
**Manchester City Council
Report for Resolution**

Report to: Health Scrutiny Committee – 1 October 2015

Subject: Mental Health Services update

Report of: Executive Nurse & Director of Infection and Prevention Control
Director of City Wide Commissioning & Quality
Director of Childrens and Adults Safeguarding
Strategic Director, Adult Social services

Summary

This paper provides an update on CCG and MCC mental health commissioning and mental health services across the city, and an update on the Mental Health Improvement Programme and its position within the wider strategic context of Manchester's health and social care locality plan.

It provides detail on the level of investment by CCG's and MCC, and provides a summary and update of the challenges faced by both commissioners, and in turn providers, in delivering the required large scale transformation within the available financial envelope and with the reorganisation of the mental health system in Manchester.

Recommendations

Health Scrutiny to:

- Note the update on investment into Mental Health Services and mental health service provision delivered across the city
 - Note the update on the Mental Health Improvement Programme and its position within the wider strategic context of Manchester's Health and Social Care locality plan
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Wards Affected: All

Contact Officers:

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Mental Health Improvement Programme
Living Longer Living Better
Manchester's Health and Social Care Locality Plan
Greater Manchester Health and Social Care Devolution Mental Health Work stream
Scoping Paper

1.0 Introduction

This paper presents information, as a way of a commissioner's update, on mental health services in the city and of work afoot to seek improvements in line with the mental health improvement programme and Living Longer, Living Better. Therefore, it sets out current investment into mental health services as well as new developments.

2.0 CCG Investment

2.1 The three Manchester CCGs collaboratively commission Mental Health Services. And funding into mental health has grown by £7m from 2013/14 to 2015/16, currently with recurrent funding of £104m.

The table below illustrates the type of providers CCG's commission with and their proportion of budgeted spend.

	2015/16 Budget % Split
Manchester Mental Health & Social Care Trust	64.0%
Other NHS Providers	8.6%
Independent Sector Providers	4.6%
Rehabilitation Placements	9.0%
Third Sector Providers	2.4%
CAMHS (Child and Adolescent Mental Health Services)	5.4%
Learning Difficulties	6.0%
Total	100.0%

2.2 It is important for commissioners to understand if current levels of investment are in line with investments made in other parts of the country. Therefore, commissioners ensure consideration of benchmarking data is regularly undertaken. External benchmarking information demonstrates that the three Manchester CCGs investment in mental health is above average both National and against CCG's with similar demographics. Benchmarking information also supports the findings of the Independent report into Mental Health Spend in Manchester completed by Mental Health Strategies in 2013. The report concluded that enacting the recommendations within the review was likely to produce greater benefit than simply spending more money on services, but investment would benefit from being redistributed. As a way of further detail, based on the 2013/14 programme budgeting benchmarking tool shows expenditure on Mental health in Manchester is in the top quintile of spend nationally.

- Central CCG spends the 6th highest amount nationally on mental health spend per 100,000 population at £20.6m, with only Inner City London CCG's spending more.
- North Manchester CCG spends £19.6m on mental health services per 100,000 population, 14th highest amount nationally.
- South Manchester CCG spends £16.6m 6m on mental health services per 100,000 population. In line with the cluster average (cluster being areas with a

younger adults and university cities) and £2.0m more than the national average.

- From a Local Benchmarking perspective, on average Lancashire and Greater Manchester CCG's are planning to spend 9.1% of their resources on mental health services, compared to 15.3% for Central Manchester CCG (+£15.5m), 14.5% for North Manchester CCG (+£14.7m) and 11.6% for South Manchester CCG (+£6.2m).

2.3 2015/16 Investment Planning Assumptions

2015/16 CCG investment expenditure has been focussed towards recurrently investing in:

- Acute and community services to improve patient flow, deflect unnecessary admissions, to support more people in the community and at home, and improve access when required.
- A&E liaison services are now 24/7 across the city and ward based liaison services are maintained.
- Effective liaison services will benefit the wider health economy by reducing length of stay in acute hospitals and reducing hospital readmissions. The CCG has commissioned ward based liaison across Manchester to improve the service offer.
- The CCG has also commissioned beds for rehabilitation from Greater Manchester West NHS Mental Health Foundation Trust (GMW)
- Complex acute care beds from Pennine Care.
- There has also been a non-recurrent investment fund for VCS and Independent to enable providers to deliver IAPT.
- Non recurrent investment into early intervention in psychosis services to increase capacity

2.4 The final 2015/16 CCG plan had growth of 1.0%, after the application of QIPP (Quality, Innovation, Productivity and Prevention programmes) and mental health savings. The majority of QIPP changes for mental health are related to reduction of out of area beds. Therefore the underlying investment % has been reduced due to the application of QIPP to mental health services. When QIPP is excluded, the CCG's are planning investment growth of 3.6%, in excess of the recurrent allocation growth. More than 25% of the total QIPP saving is coming from expenditure on out of area rehab placements, moving patients from locked door facilities to more appropriate settings following commissioning reviews.

