Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	24 July 2019
Executive Member / Clinical Lead / Officer of the Single Commission	Councillor Wills Executive Member for Adult Social Care and Population Health Dr Vinny Khunger, Clinical Lead for Mental Health Jessica Williams, Interim Director of Commissioning
Subject:	**FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH BUSINESS CASE**
Report Summary:	As part of the Tameside and Glossop Mental Health Investment Plan, agreed by SCB in January 2018, this final business case requests allocation of the previously agreed investment in mental health developments to meet the expected standards required within the Five Year Forward View for Mental Health 2016, which have been reiterated in the NHS Ten Year Plan 2019. These are:- 1. Early Intervention in Psychosis – increasing capacity within the Early Intervention Team 2. Psychological Therapy (IAPT) – increasing capacity to provide interventions for common mental health disorders 3. Crisis Care – providing alternatives to admission and expanding integrated support for mental health within physical healthcare services.
Recommendations:	To confirm that the previously identified funding can be allocated to three proposals as follows:-

Proposal	**2019/20**	**2020/21**	**2021/12**	
Early Intervention in Psychosis Team capacity	£100,000	£200,000	£200,000	
IAPT Practitioner capacity	£159,000	£259,000	£349,000	
Mental Health Crisis Care	£395,500	£1,268,000	£1,268,000	

Financial Implications: **(Authorised by the statutory Section 151 Officer & Chief Finance Officer)**	
Budget Allocation (if Investment Decision)	£1,092m 2019/20 *(£437.5k) Less* £1,292m 2020/21 *£435k More* £1,260m 2021/22
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	S75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	SCB
Value For Money Implications – e.g.	Evidence underpinning proposals demonstrate VFM when

Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	implemented in other locations.

Additional Comments

The investment outlined in this proposal is congruent with both national and local MH Strategy and recurrent budgets are incorporated in the CCGs financial plans including the recurrent consequences of GM Transformation funding included in this business case. It is important that the model is delivered within the budgets identified and performance is closely monitored to ensure the outcomes are in line with both qualitative and quantitative expectations.

A degree of caution must be exercised regarding the planned timeline for implementation as difficulties in recruitment and retention could impede pace of development and resources must be flexed accordingly to allow for this whilst continuing pursuing the wider development of IAPT, EIP and Crisis Care.

It is worth noting that whilst the overall agreed investment envelope over the next 3 years doesn't change, the original planned start dates have. This is particular with the MH Crisis care whereby there is likely to be a slippage of £437k in 19/20 which is off set in the following year for the full year effect of £435k.

Legal Implications: **(Authorised by the Borough Solicitor)**	Members should be satisfied that the Business Plan set out in this report is sufficiently robust to deliver the outcomes required and ensure value for money before agreeing the above recommendations.
Recommendations / views of the Health and Care Advisory Group:	There was unanimous support from HCAG for this proposal.
Public and Patient Implications:	This development is in line with the learning from people with lived experience and links to the work we have been doing to co-produce the neighbourhood mental health development.
Quality Implications:	If the investment is released the accessibility and quality of mental health for patients will be improved.
How do the proposals help to reduce health inequalities?	This new development directly relates people who are struggling with their mental health. This investment improves parity of esteem, improving access to mental health.
What are the Equality and Diversity implications?	There are no equality and diversity implications associated with this report.
What are the safeguarding implications?	There are no safeguarding implications associated with this report.
What are the Information Governance implications?	There are no information governance implications associated with this report.
Has a privacy impact assessment been	Not applicable.

conducted?

Risk Management:	Risks will be identified and managed by the implementation team.
What is the evidence base for this recommendation?	National Five Year Forward View for Mental Health and the NHS 10 Year Plan
Is this recommendation aligned to NICE guidance or other clinical best practice?	The business case is based on a range of NICE Guidance regarding mental health and national requirements to deliver NICE Concordat Care.
How will this impact upon the quality of care received by the patient?	If additional funding for mental health support is committed aces to and quality of care for patients will be improved.
Access to Information :	The background papers relating to this report can be inspected by contacting Pat McKelvey.  Telephone: 07792 060411  Email: pat.mckelvey@nhs.net

1.0 INTRODUCTION

In January 2018 the Strategic Commissioning Board agreed to:

a. commit to improving the mental health of the Tameside and Glossop population by agreeing to prioritise increasing investment in mental health to improve parity of esteem;
b. commit to prioritise investment in mental health services from now until 2021 and that this would be done on a phased basis in order to support the following objectives:-

- Affordability;
- Development of robust business cases for each scheme;
- Phased approach to building complex services;
- Recognition of the time lag in recruitment to mental health posts.

