

How citizens with LD and SMI illness have fared in COVID. And the projected increases in demand for Mental Health Services linked to the economy and post COVID.

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How citizens with learning disability and serious mental illness and fared in COVID?

- During the pandemic no LD or Mental Health Services or people with SMI were stood down.
- A range of services were implemented, including a First Response team for people experiencing perceived mental health crisis and also a Primary Care Mental Health offer as part of community mental health framework to ensure an offer was available for everybody and to prevent escalation to secondary care.
- Additional services have been in place since 2019 and this also includes a joint response unit vehicle with the police and also an A&E for people with mental health problems.

- 4 Deaths in Devon in first wave. 6 Deaths in Devon in 2nd wave. Total 10 between January 2020 and February 2021. In Plymouth there were **2 Deaths in a residential homes.**
- **100% of people who died in Plymouth** with COVID with a learning disability usual place of residence was in a residential home (first wave). From national reports it is thought it is due to:
 - people living close together
 - Poor PPE for residential homes
 - Access to testing
 - Lack of skill teaching for carers to recognise deterioration i.e. Oxygen Levels, BP, and soft signs.
- All 4 cases in Devon where people died in the first wave showed people had the best care possible and their health needs were met.
- Nationally people with a learning disability were 6 x more likely to die from COVID than the rest of the population due to factors such greater chance of being obese, long term health conditions such a diabetes, heart conditions and respiratory conditions. This is partly due to people with a learning disabilities under privileged position in society and barriers to access health care when needed.

New ways of Working COVID:

- Restore 2 programme - trained 101 carers who support people a learning disability to recognise deterioration. This is being rolled out to all homes in Plymouth currently
- Work around Annual Health checks across the primary care networks to increase numbers of people who have annual health checks to recognise health conditions earlier.
- Vaccinations – 95% of people with a learning disability were vaccinated within 3 weeks of JCN moving people with a learning disability to priority status no matter the age. This created a collaborative working arrangement with PCN's
- Set up of Learning Disability Champions with aim to reduce health inequalities and improve reasonable adjustments to reduce barriers to access health care.
- Created awareness of the inappropriate use of TEP's and frailty measures across the LD population and enable mechanisms to challenge these.

Looking forward:

- Transformation of CLDT integrating with ASC with aim to improve proactive support for people with learning disabilities and improve access to social and employment opportunities.
- Looking to set up a Learning disability partnership board and co-produce services.
- Continue to work with LD champions to embed community of practice and work towards all services having the ability to produce easy read appointment letters.

Projected increases in demand for mental health services linked to the economy and post COVID?:

- The data is interesting – there is an overall increase to mental health services but this is predominantly within the First Response team and the Primary Care Mental Health team.
- There is a reduction of referrals into traditional mental health teams such as community mental health teams which several years ago had a much higher level of referral.
- Our IAPT service has not seen a significant increase, although current work is taking place to ensure that workforce is appropriate moving forward.

ALL REFERRALS TO OUR MENTAL HEALTH SERVICES MARCH 2019-AUGUST 2022



Mar 19 - Feb 20 Mental Health Referrals - all	15775
Liaison Psychiatry	4357
Memory Service	1425
Primary Care Mental Health Team	847
CMHT North and West	834
HTT	767

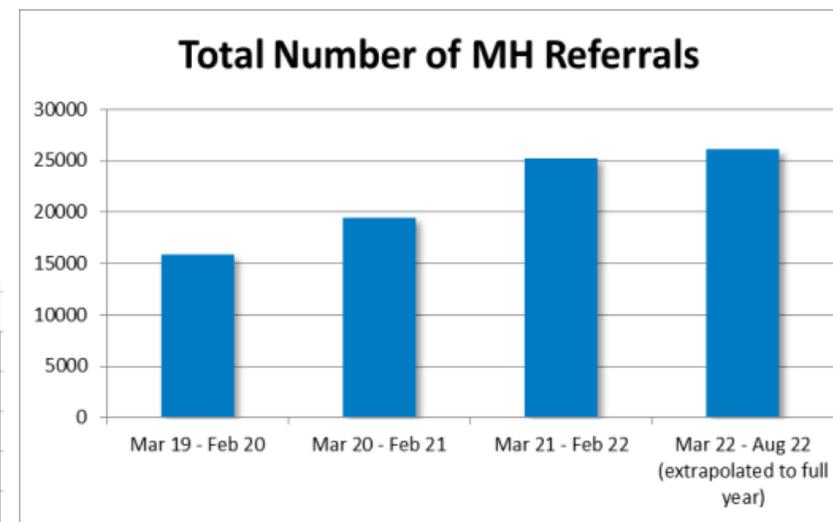
Top 5 by referral volume, 52% MH referrals