2.5 The figures quoted in The Manchester Evening News 26th August 2015 used compared budget projections with historic spend and therefore did not compare like with like. In fact, as outlined above, mental health funding by the 3 Manchester Clinical Commissioning Groups has grown by £7m since 2013/14 and our investment in mental health is in the top 20% nationally. We will be in a position to compare this year's spend with last year's spend at the end of this financial year, in April 2016.

2.6 Annual uplifts to NHS contract values and tariffs are mandated nationally by NHS England and Monitor. In 2015/16 the providers had to choose between the enhanced tariff option and the default tariff rollover position. Manchester Mental Health opted for the enhanced tariff option, which although this did deflate the

contract by -1.6%, it entitled the Trust to apply for CQUIN funding of 2.4%. Apart from this mandated tariff deflator the CCG has not reduced funding to our main provider. The cost improvement programme that the provider needs to achieve are required to meet a sustainable financial position following 2015/16 national tariff deflation, the accumulative impact of previous non delivery of cost improvement plans and other additional pressures mean that MMHSCT's deficit is larger than usual.

3.0 Manchester City Council Investment into Mental Health Services 2015/16

31. Manchester City Council invests £16,659, 000 into mental health services in the city of which £5.1 million is invested into the MMHSCT. The majority of this funding within MMHSCT, £4.1 million, is spent on the delivery of the Council's statutory duty, that is assessment, care management and Safeguarding. There has been no reduction in this funding. The rest of the funding is spent on the following:

MMHSCT Contract	£5,112
Social Care packages	£9,172
VCS	£ 379
Housing Related Support (predominantly in the VCS)	£1, 998
Total	£16,659

4.0 Strategic plans – The Mental Health Improvement Programme

4.1 The Mental Health Improvement Programme (MHIP) is a central transformation programme within Manchester Health and Social Care Locality Plan locality plan, which will become part of the Greater Manchester Strategic Plan for health and social care and part of the Comprehensive Spending Review submission.

4.2 The (MHIP) is a full set of service specifications for mental health services in Manchester – developed at the end of engagement work over the period November 2013 to February 2014, and were approved as the framework for mental health. The specifications are aimed at

- Reducing the current fragmentation between services
- on improving the outcomes which services achieve, rather than on the detail of how they a restructured
- Providing clear pathways through services,
- Improving access to services
- Providing more responsive services, closer to home

