams have put in place
Older adult OP	Routine appointments for memory assessment ceased temporarily
Out patients	Urgent / essential patients only being seen
MH Liaison	Operating 24/7 on two acute trust ED sites (Boston and Lincoln)
Older adult IP	Two wards 42 beds transferred to Acute/Primary Care “hot site” as part of system surge planning
Dementia home treatment	New county wide service created following transfer of ward to acute district general above

All Age	Change our teams have put in place
Autism assessment	Ceased temporarily due to impact of COVID-19 on ability to complete a meaningful assessment with clients
Community MH Teams (all ages)	All teams provide telephone contact only for routine appointments Urgent/essential appointments being done face to face Service on a 7 day delivery
Out patients	Urgent / essential patients only being seen
Intensive case management	24/7 open access urgent NHS mental health services

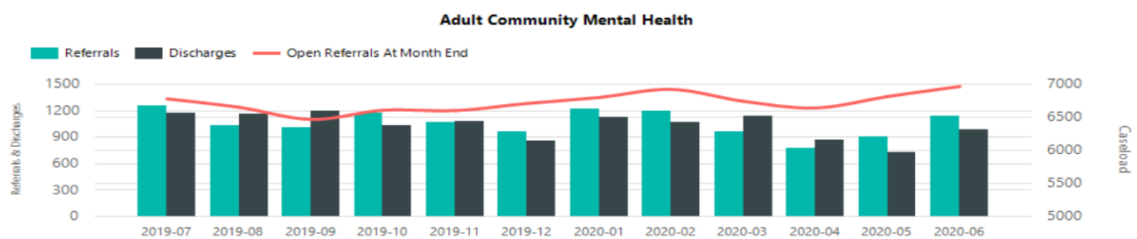
Complex	Change our teams have put in place
Out of area patients	One mothballed inpatient unit currently being explored as possible temporary accommodation unit / DTOCs eliminated
Discharge planning	Policies and procedures revised and enhanced at multi-disciplinary level to free up capacity and support safe discharging of our patients
Rehabilitation	New Community Rehabilitation service commenced on 1 <sup>st</sup> April 2020

Social Assets	Change our teams have put in place
Recovery College	Face to face teaching replaced with online and virtual support
Carers	Daily “virtual call and cuppa” in place as a safe space for discussion and support to carers
MH helpline	Operating 24/7 to provide signposting and support in partnership with Mental Health Matters
Community volunteering	Programme of work underway to partner to create capacity in local market towns rather than centralise it all in urban centres

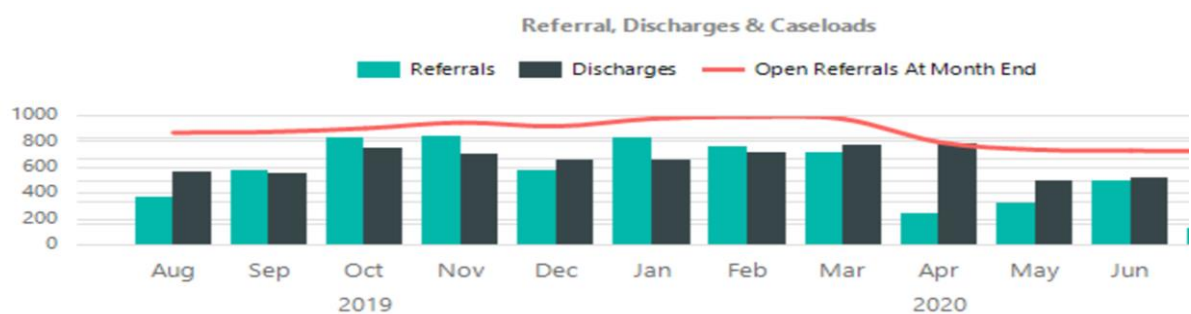
### Activity and Performance Statistics During the Pandemic

Levels of patients being referred in to our services reduced during the lockdown period, however the number of people being seen by LPFT services remained the same, with increased contact levels put in place to make sure they were seen.

