Yorkshire and the Humber Mental Health Network

Liaison Mental Health Network
9th December 2016

- Dr Katie Martin, Network Clinical Advisor & Consultant Liaison Psychiatrist, TEWV MHFT
- Alison Bagnall, Clinical Network Manager, Adult Mental Health & Dementia
- Rebecca Campbell, Quality Improvement Manager, Mental Health
- Sarah Boul, Quality Improvement Lead, Mental Health
- Twitter: @YHSCN_MHDN yhmentalhealth
- December 2016

www.england.nhs.uk
Welcome

Dr Katie Martin, LMH Clinical Advisor, Yorkshire and the Humber Clinical Networks and Consultant Liaison Psychiatrist, Tees, Esk and Wear Valley NHS FT
Housekeeping:

- Fire icon
- WC icon
- No phone icon
- Parking icon

#YHSCN_MHDN
#yhmentalhealth

BT OPENZONE
leehn2512
Yorkshire and the Humber Clinical Networks Overview

Alison Bagnall, Clinical Network Manager, Adult Mental Health & Dementia
Clinical Networks - Our Role:

• Clinical Networks operate as drivers for change across complex systems of care, maintaining and or improving quality and outcomes.

• Support mental health commissioners and providers to facilitate quality improvement in mental health services working across organisational boundaries with a wide range of NHS and non NHS stakeholders

• Hosted by NHS England and receive national programme funding for our core functions. Within Yorkshire and the Humber the Clinical Network is hosted by the Directorate of Commissioning Operations (DCO) of NHS England in Yorkshire and the Humber.

• Mental Health and Dementia Team is part of wider Clinical Network family: Cardiovascular Disease, Cancer and CYP MH & Maternity (incl. Perinatal MH)

• Cross network working with Public Health England, Health Education England, Emergency Services, Social Care, Third Sector and patient charities

• Focus on the 5YFV MH Taskforce Recommendations and local Sustainability and Transformation Plans (N=3 across Y&H)
Clinical Network and Senate Geography

- 12 senate geographical areas
- One core support team per senate
- Number and size of each network is locally determined, to take account of patient flows and clinical relationships
Aims, Objectives and Purpose of a Yorkshire and the Humber Liaison Mental Health (LMH) Network

Dr Katie Martin, LMH Clinical Advisor, Yorkshire and the Humber Clinical Networks and Consultant Liaison Psychiatrist, Tees, Esk and Wear Valley NHS FT
LMH Network: Purpose

- Work collaboratively across the Y&H localities to support CCGs and Providers to prepare for the release of funding from 17/18 onwards to expand/improve/develop liaison services to meet national standards.

- Collate and share a range of good practice models in liaison including national pilots and work with the WY (and other national) Vanguard sites, ensuring learning and models are shared across the patch.

- Develop tools and guidance as necessary to support local understanding of the requirements, preparing for delivery, assessing baseline and gap analysis and understanding demand.

- Develop a process to undertake economic evaluations and evidence of a range of liaison services which includes patient and public review of effectiveness.

- Unite individuals and partners across Yorkshire and the Humber in a common purpose.

- Promote common understanding, joint working and prevent duplication.

- Work collaboratively to build capacity and capability for quality improvement in services.
LMH Network: Aims

- Understand the Yorkshire & Humber (Y&H) geography baseline of liaison services meeting the Core 24 minimum standard, including concerns, risks and good practice

- Ensure clinical expertise in liaison, both adult and child & adolescent, drives the programme of work and adds appropriate local narrative to data

- Using a regional (North) liaison mental assurance framework which includes appropriate links to the Urgent and Emergency Care, Primary Care and wider Crisis Care programmes, develop this into a bespoke framework for Y&H for local STP use

- Troubleshoot problems and provide Y&H support and feedback to the North region via FAQs

- Provide an expert liaison mental health clinical and advisory voice to the Y&H area, the three STP Programme Offices, the Y&H Mental Health & Dementia Programme Group and any associated sub-groups / task and finish groups which may be established.
LMH: Watermarks of a Membership Model of Working

