North of England Mental Health Development Unit

November is almost over and as we approach the end of 2012 we bring you early news this month of two exciting events that will take place next year.

Plans are well underway for a Psychiatric Liaison event on 4th March 2013. This event is aimed at commissioners and providers of mental health services and will explore the benefits of psychiatric liaison services, looking at regional and national experience and research.

We are delighted to announce that Matt Fossey, co-author of the recently published report "Liaison Psychiatry in the Modern NHS" will be a keynote speaker at this event. Our spotlight feature this month has been written by Matt, based on this report and earlier research on liaison psychiatry.

The second event we are busy planning for next year is focussed on progress on implementing the national mental health strategy 'No Health without Mental Health'. This event will take place on 18th March and will seek to raise the profile of the strategy's implementation framework and support the development of local implementation plans.

Further details and booking information for both events will be sent out shortly and posted on our website.

November saw publication of the first Mandate from the Government to the NHS Commissioning Board. This document sets out one of its objectives as *"putting mental health on an equal footing with physical health"* - read more about this and link to the document from our feature on page 6.

We have a bumper 4-page round up of policy news this month covering some important announcements, publications and consultations.

Next month we'll be having a look back over our first year as a social enterprise.

Until then, our very best wishes.
Dave and Paul

Dave Belshaw and Paul Johnson
Directors, NEMHDU

Supporting better mental health

NEMHDU contact details

Dave Belshaw
Dave.belshaw@nemhdu.org.uk
Tel: 07769 695716

Paul Johnson
Paul.johnson@nemhdu.org.uk
Tel: 07919 173917

Or visit our website at:
www.nemhdu.org.uk

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Spotlight on...Liaison Psychiatry

This month we bring you a spotlight feature on liaison psychiatry, by Matt Fossey, Independent Consultant and Senior Associate with the Centre for Mental Health.

Liaison Psychiatry in the Modern NHS

Over the past 12 months there has been an increased interest in liaison psychiatry, an area of professional practice that has been described by some *"as like playing a permanent away fixture".* This brief article begins to describe why there has been an upsurge in interest by both clinicians and commissioners and what added value liaison psychiatry can bring to the management of patients with complex presentations.

So what is liaison psychiatry?

Liaison psychiatry services address the mental health needs of people who are being treated primarily for physical health problems or symptoms. At present liaison mental health services are mostly provided to patients attending general and acute hospitals, although there is a growing argument for extending this provision into community settings, such as primary care.

Why is the provision of liaison psychiatry so important?

The prevalence of mental illness among people with physical health conditions is two to three times higher than in the rest of the population. Prevalence is particularly high in the hospital setting, where around half of all inpatients suffer from a mental health condition such as depression, dementia or delirium. Many of these co-morbid mental health problems typically go undiagnosed and untreated. In the absence of effective intervention, they lead to poorer health outcomes, including increased rates of mortality and morbidity.

What sorts of Liaison Psychiatry Services are currently available?

There have been a number of attempts at mapping the provision of liaison psychiatry services across the NHS with very variable outcomes. The mapping exercises have been blighted by some significant challenges. First, how do you define a liaison psychiatry service and importantly when is a service effective? For instance, some providers have claimed to have a liaison psychiatry service even though this may be provided by sporadic junior doctor or crisis resolution team cover. Second, is it appropriate to provide a service that is not age inclusive? Many liaison services only take referrals for adults of working age, thereby disqualifying the majority of patients who occupy acute physical beds i.e. those over 65. Third, where services are provided they are not always integral to the overall service provision in acute hospitals. As services are often provided by another mental health trust, office provision, access to bleep systems and general communications about the service can be poor.

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Liaison Psychiatry —continued...

It would seem that the majority of existing services focus on the provision of liaison psychiatry in emergency department settings, only occasionally responding to referrals from wards. This emphasis on the front end is probably driven by a combination of the 4 hour target; clinical guidance for self-harm interventions produced by NICE; concern about skills and training in managing mental illness presentations; and more worryingly in a few cases a culture of *"we don't do mental illness, that's somebody else's job!"*

Why the sudden interest in liaison psychiatry?