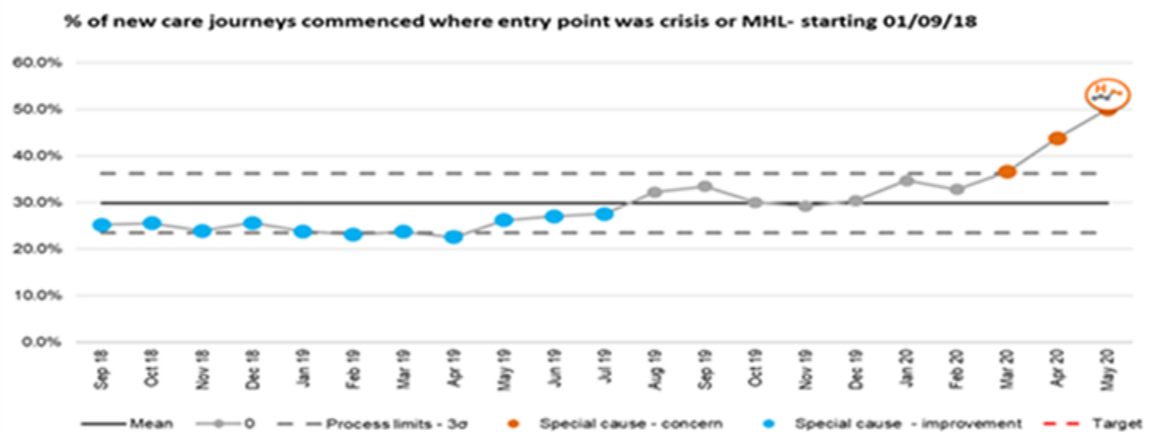
- 71.7% of patients have had an attended direct contact recorded within the last 12 weeks versus 46% from NHS Benchmarking data.



- Child and Adolescent Mental Health Service - significant drop in April all access points