The following table is a refreshed version of the table agreed by SCB in January 2018. This summarises all the income streams and financial commitments:-

Source of MH Funding	**2018/19**	**2019/20**	**2020/21**	**2021/22**
Baseline budgets	40,388	41,273	42,204	43,647
GM MH Transformation Funding	219	438	438	0
Care Together Transformation Funding	187	280	280	93
Local Authority Transformation Funding	389	432	0	0
Total Source of Funds:	**41,183**	**42,423**	**42,922**	**43,740**
PH Investment Fund - Health and Wellbeing College	60	80	20	0
PH Investment Fund - Employment Support Workers	44	175	175	131
PH Investment Fund MH Key Workers	25	100	100	75
Self-management Education budget (CCG baseline)	27	27	27	27
Total Source of Funds including Public Health	**41,338**	**42,805**	**43,244**	**43,973**
Application of MH Funding	**2018/19**	**2019/20**	**2020/21**	**2021/22**
Committed MH Expenditure in Baseline Budgets				
Pennine Care FT core contract	23,341	23,805	24,301	25,190
Individualised commissioning	7,350	7,552	7,760	7,973
Prescribing	3,294	3,385	3,478	3,573
Other	4,297	4,383	4,474	4,637
Total Commitments:	**38,282**	**39,125**	**40,012**	**41,374**
Proposed New Mental Health Investment				
Increasing access to MH support for children & young people	308	554	804	1,552

IAPT Plus/Psychological therapies	550	640	740	830
Early Intervention in Psychosis	180	350	450	450
Neighbourhood Developments	208	550	550	571
AMPH, Recovery	211	251	251	251
Mental Health Crisis	478	833	833	1,268
LD Transforming Care	200	200	200	200
Neurodevelopmental Adult	70	170	170	170
Dementia in neighbourhoods	134	275	275	275
Specialist Perinatal Infant MH	0	224	224	224
Health and Well-being College	60	80	80	80
PH Investment Fund MH Key Workers	25	100	100	75
MH Employment Support Workers	25	175	175	175
Total Proposed New MH Investment:	**2,449**	**4,402**	**4,852**	**6,121**
Grand Total of Proposed MH Expenditure/Investment:	**40,731**	**43,527**	**44,864**	**47,495**

2.0 AMBITIONS FOR 2019/20

Further work has taken place within the locality, in Greater Manchester and with partner CCGs in the Pennine Care footprint. From this learning a range of ambitions are being taken forward in 2019/20. These are:

2.1 Increase opportunities for people to stay well in the community

Through the Neighbourhood Mental Health Development

- Prototyping of new co-produced collaborative model in Hyde for people who have not always received the support they are looking for. Focus is life-changing, asset based, coaching support
- Big Life appointed as lead organisation for the Neighbourhood MH Team to be established by 1 October 2019, when team will expand to reach Glossop and Stalybridge, rolling out in Ashton and Denton in early 2020
- Psychological therapy offer agreed and additional posts funded
- Existing resources to be integrated later in year including Minds Matter service and Pennine Care Access team plus some Healthy Minds workers

- Through Delivering the Five Year Forward View for Mental Health priorities
  - Develop plan for roll out in two Long Term Conditions in 2019/20
  - Improving achievement of psychological therapy (IAPT) standards - access, waiting times and recovery
  - Achieving standards in Early Intervention in Psychosis

- Through Developing an Integrated Dementia Pathway and increasing support in the Community
  - Integrated Pathway Team Leader has been appointed to lead teams across acute and community, mental and physical health
  - Integration of dementia practitioners into neighbourhood teams is underway.

- Refreshing our Integrated Perinatal Infant Mental Health Pathway
  - Reviewing local pathway in line with GM standards and new GM Specialist Perinatal Community Mental Health Team.

- Expanding Neurodevelopmental provision
  - Increase capacity in autism team to reduce diagnosis waiting times and increase support
  - Increase capacity in ADHD support and mental health support for people with a learning disability through creating a dedicated psychological therapy lead in the Neighbourhood Mental Health Team.

