

Yorkshire and the Humber Senior Crisis and Liaison Mental Health Network

Minutes

23 October 2019, 10:00-16:00

Cedar Court Hotel, Denby Dale Road, Wakefield WF4 3QZ

No.	AGENDA ITEMS	Action By
1.	<p>Welcome and Introductions - Adrian Elsworth & Katie Martin, Yorkshire and the Humber Clinical Networks</p> <p>Adrian Elsworth and Katie Martin welcomed everyone to the meeting, conducted housekeeping and introductions.</p>	
2.	<p>Local Examples of Winter Pressure Schemes:</p> <p>▶ Wakefield – Support for Women – Maddy Sutcliffe & Lisa Kaye, Wakefield Well Woman Centre</p> <p>Maddy Sutcliffe and Lisa Kaye presented to the attendees on how they used the winter pressures funding to provide community open houses.</p> <p>Please see the presentation slides for more information.</p> <p><u>Questions and Answers:</u></p> <p><i>Question 1:</i> How many days a week was this run and what were the opening hours?</p> <p><i>Answer:</i> Each session was for two hours a week and rotated around the different community venues. They would never be in the same place more than once a week. The team also used social media for the first time to promote the sessions.</p> <p>▶ Bradford – First Response Ambulance Pilot – Helen Haylor, BDCFT</p> <p>Helen Haylor presented to the attendees on the First Response and Yorkshire Ambulance project.</p> <p>Please see the presentation slides for more information.</p> <p><u>Question and Answers:</u></p> <p><i>Question 1:</i> How many staff, per shift, are allocated to First Response?</p> <p><i>Answer:</i> There are 3-5 telecoaches available 24/7 365 days a year from 10:00-01:00 which will be extended until 03:00 with transformation funding.</p> <p><i>Question 2:</i> How was the service different before this was initiated?</p> <p><i>Answer:</i> The Crisis Response Team was only available Monday-Friday 09:00-17:00 and Emergency Operations Centre nurses couldn't access the First Response team but now they have a contact number to bypass the regular number as do paramedics.</p> <p><i>Question 3:</i> Do both the First Response Practitioners and Telecoaches cover a 24/7 period? So able to provide community response within 4 hours 24/7?</p> <p><i>Answer:</i> Before the Crisis Concordat the Crisis Response Team was only available Monday-Friday 09:00-17:00 but there are now two telecoaches working over night with the IHTT.</p>	

	<p><i>Question 4:</i> Do the paramedics get any additional mental health training? <i>Answer:</i> There is an element of joint training.</p> <p><i>Question 5:</i> What banding are the telecoaches? <i>Answer:</i> The telecoaches are band 4-6</p> <p><i>Question 6:</i> Who is the ambulance lead for Bradford? <i>Answer:</i> There isn't a specific ambulance lead for Bradford. Please contact Jake Balla – alexander.balla@nhs.net - in the first instance.</p> <p>► Sheffield – Drug and Alcohol Workers in A&E – Julie Sheldon & Jane Crawford, SHSC</p> <p>Jane Crawford, Alcohol Liaison Nurse and Julie Sheldon, Senior Operations Manager presented to the attendees on how they spent their winter pressures money.</p> <p>Please see the presentation slides for more information.</p> <p><u>Questions and Answers:</u></p> <p><i>Question 1:</i> What were the percentages of alcohol referrals to substance misuse? Were the service users known for substance misuse rather than alcohol? <i>Answer:</i> Probably 85-90 alcohol referrals%</p> <p><i>Question 2:</i> Is there an intention to continue, at all either, as a pilot or more permanently? <i>Answer:</i> We are currently tendering for additional provision. There are a cohort of people presenting in A&E more than three times.</p> <p><i>Question 3:</i> Intervention to the acute medical unit and medical wards where comorbid physical illness existed; did it help to reduce their total bed days? <i>Answer:</i> Yes, the service users probably felt reassured.</p> <p><i>Question 4:</i> And were any of the patients during this pilot readmitted quickly in the time the pilot ran? <i>Answer:</i> Yes, although we don't have exact figures it was a low number.</p> <p><i>Question 5:</i> Did it reduce re-attendances? <i>Answer:</i> we believe so yes although we do not have exact figures. There were instances where someone did not accept treatment, but we have had the conversation which can sometimes plant that seed.</p> <p><i>Question 6:</i> How many s136 cases and would you accept them? <i>Answer:</i> We didn't accept any s136 cases as they are not appropriate to drug and substance misuse.</p> <p><i>Question 7:</i> Did you work with under 18s? <i>Answer:</i> No but they would have likely been sent to Sheffield Children's hospital. If there were any under 18's we would have worked with them.</p> <p><i>Question 7:</i> Excellent presentation. Thank you.</p>	
<p>3.</p>	<p>The Long Term Plan for Urgent and Emergency Mental Health Care (National Update) – Bobby Pratap, NHSE&I National Mental Health Team</p> <p>Bobby Pratap presented to the attendees on the national update to the Long Term Plan for Urgent and Emergency Mental Health Care.</p> <p>Please see the presentation slides for more information.</p>	