- Information exchange
- Networking
- Sharing good practice
- Coaching for service development
- Sharing resources e.g. job descriptions, operational policies etc.
- Identifying common problems and seeking solutions
- Areas with strengths and/or expertise will offer support to areas with developmental needs
- Education
- Dissemination of information and communication from the National Team.
Baseline Position Across Yorkshire and the Humber

Dr Katie Martin, LMH Clinical Advisor, Yorkshire and the Humber Clinical Networks and Consultant Liaison Psychiatrist, Tees, Esk and Wear Valley NHS FT
Work to Date:

• March 2016: Gap analysis and local service mapping undertaken by clinical networks

• May 2016: Individual surveys circulated to all Liaison Mental Health (LMH) Providers & CCGs for these services (including CAMHS)

• Summer 2016: Data analysed

• September 2016: Individual reports produced for providers & CCGs of all Y&H LMH Services

• November 2016: Following further implementation guidance, reports reissued to clarify position, excluding CAMHS

• December 2016: LMH Network launch
## Summary of Y&H Liaison Mental Health Services

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tbody>
<tr>
<td>Number of Liaison Services</td>
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<tr>
<td>Number of Provider Mental Health Trusts</td>
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<td>Number of Acute Providers</td>
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<td>Number of Hospitals Covered</td>
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<td>Acute Trust</td>
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<td>Scarborough General Hospital</td>
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<td>The York Hospital</td>
</tr>
<tr>
<td>Hull And East Yorkshire Hospitals NHS Trust</td>
<td>Hull Royal Infirmary</td>
</tr>
<tr>
<td>Northern Lincolnshire And Goole NHS Foundation Trust</td>
<td>Scunthorpe General Hospital</td>
</tr>
<tr>
<td></td>
<td>Diana, Princess of Wales Hospital Grimsby</td>
</tr>
<tr>
<td>Acute Trust</td>
<td>Hospital Name</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Barnsley Hospital NHS Foundation Trust</td>
<td>Barnsley Hospital</td>
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<tr>
<td>Doncaster And Bassetlaw Hospitals NHS Foundation Trust</td>
<td>Bassetlaw District General Hospital</td>
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<tr>
<td></td>
<td>Doncaster Royal Infirmary</td>
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<td>Rotherham NHS Foundation Trust</td>
<td>Rotherham Hospital</td>
</tr>
<tr>
<td>Sheffield Teaching Hospitals NHS Foundation Trust</td>
<td>Northern General Hospital</td>
</tr>
<tr>
<td>Acute Trust</td>
<td>Hospital Name</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>---------------------------------------------------------</td>
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<td>Airedale NHS Foundation Trust</td>
<td>Airedale General Hospital</td>
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<tr>
<td>Bradford Teaching Hospitals NHS Foundation Trust</td>
<td>Bradford Royal Infirmary</td>
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<tr>
<td>Calderdale And Huddersfield NHS Foundation Trust</td>
<td>Calderdale Royal Hospital</td>
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<tr>
<td></td>
<td>Huddersfield Royal Infirmary</td>
</tr>
<tr>
<td>Harrogate And District NHS Foundation Trust</td>
<td>Harrogate District Hospital</td>
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<tr>
<td>Leeds Teaching Hospitals NHS Trust</td>
<td>St James' University Hospital</td>
</tr>
<tr>
<td></td>
<td>Leeds General Infirmary</td>
</tr>
<tr>
<td>Mid Yorkshire Hospitals NHS Trust</td>
<td>Pontefract Hospital</td>
</tr>
<tr>
<td></td>
<td>Dewsbury and District Hospital</td>
</tr>
<tr>
<td></td>
<td>Pinderfields Hospital</td>
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</table>
Existence of Y&H Services

- 2 largest Liaison services in Y&H have been in existence for over 20y, with Hull Psychological Medicine department & Leeds Liaison Psychiatry Service
- Majority of services have been set up within the last 5 years, with the newest services of Rotherham and York being up & running for less than 1 year
- Most services ‘all age’/ moving towards this
- Few areas have separate CAMHS Liaison – further guidance will be forthcoming Part 4: Implementing the EBTP for Urgent & Emergency MH services for CYPS

