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**Liaison Mental
Health Training**

Core24 Multi-professional Liaison Mental Health Training Programme

Executive Summary: Design, Implementation and Evaluation

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University of Salford, School of Health and Society and North West Boroughs Healthcare NHS Foundation Trust; Lisa Bluff, Alison Brettle, Claire Bullen-Foster, Celeste Foster, Gary Lamph

INTRODUCTION

BACKGROUND TO CORE24 MULTI-PROFESSIONAL LIAISON MENTAL HEALTH TRAINING PROGRAMME

The Five Year Forward View for Mental Health (FYFV MH) highlighted the need for Liaison Mental Health Services (LMH) and pledged a commitment to invest in order to achieve CORE-24 models of care:

A review of LMH services across Cheshire and Mersey conducted by the North West Coast Strategic Clinical Network (Verma et al, 2016) identified a lack of compliance with national guidance regarding the minimum service specification across multiple areas including LMH specific supervision and training.

Through this intelligence and in anticipation of the growth in services and workforce, Bullen-Foster and Verma (2016) developed a concept training matrix, specific to the needs of the multidisciplinary CORE-24 workforce.

THE TRAINING PROGRAMME

The LMH Education Programme was established as an innovative project and partnership between clinical and academic partners; North West Boroughs Healthcare NHS Foundation Trust (NWBH) and The University of Salford.

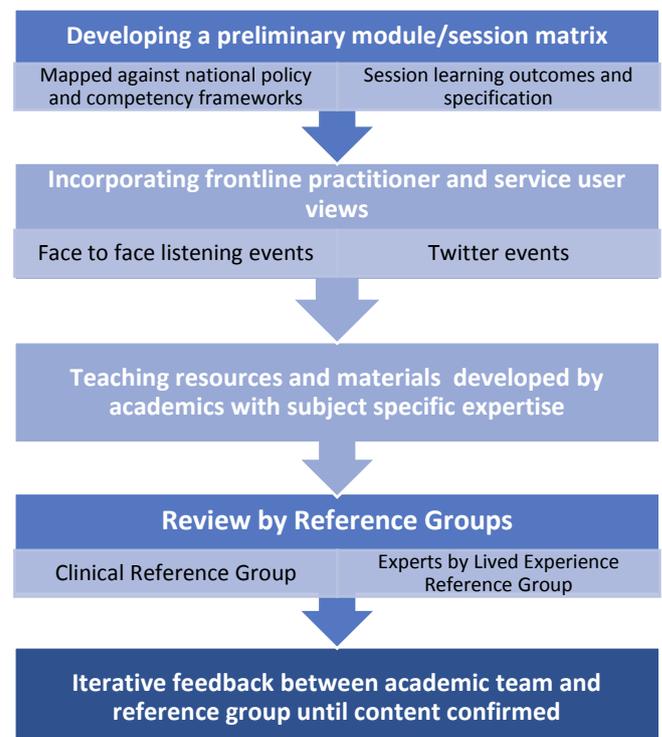
Designed to address the specific needs of the LMH clinical workforce, ensuring they are equipped with core competencies, skills and confidence to deliver safe and effective care and ensuring standardisation and sustainability.

PROGRAMME TEAM & DESIGN

The project was developed as a North West-wide initiative that would transcend all regional Mental Health Trusts that provide LMH services; Mersey Care, Cheshire and Wirral Partnership, North West Boroughs Healthcare, Lancashire Care, Cumbria Partnership, Greater Manchester Mental Health Trust and Pennine Care NHS Trusts

The programme team was established to reflect the collaborative clinical and academic partnership and involve multiple stakeholders. It comprised of clinical and academic leaders, academic developers and clinical and expert oversight groups that included multidisciplinary LMH clinicians and people with lived experience. The development phase incorporated multiple levels of scrutiny to ensure that the modules were relevant and transferable to both clinical practice and the users of MHL services.

Figure 1: Programme Design Process



THE PROGRAMME

The LMH Education Programme delivery was designed to facilitate a blended learning approach that included both face-to-face and distance learning sessions to maximise engagement and learning across a wide geographical spread of delegates.

Five days distance learning sessions were hosted by The University of Salford's Virtual Learning Environment. VLE content was written and curated by subject expert for each session.

