

Yorkshire and the Humber Liaison Mental Health Network
DRAFT MINUTES
27 September 2017, 13:00-16:30
DoubleTree by Hilton Leeds City Centre
Granary Wharf, 2 Wharf Approach, Leeds, LS1 4BR

No.	AGENDA ITEMS	Action By
1.	<p>Welcome and Introductions, Dr Katie Martin, Clinical Advisor</p> <p>Katie Martin welcomed everyone to the meeting and introductions were conducted around the room.</p> <p>Katie Martin provided an overview of the day and an overview of the national guidance on liaison mental health and urgent and emergency care.</p> <p>Katie Martin also provided an overview of the specific LMH task force recommendations and specific information on core 24. Katie Martin provided a summary of key elements of successful bids from Yorkshire and the Humber and from the National Team.</p> <p>Please see the presentation slides for more information.</p>	
2.	<p>Aims and Actions from the Last Meeting, Dr Katie Martin, Clinical Advisor</p> <p>Katie Martin reiterated the aims of the network and gave an overview of the current key concerns from providers and commissioners regarding liaison services.</p> <p><i>ACTION: Sarah Boul to ensure A&E IG Guidance is circulated to all attendees.</i></p> <p>Katie Martin presented an overview of the current state of liaison services across Yorkshire and the Humber, which includes information from the Yorkshire and the Humber scoping exercise and the National Stratification exercise.</p> <p>Please see the presentation slides for more information.</p>	Sarah Boul
4.	<p>Workforce – Good Practice, Kate Chartres Nurse Consultant, Sunderland Liaison Team/ Network Clinical Lead, NHS England</p> <p>Kate Chartres provided an overview of the purpose of the liaison team and what liaison teams do. Kate also provided an outline of how the service in Sunderland has increased its workforce and increased retention of staff by employing Band 5 staff and nurturing and training these staff in house. Kate Chartres advised that the Sunderland team also actively utilise the competency framework for LMH with their staff and encourage improvement year on year. Based on the competency framework a skills star has been developed to identify current skills gaps and a training schedule has been developed based around PLAN standards. Kate Chartres encouraged all attendees to focus on expansion of services to include outpatient clinics and collaborative team work with patients who have long term conditions and medically unexplained symptoms.</p> <p>Kate Chartres also advised that in the North East two forums have been developed: A Liaison Leadership Forum, which acts as a clinical resource to STPs, as a conduit for NHS England intelligence, providing practitioner support and sharing best practice. The forum aims are to focus on research, treat as one and outcome measures. The second forum is a Liaison Practitioners Forum to act as a</p>	

	<p>support/reflective practice forum, enhance data collection, share best practice and share training. The Liaison Practitioners Forum meets bimonthly and focuses on clinical case discussion, interface with CRHTs, standardising documentation on safety, sharing best practice, developing support workers, working with acute trusts.</p> <p>Questions and Answers: <i>Question:</i> Does the competency framework support accessing money for training? <i>Answer:</i> It helps if you have something that has been demonstrated through appraisal to obtain funding. However, we are focussing on delivering training in house and working with colleagues to deliver cooperative training.</p> <p><i>Question:</i> From your description it sounds like your service is picking up the work that is currently being encouraged in IAPT services regarding long term conditions - have you picked up the IAPT LTC work to fill a gap? <i>Answer:</i> We work really closely with IAPT but they do not do home visits and so the patients with COPD etc. need a home visit and we can deliver that. Also we see tertiary end stage patients who are complex at step 4 or 5 and so would not be referred to IAPT anyway.</p> <p><i>Question:</i> How do your home visits work? Who delivers them? <i>Answer:</i> In the hospital we do not have easy access to clinic space and so to go and visit people at home is easier. The service has been developed as a home visit service for end stage COPD. We focus on patient engagement, attendance and working with them stops them coming in to A&E.</p>	
5.	<p>Developing a Liaison Practitioners Forum</p> <p>Katie Martin asked attendees to discuss ideas for how a Liaison Practitioners Forum could be developed.</p> <p>Feedback ideas included:</p> <ul style="list-style-type: none"> • Online forum would be useful. • A whole day 2-4 times a year to meet – preference for leadership. • Clear agenda for people to choose to invest their time in. • Time constraints make it difficult so keep it Yorkshire and the Humber focussed for face to face and use online methods also. • Lots of existing forums already i.e. for RAID, PLAN, Royal College etc. why not create an integrated forum focussing on urgent care. • Create a live online mapping exercise. <p>Katie Martin also advised that an online forum has been developed for Liaison Mental Health Practitioners and Commissioners in Yorkshire and the Humber and joining instructions would be circulated after the meeting. Acute Trust colleagues should be encouraged to join the forum also.</p> <p><i>ACTION: Sarah Boul to circulate joining information for the online LMH Forum.</i></p>	Sarah Boul
6.	<p>Wave 1 – Updates:</p> <ul style="list-style-type: none"> • Mid-Yorkshire / SWYPFT <p>Alix Jeavons and James Waplinton presented on their service, the successful wave 1 bid and current challenges. Please see the presentation slides for more information.</p> <ul style="list-style-type: none"> • Sheffield / SHSC <p>Denise Helliwell and Julie Sheldon presented an overview of their service and the developments that have been implemented based on the receipt of wave 1 funding.</p>	

	<p>Successes and challenges were also presented. Please see the presentation slides for more information.</p> <ul style="list-style-type: none"> • York <p>John Hay presented a background to the development of the service, with particular input from Tees, Esk and Wear Valley contracting. An overview of the development of the liaison bid for York service was presented and successes and challenges were also presented. It was noted that the bid was clinically and service led, using the “MuSCow” approach, which stands for “must have, should have, could have and would have”. Please see the presentation slides for more information.</p>	
7.	<p>Wave 2 – Updates:</p> <ul style="list-style-type: none"> • Barnsley <p>Simon provided an overview from the Barnsley perspective and covered the current position; demand and capacity, including staffing provision; the impact of the ED CQUIN. Simon Robinson advised the attendees that Barnsley is in an interesting position as Barnsley is not at Core 24 but its sister Trusts in SWYPFT are both nearly at Core 24. Barnsley has a clear intention to bid but has work to undertake to ensure a bid will be successful. For example, the service does not currently have a service specification and the hospital size is only 350 beds. However, the service is well embedded in the acute trust, which is positive, and is an all age service 16+ for functional problems and works with memory services for over 65 also. A significant amount of demand and capacity work has been undertaken, which is helpful for the bid. Barnsley are intending to apply for Wave 2 funding.</p>	
8.	<p>Wave 3: Guidance for non-Core 24 sites</p> <p>Katie Martin advised the attendees that no further NHS England guidance will be issued. NHS England advised that the Core 24 guidance outlines all that is needed. Katie Martin noted that it is unrealistic to expect smaller services to be able to meet Core 24 and provided some suggestions for how smaller services might develop. Please see the presentation slides for more information.</p>	
9.	<p>Discussion – Waves 1-3</p> <p>A group discussion was undertaken to consider the following:</p> <ul style="list-style-type: none"> - What’s worked - What hasn’t - Links to STPs - Debunk myths <p>Please see the table top discussion summary document for the collated responses received throughout the discussions.</p>	
10.	<p>Close & Evaluation</p> <p>Katie Martin thanked the presenters and the attendees for making the Network meeting a success and encouraged everyone to complete their evaluation forms.</p>	