- Leeds 20+y
- Hull Adult services 19y
- Doncaster Adult 10y
- Hull CYPS 7y
- Hull Older 6y
- Barnsley 5y
- Doncaster Older Adult 5y
- Navigo Older Adult 5y
- Bradford 4y
- Leeds ALPS 4y
- York Older Adult 4y
- Calderdale 2y
- Wakefield 2y
- Harrogate 2y
- Scarborough 2y
- Rotherham 1y
- Scunthorpe Older Adult 1y
- York Adult 1y
- Sheffield – under development
<table>
<thead>
<tr>
<th>Staff</th>
<th>Core 24</th>
<th>Enhanced 24</th>
<th>Comprehensive (approx. 2000 bed hospital)</th>
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<tr>
<td>Consultants</td>
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<td>4</td>
<td>5</td>
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<tr>
<td>Other Medical</td>
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<td>2</td>
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<td>Nurses</td>
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<td>7 Band 6, 3 Band 7</td>
<td>17 Band 6, 2 Band 8b</td>
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<td>Other Therapists</td>
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<td>Admin and Business Support</td>
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</table>
Recommended Core+ Competences & Functions

• Liaison services are essential component of any high-performing general hospital
• Liaison services should be an onsite, 24/7 distinct specialty, fully integrated within ED & general hospital pathways, offering care to a wide range of patients aged 16-18 years and above, with complex physical and mental health needs

• The role of a Core 24 Liaison service:
• Provide a response to mental health crises in ED and on inpatient wards within 1 hour and to all urgent ward referrals within 24 hours
• Complete a full biopsychosocial assessment & formulation and contribute to treatment and collaborative care plans
• Offer brief evidence-based psychological interventions as inpatient or short-term outpatient follow-up
• Work with general hospital teams to reduce LOS in general hospitals and improve F/U care, particularly for Older Adults
• Provide advice & support to general hospital staff regarding mental health care
• Provide specialist care for Older Adults

• Enhanced services will provide more specialist care with enhanced expertise in addictions, drug and alcohol use and LD, with higher consultant psychiatrist input and increased F/U care
Comparison of Y&H Services:
Acute Hospital Bed No.

Core 24
Bassetlaw
Grimsby (POW)
Doncaster
Hull

Enhanced
Barnsley
Rotherham
Sheffield (NG)
Leeds

Comprehensive
Harrogate
York
MidYorks

Scarborough
Scunthorpe
Calderdale/ Huddersfield
Bradford/ Airedale
Comparison of Y&H Services: Consultant/Medical Staffing

[Bar chart showing the comparison of consultant/medical staffing across different regions and services, with labels for each region and a legend for the services provided.]
Comparison of Y&H Services:
Nursing/ Other Therapists/ Managers

[Bar chart showing comparison of different areas and services, including:
- CORE24
- Bassetlaw
- Grimsby (POW - NAVIGO)
- Doncaster
- Hull
- Enhanced
- Barnsley
- Rotherham
- Sheffield (NG)
- Leeds
- Comprehensive
- Harrogate
- York
- MidYorks
- Scarborough
- Scunthorpe
- Calderdale/ Huddersfield
- Bradford/ Airedale]
# HCV STP – Key Functions Summary

<table>
<thead>
<tr>
<th>Liaison Provider</th>
<th>Name of Liaison Service</th>
<th>24/7 Liaison Service - Adults &amp; Older Adults</th>
<th>1 hour response to A&amp;E</th>
<th>24 hour response to inpatient wards</th>
<th>On-Site</th>
<th>Distinct Separate Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TEWV (Scarborough)</strong></td>
<td>Scarborough Acute Hospital Liaison Team</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td><strong>TEWV (York)</strong></td>
<td>MHALT York LMHT</td>
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<td>Yes</td>
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<td><strong>Humber NHS FT (Department of Psychological Medicine)</strong></td>
<td>Department of Psychological Medicine</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td><strong>RDASH (Scunthorpe)</strong></td>
<td>N Lincolnshire Access service N Lincolnshire Acute Liaison Team</td>
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# SYB STP – Key Functions Summary

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<th>On-Site</th>
<th>Distinct Separate Service</th>
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<tr>
<td>SWYPFT (Barnsley)</td>
<td>Barnsley Mental Health Liaison Team</td>
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<tr>
<td>Nottinghamshire Healthcare NHS Trust</td>
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<tr>
<td>RDASH (Doncaster)</td>
<td>Access Team Older People’s MH Liaison</td>
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<td>Yes</td>
<td>No (Not for Older Adults)</td>
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<tr>
<td>RDASH (Rotherham)</td>
<td>Rotherham Hospital Mental Health Liaison Service</td>
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<tr>
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## WY – Key Functions Summary