Questions and Answers:

Question 1: Is open access 24/7 going to be met by 111 or does every mental health provider need to ensure open access 24/7?

Answer: Every provider needs to ensure open access 24/7. Providers also need to consider what resources they have before going into open access 24/7 as demand will go up.

Question 2: What is meant by ring fenced funding? Transformation funding appears to only be for 19/20 and 20/21 with funding in year 2 covering off year 1 schemes?

Answer: This will be discussed later in the presentation.

Question 3: What are the plans to provide enough 136 suites and staff to manage them and if they need to go to ED first are there any handover procedures being considered?

Answer: There are no current plans, but we are bidding for capital funding and hope for a big investment in crisis provision.

Question 4: Is the 24 hour liaison access in A&E also available to under 18 year olds?

Answer: No, probably not at the moment but the ambition is to get there. The model for CYP would be different to adults and nationally they are looking at the different models.

Question 5: How do we square off the workforce challenge when we are being encouraged to place mental health staff in 111/999 call centres and at the same time expand crisis services?

Answer: A very good question. You need to decide locally how to deploy staff in the local system. One model may concentrate staff by mental health trust and run it while other providers may have mental health staff in the 111 call centre.

Question 6: Linked to 111/99 call centre model – would improving access into crisis services for paramedic and call centre “general clinicians” achieve the same outcome?

Answer: Open access is for all emergency services and not just the public.

Question 7: Could there be more flexibility in how money is used within the “front end” services?

Answer: There is already a lot of flexibility. It is local money, so you can decide how to spend it. Transformation money can also be flexible.

Question 8: What plans are there to provide investment for digital transformation or is it expected that the financial settlement is used to support this?

Answer: Nationally there is a lot of investment. Some of the recent transformation funding has been used for digital transformation.

Question 9: The money is increasing but regulatory demands, patient demand, complexity and acuity are increasing + impact of the council austerity measures outweigh this?

Answer: Yes, but hoping to at least give the services the capacity to deal with this rise in demand. I would also encourage joint commissioning with councils.

Question 10: What steps are being taken to upskill staff in terms of teaching and training in liaison and crisis?

Answer: HEE have funding for one year to upskill staff. Nationally we are asking HEE to look at crisis and liaison teams. Matt Hancock, Health Minister, has also asked them to look at 111 training for tele staff.

Question 11: Will there be clearer instruction to CCGs around crisis base line funding? Without this, providers will not see full potential of funds?

Answer: Bobby Pratap is looking at every STP/ICS mental health plan at the moment. STPs/ICs need to bring providers together to confirm plans. There is also the Mental Health Investment Standard.

