



Leicestershire Partnership
NHS Trust

**LEICESTERSHIRE, LEICESTER AND RUTLAND HEALTH
OVERVIEW AND SCRUTINY COMMITTEE – 15 OCTOBER 2020**

**PROPOSED CHANGES TO LIAISON MENTAL HEALTH
SERVICES**

REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST

Purpose of the Report

1. The purpose of this report is to update the Committee on proposed changes to Liaison Mental Health Services.

Background to change

2. Liaison mental health services are provided by Leicestershire Partnership NHS Trust at University Hospitals Leicester (UHL).
3. In Leicester, Leicestershire and Rutland (LLR), a number of specialist liaison mental health services have developed over time. Each has worked separately and with differing referral criteria and service models:

Team	Scope of Service	Hours of Work
Mental Health Triage Team	Referrals from LRI Emergency Department, clinical assessment and onward referrals	24/7, 365 days a year
Adult Mental Health Liaison Team	Referrals from UHL wards for working age adults for clinical assessment and treatment. Community and outpatient referrals	Mon-Fri, 9-5pm.
Psycho-oncology service	Referrals from UHL wards for clinical assessment and outpatient treatment Routine community and outpatient referrals	Mon-Fri, 9-5pm.
FOPALs	Referrals from LRI Emergency	9-5pm, 7 days a

(Frail Older Persons Acute Liaison Service)	Department and UHL wards for older adults for clinical assessment, onward referral and treatment	week
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4. The Mental Health Five Year Forward View (2016-21) and the more recent NHS Long Term Plan, have stated the priority for liaison mental health services should be to provide responsive and joined-up services within emergency departments and general hospital wards, equipped to meet patients' mental health and physical health needs.
5. The service should be designed to work in an integrated and supportive way, within the acute hospital setting, responding to the urgent mental health needs of UHL's inpatients. The service will be integrated with other community-based mental health services, including talking therapies (IAPT) to ensure that patients' on-going needs are met throughout periods of care, wherever the setting.

Nature of change

6. In order to establish liaison services in line with national expectation, the LLR Healthcare system were successful in a £0.5m transformation funding bid from NHSE. This funding has been awarded to enable the existing local liaison mental health teams to work together to form a single team focused on meeting emergency department and inpatient urgent care needs. This is referred to as a 'Core 24' service.
7. In our successful bid we committed to the following key changes:
 - Develop of a single Liaison Mental Health service maintaining both working-age adult and older people's sub-specialities, with a single referral pathway.
 - Recruitment of an additional 2 Consultant Psychiatrist posts to provide dedicated medical cover for ED and strengthen the interface with the acute hospital, supporting the training and education function.
 - An additional 5.9 whole time equivalents (WTEs) practitioners to be available to ensure delivery of Core 24 response times, in particularly within ED.
 - Phasing out of the outpatients delivered liaison service provision to be replaced with additional and appropriate community-based services for patients with complex diagnoses. This will enable patients with cancer, diabetes, heart disease and other life-changing, long term conditions to access mental health treatment closer to home. The community-based service model will be provided as follows:

- Mild to moderate depression or anxiety supported by the expanding Long Term Conditions pathway in IAPT (Increasing Access to Psychological Therapy service) that have trained NHS therapists who are able to adjust to difficult diagnoses and live with complex physical health conditions.
- More complex / enduring mental health needs supported by specialised medical psychology service or by community mental health teams for specialist mental health team support.

Patient engagement on the changes

8. Engagement with key patient groups around the proposed changes had commenced at the beginning of 2020 with a launch, originally planned for April 2020. Both the engagement and the establishment of a single liaison mental health service were delayed by Covid-19. The launch has now been rescheduled to spring 2021 to give time for further engagement, feedback analysis and implementation of change.
9. There have been specific concerns raised from patient groups who have been supported by the current psycho-oncology service about how these changes might alter the care and help they receive. They, along with other patient groups, impacted by the proposed changes have received a letter outlining the reasons for the proposed changes, the proposed new service model and an invite to engage further in the development of the future service model.
10. All of the existing outpatients of both the Adult Liaison and Psycho-oncology Team are having a personal care plans review. Patients who have mild to moderate depression or anxiety that require further support will be referred to or be able to self-refer to, community-based talking therapies support from the IAPT service. The IAPT service employs trained NHS therapists who are able to support people adjust to difficult diagnoses and to live with complex physical health conditions.
11. For the many people (and their families) living with cancer, this can provide the expertise needed to care for their mental health needs during this very difficult period. IAPT has the additional advantage of being able to provide care closer to home without the need for hospital visits. Further, there is ongoing work between the CCGs, UHL McMillian Nurse Service and the IAPT service to pilot ways of improving access to services for people living with cancer.
12. For those individuals who have more complex or enduring mental health needs, then ongoing support is proposed to be provided by the specialised medical psychology service or the community mental health teams. Any transfer of care to these alternative community-based teams will be facilitated as part of the care plan review.

Plans for further engagement

The following outlines the stages of the proposed engagement plan: Engagement Stage	Actions	Timescales
Step 1: Announce plan for process and prepare proposal for process	Notify service users, public and stakeholders of proposed changes and engagement plans (through letters to patients and on CCGs, LPT and UHL websites)	Complete
Step 2: Agree process with JHOSC	Presentation to JHOSC and any adaptation of process as a consequence	15 th October presentation 16 th October 2020 for adjustments to process from JHOSC
Step 3: Engagement	Commence engagement including: <ul style="list-style-type: none"> • Three online question and answer sessions in November 2020, including one evening session. • Online feedback questionnaire for patients unable to attend online sessions 	19 th October 2020 (proposed open process) 30 th November 2020 (proposed close engagement process)
Step 4: Conclusion of engagement, review of plans and confirm changes being taken forward	Review, summarise feedback and develop recommendations	By 4 th December 2020
	Agree recommendations at respective boards	By 11 th December 2020
	Communicate conclusion of process to all interested parties (e.g. via letter, website). Ensure that letter to patients describe conclusion and what next for their care	By 31 st December 2020
Stage 5: Adjust service plans and implement changes	Prepare service changes and launch	Spring 2021

Recommendations

13. The Committee is requested to:

- **NOTE** the proposed service changes, support the proposed approach and provide comment.

Officer to Contact

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