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<th>Distinct Separate Service</th>
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<tr>
<td>Bradford District Care Trust</td>
<td>Bradford A&amp;E Liaison/ Hospital Liaison Team</td>
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<tr>
<td>SWYPFT (Calderdale &amp; Huddersfield)</td>
<td>Mental Health Liaison Team</td>
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<td>TEWV (Harrogate)</td>
<td>Acute Hospital Liaison Team</td>
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<tr>
<td>Leeds &amp; York Partnership NHS FT</td>
<td>ALPS/ LPIOS/ Old Age Liaison Team</td>
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<td>Psychiatric Liaison Team</td>
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## Key Functions Summary

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<tr>
<td>TEWV (Scarborough)</td>
<td>Scarborough Acute Hospital Liaison Team</td>
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<td>SWYPFT (Barnsley)</td>
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<td>Bassetlaw MH Liaison</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>RDASH (Doncaster)</td>
<td>Access Team Older People’s MH Liaison</td>
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<td>No (not older adults)</td>
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<td>RDASH (Rotherham)</td>
<td>Rotherham Hospital Mental Health Liaison Service</td>
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<td>Bradford District Care Trust</td>
<td>Bradford A&amp;E Liaison/ Hospital Liaison Team</td>
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<td>TEWV (Harrogate)</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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Conclusions

- From our current data and pending the more up-to-date conclusions from LPSE-3, in Y&H there are:
  - 2 LMH services close to functioning at a Comprehensive level
  - 2 close to Enhanced 24
  - Between 5-6 services close to Core 24 functionality +/- workforce

- Majority still need additional investment to ensure gaps are met & recent implementation guidance followed for Core 24

- One or two services remain under development though there are indications these will be in keeping with new guidance & current models

- There are also services which have recently developed their own models of urgent and emergency care which fulfil their local capacity and demand
Urgent & Emergency Liaison Mental Health Care: national update

Viral Kantaria & Bobby Pratap
Adult Mental Health Team
NHS England

Yorkshire & Humber Liaison Mental Health Network
Leeds, 9 December 2016
CQC thematic review summer 2015:

✓ Some **excellent examples** of innovation and practice;

✓ Concordat means **every single area now has multi-agency commitment** and a plan of action.

**However CQC found that…..**

- variation ‘unacceptable’ - **only 14% of people felt they were provided with the right response when in crisis** – a particularly stark finding;
- More than 50% of areas **unable to offer 24/7 support** – MH crises mostly occur at between 11pm-7am - parity?
- **Crisis resolution and home treatment teams** not resourced to meet core service expectations;
- Only 36% of people with urgent mental health needs had a good **experience in A&E** - ‘unacceptably low’;
- **Overstretched/insufficient community MH teams**;
- **Bed occupancy** around 95% (85% is the recommended maximum) – **1/5th people admitted over 20km away**;
- People waiting too long or **turned away from health-based places of safety**
Recommendation 17:

- By 2020/21 24/7 **community crisis response** across all areas that are adequately resourced to offer **intensive home treatment**, backed by investment in CRHTTs.
- Equivalent model to be developed for **CYP**

Recommendation 18:

- By 2020/21, no acute hospital is without all-age **mental health liaison** services in emergency departments and inpatient wards
- At least **50 per cent of acute hospitals are meeting the ‘core 24’ service standard** as a minimum by 2020/21.
Recommendation 13:

- Introduce a range of access and quality standards across mental health. This includes:

  - 2016/17 - crisis care (under development)

...which we are now calling urgent and emergency mental health care
“By 2020, there should be 24-hour access to mental health crisis care, 7 days a week, 365 days a year – a ‘7 Day NHS for people’s mental health’.”

