Yorkshire and the Humber Adult Mental Health Clinical Network

Liaison Mental Health Network

8 October 2020

NHS England and NHS Improvement

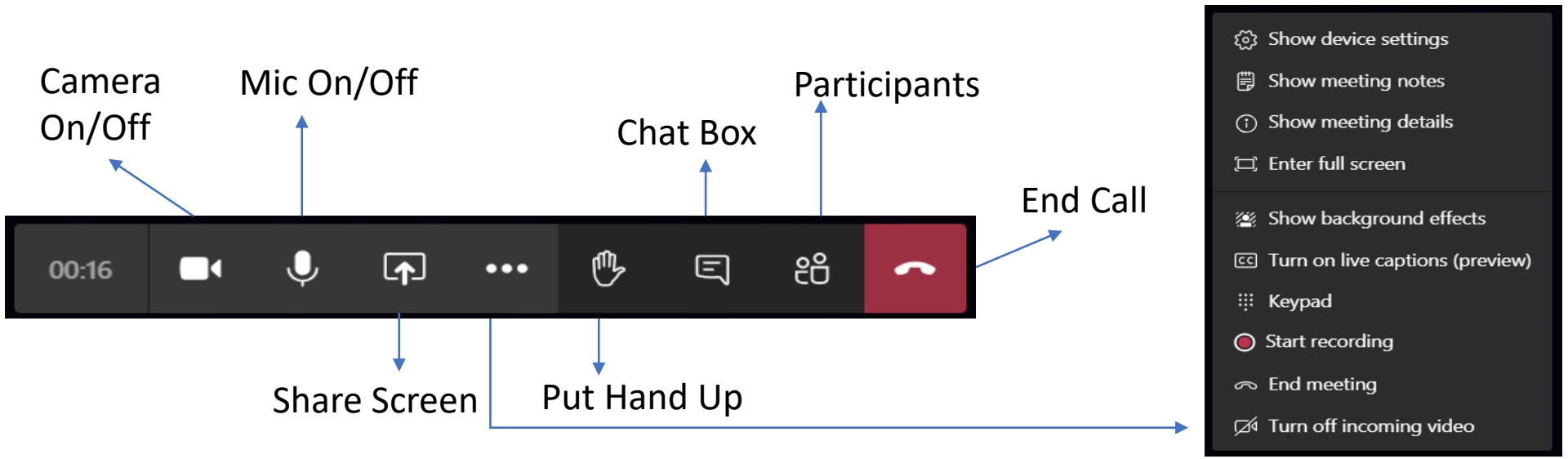
Housekeeping

Please remain on mute throughout the session, unless invited to speak – thank you.

You are welcome to use the video function, however this occasionally causes bandwidth problems so you may wish to turn it off.

Whilst we will have an open conversation, please *feel free to use the chat box function* to ask questions or make comments.

If you would like to speak please use the “Put Hand Up” function and the moderator will come to you in due course.



Agenda

10:00	Welcome and introductions	**Dr Katie Martin/Chair** TEWV NHS FT
10:10	Liaison Mental Health: Update from the National Mental Health Team plus Q&A	**Bobby Pratap/Modestas Kavaliauskas** NHS England National Mental Health Team
10:50	New Career Roles for Psychology Graduates plus Q&A	**David McCluskey** Quality Improvement Lead, North West Coast Strategic Clinical Network
11:10	Where are we now? • What challenges have we faced? • How have these been overcome?	**Dr Katie Martin**
11:50	Summary	**Dr Katie Martin**
12:00	Close	

Yorkshire and the Humber Adult Mental Health Clinical Network

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Welcome and Introductions

Dr Katie Martin – Chair
TEWV NHS FT

8 October 2020

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Yorkshire and the Humber Adult Mental Health Clinical Network

Liaison Mental Health Network

Liaison Mental Health: Update from the National Mental Health Team plus Q&A

Modestas Kavaliauskas
NHS England National Mental Health Team

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Liaison mental health – Wave 3 TF

Wave 3 in 21/22 will be targeted at **achieving core 24 or equivalent service** for sites (with a type 1 A&E dept) that have not yet had funding in waves 1, 2 or 2b.

- **~£12m is available in 21/22**, equating to around 15-20 sites;
- **Dedicated for liaison mental health in general hospitals**, focussed on adults and older adults: this fund is not for community crisis services or CYP services, for which there is CCG baseline funding uplifts and other transformation funding pots.

