

Discussing the future of mental health services in the city– 19 January 2016

Present

Councillor Craig (In the Chair)
Councillor Hitchen
Councillor E. Newman
Councillor Paul
Councillor Stogia
Councillor Stone
Councillor Swannick
Councillor Teubler
Councillor Watson
Councillor Wilson

Hazel Summers – Strategic Director of Adult Social Care
David Regan – Director of Public Health
Craig Harris - Executive Nurse & Director of Infection and Prevention Control
Director of City Wide Commissioning and Quality
Nick Gomm - Head of Corporate Services North, Central and South
Manchester Clinical Commissioning Groups
Jane Thorpe - Head of Mental Health Improvement Programme City Wide
Commissioning, Quality and Safeguarding Team, Manchester's North, Central
and South NHS Clinical Commissioning Groups
Dr Ruth Thompson, Mental Health Clinician
Nicky Lidbetter, Self Help Services
Simone Spray, 42nd Street
Anna Lunts, Creative Support
Lynne Stafford, Gaddum Centre
Yusus Hussain, Turning Point
Rob Cookson, LGBT Foundation
Alan Hartman, Manchester Users Network
Thomas, Sarah and Gaynor – Service Users

The Chair opened the meeting by welcoming all of the invited guests for attending the meeting. She explained the background to the meeting and described the scope of the session and that the purpose of this meeting was to discuss how improvements to mental health services can be made, particularly in light of the Mental Health Improvement Programme, the new service specification and developments at a Greater Manchester level.

The Chair described that it was an opportunity to hear the views and suggestions of both the Voluntary and Community Sector (VCS) and Service Users that will then inform recommendations that will be submitted to the Health Scrutiny Committee.

The meeting then received two presentations. The first was introduced by the Director of Public Health and the Strategic Director of Adult Social Care. This presentation described the Manchester context. The Strategic Director of Adult Social Care commented that the relationship between mental health and employment is recognised. She informed the meeting that the Work and Skills Board are developing a work stream to support people back into employment and increase access to training opportunities.

The second presentation, delivered by Craig Harris, Director of City Wide Commissioning & Quality provided an overview of the future of mental health, social care and wellbeing services in Manchester.

Mr Harris informed the meeting that the Trust Development Authority Transaction Board will oversee the transition to a new provider in Manchester and will aim is to provide stability within the Manchester Services during the transaction. The transaction will be limited to local NHS mental health providers Pennine Care and Greater Manchester West. He said Commissioners will continue working in partnership to implement the Locality Plan, One Team and parts of the Mental Health Improvement Programme (MHIP) Care Pathways which are under the scope of Manchester Mental Health and Social Care Trust (MMHSCT). He also said that the Clinical Commissioning Groups intend to commit to current funding levels for local services for mental health in Manchester. It was that confirmed that should future savings be made by a future provider i.e. On the cost of out of area placements, these savings will stay within mental health services.

The meeting then welcomed the invited VCS groups. The Chair invited them each to identify specific areas or recommendations that they would like included in the new providers specification.

Each representative provided the meeting with a brief overview of their organisation and service and recommended that the following should be considered in the specification –

- The service user and carer should always be at the centre of any service and their needs and outcomes should be the priority at all times.

- Recognise the importance of peer led support services, including mentoring and befriending services. Peer support is important to challenge the stigma often associated with mental health.
- A 24hr / 7 day a week integrated crisis offer which provides a service that is also able to respond to those with a dual diagnosis. There was discussion around how better CCGs can work with the VCS on this area.
- To recognise demand on services is increasing and ensure that services are available when people need them.
- The need to include and resource services for eating disorders that includes community and drop-in services providing access to peer support services.
- To establish a targeted approach to support those individuals bereaved by incidents of suicide.
- To enhance the commissioning of services and recognise the wealth of knowledge, expertise and unique relationships the VCS have with service users. To utilise the VCS as they are well placed to deliver a variety of solutions.
- The VCS should be included in the design of services and be regarded as an equal partner in this process.
- To recognise the ability of the VCS to build capacity in local communities to deliver effective and cost efficient care outcomes.
- To recognise that an individual's mental health condition is not static and is subject to change as a result of a variety of factors, and that 'step up' and 'step down' services should be available to respond to these changes.
- Recognise the importance of prevention and early intervention. To provide the correct service at the right time to avoid 'revolving door' scenario and so to avoid situations escalating to a crisis for the individual.
- The importance of the integration of services and recognising that social wellbeing influences mental health
- To ensure that service users conditions and medication are reviewed in a timely manner to ensure that services are appropriate and reflect the needs and aspirations of the individual.
- To have Mental Health Nurses working in GP surgeries, similar to the cancer nurse model.
- To recognise that when an individual is experiencing a crisis episode they will often present at an A&E Department. This is often not appropriate for the individual. In recognition of this it would assist if Mental Health Nurses are located in A&E Departments.

- Out of area placements are not appropriate for both the service user or their families / carers.

- Services need to be evidenced based – need to consider recovery rates / outcomes etc.

- A readily accessible and updated directory of services for individuals and their carers be made available that does not simply direct people to A&E.

The meeting then heard from a number of service users. They addressed the meeting individually and described their journey and experience of mental health services.

The areas that they identified as being important considerations for any specification were –

- The voice of the service user needs to be heard and at the centre of any decisions and service design.

- The importance of acknowledging the role of / consulting with and listening to the views and wishes of carers.

- Carers should be empowered and encouraged to engage with health care professionals and when necessary be enabled to challenge them.

- Continuity of appropriate care and continuity of those professional delivering that care is important to support the individual.

- Waiting times for services and therapies need to be monitored to ensure they are responsive to demand as delays in accessing these can be very detrimental.

- GPs need to think beyond the individuals physical presentations and consider wider mental health factors.

- Supported the recommendation to have Mental Health champions located in GP practices.

- Recognised the importance and benefits of peer support services and peer advocates.

Mr Harris and Ms Summers both thanked all of the guests for sharing their opinions and views with the meeting. They said that it had been very a very valuable meeting and that the specification will be amended to take into consideration the views expressed today.

In response to a comment from a member regarding the need to consider and include later life services the Chair asked that the Age Friendly Manchester Board be invited to comment and input into the specification.

The Chair further recommended that -

1. Regular updates regarding the development and delivery of the specification are submitted to the Health Scrutiny Committee at appropriate times.
2. That the Age Friendly Manchester Board be invited to comment on the later life service specification.
3. To request that information providing a brief description of the various therapies and respective waiting times be circulated to members of the Health Scrutiny Committee.
4. That the Health Scrutiny Committee receive a report at an appropriate time that on crisis services provided by Manchester A&E departments for those patients presenting with mental health issues.
5. That the recommendations suggested at the meeting by both the VCS groups and service users are submitted to the Health Scrutiny Committee to be formally endorsed.

The Chair closed the meeting by thanking everyone for attending the meeting and she said that she valued the feedback and comments. She welcomed the comment from Mr Harris that the specification will be modified to take into consideration the views expressed by the guests at the meeting.