- **over £400m for crisis resolution and home treatment teams** (CRHTTs) to deliver 24/7 treatment in communities and homes as a safe and effective alternative to hospitals (over 4 years from 2017/18);

- **£249m for liaison mental health services** in every hospital emergency department (over 4 years from 2017/18);

- **£15m capital funding for Health Based Places of Safety** in 2016-18 (non-recurrent)
Programme scope

Crisis Care – urgent/emergency crisis response - (underway, phase 1)

✓ Primary care response (in and OOH)
✓ 111 (and the DoS; IUC) and 999
✓ 24/7 MH crisis line (tele-triage & tele-health) and 24/7 community-based crisis response (CR)
✓ ‘Blue light’ response, transport hub, S135/136 response & health based places of safety
✓ Urgent and emergency mental health liaison in acute hospitals (A&E and wards) (+alcohol care teams)

Acute Care - (underway, phase 2):

- Alternatives to admission – crisis & respite houses, family placements
- 24/7 intensive home treatment as alternative to admission (HT)
- Acute day care
- Acute inpatient services
- PICU services
- Acute system management, out of area placements, DToCs

Must ensure that we take a joined up approach for people with co-existing MH and substance misuse conditions...
Development of new pathways and standards

National focus in 2016/17 on ‘preparatory’ national work before new money comes in – the national levers and incentives to support local delivery from 2017/18:

Develop 4x projects for UE mental health:
- 24/7 UE liaison MH in acute hospitals – NOW PUBLISHED!
- 24/7 ‘blue light’ UE MH response – Dec
- 24/7 community UE MH response – spring ’17
- 24/7 UE MH response for children and young people – Dec

For each of the above, Expert Reference Groups to advise on/recommend:
- ✓ Referral to treatment pathway, including response times and NICE quality standards
- ✓ Implementation guidance
- ✓ England-wide quality assessment and improvement scheme
- ✓ England-wide baseline audit & gap analysis
- ✓ Articulate key national metrics to measure pathways
Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance
Recommended response times for urgent and emergency liaison mental health

- Within a **maximum of 1 hour** of a liaison mental health service receiving a referral, any person experiencing a mental health crisis receives a response from the liaison team (aka an ‘urgent and emergency mental health service’).

- Within **four hours** from arriving at ED/being referred from an acute general hospital ward, I should:
  - have received a full biopsychosocial assessment and jointly created an urgent and emergency care plan, or an assessment under the Mental Health Act should have started;
  - have been accepted and scheduled for follow-up care by a responding service;
  - be en route to next location if geographically different; or
  - have been discharged because the crisis has resolved.

- **Quality** as important in terms of delivering evidence-based NICE-concordant care & outcomes measurement

- Other pathways equivalent approach – learning from the past in terms of incentivising the right system behaviours
What constitutes NICE-concordant care for people with urgent and emergency mental health needs? Measures taken from NICE service user experience guideline

<table>
<thead>
<tr>
<th>Statement</th>
<th>Please circle one number</th>
</tr>
</thead>
<tbody>
<tr>
<td>If I experience a mental health crisis again, I feel optimistic that care will be effective.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>During the treatment for my crisis, I was treated with empathy, dignity and respect.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>During the treatment for my crisis, I felt actively involved in shared decision-making and supported in self-management.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>I feel confident that my views are used to monitor and improve the performance of mental health care for crises.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>I can access mental health crisis services when I need them.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>During the treatment for my crisis, I understood the assessment process, diagnosis and treatment options, and received emotional support for any sensitive issues.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>During the treatment for my crisis, I jointly developed a care plan with mental health and social care professionals, and was given a copy with an agreed date to review it.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>When I accessed crisis support, I had a comprehensive assessment, undertaken by a professional competent in crisis working.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>The mental health crisis team considered the support and care needs of my family or carers when I was in crisis. Where needs were identified, they ensured that they were met when it was safe and practicable to do so.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Clinician reported outcome measure

Clinical Global Impression Improvement Scale (CGI-I)

<table>
<thead>
<tr>
<th>Compared to the person’s condition at the start of assessment, his/her condition is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very much improved</td>
</tr>
<tr>
<td>1</td>
</tr>
</tbody>
</table>

• Guide also references FROM-LP

• FROM-LP II in development – endgame is to develop an agreed, validated CROM for liaison
Other key points from Urgent & Emergency Liaison MH implementation guidance – READ IT!!

