**Mental health liaison service**

**Summary of feedback and responses**

February 2021

**Background:**

In 2019, the clinical commissioning groups (CCGs) for Leicester, Leicestershire and Rutland working with Leicestershire Partnership NHS Trust (LPT) and University Hospitals of Leicester (UHL), secured national funding to improve the urgent mental health care available through Leicester Hospitals.

This has enabled LPT, working closely with clinical teams in UHL, to develop a dedicated urgent mental health service – called the mental health liaison service – for patients who are being cared for in UHL.

Due to national expectations from NHS England, we have made a number of changes to improve care.  These changes were needed to improve access to mental health services when the need is urgent, although they are part of a longer term plan to improve care for service users.  The engagement undertaken around mental health liaison services helps inform and communicate changes undertaken. There will be further engagement and a public consultation on a wide range of mental health services.  It will ask people to participate and share their views on proposals to improve mental health services when the need is urgent or an emergency.  It will also look at proposals to enhance services provided in the community, closer to home.   This public consultation will include the mental health liaison service and the views received as part of this engagement will inform that consultation, to further inform future improvements.

Due to this urgent need for change, a new 24 hour, 7 days a week urgent mental health care service, will be launched in Spring 2021 and be available to UHL inpatients, including those admitted to the emergency department, presenting with urgent mental health needs.

The new service will be set up to provide a timely response time for UHL inpatients with urgent mental health needs (one hour in the emergency department and up to 48 hours for all other wards).

It will integrate with other services and form part of wider care pathways to ensure patients’ physical and mental health are both given priority.

To provide this level of responsiveness, LPT is bringing together and expanding four mental health teams which previously operate as individual teams. These teams are:

* Mental health triage (based in emergency department)
* Liaison psychiatry team
* Mental health support for those with cancer (psycho-oncology)
* Frail older people’s advice and liaison service (FOPALS)

We undertook staff and patient/carer engagement between 09 November and 21 December 2020 in relation to these changes. There were two main questions asked as part of the engagement, the questions were:

1. Do you support the proposals for changes to the way mental health support is provided in Leicester’s Hospitals?
2. Do you support the proposals for expanding access to NHS and other services in the community that can support mental health?

The engagement programme was publicised on the LPT website. We also wrote individually to all patients who were receiving care or on the waiting list for psycho-oncology and the adult mental health liaison psychiatry team, inviting them to either attend the virtual engagement sessions, submit their feedback via an online form or respond via email/post.

We produced a summary document for the engagement which was made available on the LPT website, at the engagement sessions and via the LPT patient experience team. The document is attached below for information.

We held two patient/carer sessions and two staff sessions virtually via Microsoft Teams as follows:

* 03 Nov 20 (staff session) **9 attendees**
* 12 Nov 20 (staff session) **3 attendees**
* 17 Nov 20 (afternoon) (public session) **14 attendees**
* 19 Nov 20 (evening) (public session) **9 attendees**

A total of 23 patients and carers attended the online question and answer sessions. 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.

Individual listening events have also been held where these have been requested and/or where this has been useful to individuals through the transition.

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| Breakdown of respondents: | **LPT Staff:** 12 |
| **Patients:** 12 |
| **Relative/carers:** 2 |
| **Other (healthcare professional):** 0 |
| **Volunteers:** 2 |
| **Not specified:** 11 |
| Total number of attendees at engagement sessions | 35 |
| Comments via email | 0 |
| Responses via feedback forms | 3 |
| Responses via letter | 1 |
| Responses via telephone calls | 0 |
| Number of requests for Trust membership information | 0 |

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| **SUMMARY OF COMMENTS/QUESTIONS AND RESPONSES/FEEDBACK FORMS** |
| **Do you support the proposals for changes to the way mental health support is provided in Leicester’s Hospitals?** |
| **Number answered** | **For** | **Against** |
| 4 | 2 | 2 |
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| **Do you support the proposals for expanding access to NHS and other services in the community that can support mental health?** |
| **Number answered** | **For** | **Against** |
| 4 | 3 | 1 |

We received four completed feedback forms answering the two specific questions as part of this engagement. The rest of the information we received and analysed was in the form of answers to open questions regarding the proposed changes.

The written feedback received was mainly supportive of the changes that have been proposed within the acute hospital setting. The responses we received against the proposal were mainly regarding losing the provision of specialist mental health support for patients who are diagnosed with cancer. This was a theme of discussion in the service user engagement sessions. Whilst we acknowledge that the change is worrying for people, the clinicians who have the expertise in cancer and mental health care will remain as part of the teams. And the liaison service will still provide care pathways for people who have mental health needs whether they are seeking pain management or psycho oncology support, they will receive necessary support.

The themes of discussion in the engagement sessions have been summarised below along with the responses that were given.

