

Yorkshire and the Humber Liaison Mental Health Network

Minutes

8 October 2020, 10:00-12:00

Microsoft Teams

No.	AGENDA ITEMS	Action By
1.	<p>Welcome and introductions and – Katie Martin, Yorkshire and the Humber Clinical Networks Clinical Advisor & Consultant Liaison Psychiatrist</p> <p>Katie Martin welcomed everyone to the meeting while Denise Friend conducted housekeeping and introductions.</p>	
2.	<p>Liaison Mental Health: Update from the National Mental Health Team and Q&A – Modestas Kavaliauskas and Bobby Pratap NHS England National Mental Health Team</p> <p>Modestas Kavaliauskas presented the national update on Wave 3 Transformation Funding and the LPSE-5 results to the attendees.</p> <p>Please see the presentation slide pack for further information.</p> <p>Questions and Answers:</p> <p>Q. Katie Martin asked if LPSE-6 will reflect the staffing numbers services are funded to as well as people in post.</p> <p>A. Modestas Kavaliauskas confirmed that the team will be doing a stocktake across the country to give a better understanding of LPSE-6 and the University of Exeter are currently exploring options to improve the survey.</p> <p>Q. Katie Martin explained that the survey needs to go to the right person in the Trust for accurate to completion, therefore, it is important to keep contact details up to date.</p> <p>A. Bobby Pratap replied that the team who are commissioned to conduct the survey, feel strongly that the survey should go to the team Consultants for completion rather than service managers. However, he would feedback that there needs to be a process of validation on the data that incorporates both the clinical and service lead perspectives. Bobby Pratap continued that the LPSE-5 results had been delayed due to COVID-19 and are therefore now out of date. The LPSE-6 survey should be completed as “now” and NHS England will then validate each survey. Bobby Pratap confirmed that beyond the Long Term, Plan Liaison Services will not be measured in the same way and the intention is to measure service performance rather than just absolute numbers in teams. The LPSE-6 process will include validation. Modestas Kavaliauskas also informed the attendees that work is ongoing to map crisis care services across England.</p> <p>Q. Katie Martin enquired about recurring funding for LMH services and what the national team view was on this for the Wave 3 applications.</p> <p>A. Modestas Kavaliauskas replied that delivery of LMH services is a must do for all Trusts across England and funding has been provided for this in CCG baselines. The Wave 1, 2 and 3 funding is to pump prime services and funding has been committed as part of the Five Year Forward View and Long Term Plan via the mental health investment standard to ensure CCGs provide sustainable ongoing funding for these services. Bobby Pratap advised that if Wave 3 applications did not unequivocally confirm ongoing funding they would be rejected. Bobby Pratap advised that LMH services are in place to ensure patient</p>	

	<p>safety and quality of care and any applications that state ongoing funding is subject to evaluation will not be funded. Bobby Pratap highlighted that urgent and emergency physical health services do not have to prove a return on investment and urgent and emergency mental health services, which keep people safe from harm and prevent people from taking their own lives, should not be treated differently. Bobby Pratap also highlighted that the new A&E standards, which are being implemented, include measures for mental health. A Core 24 or equivalent service will be included in these standards and Trusts who do not have a service will not meet the new standards.</p> <p>Q. Janice Wootton asked if there would be further funding available for areas that already had a service but wanted to expand the service to become an enhanced team?</p> <p>A. Bobby Pratap advised that priority in the Wave 3 funding would be given to areas that did not currently have an LMH service. However, he did advise that services wanting to expand can by all means submit a bid to enrich existing teams. Bobby Pratap advised that there is £12 million available this year, which should provide Wave 3 funding for areas without services and possibly some funding to create enhanced LMH in larger sites. Modestas Kavaliauskas highlighted that the Wave 3 funding would be for one year and for the years following the CCG/system would have to recurrently fund.</p> <p>Action: Please let Katie Martin know if your service is planning to put a funding bid in. Katie Martin can then link in with the service and regional team to help support the bids. The deadline for applications for Wave 3 funding is 18 November 2020.</p>	<p>All/Katie Martin</p>
<p>3.</p>	<p>New Career Roles for Psychology Graduates and Q&A – David McCluskey Quality Improvement Lead, North West Coast Strategic Clinical Network</p> <p>David McCluskey presented to the attendees on “New Career Roles for Psychology Graduates” project.</p> <p>The project is one of three commissioned by HEE NW and supported by the Local Workforce Action Boards (LWABs) for Lancashire & South Cumbria and Cheshire and Merseyside. Three projects emerged from the priorities of the North West Coast (NWC) to be undertaken by the Innovation Agency.</p> <p>The three projects are:</p> <ol style="list-style-type: none"> 1. Improving career routes in Psychology to improve supply: Analysis of the current workforce supply and a change plan to improve and ultimately close the workforce gaps in the psychological professions. 2. To develop a place-based workforce model for adults with mental health conditions, learning disabilities and autism, including their comorbid physical health conditions in a locality setting of c 30,000 population 3. Health Workforce North: Use the Northern Powerhouse ambition to contribute to the workforce strategy by identifying how the NHS can be branded to attract and retain young UK and overseas graduates into the NHS workforce. <p>Please see the presentation slide pack for further information.</p> <p>Questions and Answers:</p> <p>Q. Sarah Strather informed the attendees that it is nearly impossible to get a place on the clinical doctorate course due to sheer demand despite being a</p>	

