Liaison Mental Health (LMH) Network Meeting
Friday 9th December 2016

Task 1 – Write down your main concern for improving LMH services:

Humber, Coast and Vale:

- Acute trust perceptions – Stigma – Accommodation – Demand
- 'District' service crates barriers – Is there scope to be flexible in delivery model providing targets/outcomes (scaled to need) are met
- CCG won't continue to fund
- Culture of A&E, Medical wards in relation to mental health
- Police involvement – high % of 136's not requiring follow up
- That targets will remain despite capacity i.e. low investment will still need to hit national targets/KPI's
- Not enough focus on education at acute hospitals
- Demand still outweighs capacity, inadequate funding and staffing
- Ongoing funding issues
- Concern that model is not scalable and is therefore not achievable or realistic for small rural hospitals i.e. less than 300 beds
- Lack of ability to invest CCG's in financial meltdown
    - No intention to invest
    - Taking money out of system
    - Additional money goes to fill 'hole' in budget
- Service is under development
- Psychiatrist Allocation
- Support and integration with acute services
- Integrate urgent & liaison

South Yorkshire & Bassetlaw:

- Investment
- Capacity to provide intensive support to prevent A&E presentation
- Moving out of A&E into community
- Equity on 2 crisis/A&E's >16+16<
- Reducing footprint in A&E
- Funding service
- Housing Core 24 team
- Move towards Core 24
- Social care pathway work
- Transformation and changes currently being undertaken
- Evaluation and proving savings
- Staff/specialism
- Geographical spread of UE services
- Social care involvement
- Erosion of older adults role
- Ensuring a collaborative and multi-disciplinary service
- Not losing 'specialism's'
- Recruitment – All areas – Expertise

- Training – Older Adults, Children, Drugs/Alcohol, Medically unexplained symptoms
- Perinatal Pathway
- Eating Disorders
- Referral Source
- Increased numbers of staff
- Links into probation

West Yorkshire:

- Adequate resource for staffing
- Workforce – Availability – Training needs
- Space to house teams in acute settings
- Integrated working with other teams
- An improved service is reactive to from door pressure and does not reach into the ambulance service to manage demand
- Specialist skilled staff for older people
- Not being drawn into working age work
- Keeping a voice for older people
- Trust is not gained between YAS and improved Liaison service
- Lack of psychology/MDT to do formulation for complex cases
- YAS do not get included in new pathway/service
- Lack of CAMHS inpatient beds
- Out of hours CAMHS care
- Working access different NHS trusts – processes and informative sharing
- All about demand management rather than person centred care
- Lack of funding from CCG
- Meeting response times
- Accommodation appropriate!
- Sustaining meaningful intervention (all focus on crisis)
- Processing vs Comprehensive assessment/care
- YAS not integral in service design (patient flow)
- Joining up of other external service providers (i.e. Criminal Justice)
- Equity of services across patch
- Identifying performance outcome measures
- Interoperability of performance systems across trusts
- Struggle to access services
- How probation fit in with services – service users repeating story
- Providing follow-up to reduce re-attendances
- Bigger projects around health and criminal justice
- Reducing crossover
- Not Core 24
- Team not big enough
- Response times – OOH struggles
- Delays in assessment for physical causes
- Team covering district area
- Proving validity/cost effectiveness
- How do we protect other services – i.e. outpatients/specialist
- Specialism across OA/WAA – How to retain overtime

Task 2 – Creative Solutions:

The questions asked in Task 2 were:

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?

Humber, Coast and Vale:

1)
- Network meetings – cover for staff so we can come to these meetings and work on service development or ideas – needs adequate number of staff
- Train staff in-house – Needs-led service
- Conversations – Sharing thoughts
- Ask questions

2)
- Adult and older adults service, access team, care home team, co-work but not to combine/merge teams.
- Full time consultant(s)
- Flexibility and integration / help other teams e.g. community teams

3)
- Enhanced CORE 24 staffing, be able to follow up delirium, patient admissions (before patients come to the front door)
- Need improved work in community
- Education for general adult nursing
- Need POC and care home places
- Links – Substance misuse, care home teams, SW, GPs, Blue light services, Community rehab
- Proactive – In reach? Preventative – Care homes?
- Responsive to crisis within A&E
- Ability to see in other resources
- Identification of and pro-actively working with repeat attendees
- Input into OPD – focussing on complex and MUPs

4)
- Fragmental service – different funding schemes – how to amalgamate services?
- If none-recurrent funding – need to look for funding
- Fewer teams, less barriers
- Expand what we already have
- LEAN methods of working, good caseload management

5)
- CORE 24 staffing – Teaching, education of other staff, facilitation
- Decrease inpatient admissions and LOS by improving communication / treatment in the community
- “Delirium Ward” / Joint mental health and physical health ward – Staffed by RMNs and medical nurses, Psychiatrists and Geriatricians

South Yorkshire and Bassetlaw:

1)
- STP

- Workforce development jointly
- Standards – national / regional
- Hub and spoke methods – together but local area
- Sharing lessons
- Training across all areas
- Specialist services over the region e.g. MUS

2)

- Joint on call – 24/7 expertise
- Technology shared – Skype
- Social Care
- Working differently with stakeholders

3)

- Equitable and core services
- Integrated services but using specialities and maintain these – working together on integrated pathway
- Training and development – CPD
- Social Care support workers
- Working with partners to deliver services at the right time

4)

- Working better together
- Understand what is available and prevent duplication

5)

- STP - workforce

West Yorkshire:

1.

- Within the same trust teams doing similar work but with completely different governance structures, lots of duplication of policies / training
- Sharing of best practice within trusts and across trusts
- Find ways to strengthen Vanguard / STP / joint working
- Benchmarking – what each other are doing
- Think front end
- Information / Care planning sharing
- Accessible information

2.

- Multi-agency care plans – perhaps GP is centre of the wheel
- Vanguards
- Concordat groups
- STPs
- Networks
- Conference calling – to chronic enduring / revolving door
- Patients / dual diagnoses – care coordination
- Lean working
- One assessment process (SAP)

3.

- Early access to right care at right time – cuts medical investigations
- Service for MUS, LTC and Co-Mobility
- GP referrals, complex interface
- Gap between crisis, community teams - leaning significant re with mental needs but not mentally ill by definition
- Comprehensive, person centred OA/WAA defined skills / close links
- Might be wasteful, not link up with anyone else

- 24/7 would be appropriate
- Comp – A&E, in patient, out patients shared care wards, community
- Link with – CRT, Ambulance, Police, CMHT, LA, Social Care, Probation, Housing, Voluntary, Addiction
- Few cooling off beds
- Education

4.

- Changes – Training and education for acute and community staff
- Shared care record
- Better governance
- More robust staffing arrangements (right people, right time)
- Teams integrated within teams in general hospital (ever department with own mental health access! – Oxford model)
- Pooling resources across organisations? Could it be concentrated and shared resources
- Whether 3rd sector can contribute
- Immediate early response – might need money
- Look more at what is needed locally rather than KPI's and national drivers

5.

- More pro-active approach
- Staffing – but ideally over 3 years through
- Longer term work
- Education (RAID)