- >18s i.e. adults & older adults
- **Scope is UEC.** We know liaison is much more than that; planned care liaison separate & forthcoming further down line
- Sets out **important functions** of liaison mental health services in responding to mental health crises & benefits
- Information on **staffing & skill mix** necessary to deliver care in line with NICE guidance
- Describes **optimal service models**
- Clarifies **data collection and reporting requirements**
- Aims to provide a **step-by-step process** that local commissioners and providers can follow, working collaboratively with stakeholders, to **ensure sustainable delivery** of the evidence-based treatment pathways
- Separate **Positive Practice Examples and Helpful Resources** pack published simultaneously
UE MH care in other national levers and incentives

- **CCG Improvement and Assessment Framework** – UE MH care prominent
- **NHS Planning Guidance** – among 2 of the 9 NHS ‘must dos’
- **NHSI Single Oversight Framework**
- **Aides-memoires and assurances of STPs**
- **MH Dashboard, CCG Financial tracker (MH Investment Standard)**
- **Much needed changes to national datasets**
- **CQUINs, Quality Premiums, new payment models** for UEC and MH
- **NHS England assurance and performance functions**
- **Year long CCQI implementation support scheme** following publication of new suite of national guidance documents
Quality assessment and improvement scheme for UE MH care – College Centre for Quality Improvement (CCQI; RCPsych)

Purpose:
• Communicate and familiarise all NHS crisis services with the new recommended standards set out in the implementation guides;
• Measure – self-assessment against key criteria;
• Receive feedback and support from CCQI to identify key gaps;
• Provides national understanding of performance of services – allowing for a baseline audit and gap analysis for crisis care.

*We are ambitious realists!* 

Role of local Concordat groups:
• Aimed at NHS services across all 3 adult pathways (liaison MH, ‘blue light’, community crisis response; CYP separate)
• We envisage a central role for key partners in local Crisis Care Concordat Groups in signing off self-assessment returns
• England-wide scheme launched around spring 2017 for one year
Linking up governance – much work already underway on urgent and emergency mental health care including liaison

- Clinical Networks – mental health

- UEC Networks and regional PMOs

- Are your local Crisis Care Concordat groups in Yorks & Humber aware of developments?

- Transformation of MH crisis care must be seen and integrated within wider UEC system transformation – both are complementary

- Link-up vital: Networks/PMOs unfamiliar with local MH work should join with CCC groups, NHSE MH regional leads, MH Clinical Networks
£30m pump prime funding for 2017/18 & 2018/19 (£15m each) as ‘Wave 1’

- Objective: at least 50% of acute hospitals (with 24/7 A&Es) at ‘Core 24’ for adults by 2021

- NHS England determines that a liaison MH service is at ‘Core 24’ based on the following three criteria:
  - Teams are commissioned to operate on a 24/7 basis
  - Teams are resourced in line with (or close to) the recommended staff numbers and skill mix (including access to older adult clinical expertise) to operate effectively on a 24/7 rota
  - Teams are meeting recommended response times following referral (1hr for emergency referrals, 24hrs for urgent ward referrals).

- Currently only 10% meet all 3 criteria. This fund will help increase this number and move us towards desired 50%
UE liaison mental health transformation fund 2/2

• **Wave 1** focus on pump prime funding to **accelerate existing local development plans for those closest** to achieve the ‘Core 24’ service level

• **A&E Delivery Board(s)** footprints with support from regional UEC PMOs and UEC Networks; aligned with STP plans

• Liaison one of clearest signals that MH is **core business** for + clear part of acute sector & wider UEC system

• Looking for **strong senior clinical and operational leadership, strong joint governance** between CCGs, acute trusts, mental health trusts and other partners

• Gradual **expansion of workforce required** over medium/longer term

• **Wave 2 (2018)** likely to therefore have greater overall funding.