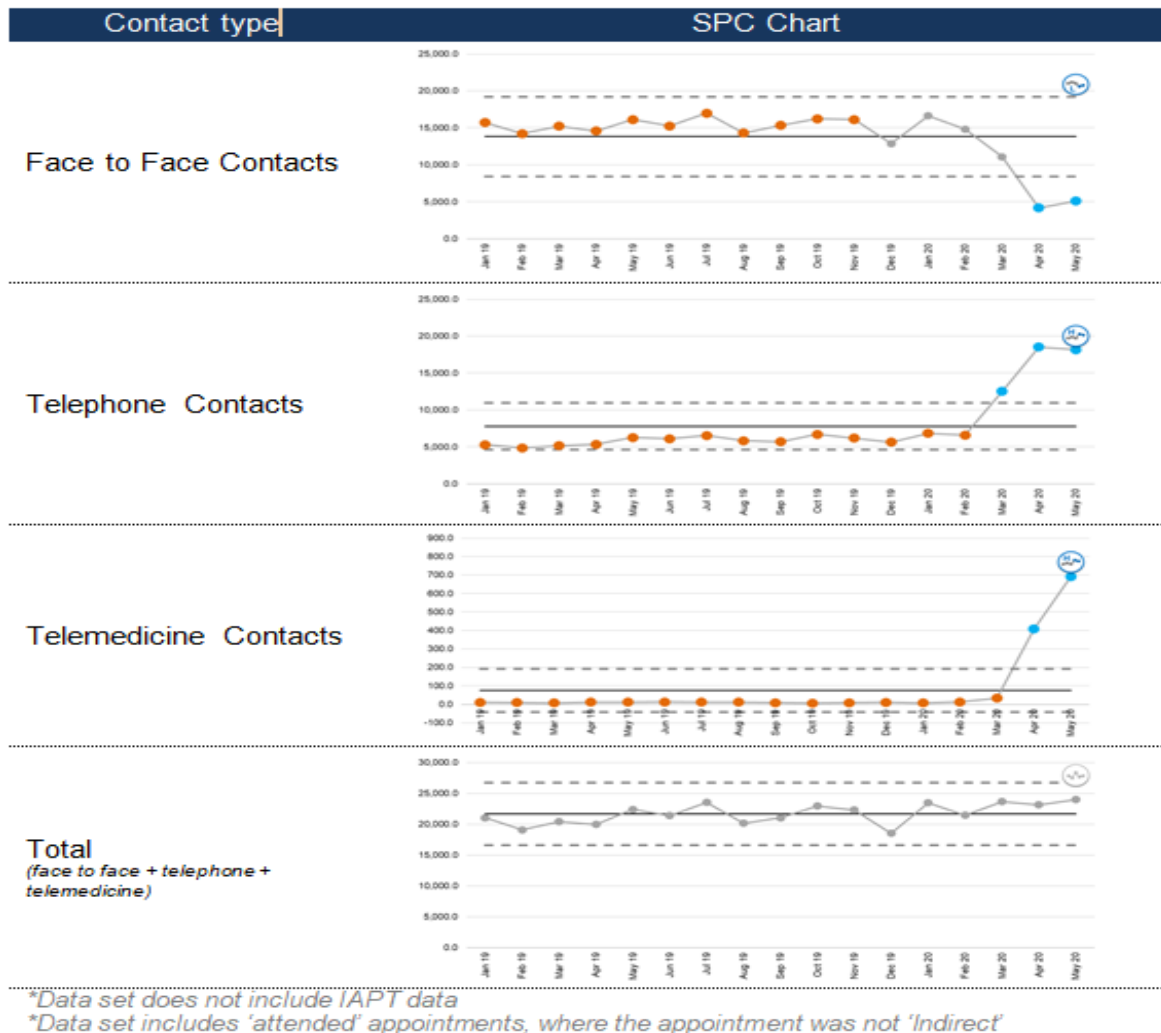


- A&E and acute care referrals – 15% increase in line with NHS Benchmarking figures (13-16%)



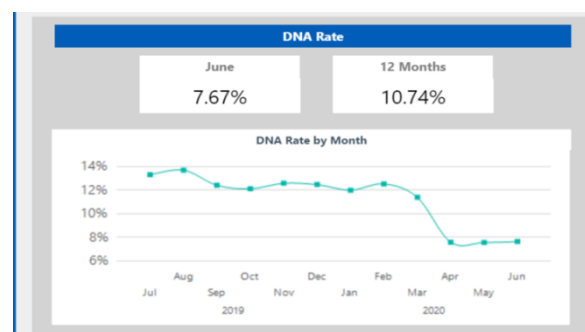
## Digital Delivery

The number of people being seen by digital and telephone contacts increased as we changed the model of delivery during the crisis.



## Patients who do not attend (DNA)

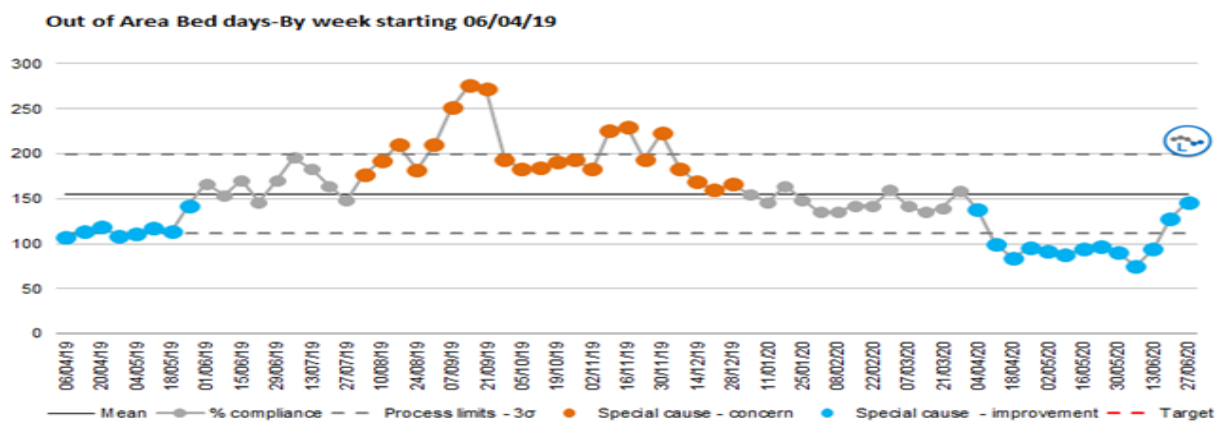
- Significant and sustained drop in DNAs
- LPFT consistently in top 3 users of MS Teams
- Increasing Mental Health Act assessments – indicator of increasing acuity
- Collated feedback on virtual consultations from patients and clinicians – generally positive
- BAME – LPFT Medical Director led Royal College of Psychiatry response to risk assessments.