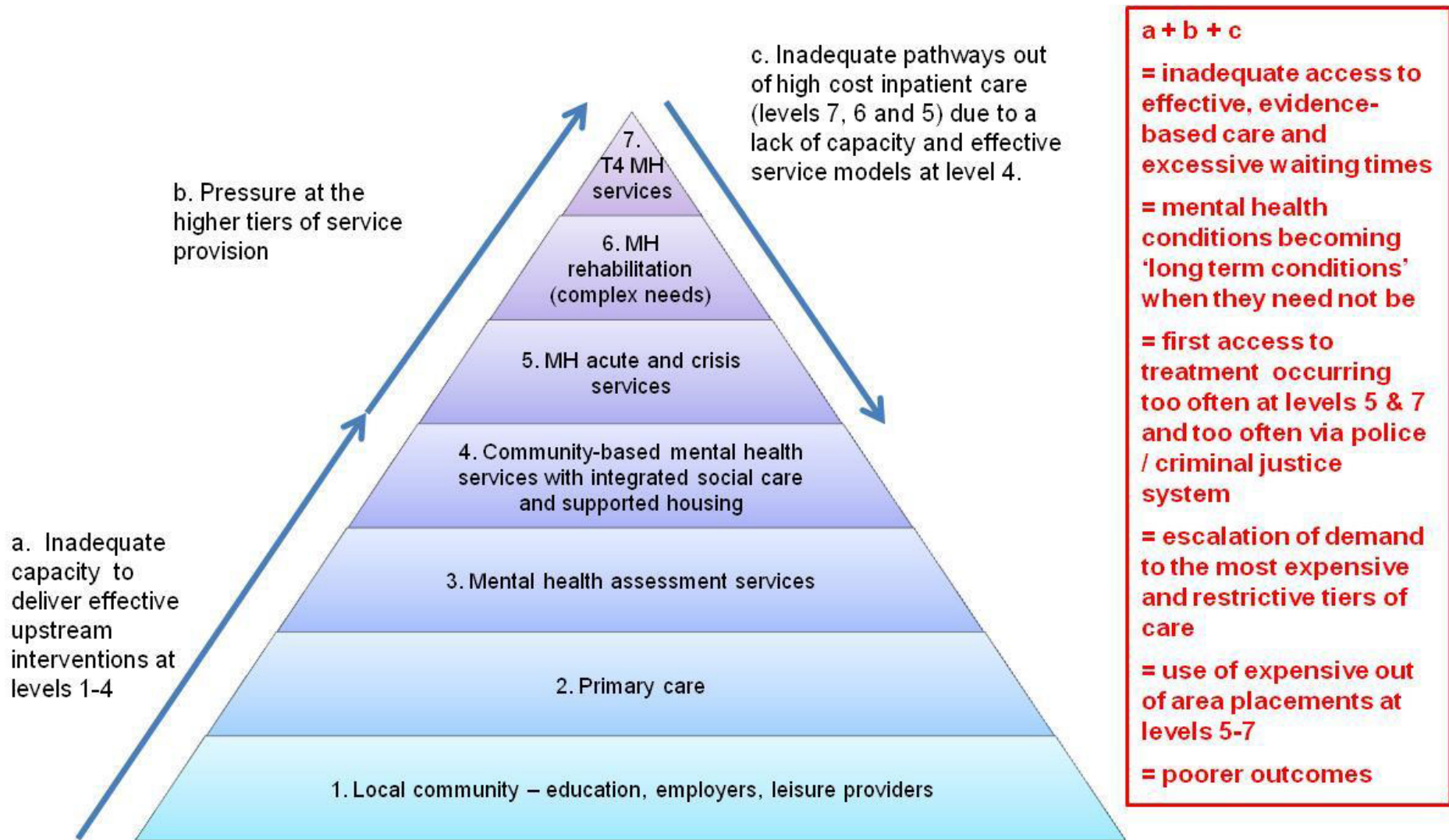
4.3 These purposes were very much in the forefront of the preparation of the MHIP specifications. With the intention that mental health services delivered within a clear and cohesive system will produce a clear step-change in the quality of services which local people receive. Aimed at enabling providers to understand which part they play in the wider pathway of care people receive. This should help providers integrate their provision, and communicate well, so people get the right help at the right time. Weaving the MHIP specifications with the 'Living longer, Living Better ONE TEAM' delivery model will best allow providers to integrate the way care and support is

offered – so offering parity of esteem in meeting peoples’ physical and mental health needs, as early as possible.

4.4 Why is this important?

Weaving the mental health improvement pathways into the ‘one team’ delivery model does provide opportunities to integrate care and better meet people’s needs so services can change the reactive way of working and to focus on prevention and early intervention. The challenge for Manchester commissioners and providers is to ensure that all services offer value for money so as to enable the appropriate redistribution of resources. It is important that efficiencies made from more efficient ‘reactive’ care in times of crisis and complex rehabilitation care can be redirected to services which offer early intervention, such as early intervention in psychosis and improving access to psychological therapies.

4.5 The ambition of Manchester’s Mental Health Improvement Programme and mental health commissioning is to refocus the investment on lower level interventions to ensure that those with mental health problems are offered evidenced based treatment and care as soon as possible to prevent crisis, enable and sustain recovery and to keep people in employment. The below figure illustrates this well:



4.6 Current priority work programmes

The citywide commissioning team agreed with our commissioned providers to pursue actions aimed at securing service (rather than organisational) improvement and resilience for the below areas:

Acute Care: People who have acute mental health needs – it is important to ensure people are cared for within Greater Manchester and not in hospitals in other parts of the country. In 2015/16 the Manchester CCG's invested a further circa £4.6 million into current acute mental health services to enable the development of more community-based services and to ensure less people received care in mental health hospitals outside of Greater Manchester. Progress has been made and as a way of example, there were 39 people in hospital across the country in May 2015, and 3 in August 2015. This position has been maintained from mid-August and throughout September.