Over the past couple of years there has been a resurgence in interest and activity in the provision of liaison psychiatry services. This has been driven in part by a number of factors: First, significant shifts in the way that policy makers are considering mental health provision including:

- the advent of the Improving Access to Psychological Therapies (IAPT) programme and the subsequent focus on long term conditions (LTC) and medically unexplained symptoms (MUS);
- the emphasis on physical health equality in the recent Mental Health Strategy;
- the inclusion of liaison psychiatry as an example of a QIPP innovative service in the 2012/13 NHS Operating Framework (OF);
- and now the very welcomed parity of physical and mental health within the recently launched Commissioning Board Mandate and 2013/14 NHS Operating Framework.

Second, the publication of a number of influential articles outlining the cost to the health economy of mental illness co-morbid with physical health presentations and the role that liaison psychiatry can play in improving efficiencies (outlined briefly below); third the recent national drive to identify the numbers of acute inpatients with a diagnosis of dementia, by way of the development of a national CQUIN with its associated financial incentives; and finally local realisation, particularly from informed CCG clinicians, that liaison psychiatry has been woefully overlooked in the development of modern healthcare systems.

What evidence is driving forward the increased interest in Liaison Psychiatry provision?

This evidence forms the three legs of an important stool - all components are required to develop a cogent argument that will help drive provision. The first leg is the development of the clinical argument – does liaison psychiatry improve clinical outcomes? This is key, because we should not only be considering mental health outcomes, but also the contribution that psychological medicine makes in the treatment of co-morbid physical health conditions. This case has been proven by many authors and more detail can be found in the papers detailed below. The second leg of the stool is the economic argument. This is interesting in as much as there are few other clinical disciplines who have to justify their existence on economic grounds – I am sure that if the same levels of economic scrutiny were applied to them significant questions would be asked.

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Liaison Psychiatry —continued...

However the case for liaison psychiatry has been well made. The third leg of the stool is the development of a local business case. What are the needs of the local population? How will patients benefit from the provision of the service? Can we enable people to manage LTCs better, or return to their own homes after a spell in hospital? These questions, amongst others, have to be balanced against the issues of provider and commissioner benefit. A number of well-developed studies are currently being undertaken to consider these issues. It's not necessary to completely reproduce these studies in local areas, but rather learn from the growing pool of evidence. The case is being made.

The Centre for Mental Health, London, has played a significant part in the resurgence of interest in the benefits of delivering liaison psychiatry with the publication of a number of recent reports and articles:

The cost of somatisation among the working-age population in England for the year 2008–2009 (2010)
This article, published in the journal *Mental Health in Family Medicine* helped to establish the cost to the NHS of medically unexplained symptoms (MUS) – an area of practice and specialism often delivered by liaison psychiatry services. The paper concluded that an incremental £3 billion in healthcare costs was incurred by these patients, which equates to 10% of the 2008-09 NHS budget.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2939455/

Economic Evaluation of Liaison Psychiatry Service (2011)
[otherwise known as the **RAID Report**.] This report was commissioned by the NHS Confederation and the SHA Mental Health Leads. We were asked to consider the findings of an internal evaluation report on the effectiveness of the RAID Liaison Psychiatry Service at Birmingham City Hospital. This report concluded that the provision of liaison psychiatry by the RAID service presented good value for public money with the savings accrued through reduced length of stay and re-admission rates outweighing the overall cost of the service. This produced a benefit to cost ratio of 4:1.
http://www.centreformentalhealth.org.uk/publications/economic_evaluation.aspx?ID=636

Long-Term Conditions and Mental Health: The Cost of Co-Morbidities (2012)
This paper was written in collaboration with colleagues from the King's Fund and the London School of Economics. This paper considered the current literature and evidence. It concluded that *"by interacting with and exacerbating physical illness, co-morbid mental health problems raise total health care costs by at least 45 per cent for each person with a long-term condition and co-morbid mental health problem. This suggests that between 12 per cent and 18 per cent of all NHS expenditure on long-term conditions is linked to poor mental health and wellbeing – between £8 billion and £13 billion in England each year. The more conservative of these figures equates to around £1 in every £8 spent on long-term conditions."*
http://www.centreformentalhealth.org.uk/publications/cost_of_comorbidities.aspx?ID=640

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Liaison Psychiatry —continued...