The primary role of the fund is to meet the significant mental health need in general hospital wards and in A&E:

- Improve patient safety in general hospitals;
- Improve patient experience;
- Brief intervention, biopsychosocial assessment and care planning in line with NICE guidance;
- Facilitating improved and earlier discharge planning and links to mental health services;
- Improve flow through A&E and wards, including meeting potential new A&E standards / avoiding breaches and long delays;
- Provide financial efficiency and cost-savings

Some typical patient groups who benefit:

- People who have self-harmed
- Older adults with depression, dementia, delirium
- People with long term conditions and co-occurring mental health needs (including unidentified needs)
- People with medically unexplained symptoms
- Frequent attenders with underlying psychosocial needs
- People experiencing mental health crisis
- Anyone with co-morbid physical/mental needs
- Recently some focus on support for people with mental health needs with covid-19 / post ITU support

Liaison mental health

What does NHS England mean by 'Core 24':

Suitable for most hospitals with 400-500 beds or above. Larger hospitals of c700 beds+ may require more staff (Enhanced 24)

- **24/7** hours of operation
- **1hr face-to-face response** to referrals from A&E within **24 hrs** from wards
- **Staffed on-site** to cover a 24/7 rota sustainably with capacity to meet demand in wards / A&E – in majority of hospitals this usually means **1.5-2 WTE consultant liaison psychiatrists and 11-13 WTE qualified mental health professionals**;
  - **Multi-disciplinary skill-mix encouraged:**
    - drug & alcohol workers, psychologists, OT, pharmacists, social work, older adult specialists, frequent attender caseworkers.
    - 'non-qualified': peer support, VCS, admin/PA, data analysts

What does NHS England mean by 'Alternative to Core 24':

Suitable for smaller hospitals with lower demand, typically with fewer than 400-425 beds (and/or more rural areas or with lower mental health demand)

Functions are the same as core 24, namely:

- 24/7 coverage,
- face to face response within 1hr of referral from A&E, 24h from wards
- Staffing model may vary if on-site 24/7 team not warranted:
  - Example 1: a nearby large hospital and smaller hospital: core 24 team mainly based in larger hospital, but with additional staffing on top of core 24 staffing complement to cover demand flexibly across the two hospitals (or with video link to smaller hospital);
  - Example 2: Smaller hospital with dedicated on-site team but fewer staff than full core 24 service; e.g. staff on site for 15-18 hours per day, with community crisis teams resourced to respond to urgent hospital presentations overnight in addition to their urgent community function

Hospitals eligible for wave 3 (that have not yet had funding in prior waves)

Region	Hospital site
Midlands	Hereford County Hospital
Midlands	Lincoln County Hospital
Midlands	Alexandra Hospital, Redditch
Midlands	Worcestershire Royal Hospital
East	Queens Hospital, Romford
East	Hinchingbrooke Hospital
North East & Yorkshire	Airedale General Hospital
North East & Yorkshire	Bradford Royal Infirmary
North East & Yorkshire	Bassetlaw District Hospital
North East & Yorkshire	Scarborough General Hospital
North West	Macclesfield District General Hospital
North West	Countess of Chester Hospital
South West	North Devon District Hospital

For context in wave 2 and 2b:

- 54 sites funded to move to core 24
- 20 larger / busier sites funded to move to Enhanced 24
- 10 smaller sites funded with an approved 'alternative' to core 24

LPSE-5

60/170 (**35%**) Nationally as of December 2019

ACUTE TRUST 2020	HOSPITAL (WITH ED)	MHPs	Consultants	Hrs/Week	1Hr Target	C24 STAFF
Airedale NHS Foundation Trust	Airedale General Hospital	6.55	0.25	3	No	No
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital	7.98	0	4	No	No
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	5.25	0.25	3	No	No
Calderdale and Huddersfield NHS Foundation Trust	Calderdale Royal Hospital	11.4	1	4	Yes	No
Calderdale and Huddersfield NHS Foundation Trust	Huddersfield Royal Infirmary	11.4	1	4	Yes	No
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal Hospital	15.8	1.9	4	Yes	Yes
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Bassetlaw Hospital	4	0	4	Yes	No
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	18.81	1.5	4	No	Yes
Harrogate and District NHS Foundation Trust	Harrogate District Hospital	5	0.8	3	Yes	No
Hull University Teaching Hospitals NHS Trust	Hull Royal Infirmary	48.3	5.9	4	Yes	Yes
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	23.25	1.9	4	Yes	Yes
Leeds Teaching Hospitals NHS Trust	St. James's Hospital	23.25	1.9	4	Yes	Yes
Mid Yorkshire Hospitals NHS Trust	Dewsbury and District Hospital	11	1	4	Yes	No
Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital	11	1	4	Yes	No
Northern Lincolnshire and Goole NHS Foundation Trust	Diana, Princess of Wales Hospital	7	0	3	Yes	No
Northern Lincolnshire and Goole NHS Foundation Trust	Scunthorpe General Hospital	9	1	3	Yes	No
Sheffield Teaching Hospitals NHS Foundation Trust	Northern General Hospital	28.3	2.8	4	Yes	Yes
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	4.73	0.5	3	Yes	No
United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital	4.73	0.5	3	Yes	No
York Teaching Hospital NHS Foundation Trust	Scarborough Hospital	4	0.2	2	Yes	No
York Teaching Hospital NHS Foundation Trust	The York Hospital	16	2	4	Yes	Yes