• In the interim, services currently further away from Core 24 **should develop and implement robust, locally funded improvement plans to move closer to the Core 24 standard** and maximise their chances of successfully bidding for Wave 2 transformation funding
So what’s been happening in Y&H? 1/2

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Staffed at minimum recommended level for core 24 (as of mid-2016)?</th>
<th>Hours 24/7 (as of mid-2016)?</th>
<th>Targets 1hr/24hrs (as of mid-2016)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airedale NHS Foundation Trust (Airedale General Hospital)</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Barnsley Hospital NHS Foundation Trust (Barnsley Hospital)</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Bradford Teaching Hospitals NHS Foundation Trust (Bradford Royal Infirmary)</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Calderdale And Huddersfield NHS Foundation Trust (Calderdale Royal Hospital)</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Calderdale And Huddersfield NHS Foundation Trust (Huddersfield Royal Infirmary)</td>
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<td>Y</td>
<td>Y</td>
</tr>
<tr>
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<tr>
<td>Harrogate And District NHS Foundation Trust (Harrogate District Hospital)</td>
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<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>Hull And East Yorkshire Hospitals NHS Trust (Hull Royal Infirmary)</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Leeds Teaching Hospitals NHS Trust (Leeds General Infirmary)</td>
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<td>N</td>
</tr>
<tr>
<td>Leeds Teaching Hospitals NHS Trust (St James' Hospital)</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Mid Yorkshire Hospitals NHS Trust (Dewsbury and District Hospital)</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Mid Yorkshire Hospitals NHS Trust (Pinderfields Hospital)</td>
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<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Mid Yorkshire Hospitals NHS Trust (Pontefract Hospital)</td>
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<td>Y</td>
<td>Y</td>
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<tr>
<td>Northern Lincolnshire And Goole NHS Foundation Trust (Diana, Princess of Wales)</td>
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<tr>
<td>Northern Lincolnshire And Goole NHS Foundation Trust (Scunthorpe General Hospital)</td>
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<td>Rotherham NHS Foundation Trust (Rotherham Hospital)</td>
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<td>York Teaching Hospital NHS Foundation Trust (The York Hospital)</td>
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<tr>
<td>York Teaching Hospital NHS Foundation Trust (Scarborough General Hospital)</td>
<td>N</td>
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<td>Y</td>
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</tbody>
</table>
### So what’s been happening in Y&H? 2/2

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Extra consultants needed for recommended core 24 staffing level (as of mid-2016):</th>
<th>Extra nurses needed for recommended core 24 staffing level (as of mid-2016):</th>
<th>Extra admins needed for recommended core 24 staffing level (as of mid-2016):</th>
<th>Staffed at minimum recommended level for core 24 (as of mid-2016)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hull And East Yorkshire Hospitals NHS Trust (Hull Royal Infirmary)</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Sheffield Teaching Hospitals NHS Foundation Trust (Northern General Hospital)</td>
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<td>0</td>
<td>0</td>
<td>Y</td>
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<tr>
<td>Calderdale And Huddersfield NHS Foundation Trust (Calderdale Royal Hospital)</td>
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<tr>
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<tr>
<td>York Teaching Hospital NHS Foundation Trust (The York Hospital)</td>
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<tr>
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<td>Harrogate And District NHS Foundation Trust (Harrogate District Hospital)</td>
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<td>1.4</td>
<td>1.6</td>
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<tr>
<td>Mid Yorkshire Hospitals NHS Trust (Dewsbury and District Hospital)</td>
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<td>6.6</td>
<td>1.85</td>
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<tr>
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<td>N</td>
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<tr>
<td>Leeds Teaching Hospitals NHS Trust (Leeds General Infirmary)</td>
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<td>9.8</td>
<td>1</td>
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<tr>
<td>Doncaster and Bassetlaw Hospitals NHS Foundation Trust (Doncaster Royal Infirmary)</td>
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<td>0</td>
<td>0</td>
<td>N</td>
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<tr>
<td>Mid Yorkshire Hospitals NHS Trust (Pontefract Hospital)</td>
<td>1.9</td>
<td>12</td>
<td>1.95</td>
<td>N</td>
</tr>
<tr>
<td>York Teaching Hospital NHS Foundation Trust (Scarborough General Hospital)</td>
<td>1.9</td>
<td>8</td>
<td>1.5</td>
<td>N</td>
</tr>
<tr>
<td>Airedale NHS Foundation Trust (Airedale General Hospital)</td>
<td>2</td>
<td>10.4</td>
<td>1.2</td>
<td>N</td>
</tr>
<tr>
<td>Bradford Teaching Hospitals NHS Foundation Trust (Bradford Royal Infirmary)</td>
<td>2</td>
<td>9.2</td>
<td>1.6</td>
<td>N</td>
</tr>
<tr>
<td>Doncaster and Bassetlaw Hospitals NHS Foundation Trust (Bassetlaw District Hospital)</td>
<td>2</td>
<td>5.5</td>
<td>1</td>
<td>N</td>
</tr>
<tr>
<td>Northern Lincolnshire And Goole NHS Foundation Trust (Diana, Princess of Wales Hospital)</td>
<td>2</td>
<td>13</td>
<td>2</td>
<td>N</td>
</tr>
</tbody>
</table>
New CQUIN: Improving services for people with mental health needs who present to A&E