Liaison Psychiatry in the Modern NHS (2012)
This most recent paper, launched at the NHS Confederation Mental Health Conference in November considers liaison psychiatry services in 5 different locations across the country. The paper draws on the experience of the review of the Birmingham RAID service and describes the important building blocks for establishing a liaison psychiatry service. A combination of published evidence, unpublished trials and experiences from the sites visited helped to shape a number of key conclusions. These included:

- Every general hospital should have a liaison psychiatry service and this is supported by both the economic and clinical case.
- Services should be all-age inclusive and not condition-specific.
- Funding for services should be sustainable and not piecemeal.
- Services need to operate a model that has both "liaison" and "consultation" components.
- The size and operational capacity of the service should be aligned to local need.
- Initially services should focus on provision on the acute wards (particularly on later life and complex needs) and the emergency department.
- Over time serious consideration should be taken to the expansion of the service, with a view to providing out-patient facilities and links with community provision, such as primary care.
- Training of acute care staff and the development of psychologically-minded culture within the acute care setting is of great importance.
- Services should be measurable and thought should be given to developing outcome protocols appropriate to local need.

http://www.centreformentalhealth.org.uk/news/2012_liaison_psychiatry.aspx

However it still remains that nationally there is no requirement for the universal provision of liaison psychiatry services. Services have grown organically from a relatively small base, hence the somewhat idiosyncratic nature of current provision with such a wide variation in provision and delivery models. None of the early development of services was driven by commissioning for the needs of the local population. This reflects the often overlooked and difficult nature of commissioning for complexity. As new commissioning arrangements are beginning to mature and clinical commissioning groups take a leading role there is a potential for more interest in this important area.

Matt Fossey
Independent Consultant
Senior Associate, Centre for Mental Health, London

Matt Fossey will be a keynote speaker at our Psychiatric Liaison event on 4th March 2013. Commissioned by NHS North East, this event will bring together commissioners and providers of mental health services to explore the benefits of psychiatric liaison.
Further details and booking information will be circulated shortly.

New Mandate puts mental health on equal footing with physical health

The first Mandate between the Government and the NHS Commissioning Board, setting out the ambitions for the health service for the next two years, was published on 13th November.

The Mandate: A mandate from the Government to the NHS Commissioning Board; April 2013—March 2015, reaffirms the Government's commitment to an NHS that remains comprehensive and universal – available to all, based on clinical need and not ability to pay – and that is able to meet patients' needs and expectations now and in the future.

The NHS Mandate is structured around five key areas where the Government expects the NHS Commissioning Board to make improvements:

- preventing people from dying prematurely
- enhancing quality of life for people with long-term conditions
- helping people to recover from episodes of ill health or following injury
- ensuring that people have a positive experience of care
- treating and caring for people in a safe environment and protecting them from avoidable harm.

Through the Mandate, the NHS will be measured, for the first time, by how well it achieves the things that really matter to people. The key objectives contained within the Mandate include:

- improving standards of care and not just treatment, especially for the elderly
- better diagnosis, treatment and care for people with dementia
- better care for women during pregnancy, including a named midwife responsible for ensuring personalised, one-to-one care throughout pregnancy, childbirth and the postnatal period
- every patient will be able to give feedback on the quality of their care through the Friends and Family Test starting from next April – so patients will be able to tell which wards, A&E departments, maternity units and hospitals are providing the best care
- by 2015 everyone will be able to book their GP appointments online, order a repeat prescription online and talk to their GP online
- putting mental health on an equal footing with physical health – this means everyone who needs mental health services having timely access to the best available treatment
- preventing premature deaths from the biggest killers
- by 2015, everyone should be able to find out how well their local NHS is providing the care they need, with the publication of the results it achieves for all major services.

Download the new NHS Mandate from the Department of Health website at: http://www.dh.gov.uk/health/2012/11/nhs-mandate/

Policy News

The next few pages give a quick round-up of recent national policy announcements and publications, with links to the relevant pages on the Department of Health and partner organisation websites.