4 – 24/7; **3** – Extended hours but not 24/7; **2** - More than M-F, 9-5; **1** - M-F, 9-5


Q&A

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Liaison Mental Health Network

New Career Roles for Psychology Graduates plus Q&A

David McCluskey
Quality Improvement Lead
North West Coast Strategic Clinical Network

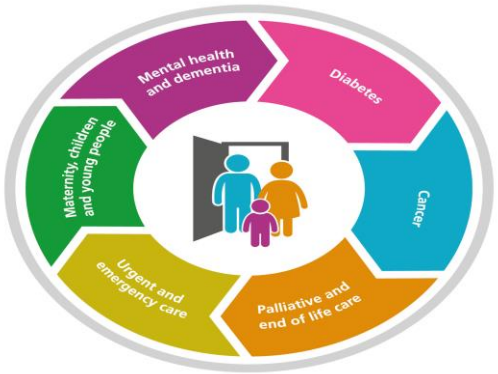
8 October 2020

NHS England and NHS Improvement

North West Coast
Strategic Clinical Networks

New Career Routes into Psychological Professions in Health and Care

David McCluskey



Background to Project

This 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.

The three projects are:

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.

- Psychology is one of the largest graduating schools in the UK and many of those graduates are motivated by a career in the NHS but find themselves without a clear path to follow.
- The project set out to establish the current barriers in the structures of our workforce development in professions related to Psychology and to identify whether we could change those structures to enable a highly motivated and qualified group of graduates to enter the NHS workforce at increased pace and in higher volumes than they do today.

- There are no Psychology degrees in the North West Coast and we believe in England, that are currently offered by an HEI in partnership with local Trusts nor commissioned by Health Education England, that are specifically designed to produce young psychological care professionals ready to join the NHS into a postgraduate clinical career pathway.

- This means that although graduates may have a significant clinical course component in their degrees, they do not have the relevant clinical experience to allow them to enter the workforce on graduation at the same level as a staff nurse would.
- This appears to be a unique situation that is avoided in almost all other clinical training pathways, whether it be in Nursing, Medicine or Allied Healthcare Professionals (AHP).

What did we do?

- We set up a small project team to include people from HEE, Uclan, the NWSCN, the C&M Mental Health Programme board
- We have set up a wider stakeholder group to include HR directors and Senior Leaders from Trusts across the North West.
- We have now set up a Clinical Supervision Network for Line Managers and Clinical Supervisors for the first cohort of students

Terms of reference for the Clinical Supervision Network

- - Career mapping and structure
- - Recruitment
- - Clinical context of the course including content, structure & evaluation
- - Placement structure
- - Identify the Clinical Supervisors from each organisation
- - Clinical Supervision & Training requirements for supervisors
- - Provide Clinical Support to the project
- - Develop a legacy of resilience to ensure the support network continues after April 2021

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Where are we now?

- what challenges have we faced?
- how have these been overcome?