	<p>psychology graduate with clinical experience. Is this untapped resource being considered?</p> <p>A. David McCluskey replied that the first cohort of students will be starting in January 2021 and that most of them are currently employed within the system. David McCluskey agreed that services need to identify people already in the system and offer them a career i.e. starting at band 4 before progressing to band 5, after training, which could lead to applying to complete a doctorate and therefore a pathway into clinical psychology. However, this pathway is also intended to be an option for people who do not want to go on to become clinical psychologists.</p> <p>Q. Katie Martin asked how it would be funded?</p> <p>A. David McCluskey explained that it is being funded as a pilot by Health Education England (HEE) as follows:</p> <ul style="list-style-type: none"> ▪ 2.2k for the course ▪ 3.3k for the placement ▪ 13.5k for backfill <p>Students will also be given a “dowry” to purchase clinical supervision, which is essential to this pilot. Each student will have 40 hours supervision during the course.</p> <p>Q. Katie Martin questioned how HEE see it being rolled out and will they roll it out nationally?</p> <p>A. David McCluskey replied that the course will be evaluated in a year’s time and that outcome measures need to be identified to ensure ongoing commitment from Trusts.</p> <p>Q. Katie Martin asked whether the students would get experience through different areas or would just be working in the CMHT?</p> <p>A. David McCluskey confirmed that students would gain experience across different areas and not just CMHT.</p> <p>Comment: Sarah Dexter-Smith suggested that the Psychological Professions Network (PPN), along with British Psychological Society (BPS) will be really helpful in establishing these new roles nationally and into each region.</p>	
<p>4.</p>	<p>Where are we now? What challenges have we faced? How have these been overcome? – Dr Katie Martin, Yorkshire and the Humber Clinical Networks Clinical Advisor & Consultant Liaison Psychiatrist</p> <p>Katie Martin presented to the attendees on the Share and Learn survey and the Liaison “stocktake” calls.</p> <ul style="list-style-type: none"> • Share and Learn survey <ul style="list-style-type: none"> • Developed to share and learn from experiences and challenges during the initial phase of COVID-19 • To identify any support required moving forward to meet Core 24 standards • Responses relate to the period 1st April to 30th June 2020 • Undertaken 3rd Aug to 7th Sept 2020 - total of 5 responses • Liaison ‘stocktake’ calls in July 2020: <ul style="list-style-type: none"> • To pull together current position for Liaison services across Yorkshire & Humber to inform regional and national teams • To identify services still requiring additional support and transformation funding 	

	<p>Please see the presentation slide pack for further information.</p> <p>Questions and Answers:</p> <p>Q. Katie Martin asked the attendees if there were any other examples that should have been included on the Share and Learn survey list.</p> <p>A. The following responses were received:</p> <ul style="list-style-type: none"> • Need to be aware that some staff members felt that they could be transferring COVID to patients following the initial PPE guidance. This in turn affected staff mental health and wellbeing. • Wellbeing and different ways of working need to be put in place. • Mental health providers maybe didn't understand how liaison practitioners, who work across both acute and mental health services, would be affected. • There were issues around junior doctors working in liaison services who felt excluded as they had to work from home and wanted to be in an acute setting. However, the Foundation Schools are now looking into this issue. • There needs to be robust guidelines in place for all teams, following a COVID breakout, and what members of staff should do while they are waiting for COVID test results. • Staff support/liaison teams need to talk to each other more to get a consistent understanding of need across trusts. • Staff retention is an issue as well as recruitment. <p>Q. Elijah Gumise asked how logistically other services have facilitated face to face contact with patients when it has not been possible to keep to the 2m social distance?</p> <p>A. Katie Martin replied that in her trust they follow the guidelines set by the acute trust as standard and used level 2 PPE, doing the assessments as best they can. In a COVID positive situation the member of staff wears level 3 PPE to do the assessment following a "fit" test. Katie Martin explained that they are trying to get the whole team "fit" tested and that in the early days of COVID-19 doctors were happy to take advice over the phone. Katie Martin continued that they now see patients in a cubicle, rather than a closed door room in A&E, with level 2 PPE and that assessments are kept to a minimum focussing on risk and then following up with a phone assessment.</p> <p>Q. Pratibha Nirodi asked how staff have been "fit" tested?</p> <p>A. Katie Martin stated that in TEVV the "fit" test is through the infection control department at the acute trust.</p>	
<p>5.</p>	<p>Summary - Dr Katie Martin, Yorkshire and the Humber Clinical Networks Clinical Advisor & Consultant Liaison Psychiatrist</p> <p>Katie Martin summarised and thanked everyone for attending the network event.</p>	
	<p>ITEMS FOR INFORMATION:</p>	
	<p>Future Meetings:</p> <p>The next Liaison Mental Health Network meeting will be held in December 2020. An electronic diary invite will be issued.</p>	

