

**Yorkshire and the Humber Liaison Mental Health Network**  
**Minutes**  
**9<sup>th</sup> December 2016, 13:00-16:00**  
**Hilton Leeds City, Leeds**

No.	AGENDA ITEMS	Action By
1.	<p><b>Welcome, Introductions and Housekeeping, Dr Katie Martin, Clinical Advisor</b></p> <p>Katie Martin welcomed everyone to the meeting, conducted introductions and housekeeping arrangements.</p> <p>Katie Martin advised the attendees that she was very pleased to see so many people in the room; this is testimony to how liaison services have changed and developed in recent years. Katie Martin stated that liaison services bridge the gap between physical and mental health and invited the attendees to challenge the organisers to develop the Network and further develop liaison services.</p>	
2.	<p><b>Yorkshire and the Humber Clinical Network Overview, Alison Bagnall, Clinical Network Manager</b></p> <p>Alison Bagnall introduced herself to the attendees and gave an overview of the Clinical Networks, with specific focus on how the Clinical Networks have been supporting the development of Sustainability and Transformation Plans (STPs). Alison Bagnall also emphasised that the people in the room are the Network and the Clinical Network work to facilitate building relationships across the health economy.</p> <p>Please see the presentation slides for more information.</p>	
3.	<p><b>Aims, Objectives and Purpose of a Yorkshire and the Humber Liaison Mental Health Network, Dr Katie Martin, Clinical Advisor</b></p> <p>Katie Martin outlined the aims and objectives of the Liaison Mental Health (LMH) Network. Katie Martin stated that the first aim of the Network is to assist LMH services with Wave 1 funding bids. Future aims include sharing learning and best practice; development of gap analysis and the economic case for LMH, uniting partners to ensure joint working and improving communications between stakeholders.</p> <p>Katie Martin advised that the Network intends to bring together clinical expertise with commissioning to drive forward work in LMH services. Working together across Yorkshire and the Humber, the North Region and Nationally will ensure information is disseminated and shared and services assisted with improving patient care.</p> <p>Please see the presentation slides for more information.</p>	
4.	<p><b>Baseline Position Across Yorkshire and the Humber, Dr Katie Martin, Clinical Advisor</b></p> <p>Katie Martin advised the attendees that the Clinical Network had conducted a baseline analysis of the current position of LMH services in Yorkshire and the Humber. A very thorough questionnaire had been completed by Providers and Commissioners and the results were analysed by the Clinical Network and shared. It is intended that Providers and Commissioners use the analysis in conjunction with the results of the 3rd annual national survey of liaison</p>	

	<p>psychiatry services in England (LPSE-3; undertaken by Plymouth University (Will Lee) on behalf of HEE earlier this year) to support the A&amp;E Delivery Boards in submitting bids for the development of those LMH services that are closest to Core 24.</p> <p>Katie Martin emphasised that the baseline analysis originally included Children's and Young People's (CYP) data, however, the funding bids are only targeted at adult and older adult services and so the CYP data has been removed. Some of the services are currently undergoing re-procurement and so no information is available for these services. Lastly the baseline analysis is constructed on data provided to the Clinical Network by Providers and Commissioners in May 2016 – if there are any updates or corrections required please inform the Clinical Network as soon as possible.</p> <p><b>ACTION: All services to advise the Clinical Network via email to <a href="mailto:sarah.wood1@nhs.net">sarah.wood1@nhs.net</a> if updates or corrections are required to their baseline analysis packs.</b></p> <p>Katie Martin then presented an overview of the results. Please see the presentation slides for more information.</p>	<p>All</p>
<p>5.</p>	<p><b>National Update on Liaison Mental Health, Bobby Pratap, Programme Manager &amp; Viral Kantaria, Project Manager. Mental Health Clinical Policy &amp; Strategy Team, NHS England</b></p> <p>Viral Kantaria introduced himself and Bobby Pratap and advised the attendees that this meeting was very well attended, which was testament to the increased interest in developing LMH services.</p> <p>Viral Kantaria advised the attendees that the process for submitting bids had not yet opened but as soon as it did the Clinical Network would be informed. Viral Kantaria emphasised that the funding in Wave 1 is intended to be used by services to develop their workforce. Viral Kantaria also emphasised that even for services who do not receive funding there is an expectation that they will also conduct workforce development.</p> <p>Please see the presentation slides for further information.</p> <p><b>ACTION: The Clinical Network agreed to circulate a link to “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. First published: November 2016:</b></p> <p><a href="https://www.england.nhs.uk/mentalhealth/resources/">https://www.england.nhs.uk/mentalhealth/resources/</a></p> <p><b>POST MEETING NOTE: The bidding process for the Transformation Funding for Urgent and Emergency Liaison Mental Health Services for adults and older adults is now live:</b></p> <p><a href="https://www.england.nhs.uk/mentalhealth/adults/crisis-and-acute-care/transformation-funding/">https://www.england.nhs.uk/mentalhealth/adults/crisis-and-acute-care/transformation-funding/</a></p>	<p>Clinical Network</p>
<p>6.</p>	<p><b>Questions &amp; Discussion</b></p> <p>Following the presentations a questions and answer session was conducted:</p> <p><b>Question:</b> Can you clarify what you mean by “blue light” emergency services? Ambulance, police and fire and rescue blue light services all come into contact</p>	

with people with mental health problems but each service is distinct and they should not all be combined under the term “blue light”.