Dr Katie Martin/Chair
TEWV NHS FT

Introduction

- Share and Learn survey
  - 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:
  - 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
  - *additional answers from this supplemented 5 above responses

Q2 – Please list the 3 biggest challenges during this period

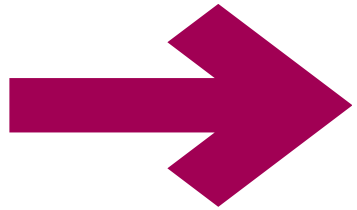
- PPE - arrangements/ availability/ advice/ access from own trust
- Staffing levels (recruitment, retention)
- Staff members' fear about their own physical health being compromised with increased risk of being exposed to COVID
- Lack of alternatives for liaison patients attending ED to be directed away from ED eg. closure of crisis cafes, lack of F2F elsewhere
- ↑ demand & ↑ acuity, ↑ complexity due to interrupted care
- Ensuring compliance regarding PPE and patient assessments across 2 trusts
- Getting the acute hospital to accept some patients being assessed over phone
- Working from home & using MS Teams for all meetings
- Managing staff wellbeing, concern about 'burn-out'
- Motivation to constantly work on own
- Not being able to see loved ones, isolation (professional/ personal)
- Concern about diversion, 'co-location'/ on-site liaison services being moved elsewhere

Q3 – What have you done differently? How? What impact has this had?

What have you done differently?	How?	What impact has this had?
A period of telephone triage/ assessing at the height of COVID	We had to move into new accommodation and had to ensure enough phones	It does make assessing difficult as part of assessing someone's mental state is the physical presentation. It has shown face to face assessing is needed.
Closer working/communication with STH (Acute trust) colleagues; more remote meetings	Via daily contact with acute colleagues and working with them to find solutions and keep both sides aware of pressures for both acute and H trust	Better relationships with acute colleagues/maximised care for patients with resource available
Having more PPE earlier than when we got it would have been helpful		Could have reduced the anxiety some staff had
Changed my working habits slightly (being kind to self).I am not working over as much as I did previously, not booking in as many meetings. Thus have more time to get on with the important tasks.	Allowing myself to be more flexible in how I work, if I am finding it difficult to focus, I can stop work and come back to it	I am getting the important pieces of my work done on time. Not always late to meetings or feeling stressed in a traffic jam. Due to MS teams there is really good attendance at the meetings I hold across the patch
Risk assessment on staff to manage resource keep staff safe	Undertaking individual risk assessments	Enabled staff to keep safe, for us to manage resource as effectively as possible with the measures in place

Q4a– What can you continue to do differently?

- Using the office in ED and the alternative office and this will more than likely continue
- Meetings via remote connection/ MS teams etc
- Getting the acute hospital to accept some patients being assessed over the phone, think this has been accepted now that not all patients need to be seen face to face.
- Keep down the number meetings of meetings
- Joining meetings remotely e.g. MS Teams
- Comply with national guidance
- *In summary
  - the majority of services have enjoyed improved use of IT, reduction in no. of meetings and ability to join meetings remotely