Invitation to apply to join the health and care voluntary sector strategic partner programme
26 November, 2012
An invitation to apply to join the health and care voluntary sector strategic partner programme is launched. This new system wide programme will build on the successes and lessons learned from the DH Voluntary Sector Strategic Partner Programme. The Health and Care Voluntary Sector Strategic Partner Programme will invest in a number of national voluntary organisations who will work collaboratively across health and care systems. Deadline for applications; 9.1.13.
http://www.dh.gov.uk/health/2012/11/invitation-hcvsspp/

Department publishes Adult Social Care Outcomes Framework 2013-14
22 November, 2012
The Adult Social Care Outcomes Framework (ASCOF) for 2013-14 has been launched by the Secretary of State. The framework has been strengthened with new measures and has been further aligned with the NHS Outcomes Framework and the Public Health Outcomes Framework, supporting all parts of the health and care system to work together to support people to live better for longer.
http://www.dh.gov.uk/health/2012/11/ascof1314/

Improving health and care: the role of the outcomes frameworks
22 November, 2012
'Improving health and care: the role of the outcomes frameworks' sets out how the 3 outcomes frameworks, Adult Social Care, the NHS and Public Health, work together to achieve the desired outcomes for the health and care system. The document explains the principles behind the outcomes frameworks, including:

- how they support quality improvement for individuals
- demonstrates how the 3 frameworks are aligned
- the role of shared and complementary indicators
- sets out how they will work together in practice to help the system address the challenges facing the health and care system

http://www.dh.gov.uk/health/2012/11/health-care-of/

Simple Guide to Payment by Results
16 November, 2012
This simple guide to Payment by Results (PbR) provides an introduction for newcomers to PbR, from NHS health professionals, managers and administrators, to people engaged in academic study and interested members of the public both in the UK and abroad. Payment by Results is the transparent rules-based payment system in England under which commissioners pay healthcare providers for each patient seen or treated, taking into account the complexity of the patient's healthcare needs.
http://www.dh.gov.uk/health/2012/11/pbrguide/

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Policy News—continued

Department seeks views on good practice in delivering services for people with learning disabilities
15 November, 2012
Care and Support Minister Norman Lamb has written to directors of social services and PCT chief executives to gather information on good practice to improve the quality of services for people with learning disabilities and their families. This follows publication of the Department's interim report on the Review of Winterbourne View Hospital in June. The Department is seeking information on how services can deliver the right model of care and deliver better outcomes for people with learning disabilities and/or autism, and behaviour which challenges.
http://www.dh.gov.uk/health/2012/11/letter-learning-disabilities/

Public health commissioning in the NHS from 2013
15 November, 2012
The NHS Commissioning Board (NHS CB) and the Department of Health have published their detailed agreement showing how the NHS CB will drive improvements in the health of England's population through its commissioning of certain public health services.
http://www.dh.gov.uk/health/2012/11/sector-7a/

NHS Outcomes Framework 2013-14: focus on measuring health outcomes
13 November, 2012
The NHS Outcomes Framework 2013 to 2014 sets out the outcomes and corresponding indicators that will be used to hold the NHS Commissioning Board to account for improvements in health outcomes, as part of the government's mandate to the NHS Commissioning Board. It describes how the NHS Outcomes Framework will work in the wider system, and highlights the indicator changes since the December 2011 edition.
http://www.dh.gov.uk/health/2012/11/nhs-outcomes-framework/

New care services minister affirms commitment to advancing mental health
09/11/2012
Norman Lamb, Minister of State for Care Services, asserted his commitment to mental health and challenging stigma, as he addressed mental health leaders in London earlier this month. Speaking at the NHS Confederation's Mental Health Network annual conference, he said that mental health needs more attention from politicians, highlighting that it is "everyone's business" and that the message has to "resonate far beyond the sector." He stressed his own personal commitment to advancing mental health as a "real and genuine priority", stating that he had ensured the Department of Health signed up to the Time to Change campaign. Citing integrated care as another of his priority areas, Mr Lamb explained that he is determined to drive the case for integration and address "institutional fragmentation", as "the care of the individual as a whole is what we need to focus on." Mike Farrar, chief executive of the NHS Confederation, echoed Mr Lamb's emphasis on addressing both physical and mental health.
http://www.nhsconfed.org/Networks/MentalHealth/LatestNews/Pages/New-care-services-minister-affirms-commitment-to-advancing-mental-health.aspx