## Out of Area Placements

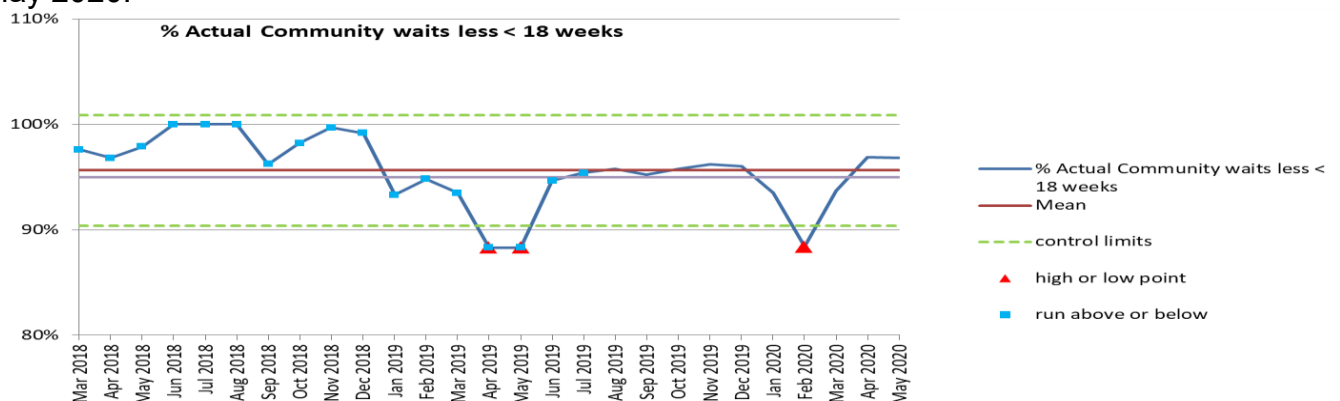
The figures below relate to bed days per week for patients going out of area. We observed a reduction in the number of bed days being used by people having to go out of area. This was despite having to reduce Lincolnshire bed capacity to achieve safe social distancing on our wards.

- 8 acute and 2 Male Psychiatric Intensive Care Unit bed capacity lost due to Infection, Prevention and Control measures



## Patients Waiting Times - Community Teams

Patient waits for our community teams have stabilised and improved during March to May 2020.



## Staff Wellbeing and Emotional Support

The Trust put in place additional “staff well-being” psychological support services to provide our staff with emotional support. This service was already in place, but was expanded to include a phone support line; more support for staff experiencing domestic abuse and group support for those people requiring it.

A special programme of work has been established, led by the Medical Director, to support the Black, Asian and Minority Ethnic (BAME) workforce.

## **2. Conclusion**

The Trust has: -

- played a full part in the health and care response to Covid-19 to date;
- changed service delivery to meet patient needs during lockdown;
- seen improvements in the use of “digital first”, which we want to continue using;
- ensured delivery of key targets to ensure quality services are provided.
- established staff well-being and support including for BAME staff;
- worked to set up recovery and restoration processes to move to the “new normal” way of working; and
- completed a questionnaire to gauge staff and patient experiences of working during the Covid-19 pandemic.

## **3. Consultation**

There are no direct issues for consultation arising from this report.

## **4. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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