Mar 20 - Feb 21 Mental Health Referrals - all	19429
Duty First Response	4900
Liaison Psychiatry	3929
Primary Care Mental Health Team	1181
Memory Service	1170
CMHS	1025

Top 5 by referral volume, 63% MH referrals

Mar 21 - Feb 22 Mental Health Referrals - all	25230
Duty First Response	9166
Liaison Psychiatry	3569
Primary Care Mental Health Team	1679
CMHS	1579
Memory Service	1287

Top 5 by referral volume, 69% MH referrals



Mar - Aug 22 Mental Health Referrals - all	13029
Duty First Response	4810
Liaison Psychiatry	1580
Primary Care Mental Health Team	1047
Memory Service	641
Adult ADHD Assessment Service	443

Top 5 by referral volume, 65% MH referrals

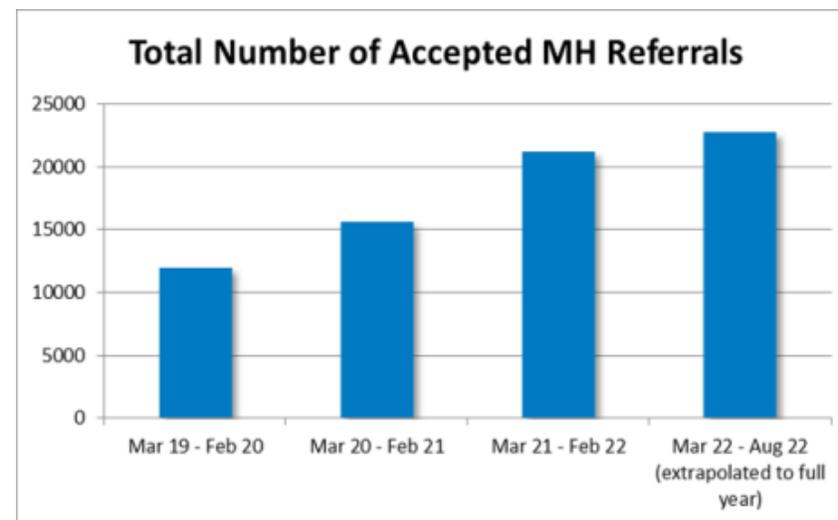
ACCEPTED REFERRALS TO OUR MENTAL HEALTH SERVICES MARCH 2019-AUGUST 2022



Mar 19 - Feb 20 Mental Health Referrals - Accepted	11926
Liaison Psychiatry	4171
Memory Service	1264
Primary Care Mental Health Team	763
HTT	636
Dementia Advisor Service	385
<i>Top 5 by referral volume, 61% MH referrals</i>	