**Answer:** Viral Kantaria advised that the guidance utilised a catch all term in the title but within the guidance there is specific detail for each of the different services.

**Question:** Older people and adult services are being put together but the Royal College has said they should be separate. Integration of an old age and adult service is not appropriate please can you advise why the services have been put together?

**Answer:** Bobby Pratap advised that the Urgent and Emergency Care and Community models from the year 2000 were adult only but a decision has been taken that LMH services needed to include adult and older adult. The Core 24 guidance covers the specific expertise of older adult consultants and includes core competencies for older adults. The bids will ask for specific information on older adults.

**Question:** A lot of services already have all age crisis services and we are often told that skill sets will develop over time. I am a dual age consultant and I have found that nursing staff need specific expertise and understanding of crisis pathways. How can we develop this workforce if we do not receive funding in the Wave 1 bids? How do we prep to receive future funding?

**Answer:** Bobby Pratap advised that the national team are working within the remit of the Mental Health Task Force report and have ensured that the guidance includes competencies for older adults. The money received from the spending review is limited and a decision has been taken to utilise the funding to get 50% of services to Core 24. There is only enough funding to get the closest 50% over the line to Core 24. Therefore, Wave 1 funding is for those services that are closest, then in 2 years in the Wave 2 funding it will be the next tranche of services who have worked to get themselves as close as possible to Core 24. If you are not anywhere near Core 24 you need to open discussions with your CCG to fund service and workforce developments.

**Question:** Could you use the funding from the spending review to get all services to a certain baseline rather than just those near over the line to Core 24?

**Answer:** Bobby Pratap advised that the funding is limited and the Royal College of Psychiatrists recommended that it was utilised to get the closest 50% over the line to Core 24.

**Question:** But for parity it would make more sense and be fairer and more equitable to bring everyone up to a certain level?

**Answer:** Bobby Pratap stated that it was a fair point but the decision has been taken on how the money is spent and there will be no rethink. However, it must be recognised that this is only 1 part of a 10 year plan to improve the overall LMH workforce.

**Question:** But surely everyone needs some funding to get a service in place?

**Answer:** Bobby Pratap advised that services need to open discussions with each CCG to fund service and workforce developments.

**Question:** Is there any truth in the rumour that the closing date for the bids, when they open, is 13<sup>th</sup> January 2017?

**Answer:** Viral Kantaria advised that was rumour. Viral advised that the bidding is not yet open and it is not known when it will be opened. The central team are trying to decide on the fairest way of opening the bids and giving an appropriate

	<p>length of time for responses. Unfortunately the LMH funding is tied up with other transformation funding and the central team do not want to overwhelm the system, especially when planning round is also in progress. As soon as the funding bid is opened the Clinical Network will be advised.</p> <p><b>POST MEETING NOTE: The deadline for submissions is 18<sup>th</sup> January 2017.</b></p> <p><b>Question:</b> LMH services have been in development for 20 years and are made up of 2 distinct parts. 1 part is acute LMH and rapid response A&amp;E and the other part is working with patients who have long term conditions (LTC) and medically unexplained symptoms (MUS). When the focus is on hitting targets in the acute part of the pathway is there anything that can be done to safeguard where specialist services already exist so CCGs do not remove the funding for LTC and MUS?</p> <p><b>Answer:</b> Viral Kantaria advised that any messages regarding LMH services have always had focussed strongly on the links between physical and mental health and there has been strong emphasis on services not just focussing on the acute pathway. The implementation guidance and the transformation funding guidance are clear on this – we are not robbing Peter to pay Paul.</p> <p>Bobby Pratap advised that the initial focus is on the acute part of the LMH service because some people receive very poor response and care and thus it is a moral case to focus on those in crisis first. However, standards for LTC and MUS are planned and will be disseminated in due course.</p> <p><b>Question:</b> LMH services have been defined as the service that will save the money that is spent on it. How will NHS England be measuring how new services will self-fund? What are the measures for the economic case?</p> <p><b>Answer:</b> Viral Kantaria advised that the benefits of the service can be demonstrated by reductions in numbers attending A&amp;E. Work needs to be conducted locally to demonstrate local economic benefits. Focus needs to be on showing the economic benefits of clinical work and focus on clinical benefits and try to quantify this.</p> <p>Bobby Pratap advised that when the guidance for the bids is released there will be some economic modelling shared. Sunderland has developed some modelling already and the Royal College are also assisting with this process.</p>	
<p>7.</p>	<p><b>Workshop: Developing the Local Vision for Liaison Service</b></p> <p>All attendees conducted group work on two tasks: Task 1: Introductions &amp; Tensions Task 2: Creative Solutions</p> <p>All feedback from the tasks will be collated by the Clinical Network and shared with attendees.</p> <p><b><i>ACTION: Sarah Wood to collate feedback from tasks and share with attendees of the LMH meeting.</i></b></p>	<p><b>Sarah Wood</b></p>
<p>8.</p>	<p><b>Feedback and Actions</b></p> <p>Katie Martin asked each table, by STP Footprint, to briefly feedback on the discussions that had been conducted:</p> <p><b>West Yorkshire Feedback:</b></p> <p><b>Task 1 – Concerns included:</b></p> <p>Lack of appropriate accommodation in hospitals, process driven targets</p>	