2.2 **Increase opportunities to get help before/during a crisis**

- Expand easy access to early support through MH Crisis Drop Ins in neighbourhoods
- Agree a viable local crisis care model (Safe Haven and Home Treatment Team) to provide extended assessment, short term crisis support and reduce and shorten in-patient admissions
- Agree requirements to deliver a STORM pathway - suicide assessment and intervention pathway
- Within PCFT, identify opportunities to increase access to support through our Community Mental Health Teams
- Expand crisis options to include Safe Haven, expanded Home Treatment Team and expand Liaison Mental Health on the Tameside Hospital site
- Deliver actions agreed in the Suicide Prevention Strategy

2.3 **Make effective use of secondary care**

- Reduce the numbers short stay admissions through above
- Expand capacity and capability of Home Treatment Team to increase this option as an alternative to admission
- Continue multiagency efforts to reduce Delayed Transfers of Care
- Identify best use of resources to effectively support older people with serious mental illness
- Take forward options to establish specialist dementia care home/beds to reduce DTOC and improve care closer to home for people with very complex dementia.

Subject to approval of this business case, Tameside and Glossop Strategic Commission will press ahead with the implementation of the final three services previously approved in January 2018. Each is described in detail in sections 3 – 5.

3.0 PROPOSAL REGARDING EARLY INTERVENTION IN PSYCHOSIS

3.1 **Background –** Implementing the Five Year Forward View for Mental Health clearly outlined expected delivery in relation to this population, and this is further supported by the NHS 10 Year Plan (section 3.92).

- By 2020/21, adult community mental health services will provide timely access to evidence-based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors.

- This will deliver at least 60% of people with first episode psychosis starting treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service within two weeks of referral.

- National expectations regarding the achievement of access and quality standards against three Levels.

3.2 The Early Intervention Team within Tameside and Glossop has expanded over recent years following investment in order to move towards achieving compliance with NICE standards in line with the Mental Health Five Year Forward View.

3.3 Following the last round of additional investment in 2017/18 the service is currently achieving the national access and waiting time targets however there are continuing pressures within the team which are impacting on the achievement of quality standards in relation to the provision of a NICE approved package of care for individuals assessed as requiring interventions from the service. These pressures are primarily around care coordination, employment support, physical health screening and interventions and provision of family therapy.

3.4 **Investment Proposal**
It is proposed to invest as follows:

	2019/20	2020/21	2021/22
Early Intervention in Psychosis	£100,000	£200,000	£200,000

3.5 This will sustain the current achievement of the access and waiting time standard and move the local service from Level 1 to Level 2. This will be achieved by expanding the current team through adding:

- a dedicated assessment function is developed within the service through the provision of 1 WTE Band 6 practitioner from additional funding and be supplemented by 1 WTE Band 6 practitioner from existing care coordination resources.
- additional support from an additional 1 WTE band 4 administrator, which will alleviate the amount of administration currently being carried out by medical staff and care coordinators
- capacity of appropriately trained support staff to deliver physical health and employment and education interventions needs to be increased, therefore an additional 0.6 WTE Band 3 support worker will enable the team to provide a range of physical health interventions
- skilled employment support worker/coach seconded from the TMBC Employment and Skills Team to work within EIT. This would be undertaken on an SLA basis and funded via a recharge to PCFT
- a proportion of the requested additional investment is utilised to employ an equivalent of a staff grade doctor on a part time basis. This will allow more capacity for outpatient appointments, therefore reducing waiting times and supporting timely diagnosis.

Standards Addressed

3.6 The national Early Intervention in Psychosis Standards have been developed from recommendations in key literature, research and in consultation with a range of stakeholders. These have included a wide range of sources, along with the perspectives of researchers, policy makers, professionals working in early intervention in psychosis services, people who receive care from services and their loved ones.

3.7 These standards are for service providers and commissioners of mental health services to help them ensure they provide high quality care to people experiencing their first episode of psychosis and their loved ones. The standards detailed here focus on the function and ethos of early intervention in psychosis services, and are applicable to all early intervention in psychosis services.

3.8 The Early Intervention in Psychosis Standards are as follows

	16/17	17/18	18/19	19/20	20/21
% of people receiving NICE Concordat treatment within 2 weeks of referral	50%	50%	53%	56%	60%
Specialist EIP provision in line with NICE recommendations	All services complete baseline self-assessment	All services graded at level 2 by year end	25% of services graded at least level 3 by year end	50% of services graded at least level 3 by year end	60% of services graded at least level 3 by year end

3.9 Level Descriptor

4	Top performing
3	Performing well
2	Needs improvement
1	Greatest need for improvement

The level is calculated using a scoring matrix which considers:

- performance against the NICE concordant elements of EIP care (effective treatment domain, six indicators);
- timely access (timely access domain, one indicator) and;
- the recording of outcome measures (well managed service domain, one indicator)

At the present time Tameside and Glossop services are rated at Level 1. This additional investment will ensure that Level 2 compliance is achieved, with features of Level 3. This is in line with 82% of other Early Intervention Services within the North region. There is an annual review of services and, once all the developments have been established, further investment may need to be considered alongside other mental health priorities.