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Policy News—continued

Practical guides for well-functioning health and wellbeing boards
08/11/2012
As part of the National Learning Network of health and wellbeing boards, the NHS Confederation is today (8 November) publishing the latest tranche of publications to support the establishment of well-functioning health and wellbeing boards. The publications cover themes including integration, criminal justice, improving population health and patient and public engagement. They add to the extensive range of resources for health and wellbeing boards (HWBs) published earlier this year. In collaboration with the Department of Health, Local Government Association and NHS Institute for Innovation and Improvement, the NHS Confederation has been working with HWB learning sets to produce the resources, which are informed by key learning from shadow HWBs from across the country. The new resources provide practical guidance and principles for these new bodies to consult and consider as they assume their critical role within the reformed health and care system.
http://www.nhsconfed.org/Publications/Pages/lresources-health-wellbeing-boards.aspx

Views sought on strengthening NHS Constitution
5 November, 2012
Proposals to strengthen the NHS Constitution are set out for public consultation to-day, with the NHS, patients and public are all being asked to respond.
The main changes proposed cover:

- a new responsibility for staff to treat patients not only with the highest standards of care, but also with compassion, dignity and respect
- a new pledge making it explicit that patients can expect to sleep in single-sex wards
- a new pledge to patients that NHS staff must be open and honest with them if things go wrong or mistakes happen – this 'duty of candour' will become a condition in the NHS Standard Contract from April 2013.
- The changes also make it clearer that:
- patients, their families and carers should be fully involved in all discussions and decisions about their care and treatment, including their end of life care
- patients who are abusive or violent to NHS staff could be refused treatment
- the NHS is equally concerned about physical and mental health.

http://www.dh.gov.uk/health/2012/11/constitution-consultation/

Amendments to the high security psychiatric services directions 2012
2 November, 2012
These directions apply to the 3 trusts which provide high secure mental health services at Ashworth, Broadmoor and Rampton Hospitals. They should be read alongside the High Security Psychiatric Services (Arrangements for Safety and Security at Ashworth, Broadmoor and Rampton Hospitals) Directions 2011 and associated guidance.
http://www.dh.gov.uk/health/2012/11/amendments-directions-2012/

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Policy News—continued

Response on funding allocations for independent mental health services and the treatment of armed forces' compensation in charging for social care

31 October, 2012

The Department of Health has published its consultation response and a summary of views received on options for distributing funding to local authorities for Independent Mental Health Advocate (IMHA) services and the treatment of armed forces' compensation in charging for social care.

The IMHA service will be funded by Department of Health grant from April 2013 onwards. The Care and Support White Paper announced that the Government will amend social care regulations and charging guidance so that members of the armed forces injured as a result of service will no longer need to use monthly Guaranteed Income Payments (GIPS) for their injuries from the Armed Forces Compensation Scheme to fund publicly arranged social care.

http://www.dh.gov.uk/health/2012/10/response-funding-imha/

Technical change to the process for approving doctors working under the Mental Health Act

29 October, 2012

The Secretary of State for Health has announced that the Department of Health is taking action to correct an irregularity in the application of the Mental Health Act 1983. A technical issue has been identified in the way some strategic health authorities have been administering the process for approving doctors to work under the Act. This involves how doctors who have been recommended by an expert panel for work assessing and detaining patients have had that recommendation approved. The issue is a technical irregularity involving the approval of the doctors who make the assessments – not the validity of the assessments themselves.

http://www.dh.gov.uk/health/2012/10/technical-change-act/

A Clinical Commissioner's Guide to the Voluntary Sector

Produced jointly by the NHS Alliance and the Association of Chief Executives of Voluntary Organisations, this guide is intended to support closer and more effective working between clinical commissioners and voluntary organisations. It explores models for suc-cessful collaboration between commissioners and sector organisations in the new landscape of clinical commis-sioning and developing provider markets.

http://www.acevo.org.uk/document.doc?id=2206

Healthy Living and Social Care

The Healthy Living and Social Care Red Tape Challenge theme covers over 500 regulations relating to Public Health, Quality of Care/Mental Health, the NHS and Professional Standards. We want to identify which of these regulations should be scrapped or improved to boost growth and jobs and give health professionals more time to care for patients, without weakening necessary public health safeguards. The theme is live for five weeks until 11 December and we are keen to hear from anybody who has views on this.

http://www.redtapechallenge.cabinetoffice.gov.uk/themehome/healthy-living-and-social-care-2/