potentially compromising clinical standards, skill mix across LMH teams, lack of vision in the national direction i.e. emphasis only placed on A&E, performance management, diverting resources from other parts of the systems, concerns about maintaining specialisms i.e. older adult and adult and ensuring core 24 is meaningful based on local need.

**Task 2 – Creative Solutions included:**

Going beyond the crisis and considering prevention, care home liaison etc., community solutions paired with an A&E service, provision of education to the acute trust and working across services via STPs and Networks.

**Questions:** The Bradford Service, which has been nationally commended for developing their First Response services, noted that the First Response service does not meet the new national outline for what constitutes Core 24 and enquired whether this creative and successful service could bid for monies.

**Answers:** Katie Martin advised the Bradford service to contact the central team directly for advice.

**South Yorkshire and Bassetlaw Feedback:**

**Task 1 – Concerns included:**

Workforce and how we could work across the STP on workforce development, staffing levels to provide a 1 hour response and difficulties with information sharing.

**Task 2 – Creative Solutions included:**

Considered how assistive technology could better link systems to identify frequent flyers and share information, greater access to IAPT, individualised suites of rooms in the trust and general information sharing.

**Questions:** The South Yorkshire and Bassetlaw area raised a concern regarding data accuracy from the baseline assessment and enquired if advice could be given on who should bid for the funding.

**Answer:** Katie Martin advised that the baseline analysis is constructed on data provided to the Clinical Network by Providers and Commissioners in May 2016 – if there are any updates or corrections required please inform the Clinical Network as soon as possible. Regarding the services that are closest to Core 24, this is highlighted in the baseline assessment and services should know if they are close to Core 24 or not.

**Humber, Coast and Vale Feedback:**

**Task 1 – Concerns included:**

Difficulties in engaging with the acute trust, accommodation for the team to assess and treat patients, staffing resources, funding and education in the acute trusts.

**Task 2 – Creative Solutions included:**

Development of a training and education package for acute hospital staff including informal and formal training, e-learning, focus on junior doctors etc. Appointing champions for Perinatal Mental Health, Learning Disabilities and CAMHS and working collaboratively, but not fully integrated, so as to not lose

	specialisms. Co-work, co-exist and be useful to each other.	
9.	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>- <b>North Region LMH Event – Feb 2017</b> Katie Martin advised the attendees that the NHS England North Region is planning a Liaison Mental Health Event in early February. The event will bring people together from across the entire North region and there will be external speakers.</li> </ul> <p>The advertised date of 9<sup>th</sup> February will not go ahead due to issues with the venue. The proposed date for the event is currently 13 February 2017, as soon as this is confirmed and the booking details become available these will be shared.</p> <ul style="list-style-type: none"> <li>- <b>CYP Guidance Update</b> Katie Martin advised the attendees that the CYP guidance is expected towards the end of December 2016. However, the focus for now is the adult guidance.</li> <li>- <b>YAS Mental Health Pathway Reconfiguration Proposal</b> Katie Martin advised the attendees that YAS are proposing a reconfiguration of the mental health patient pathway. Copies of the proposal were made available to all attendees and any questions can be directed to Tom Heywood, <a href="mailto:thomas.heywood@yas.nhs.uk">thomas.heywood@yas.nhs.uk</a>.</li> </ul> <p>Katie Martin also advised the attendees that the Clinical Network will ensure a copy of the proposal is circulated after the meeting.</p> <p><b><i>ACTION: Sarah Wood to circulate copies of YAS Mental Health Pathway Reconfiguration Proposal.</i></b></p> <ul style="list-style-type: none"> <li>- <b>Future Meetings</b> Katie Martin advised the attendees that LMH Network meetings will be held in future and feedback from this event on how the meetings could be configured would be very much appreciated.</li> </ul>	Sarah Wood
	<b>ITEMS FOR INFORMATION:</b>	
	<p><b>Future Meetings:</b> North Region LMH Event, TBC February 2017, times, location and booking details to be confirmed.</p>	