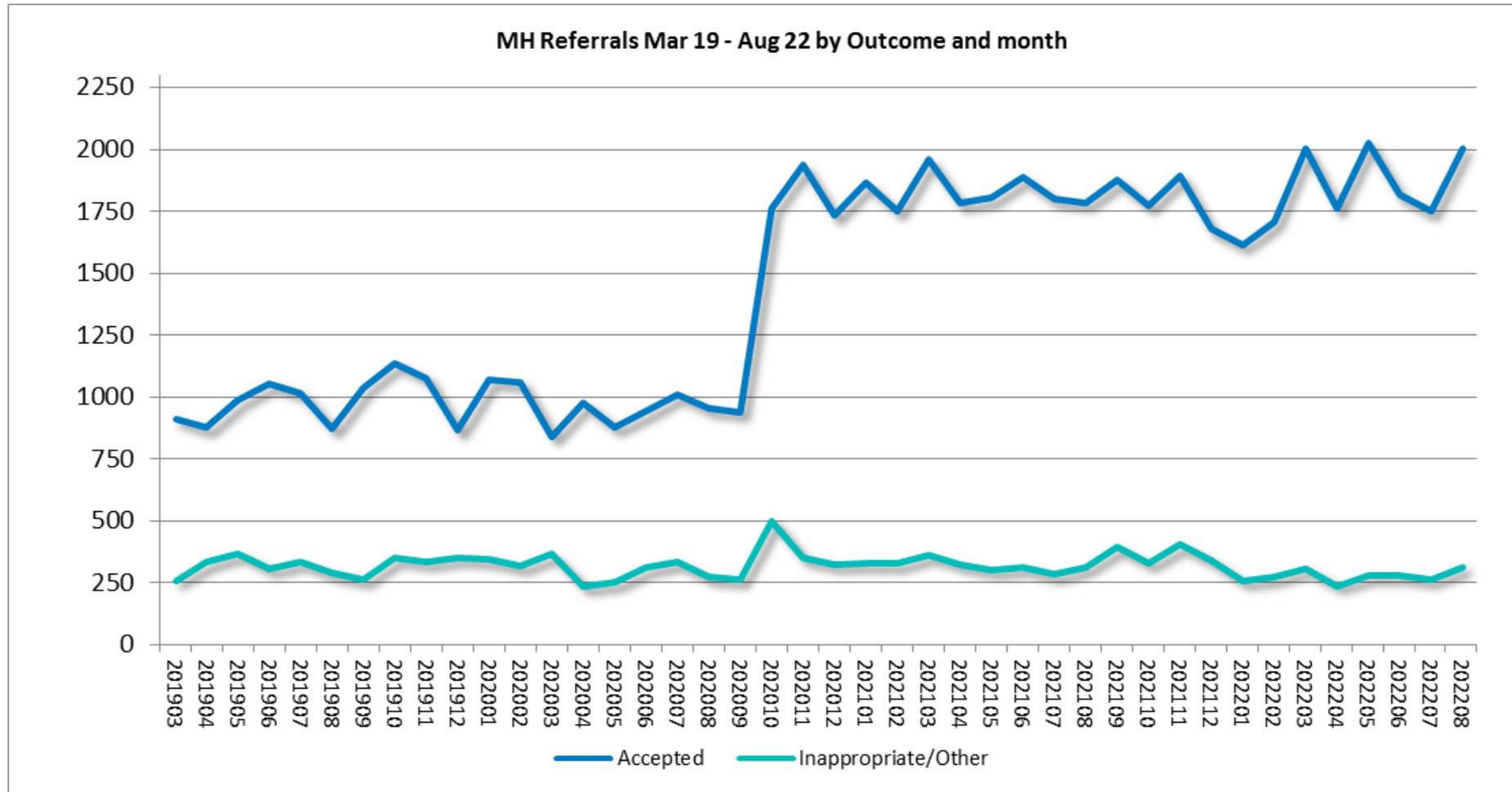
Mar 20 - Feb 21 Mental Health Referrals - Accepted	15570
Duty First Response	4216
Liaison Psychiatry	3749
Primary Care Mental Health Team	1114
Memory Service	896
HTT	673
<i>Top 5 by referral volume, 68% MH referrals</i>	

Mar 21 - Feb 22 Mental Health Referrals - Accepted	21155
Duty First Response	8923
Liaison Psychiatry	3560
Primary Care Mental Health Team	1394
Memory Service	984
CMHS	655
<i>Top 5 by referral volume, 73% MH referrals</i>	



Mar - Aug 22 Mental Health Referrals - Accepted	11350
Duty First Response	4727
Liaison Psychiatry	1577
Primary Care Mental Health Team	894
Memory Service	494
Asylum Seekers	387
<i>Top 5 by referral volume, 71% MH referrals</i>	

REFERRALS TO OUR MENTAL HEALTH SERVICES MARCH 2019-AUGUST 2022



Data Source: BI report

Moving forward and future working:

- Continue to promote the first response team and crisis line.
- Continue building our mental health offer at primary care level.
- Ensure that our primary care mental health offer is working to offer a pathway to people who frequently use emergency departments.
- Continue with physical health checks in both MH and LD.
- Continue working with primary care to ensure that a multi-disciplinary team approach is a model embedded in practice.