

Liaison Mental Health (LMH) Update (2)

February 2017

The Yorkshire & the Humber Clinical Network has compiled the following update to inform Providers and Commissioners on developments relating to Liaison Mental Health (LMH). Updates and information are also available on our website [here](#).

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Transformation Funding for Urgent and Emergency Liaison Mental Health Services

Bids for **Wave 1** of the transformation funding – £15m in 2017/18 and £15m in 2018/19 – closed on the 18th January. Thanks and congratulations to all who worked up the bids, particularly given the challenging timeframes.

20 bids were received for the North of England. The bids have been considered at Yorkshire & the Humber Directorate of Commissioning Operations and North region panels, and are now subject to final assurance and approval at a National Level in early February. Successful bidders will be informed in March.

The fund supports the ambition in the MH5YFV that **by 2020/21 at least 50% of acute hospitals with 24/7 A&E departments have liaison services that meet the core 24 standard for adults and older adults**. The fund also supports the vision for the overall transformation of urgent & emergency mental health care so that by 2021, there is **a 7 day NHS for mental health crisis response**.

Bidding for Wave 2 will run during autumn 2018 for a further £90m over 2019/20 and 2020/21.

North Region Liaison Mental Health Event

NHS England (North) is planning to hold an LMH Event for the North Region. This is likely to be a full day event on **Tuesday 25th April** (*provisional date that may be subject to change*) in central Leeds. Please hold the date in your diaries. Confirmation of the date and further details will be circulated as soon as they are available. Additional information on aims, outcomes and expectations is provided below.

Aim of the event

Following the outcome of the liaison mental health transformation bidding process, this event aims to support next steps for all adult and older adult liaison services, including:

- implementation of successful transformation bids
- next steps for those preparing to bid in Wave 2 and support to develop a strong bid
- understanding the requirements of services without the demand to implement a Core 24 service

Outcome of the event

Delegates will take away practical advice and guidance on next steps of implementation or enhancement of their liaison mental health service and have an opportunity for peer to peer and learning.

Target audience

- Mental health liaison professionals providing services to adults and/or older adults, including Consultant Psychiatrists/Liaison Psychiatrists, Clinical Psychologists, Nurse Practitioners, Mental Health Nurses and Service Managers.
- Commissioners of acute and mental health liaison services for adults and older adults.
- Mental health leads and managers from A&E departments.
- Primary care mental health leads and managers.

What can I expect from this event?

- An update on national policy developments and requirements for mental health liaison.
- A focus on sustainability and reinvestment of savings created by liaison services.
- Practical advice and guidance to implement local plans / develop strong bids.
- Insights into measuring and reporting outcomes for mental health liaison services.
- Peer to peer learning opportunity.

Yorkshire and the Humber LMH Network

The first meeting of the Yorkshire and the Humber LMH Network was held on the 9th December 2016. The notes and slides are available [here](#). The next meeting will take place in the afternoon of the North Region LMH Event which is provisionally scheduled for **Tuesday 25th April (14:30-16:00/16:30)**. Further details to follow ASAP.

The Aims of the Y&H LMH Network are to:

- Understand the Yorkshire & Humber (Y&H) geography baseline of liaison services meeting the Core 24 minimum standard, including concerns, risks and good practice
- Ensure clinical expertise in liaison, both adult and child & adolescent, drives the programme of work and adds appropriate local narrative to data
- Use regional (North) liaison mental assurance framework which includes appropriate links to the Urgent and Emergency Care, Primary Care and wider Crisis Care programmes, develop this into a bespoke framework for Y&H for optional local use
- Troubleshoot problems and provide Y&H support and feedback to the North region via FAQs
- Provide an expert liaison mental health clinical and advisory voice to the Y&H area, the Y&H Mental Health & Dementia Programme Group and any associated sub-groups / task and finish groups which may be established.

- In addition the Network will support the following:
 - ❖ Information exchange
 - ❖ Networking
 - ❖ Sharing good practice
 - ❖ Coaching for service development
 - ❖ Sharing resources e.g. job descriptions, operational policies etc.
 - ❖ Identifying common problems and seeking solutions
 - ❖ Areas with strengths and/or expertise will offer support to areas with developmental needs
 - ❖ Education
 - ❖ Dissemination of information and communication from the National Team.

If you are interested in joining the Y&H LMH Network and attending future meetings, then please contact Sarah Wood, Y&H MHD CN Administrator, sarah.wood1@nhs.net to register your interest.

Mental Health Urgent and Emergency Care Pathways

NHS England is working with partners to develop [evidence-based treatment pathways](#) to ensure high-quality urgent and emergency mental health care is accessible 24 hours a day, 7 days a week (24/7) to people who are experiencing a mental health crisis.

In addition to the guidance now available on:

- [24/7 urgent and emergency mental health liaison in acute hospitals \(e.g. in emergency departments and adult inpatient wards\)](#). – Part 2, with a [Helpful Resources document](#).

Guidance is expected imminently on:

- Urgent and emergency mental health response from blue light services (e.g. police. Ambulance) – Part 1
- Urgent and emergency 24/7 community adult mental health response (e.g. crisis teams, crisis lines, primary care) – Part 3
- Urgent and emergency 24/7 mental health response for children and young people (e.g. acute hospital liaison and community crisis response) – Part 4

Treat as One – NCEPOD Report

The National Confidential Enquiry into Patient Outcome and Death has published [Treat as one: bridging the gap between mental and physical healthcare in general hospitals](#). This report examines the quality of mental health and physical health care for patients aged 18 years or older with a significant mental disorder who are admitted to a general hospital. It takes a critical look at areas where the care of patients might have been improved.

The Principal Recommendations are:

- In order to overcome the divide between mental and physical healthcare, liaison psychiatry services should be fully integrated into general hospitals. The structure and staffing of the liaison psychiatry service should be based on the clinical demand both within working hours and out-of-hours so that they can participate as part of the multidisciplinary team.
- All hospital staff who have interaction with patients, including clinical, clerical and security staff, should receive training in mental health conditions in general hospitals. Training should be developed and offered across the entire career pathway from undergraduate to workplace based continued professional development.
- Patients who present with known co-existing mental health conditions should have them documented and assessed along with any other clinical conditions that have brought them to hospital. And when seen by mental health services (liaison psychiatry) the review should provide clear and concise documented plans in the general hospital notes at the time of assessment.
- National guidelines should be developed outlining the expectations of general hospital staff in the management of mental health conditions, such as the point at which a referral to liaison psychiatry should be made and what triggers the referral.
- Record sharing (paper or electronic) between mental health hospitals and general hospitals needs to be improved. As a minimum patients should not be transferred between the different hospitals without copies of all relevant notes accompanying the patient.

Contacts

If you would like to discuss any of the items included in this document or would like further information about the Liaison Mental Health Network please contact:

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