4.0 PSYCHOLOGICAL THERAPIES (IAPT)

4.1 **Background**

Mental ill health is Britain's biggest social problem. Depression and anxiety disorders are serious conditions and have a major impact on how well an individual is able to function. A recent World Health Organization study concluded that the impact of depression on a person's functioning was 50% more serious than angina, asthma, diabetes and arthritis. At present, 40% of disability is due to depression and anxiety. Despite the prevalence of depression and anxiety disorders and the fact that mental health problems account for nearly 40% of people on incapacity benefit and a third of all GPs' time, only a third of people with diagnosable depression and less than a quarter of those with anxiety disorders are in treatment. The IAPT (Improving Access to Psychological Therapies) service has been commissioned to address this need with targets for access as planned out in the Five Year Forward View (FYFV) expect the access level to rise from 16% in 2016/17 to 25% by 2020/21.

4.2 **Investment Proposal**

The business case proposes to extend the availability of resource within the Healthy Minds Service both through additional capacity, and in utilising digital technology to enhance the local offer. In addition, integration between psychological therapies and long term

conditions teams is integral to the growth in the service, meeting the needs of the MH5YFV for addressing inequalities within physical health provision.

4.3 It is proposed that the following funding is invested:

	2019/20	2020/21	2021/22
IAPT	£159,000	£259,000	£349,000

- In a digital health program to support access and recovery, supervised by qualified practitioners
- In additional staffing in the Healthy Minds Service (IAPT Step 2 and Step 3) to support increased access and integration with physical health services

4.4 **Standards Addressed**
By 2020/21, there will be increased access to psychological therapies, so that at least 25% of people with common mental health conditions access services each year. The majority of new services will be integrated with physical healthcare.

4.6 This investment should enable us to achieve the prevalence targets in line with the national expectations, while also harnessing digital technology to improve efficiency of current commissioned services. The expected increase in prevalence is listed below

Objective	16/17	17/18	18/19	19/20	20/21
	15.8%	16.8%	19%	22%	25%

4.5 In parallel, we will maintain and develop quality in services; including meeting existing access and recovery standards so that 75% of people access treatment within six weeks, 95% within 18 weeks; and at least 50% achieve recovery across the adult age group (Implementing the 5 Year Forward View for Mental Health 2017).

5.0 CRISIS CARE

Background

5.1 The Five Year Forward View for Mental Health establishes “A 7 day NHS – right care, right time, right quality” as its first priority for action. The report finds that in respect a mental health crisis:

> *“If you feel unwell in the evening, during the night or at weekends and bank holidays there is no choice but to go to A&E. There’s no support out there during these times. It’s crucial that this is changed for the benefit of service users, their families and carers”*

5.2 Finding alternatives to acute admission to mental health wards is crucial, not least because of the high cost of inpatient care. From a service user and carer perspective, feedback always confirms that, for the most part, people prefer to receive care and support outside of a hospital setting, remaining closer to their homes and support networks.

Proposed Model

5.3 In line with the priorities identified in the FYFV and in order to support the provision of more robust alternatives to admission and the development of an enhanced Liaison Mental Health Service significant additional investment is required in the following areas:-

Home Treatment and Safe Haven proposal

5.4 Fidelity with the CORE model for Crisis Resolution Home Treatment services demands 24/7 service availability, whereas the clinical demand for planned home visits for half of those 24 hours, in the late evening and night time, is exceptionally low. Conversely the

current pattern of admission is heavily weighted (persistently more than 70%) towards the evening and night. A Safe Haven offer is proven to be effective in rebalancing and regularising the threshold to admission over 24 hours with the net effect of reducing total admissions. It is proposed therefore that safe haven become a new facet and the principle activity of the new HTT "out of hours" enhancement to staffing that has to be made to be CORE compliant in respect of 24/7 cover.