	<p><i>Question 12:</i> If baseline funding is NOT released to fund CRHT services, how can we hold CCGs to account?</p> <p><i>Answer:</i> As above</p> <p><i>Question 13:</i> Are waiting times going to be in line with A&E waiting times? Liaison services often have different standards to acute hospitals.</p> <p><i>Answer:</i> We are looking at them as a whole A&E pathway.</p> <p><i>Question 14:</i> Are you able to share the examples of the most “transformative” crisis plans you refer to?</p> <p><i>Answer:</i> Yes as long as I have permission from the relevant providers.</p> <p><i>Question 15:</i> Is the 148k in 21-22 new money or is the uplift only 40k more?</p> <p><i>Answer:</i> It is a 40k increase. The central funding money is a one off while the baseline money is recurrent.</p> <p><i>Question 16:</i> You mention funding in your area .. is this allocated per CCG or is local at an ICS footprint?</p> <p><i>Answer:</i> It is both – the funding is allocated to the ICS/STP and then down to CCGs.</p> <p><i>Question 17:</i> It is really great to see all this extra money. Have there been any discussions about workforce issues to get the projects to happen?</p> <p><i>Answer:</i> Workforce is really at the top of the worry list for senior people and there are lots of ongoing discussions. However, shortages can be improved locally and there are ambitions for peer support.</p>	
<p>4.</p>	<p>Urgent & Emergency Care Standards – update on trials – Rachel Bishop & Sally Blackett, Rotherham, Doncaster and South Humberside NHS FT</p> <p>Rachel Bishop and Sally Blackett presented to the attendees on the Urgent and Emergency Care Standards trial currently taking place within RDaSH (Rotherham).</p> <p>Please see the presentation slides for more information.</p> <p><u>Questions and Answers:</u></p> <p><i>Question 1:</i> What does in a number of hours mean? Can it mean up to 23?!</p> <p><i>Answer:</i> The “in hours” is vague but CRISIS teams don’t have a guide response time. There is a need to clarify what that response time will be.</p> <p><i>Question 2:</i> What method of SU feedback are you using?</p> <p><i>Answer:</i> RDaSH have adapted a questionnaire which is sent out to crisis and liaison clients. They will also be looking towards funding for admin/peer support to follow up the questionnaires with telephone calls and/or digital services. The feedback responses have recently increased and improved.</p>	
<p>5.</p>	<p>National Example of Best Practice: The Cambridge and Peterborough Urgent and Emergency Mental Health Pathway – Modestas Kavaliauskas, Crisis Care Concordat, NHS Cambridge and Peterborough CCG</p> <p>Modestas Kavaliauskas presented to the attendees on First Response Crisis Mental Health Service (FRS) Model from NHS Cambridge and Peterborough CCG.</p> <p>Please see the presentation slides for more information.</p> <p><u>Questions and Answers:</u></p> <p><i>Question 1:</i> Before First Response did you find that band 6 CHRT clinicians were having to go to do face to face urgent visits for calls that are now deemed category G/F?</p> <p><i>Answer:</i> Yes absolutely.</p>	

Question 2: What has the response been for people having to choose between the two options whilst calling in distress?

Answer: No-one has asked that questioned before and there has been no concern raised about this locally! When calling 111 a first responder will call you back within an hour but when choosing option 2 you got straight through to the mental health team.

Question 3: Do the bank 6 clinicians assess solo?

Answer: Yes, we try to empower our clinicians.

Question 4: Is the 111 provider footprint coterminous with Cambridge and Peterborough or does it go beyond?

Answer: It is coterminous with the Cambridge and Peterborough footprint. Cambridge and Peterborough are very lucky as they only have 1 x STP and 1 x CCG.

Question 5: Were there lots of repeat visitors from the number quoted on those attending?

Answer: 15-20% were frequent callers.

Question 6: For CYP – if the aim is to help get CYP out of ED by midnight where can they go if the sanctuary is for 16+?

Answer: CYP service users will be with a family member most of the time but if there was a safeguarding issue then social services would be involved. The Trust follows the NICE guidelines for attendance after midnight.

Question 7: If 75% of calls are managed, what number of referrals require face to face assessment from midnight to 07:00. Are face to face in community a rare need?

Answer: A very small number. There is an ongoing argument around 24/7 home treatment and it is very rare for a member of the team to go out after 02:00.

