



HEALTH OVERVIEW AND SCRUTINY COMMITTEE –
13 JANUARY 2020

Mental Health Liaison Service

REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST

Purpose of the Report

1. The purpose of this report is to provide a brief update from the paper submitted to the joint health and overview scrutiny meeting 15 October 2020, on the engagement undertaken to date for the Mental Health Liaison Service.
2. Full analysis and consideration of the engagement exercise is due later in January 2021 and will be reported to the committee for full consideration at a later date.

Policy Framework and Previous Decisions

3. 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 integrated services within emergency departments and general hospital wards, equipped to meet patients' urgent mental health and physical health needs.
4. Section 3.96 of the NHS long term plan states that no acute hospital should be without an all-age mental health liaison service in A&E departments and inpatient wards by 2020/21, and that at least half of these services should meet the 'core 24' service standard as a minimum. By 2023/24, 70% of these liaison services will meet the 'core 24' service standard, working towards 100% coverage thereafter.
5. LLR were successful at being awarded transformation funds to be part of the first wave of compliant services for 2020/21 (money awarded by NHSEI for April 2020).
6. A paper outlining the implications and ambitions for a transformed and enhanced core 24 liaison service was presented to the Leicestershire, Leicester and Rutland Joint Health and Overview scrutiny committee on

15 October 2020. The proposed changes were noted and the approach with regards to patient and staff engagement, supported.

Background

7. Liaison mental health services are provided by Leicestershire Partnership NHS Trust at University Hospitals Leicester (UHL).
8. 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 (Frail Older Persons Acute Liaison Service)	Referrals from LRI Emergency Department and UHL wards for older adults for clinical assessment, onward referral and treatment	9-5pm, 7 days a week

Transformation funding bid

9. 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.
10. 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.

Recent developments

11. Since the meeting of 15th October 2020, the intended timeline for the engagement process has been extended by almost a month starting on 9th November and concluding on 21 December 2020 (instead of concluding end of November). See Appendix 1 for revised timeline.
12. This was intended to ensure that the engagement period was sufficient and that engagement information analysis was carried out after the Christmas period, when inclusivity in terms of analysis and recommendation agreement was most practical.

Engagement Undertaken to Date

13. An engagement period was launched 09 November 2020 and closed 21 December 2020.
14. The engagement process included:

- Two online question and answer sessions with patients and carers in November 2020, including one afternoon and one evening session (17th and 19th November 2020).
- Online feedback questionnaire available for all for patients including those unable to attend online sessions.
- The sending of freepost feedback forms for all patients including those unable to attend the sessions.
- Two online staff question and answer sessions with members of the LPT senior management team.

Levels of Response to the Engagement Process

Feedback forms

15. Unfortunately only three feedback forms were received by LPT from patients and carers.
16. This is potentially disappointing but may represent either the proximity of the engagement process to the festive period or the proportionally high level of attendance at the online engagement events.

Online Engagement sessions

17. The online question and answer sessions were attended by 23 patients and carers. This is approximately 5% of patients currently under the ongoing care of one of the services proposed to be part of the new core 24 liaison service. These events have been transcribed in order to ensure robustness analysis of the qualitative information.
18. Feedback has been provided by 14 staff as part of engagement process via the online staff session.

Proposals and Next Steps

19. The full analysis, engagement panel and review of all data received via the engagement process is planned to conclude by end of 8th January 2021.
20. Information will be thematically analysed, considered and responses published on both the LPT's and CCGs' websites after 11 January 2021.
21. The formal response will address feedback and questions noted via all engagement routes including the online sessions, LPT patient experience feedback forms and the online feedback collected via the LPT website.

22. Recommendations as a result of the feedback will be agreed by CCG, LPT and UHL and shared on LPT's and the CCGs' websites by the 31st January 2021.
23. It remains a condition of the NHSE additional investment that implementation of the new core 24 liaison service is expected by spring 2021. However, the final local service model but may be subject to change depending on the results of the engagement process.
24. The results will be considered in terms of next steps and any substantive change will be subject to public consultation.

Background Papers

25. Report considered by Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee on 15 October 2020
<http://politics.leics.gov.uk/documents/s157088/Liaison%20MH%20changes.pdf>

Circulation under the Local Issues Alert Procedure

26. None

Equalities and Human Rights Implications

27. Initial EIA has not identified significant equality implications in the changes proposed. This is being reviewed and will be updated with any additional information from the engagement analysis process.

Officer to Contact

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Appendices

- Appendix 1 - Engagement process undertaken to date
- Appendix 2 – Engagement document
- Appendix 3 – Letter to patient re Liaison Psychiatry
- Appendix 4 – Letter to patient re Psycho Oncology
- Appendix 5 – Letter to patients re Q & A Feedback

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