- Compleness and quality of A&E diagnostic coding is known to be highly variable, and on the whole still needs considerable improvement. Particularly true for MH – primary & secondary presentations. E.g. 1 million MH presentations?? + Anecdotes about 4hr A&E breaches but little data ∴ little evidence to make investment case

- Two-year CQUIN therefore major focus on improving quality of coding of primary & secondary MH needs in A&E (longer term ECDS work with RCEM)

- Additional focus on:
  - identifying top frequent A&E attenders who would benefit most from specialist MH interventions
  - reviewing/developing joint multi-agency, co-produced care plans
  - strengthening existing/developing new services to support this cohort of people better and offer safe and more therapeutic alternatives to A&E where appropriate
  - reduce the number of attendances to A&E for those frequent attenders and all people with primary MH needs and establish improved services to ensure reductions are sustainable.

- Final version published at beginning of November following engagement and refinement
.... thank you...

Twitter: @ViralKMH @BobbyPratapMH
Email: viral.kantaria@nhs.net / bobby.pratap@nhs.net
Questions & Discussion
Yorkshire and the Humber Liaison Mental Health Network

Time for a break?

15 minutes only please!
Workshop: Developing the Local Vision for Liaison Services
Workshop Task 1:

• Task 1: Introductions & Tensions
• You have **15 minutes for this task** (14:45-15:00)

• Conduct introductions around the table. Include the following information:
  • Name & Job Title;
  • Organisation & where applicable *brief* summary of LMH status;
  • Main concern for improving LMH services.

Using the post-it notes provided, write down what *your* main concerns are for improving liaison mental health services.

Stick these on the flip chart provided.
Workshop Task 2:

• **Task 2 – Creative Solutions**
• You have **30 minutes for this task**. (15:00-15:30)
• Spend some time considering creative solutions for improving liaison mental health services in your area. You may wish to consider the following questions:

1. How can everyone around the table work together to develop creative solutions?
2. What opportunities are there for different mental health teams/services to work together?
3. What would liaison services look like in your area with no financial constraints? Is a 24/7 service appropriate for your area? Which teams would you link with?
4. What can be achieved with the constraints on resources that do exist?
5. How could anticipated national funding be utilised?

**Record your discussions on the feedback form provided or feel free to get creative and draw your solutions on flip chart paper!**

Please be prepared to feedback **one key message** to the room.
Feedback and Actions
Closing Remarks

- Next Steps
- North Region LMH Event – TBC Feb 2017
- CYP Guidance Update
- YAS Mental Health Pathway Reconfiguration Proposal
- Future Meetings

Dr Katie Martin, LMH Clinical Advisor, Yorkshire and the Humber Clinical Networks and Consultant Liaison Psychiatrist, Tees, Esk and Wear Valley NHS Foundation Trust
Mental Health Pathway Reconfiguration Proposal

- Mental Health referral pathway proposed changes

YAS MH Nurses Scope:
- Expert advice inc:
  - Toxbase
  - Mental capacity act
  - Mental health act
  - S136
  - Access to Care Plans (via CRT)

Co-ordination between:
- CRS
- YAS crews
- Police
- GP
- Street triage

Decision support:
- Non-conveyance
- Conveyance to Safety netting

999/111 call -> YAS MH Nurses

- YAS MH Nurses
- Care plan agreed/ care episode closed

- Crisis resolution service/ other agency
  - Ambulance response or patient
    - Care plan agreed/ care episode closed

Copies available on tables and please speak to Tom Heywood for further information
Yorkshire and the Humber Liaison Mental Health Network

Thank You for Attending!

Please remember to fill out your evaluation forms!