- There is need to ensure there is a sustainable 24/7 liaison psychiatric service within Manchester's Acute hospitals. Presently, there are 3 different providers offering mental health liaison in MRI, NMGH and UHSM as services have grown over time and in a piece meal way. A business case and gap analysis has been drafted which outlines the preferred option of a lead provider across all hospital sites, which can ensure patient mental health needs are best understood as quickly as possible so the appropriate treatment can commence. We wait funding from national funds for this service development.
- Re-design of rehabilitation services: The CCG MH commissioners are developing a pilot service to repatriate people in need of intensive rehabilitation support. There are 20-30 patients currently in independent hospitals around the country whose needs are complex, and who continue to need locked door rehabilitation, who could be transferred to a more local service where they can receive support, and an intensive programme of rehabilitation to be able to transition to live independently in their own accommodation. Commissioners have developed a business case and are undertaking commissioning activities to secure a new provider. This will also secure financial savings and efficiencies, whilst also improving outcomes for patients.
- Improving Access to Psychological Therapies (IAPT) -Work is afoot to increase access to psychological therapies. Performance for Manchester is still below the expected 15 % access and waiting times are long, though work is in progress to increase this. Commissioners have initiated enhanced provider monitoring of current contracts as insufficient activity is delivered and it is imperative that value for money is realised for the CCG investment into IAPT services. Commissioners also fund several third sector providers supplying a range of mental health support within the community of Manchester, and want to ensure that their services, as well as IAPT services, are, where appropriate, central to an integrated Common Mental Health Problems pathway across the city - moving towards a 'hub and spoke' model for the community. As advocated in the NHS' 'Five Year Forward View', this model would reflect the commissioning and managing of 'systems or networks

of care' rather than organisations. Alongside this, it is important to ensure people can access the appropriate employment and well-being support, we are thus keen to see that IAPT services are firmly embedded into the Manchester City Community services integration programme 'Living Longer Living Better and public service reforms.

- We propose to discuss with our third sector providers how an alliance or a lead provider contract can help the delivery of an integrated common mental health problems and IAPT pathways
- Despite challenges in service productivity, both providers are making impressive attempts to develop a model of intervention which is effective to helping people recover in Manchester. Self-help services, in August, achieved a recovery rate of 62.7%, which exceeds the national requirement of 50% , but it is imperative that the CCG investment for IAPT services is protected in any provider cost improvement plans (CIPS) so sufficient people can access psychological interventions.
- There is a new national mental health standard coming into force in 2016/17, whereby more than 50% of people experiencing a first episode of psychosis will be expected to be treated with a NICE approved care package within two weeks of referral. To prepare for the standard, service development and investment is required. CCG mental health commissioners have completed and supported a business case which outlines gaps in current services, though there are no funds available to align to this additional service within this financial year.

4.7 Work to be progressed

The future delivery model for mental health services will be determined through the Living Longer, Living Better programme. The Mental Health Improvement Programme is now a central branch of the 'One Team, Place Based Care' model, with the aim of mental health services being fully integrated in the future arrangements for the provision of community services at a neighbourhood, locality and citywide level.

5.0 Sustainability of Manchester Mental Health Services

5.1 On the 29th January 2015, MMHSCT provided an update of the trusts discussions and agreement with the Trust Development Authority, stating that following the publication of the NHS Five-Year Forward View and the recommendations of The Dalton Review which encourage organisations to look more flexibly and creatively at their forms, the Trust Board formally requested the TDA's support for such an approach to be adopted in Manchester.

5.2 In recognition of this and that MMHSCT is not financially viable, MMHSCT has entered Gateway 2, of the Trust Development Authority's transaction process for NHS trusts Gateway 2 will see the completion of an option appraisal where the most sustainable 'organisational form' will have been considered and presented.

5.3 The options appraisal will be completed by November, and will incorporate the views of stakeholders. The TDA and MMHSCT have facilitated various stakeholder events to elicit the views of people who use services, staff and other organisations within Manchester and Greater Manchester. The timeline for full completion of the TDA transaction process is not yet fully known, though it is understood by all stakeholders that a timely conclusion is important.

6.0 Greater Manchester opportunities

6.1 A Greater Manchester Health and Social Care Devolution Mental Health Work stream Scoping Paper has been drafted. The purpose of the paper is to propose an approach to a rapid review of mental health provision in GM to support the development of a Mental Health & Wellbeing Strategy for Greater Manchester. The strategy will develop as part of the GM Strategic Plan responding to the devolution opportunity for health and social care and provide the focus for delivery and implementation over the next five years.

6.2 There are great benefit to be achieved by looking beyond the city boundaries for future change and improvement to mental health services. These relate largely to:

- the ability to collaborate between organisations and agencies, providing for example GM wide AMHP services and crisis response
- the integration of services which are highly specialised and require greater critical mass than available in separate economies
- to re-consider the 'footprints of delivery' for NHS Trusts across greater Manchester which could result in a reduced number of organisations and a greater economy of scale for corporate and support services, allowing a higher proportion of spend to be directed to direct patient care.

7.0 Conclusion

7.1 This paper provides an update on CCG and MCC mental health commissioning and mental health services across the city, and an update on the Mental Health Improvement Programme and its position within the wider strategic context of Manchester's health and social care locality plan.

It provides detail on the level of investment by CCG's and MCC, and provides a summary and update of the challenges faced by both commissioners, and providers, in delivering the required large scale transformation within the available financial envelope and with the reorganisation of the mental health system in Manchester.