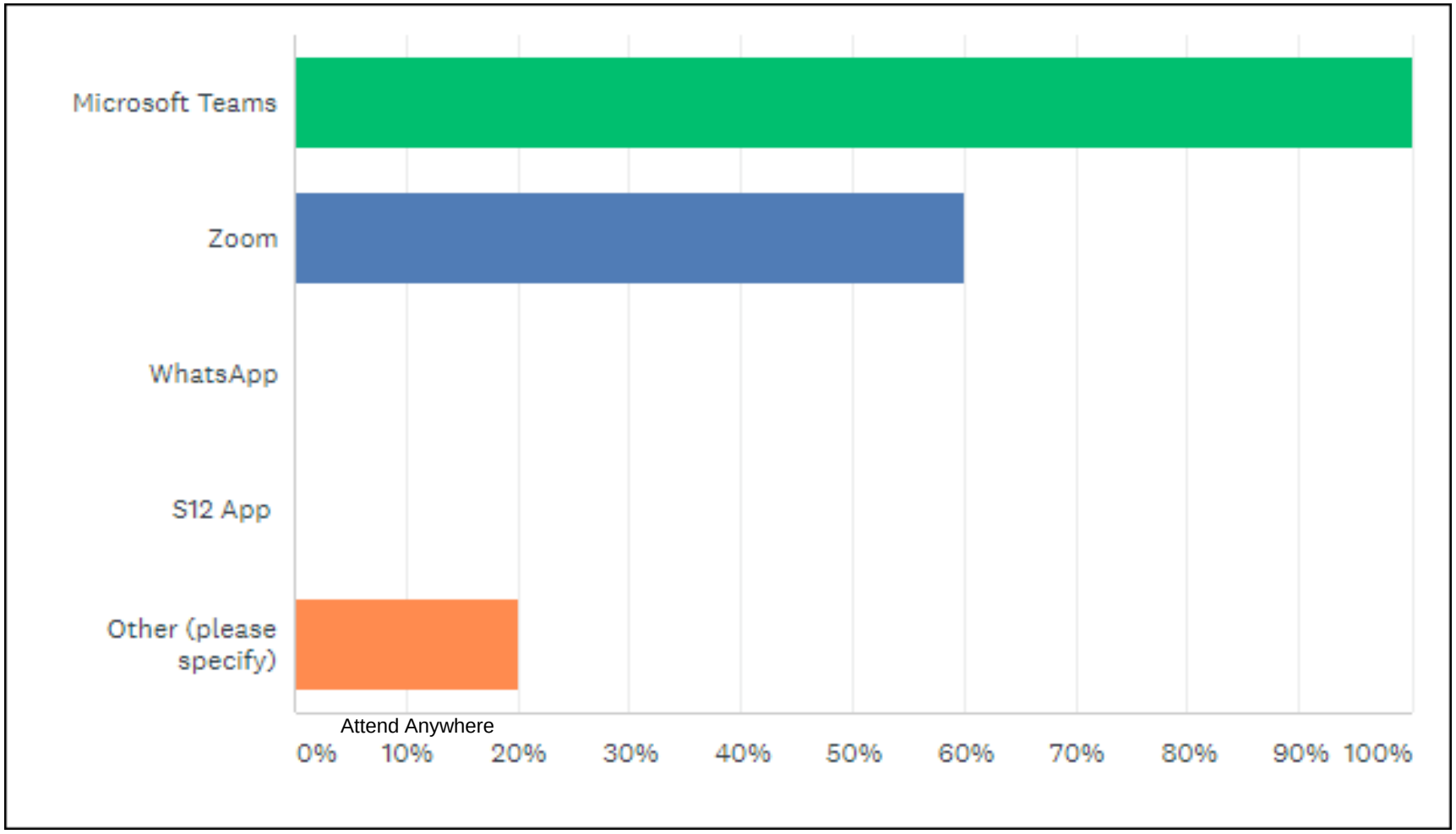


Q4b – What do you think are the potential challenges going forward?

- Meeting staffing requirements
- We do not have a big enough office in the hospital and therefore the ongoing issue around working environments Very sociable people need to have social contact. Anxiety about what it might feel like in the winter working from home, with little rewards during the weekend (dependent on whether we are in lockdown or what is open)
- No clear strategy from the (mental health) trust to manage residents in crisis away from ED

- *the above was reflected in regional feedback with many services concerned about:
  - Staff recruitment, retention, avoiding burn-out, restrictions on staffing/ self-isolation
  - Estates, office space, Liaison services not prioritised/ even considered when space reallocated/ ‘our patients’ being further marginalised & services ‘moved out’ with no plans to return
  - Increasing demand, acuity & complexity of presentations & lack of alternatives for F2F

Q5 – Please list any new digital platforms used



Answer Choices	Responses	
Microsoft teams	5	
Zoom	3	
WhatsApp	0	
S12 App	0	
Other	1	*Attend Anywhere*

Q6 – How can the regional network help you during this time?

- I believe that there has been a lack of acknowledgement about the liaison teams within the acute trust and the impact this has on the hospital. Therefore ensuring the promotion of liaison as a vital tool. But also ensuring that the teams are not slipping through the cracks of two trusts.
- Ideas and information sharing re. initiatives and good practice being implemented across the network
- Providing up to date guidance
- By keeping in contact
- Continue to provide us with information however that this is perhaps done less frequently

Information sharing – initiatives and good practice - any ideas to share today?

- Promotion of Liaison services as being an essential part of acute hospital business
- Increased demand/ acuity/ complexity and lack of alternatives
- Risk assessments for staff
- How to proactively recruit and retain current staff, ideas to sustain staff well-being and avoid burn-out

Current position for Liaison Y&H Sept 2020

- Currently 19 acute hospitals in region with 24/7 Emergency Departments
- 3 Liaison services cover 2 acute hospitals, so 16 Liaison services in Y&H
- 10 sites now at Core 24/ enhanced/ comprehensive (62.5%)
- 2 sites received Wave 2b transformation funding and aiming to launch October 2020 – both will be ‘alternatives’ to Core 24

- 4 services eligible for transformation funding Wave 3 for Core 24/ alternative service
- All are in active consultation with regional NHSE/I team
- Submissions expected October 2020 *may have been amended by national team earlier, and allocations in 2021/22

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SUMMARY

Dr Katie Martin/Chair
TEWV NHS FT

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Thank you for attending!

To help shape future events please take 5 minutes to complete the evaluation form via this link

https://bit.ly/30L70qE

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