Five days face-to-face sessions were delivered on-site at the University of Salford. They comprised master lectures, small group skills development and the use of clinical simulation suites to deliver the environmental experience relevant to the specialism.

The programme was made available to the North West LMH multidisciplinary clinical workforce, with 150 training places available, in three cohorts of 50.

THE EVALUATION

An evaluation which incorporated a range of methods taken at pre, post and follow-up intervals through the delivery of the course and incorporated feedback from all stakeholders (programme designers, deliverers, participants and managers).

FINDINGS

The programme reached an 85% occupancy of the available capacity with an average 77% attendance per session.

As well as good attendance at face to face sessions, engagement with the distance learning materials was also high suggesting that this blended approach to learning, was successful.

Multiple sources and methods of data collection were used to ascertain whether the programme met participant needs:

There was improvement in self-reported confidence and competence in relation to all subject areas across all disciplines and cohorts (Fig.2)

The degree of improvement and areas of most improvement were dependent upon:

- Length of time working in liaison
- Discipline group

Positive impact on knowledge and practice was reported by almost all participants

Attending face to face training was particularly valued by participants. This was not simply for course content, but more for the opportunity to step away from the job to learn, and to network with colleagues from other NHS Trusts.



CONCLUSIONS

The data from the evaluation indicates the programme as designed was fit-for-purpose for the work force. The programme as it stands appeared to particularly benefit those new to Liaison and those with a psychology background, but this may be due practitioner perceptions of their knowledge levels at the beginning of the programme and variance in time in working in Liaison Mental Health.

Implications: future training may benefit from being more flexible to attend to the specific needs of sub-groups in the LMH workforce

RECOMMENDATIONS FOR DEVELOPMENT

The programme could be extended to include modules to allow shared learning with Acute NHS Trust staff, or an extension of the remit of the current course to include acute course staff to provide:

Shared understanding of a holistic needs-led biopsychosocial mental health assessment and formulation process, outlined in the Core-24 Standard policy framework

Physiological investigations and laboratory results that can impact upon decision making regarding mental health assessment

Good practice principles and service level understanding of mental health act implementation within medical wards

Alternatively, this could be addressed by developing local forums for Acute Trust medical staff and mental health liaison staff to trade expertise.

Future models of course delivery which should be considered include:

- The use of pre-course assessment and modular organisation to allow bespoke training packages for experienced staff or individuals.
- A Train the Trainer model, where experienced staff are trained to deliver the programme at a more local level.
- A community of practice that, with the support of employers, could provide a network for MHL local trainers and support peer to peer training and skills.
- A peer supervision forum where practitioners can share experiences and work together to solve mutual problems. This could also be extended to acute practitioners.

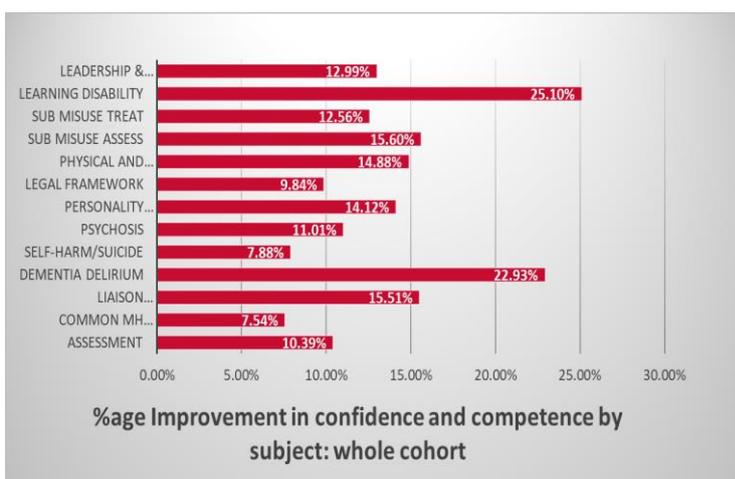


Figure 2.

Further information:

Bluff, L, Brettle, AJ, Bullen-Foster, C, Foster, C and Lamph, G. (2019) *Core24 Multi-professional Liaison Mental Health Training Programme: Evaluation Report*. University of Salford.
<http://usir.salford.ac.uk/id/eprint/52447>



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