5.5 The model proposed focuses on the provision of a Safe Haven within an enhanced integrated Home Treatment offer which, if resourced through the night, would support the CCG in moving towards compliance with the FYFV targets for Home Treatment Teams by providing a 24/7 service offer and addressing gaps in the skill mix within the HTT service offer to allow the provision of a broader range of interventions that can be provided more intensively. This model would also expand the reach of the crisis offer to support individuals who experience a mental health crisis or acute mental distress but who would not meet the current threshold for either admission or Home Treatment and only require a brief crisis intervention.

5.6 In order to move towards compliance with Core Fidelity standards for Crisis Resolution Home Treatment Teams and to provide sufficient capacity to enable intensive home treatment to be offered as a robust alternative to admission it is proposed that additional investment is provided in order to enhance the Home Treatment Team staff team as follows:

- Dedicated Consultant Psychiatrist and Medical secretary
- Dedicated CBT therapist
- Occupational Therapist
- Team Administrator
- Peer/wellbeing support workers

5.7 These additional practitioners will extend the skill mix within the team and facilitate the provision of a range of medical, psychological and social interventions that are integral to the delivery of the core fidelity model but are not currently provided by the HTT. Providing a broader offer of interventions will enable the precipitating factors of an individual's crisis to be explored and comprehensively addressed. This will support individuals to enhance their resilience and coping strategies in order to reduce the likelihood of future crisis occurring and enable more effective self-management.

5.8 As proposed for the Safe Haven it is anticipated that peer and wellbeing support workers will be employed by a third sector partner and subcontracted to work within the service to support an integrated pathway offer.

5.9 This will significantly increase our compliance against the national recommendations for establishment based on our population

Core Fidelity Staffing Mix	**Current funded establishment WTE**	**Proposed Establishment WTE**
Psychiatrist		0.6
Band 7 Team Manager	1	1
B6 Nurse	8.77	8.77
B5 Nurse	0.8	0.8
Occupational Therapists		1
Clinical or counselling psychologists		0.6

Core Fidelity Staffing Mix	Current funded establishment WTE	Proposed Establishment WTE
Social Workers		
Service users employees		
Pharmacists		
Approved Mental Health Professionals		
Family Therapists		
Accredited Cognitive Behavioural Therapists		
Non-medical prescribers		
Support Workers/other non-qualified	1	4
Admin	0	1
Total clinical 'visiting' staff HTT	**10.05**	**17.77**
Weighted population	**272k**	
Recommended staff WTE based on 14:150k	**25.39**	
Gap	**15.34**	**7.62**

5.9 **All age Liaison Mental Health Offer**
The 'Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care' implementation guide for adults and older people (NICE 2016) stipulates that Where the hospital has a 24/7 ED, then it should have a core 24 service level as a minimum to ensure 24/7 mental health cover.

5.10 The core 24 model provides the following functions on a 24/7 basis. This includes consultant psychiatrists being available 24/7 (on-call out of hours) to:

- Provide a response to mental health crises in EDs and inpatient wards within one hour and to all urgent ward referrals within 24 hours.
- Complete a full biopsychosocial assessment and formulation and contribute to treatment and collaborative care plans
- Offer brief evidence-based psychological interventions as inpatient or short-term outpatient follow-up
- Work with general hospital teams to reduce length of stay in general hospitals and improve follow-up care, particularly for older adults
- Provide advice and support to general hospital staff regarding mental health care for their patients
- Provide specialist care for older adults

5.11 The implementation guide goes on to detail the workforce capacity and skill mix required to deliver a Core 24 liaison model as follows:

- This model has adequate staff to cover a 24/7 rota
- This model has fewer medical staff than any of the other models
- Consultant psychiatrists should have expertise in common presentations, for example mental health problems in older people and drug and alcohol use
- Proportionately, this model has the highest number of nurses within it. The out-of-hours rota is nurse-led, with on-call consultants accessible during these hours.

5.12 The current Liaison Mental Health Service offer for Tameside General Hospital would need to be significantly enhanced to enable all of the Core 24 standards to be met however the addition of dedicated consultant psychiatry provision with associated medical secretary support and two additional mental health practitioners would enable the service to achieve the majority of the standards with the exception of the provision of brief evidence based psychological interventions. It is anticipated the planned additional investment in the Healthy Minds service focusing on provision of psychological interventions for individuals with a range of Long Term Conditions (LTC) would enable individuals who are referred to the Liaison Mental Health Service to be signposted for appropriate interventions via this route as required.