**Summary of open comments and responses:**

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| **How will my care and treatment change?**  |
| **Feedback** | **Response** |
| I have just started my treatment plan will this suddenly stop? | Each Mental Health Practitioner (MHP) is working with each patient who is currently receiving care and treatment to ensure their future needs are being met appropriately.  |
| I am currently in treatment but being discharged / concerned that there are gaps and people will slip through as there are no obvious alternatives. | We are working with patients individually and looking at the next steps. It is expected that there will be a transfer of care to the appropriate clinician within their local community team.  |
| The questions/statements below were grouped together as they had a similar theme: I was concerned that cancer patients will lose access to specialised mental health support. Current support from psycho-oncology means that we are able to make contact with our clinician whenever we need it.Cannot fault the psycho oncology service and would like to ensure that an equal level of service is available to anyone in the future.The psycho-oncology service provided in the community/ outpatient is excellent and worried about not having access to this. The service is responsive, flexible and continuity of care is important.Changes to the services at UHL sound really promising as there has been a lack of access in an acute setting. However, worried that this is at an expense to the psycho-oncology community services. | We acknowledge that the change is worrying people however we will not be losing this expertise in supporting cancer patients with their mental health care. The liaison service will provide care pathways for people who have mental health needs whether they are seeking pain management or psycho oncology support. We will continue to provide this support as needed, and work closely with UHL consultants.We are working with patients individually and looking at the next steps. It is expected that there will be a transfer of care to the appropriate clinician within their local community team.  |
| The IAPT service is short term and the CMHTs focus on serious mental illness and not cancer. Patients with cancer or other long term conditions require consistent support from a trained clinician as well as psychological support.  | IAPT (Let’s Talk Wellbeing Service) have clinicians trained in Long Term Conditions and are piloting a specific group for people who have had a diagnosis of cancer and are experiencing anxiety and or/ depression. IAPT are also working alongside Macmillan to help patients who are experiencing mild/ moderate mental health problems and have a diagnosis of cancer. Where more acute support is required, our specialists remain to provide this as part of the community mental health teams. |
| Concern was raised about limited number of sessions that will be offered in the new Mental Health Liaison Service model.  | The clinicians will provide up to 6 sessions, however, if someone needs more sessions than that then they will be supported. The clinicians are experienced and will use flexibility if needed.  |
| Cancer and Oncology is always mentioned first. There are plenty of other conditions that have more of an impact on mental health. | We want to ensure that the care you receive is of the same quality for all no matter if you have always had a condition to if you have acquired one. We want to make sure that all pathways are clear and people have the right help when they need it.  |
| Concern raised about having to go to a hospital for an appointment. | The changes we are making are about ensuring the urgent mental health needs are addressed whilst they are an inpatient within the acute hospitals. And at the same time providing care closer to home within the community. |
| Will there be enough staff for the new service? | We will be combining and expanding 4 teams into one service and recruitment is currently ongoing.  |
| How will the mental health support groups/peer support continue for cancer patients?  | We have been looking at how LPT can support the Support groups to continue by helping them look at other venues in the community. We are also looking at how we can support with refreshments and enabling one of the mental health practitioners to attend to support with mindfulness. |

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| **What other support is available in the Community?** |
| **Feedback** | **Response** |
| Let’s Talk Wellbeing/IAPT (Improving Access to Psychological Therapy) services do not understand long term complex medical complexities. How will they help?  | The IAPT service have clinicians within their teams who are trained in managing mental health issues which are associated with physical Long Term Conditions and we are piloting a specific group for people who have had a diagnosis of cancer and are experiencing anxiety and or/ depression. IAPT are working alongside Macmillan to help patients who are experiencing mild/ moderate mental health problems and have a diagnosis of cancer.We are currently gathering client’s experiences of this group and what has been helpful/unhelpful and what we may need to change going forward. |
| IAPT is too short term for ongoing complex needs  | If the treatment package with IAPT has been completed and it has been identified that the patient requires longer term mental support, your IAPT practitioner will work with you to find appropriate pathways for ongoing care.  |
| If there is no longer going to be a community service then significant upskilling for staff within the new Mental Health Liaison Service will be essential. | There will be a comprehensive training package for all new recruits into the service to ensure they have the skills required to meet the needs of the patients. |
| Would this result in patients being referred to services who have long waits? | We are planning to consult on the large scale changes to mental health services which aim to make it easier for people to get the support they need when they need it.   |
| Concerns that people who need help now are not receiving it | If people need urgent mental health support we have the mental health central access point which offers 24/7 support. This can be accessed by ringing 0808 800 3302.Through the mental health central access point you will be able to access secondary mental health services for those that need it. You no longer have to be referred by your GP to access mental health services. |

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| **Other themes** | **Response** |
| Will these changes work through COVID restrictions? |  LPT has not stopped any patient-facing activity in an acute setting. We are working with colleagues at LRI to make sure everyone is safe and using the correct PPE. We are also looking at new innovative ways to connect with people for support and advice, for example, virtual online sessions, remote consultations in the acute hospitals.  |
| What is being done to reduce the waiting times for dynamic psychotherapy? | This year we will embark on a public consultation process to explain our ambitious improvement plans, and to work with communities to transform the way we deliver mental health care including psychological support. We recognise the long wait times for psychological therapies has been a ongoing issue and our plans aim to offer care and treatment in a much more psychologically informed way.  |

**Intended action after engagement**

1. To progress with improvements to acute liaison services and introduce the 24 hour, 7 days a week urgent mental health care service from April 2021. This will address national requirements, whilst recognising that there could be further changes to the service informed from the public consultation that will be undertaken in the first half of 2021.
2. To publish the new mental health offer for cancer patients to help provide clarity and reassurance to service users and staff around the support that will be available. This will be issued in the first half of 2021
3. To support the psycho-oncology support group to continue.
4. To undertake wider engagement of the Liaison service changes in the context to the wider mental health urgent and planned care changes. This will be included a feature of the Step to Great Mental Health consultation planned to start in spring 2021.