Question 8: What are staffing levels like and do you meet local level targets?

Answer: Please see the presentation slides.

Question 9: Do you have a Core 24 liaison service?

Answer: There are three acute hospitals in the Cambridge and Peterborough STP area. Adenbrooke's and Peterborough City Hospital have Core 24 compliant LP services whereas Hinchingbrooke Hospital currently operates Monday-Friday, 9-5 service.

Question 10: Do you experience challenges regarding recruitment and retention?

Answer: Yes, staff turnover is very high. Locally it is very difficult to recruit (Cambridge is the third most expensive city to live in the UK) and while lots of people apply for vacancies many don't appear for interview.

Question 11: Have you done any service development work for when the team responds to someone with autism or learning difficulties?

Answer: Yes, we have done lots of work and the team will try to support everyone the best they can. We are also exploring "crash pad".

Question 12: What happens to calls that are handed back to 111? Do these patients go to the bottom of the queue?

Answer: The response time for 111 calls is 10 seconds and less than 10% of those calls are for mental health issues.

Question 13: Have you considered if there is scope for specialist support workers or peer support workers in the team?

Answer: Yes, this work is ongoing and in development. We are looking at having specialist support workers or peer support workers in the team.

Question 14: How big are your HBT caseloads?

Answer: 35-45 at a single point in time. It is predominantly influenced by the ward generated early discharges.

<p>6.</p>	<p>The Yorkshire Ambulance Service Mental Health Work Programme – Jake Balla, Lead Mental Health Professional, Yorkshire Ambulance Service</p> <p>Jake Balla presented to the attendees on mental health from an ambulance service perspective. Yorkshire Ambulance Service covers seven mental health trusts.</p> <p>Please see the presentation slides for more information.</p> <p><i>Question 1:</i> Are the mental health nurses in areas within the HUB or work across the four different Yorkshire regions? Asked to see if known SU have dedicated care plans you work with?</p> <p><i>Answer:</i> Mental health nurses cover the whole YAS patch. The clinical HUB is within the operational centre and consists of eight to twelve clinicians.</p> <p><i>Question 2:</i> What kind of mental health training is there for call takers and for front line staff/paramedics?</p> <p><i>Answer:</i> Mental health training is limited for front line staff/paramedics but it is something that is to be looked at across at the organisation.</p> <p><i>Question 3:</i> What happens post contact with 999 mental health nurses ie. do they follow the outcome of “see, treat and refer” or do you know if they turn up to A&E anyway?</p> <p><i>Answer:</i> Due the high volume of calls there is limited follow up. However, it is possible to track a service user to see whether that person went to hospital in the ambulance but that is where our information ends, nothing further.</p> <p><i>Question 4:</i> What clinical/professional support do the mental health nurses employed by YAS receive?</p> <p><i>Answer:</i> There is very limited support at the moment as YAS are not a mental health trust. The work can be professionally very isolating and challenging as they are usually working in crisis but it is something the service is looking to address and is work in progress.</p> <p><i>Question 5:</i> Do the mental health nurses provide any in house training for the YAS staff?</p> <p><i>Answer:</i> Yes, but it is very limited. Everyone has a yearly refresher course.</p> <p><i>Question 6:</i> How does YAS engage with ICS/STPs to develop the right mental health urgent and emergency care response for that area?</p> <p><i>Answer:</i> Jake Balla advised that it was his third week in the new role so work is ongoing! Due to the large geographical area it will be difficult for him to get out and about but he is looking into networks he can engage with. Jake continued that he was happy to be the initial point of contact – alexander.balla@nhs.net – and point people in the right direction.</p>	
<p>7.</p>	<p>Summary and Feedback</p> <p>Adrian Elsworth asked attendees to complete their evaluation feedback form and also comment as to how they want to proceed with future events ie. talk at you or more engagement with table top discussions etc.</p>	
	<p>ITEMS FOR INFORMATION:</p>	
	<p>Future Meetings:</p> <p>The date for the next Crisis and Liaison Mental Health Network meeting will be circulated as soon as possible.</p>	