5.13 The Core 24 model does not reference specific interventions for children and young people either in the Emergency Department or when admitted to a paediatric ward however it is intended that an enhanced all age liaison service offer would provide comprehensive assessment and support to children and young people as well as adults and older people. It is envisage that effective pathways will also be developed between the liaison service and the emerging Children and Young People's Crisis Response Pathway in order to ensure that appropriate and age appropriate support can be provided for children and young people experiencing a mental health crisis.

5.14 In order to move towards compliance with Core 24 standards and enable the development of a comprehensive All Age Liaison offer it is proposed that the existing Liaison Mental Health Service provision for adults and older people are realigned under a single service manager which would be funded through additional investment. This will support the development of effective emergency and urgent care pathways and enable skill sharing and development across the service to facilitate effective resource allocation and utilisation.

Proposed Investment

	2019/20	**2020/21**	**2021/22**
Crisis Care	£395,500	£1,268,000	£1,268,000

5.15 This funding includes non-recurrent set up costs estimated at £78,500 which includes a proportion of capital investment to support the relocation of the Home Treatment Team to the hospital site, alteration to Whittaker day hospital to develop it into a multifunctional area to accommodate the safe haven and alterations to the existing Liaison Mental Health team accommodation to create additional capacity for expansion.

5.16 **Standards Addressed**
The national expectation is that the following standards will be addressed by 2020/21

5.17 All areas will provide crisis resolution and home treatment teams (CRHTTs) that are resourced to operate in line with recognised best practice – delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions.

5.18 Out of area placements will essentially be eliminated for acute mental health care for adults.

5.19 All acute hospitals will have all-age mental health liaison teams in place, and at least 50% of these will meet the 'Core 24' service standard as a minimum (Implementing the 5 Year Forward View for Mental Health (NHS England 06/17)).

5.20 The NHS Ten Year Plan includes emergency mental health support expectations:

- 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21

- All hospitals will have an all-age mental health liaison service in A&E and inpatient wards by 2020/21, 50% meeting the Core 24 standard, increasing to 70% by 2023/24, and 100% thereafter
- Single point of access for those in crisis through NHS 111 and timely, universal mental health crisis care for everyone – specialist and community – including post-crisis support.
- Increase alternative forms of provision for those in crisis including sanctuaries, safe havens, crisis cafes, crisis houses and acute day care services.
- Specific waiting time targets for emergency mental health services will take effect from 2020. Ambulance staff will be trained and equipped to respond effectively to people in a crisis

5.21 The developments outlined above will provide a 24 hour community based response and a robust community treatment pathway for those experiencing a mental health crisis will reduce the pressures for in-patient care. The need to place patients in out of area acute mental health beds should be eliminated.

Outcomes & Benefits

5.22 The expected outcomes and benefits of these developments are as follows:-

5.23 Improvement in the delivery of care to those experiencing first episode psychosis, and meeting level 2 NICE compliance as required by national mandate

5.24 Major outcomes identified as part of the Single Commission's Quality, Innovation, Productivity, and Prevention (QIPP) agenda in particular:

- better service user and carer experience
- reduced demand for acute inpatient provision
- reduced demand for specialist mental health inpatient provision
- prevention of inappropriate hospital admissions
- prevention of admissions to care homes
- reduction in inappropriate drug prescribing

5.25 It is anticipated that as the cost savings from reduced unscheduled admissions will ultimately allow movement of money within the system that ensures the implementation is sustainable in the first instance, and cost saving in the medium and long terms.

5.26 This proposal has the potential to create cost savings to the wider health and social care economy. Around one-third of people with LTCs, such as diabetes, cardiovascular disease and respiratory disease, will also experience a common mental health problem, with an even higher proportion experiencing poor mental health. Coexisting mental and physical health problems are associated with a poorer prognosis and considerably higher healthcare costs.

5.27 It is well documented that the provision of a comprehensive liaison mental health service offer will have wide ranging benefits for service users, their families and carers, service providers and the wider health economy.

5.28 The key anticipated benefits from increased investment in an all age liaison mental health offer include:

- a reduction in inappropriate general hospital inpatient admissions
- a reduction in attendances at ED
- improved discharge planning and coordination resulting in shorter lengths of stay and reduced delayed transfers of care

- an overall improved experience of services resulting from care provided by well-trained and knowledgeable general hospital staff who are not necessarily trained as mental health specialists but can more readily recognise mental health needs
- clearer referral routes and a better understanding of how to access help in the community.

6.0 RECOMMENDATIONS

6.1 As set out at the front of the report.